



\$10.00 Non-Refundable Fee RECEIVED

State of Washington Application for a Water Right

OCT 02 2002

Washington State Department of Ecology

For Ecology Use
Fee Paid
Date

Please follow the attached instructions to avoid unnecessary delay

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Olympic Coast Investment, Inc. c/o The Lanz Firm
Mailing Address 1200 Westlake Ave. North, #809
City Seattle State WA Zip+4 98109 + FAX: (206) 682-5289

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name SEMCON, Inc.
Mailing Address 1211 Fourth Ave. East
City Olympia State WA Zip+4 98506 +4211 FAX: (360) 753-5636
Relationship to applicant Engineering Consultant

Section 3. STATEMENT OF INTENT

Multiple Domestic

The applicant requests a permit to use not more than 50 (X) gallons per minute or cubic feet per second from a surface water source or ground water source (check only one) for the purpose(s) of Community Domestic Supply. ATTACH A "LEGAL"

DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. NOTE: (see attachment)

Estimate a maximum annual quantity to be used in acre-foot per year: 13 Acre Feet

Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From / / to / /

Section 4. WATER SOURCE

Table with 2 columns: If SURFACE WATER, If GROUNDWATER. Includes fields for Name, Number of diversions, Source flows into, and Size & depth of well(s).

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: Approximately 1,440' West & 360' South from the NE corner of Section 36, T.19 E, R. 4 EWM

Table with 7 columns: 1/4 of, 1/4 of, Section, Township, Range (E/W), County, and If location of source is platted, complete below (Lot, Block, Subdivision).

For Ecology Use Date Received: 10-2-02 Priority Date: 10-2-02
SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #
Date Accepted As Complete 10-21-02 By SC Date Returned By WRIA: 12

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Horse Haven Mobile Park
- B. Briefly describe your proposed water system. (See instructions.) An existing system supplies 17 sites from one well which pumps directly to a distribution with 4-80 gal. bladder tanks, pressure relief valve discharges to floor of pumphouse. This system will be upgraded to DOH standars for expanded service to 33 units.
- C. Do you already have any water rights or claims associated with this property or system? YES NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 33 Type of connection Residential (mobile homes)
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? YES NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? YES NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? YES NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
(Completed for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
Use _____ Acres _____
Use _____ Acres _____
Use _____ Acres _____
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 2000 acres? YES NO
2. Do you have a controlling interest in a Family Farm Development Permit? YES NO
If yes, enter permit no.: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal Type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? YES NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Take I-5 North to WA 512 East, take WA 512 to WA 161, turn right on Meridian, turn on 128, turn right on 128, turn right to 122nd E, (becomes Military Rd.), turn right on WA 162, turn right at Calistoga St. W. (becomes Orting/Kapowsin Hwy East), turn on 184 St., stay straight to go to Leach Rd. E., turn slight left to 159th Ave. E., turn right on to 176th St. East.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

See attachment(s)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? YES NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located? YES NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

9-30-2002

Date

Landowner for place of use (if same as applicant, write "same")

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).