



RECEIVED
STATE OF ECOLOGY/CY 100

State of Washington

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid _____

Date _____

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

Name HAROLD & BARBARA CAREY Home Tel: (360) 275 - 3458
 Mailing Address PO BOX 330 Work Tel: (360) 275 - 3454
 City TANUVA State WA Zip+4 98588 + 0330 FAX: (360) 275 - 3455

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name JEFF CAREY Home Tel: (360) 275 - 0117
 Mailing Address PO BOX 480 Work Tel: (360) 275 - 9744
 City ALLYN State WA Zip+4 98524 + 0480 FAX: (360) 275 - 9746
 Relationship to applicant SON

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 100 GAL. (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 DOMESTIC/PUBLIC SUPPLY, IND. MFGK. COMM, IRR. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 100

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

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u> 1 </u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u> 8" </u> <u> ≤ 250 FT. </u>

LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>20 FT NORTH OF THE SECTION LINE FOR #17 + 20</u> <u>1750 FT EAST TO THE SECTION CORNER # 17</u>								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SW</u>	<u>SE</u>	<u>17</u>	<u>22</u>	<u>1W</u>	<u>MASON</u>			
For Ecology Use Date Received: <u>8-25-04</u> Priority Date: <u>8-25-04</u> SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____ Date Accepted As Complete <u>8/31/04</u> By <u>sc</u> Date Returned _____ By _____ WRIA: <u>14</u>								

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: ALLEN & CAREY COMMUNITY WATER
- B. Briefly describe your proposed water system. (See instructions.)
SEE ATTACH PAGE DESCRIBING THE WATER SYSTEM
- 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: 200 Type of connection HOMES + BUSINESS COMMERCIAL
(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
(Complete for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: 20 OR LESS

B. List total number of acres for other specified agricultural uses:

Use NONE Acres 0
Use _____ Acres _____
Use _____ Acres _____

C. Total number of acres to be covered by this application: 20

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
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 6000 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 0 Animal type 0 (If dairy cattle, see below)
Dairy - # Milking 0 # Non-milking 0

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

Provide detailed driving instructions to the project site.

- 1) NORTH ON HWY 3 TO ALLYN
- 2) LEFT ONTO LAKELAND DRIVE
- 3) DRIVE 600 FT UP LAKELAND DRIVE & MAKE A RIGHT ONTO WHEELWRIGHT.
- 4) FOLLOW WHEELWRIGHT 1/25 OF A MILE MAKE A 45°^{degrees} RIGHT ONTO A GRAVEL ROAD. FOLLOW FOR 3/10 OF A MILE.
- 5) MAKE A RIGHT (ONLY OPTION) HEADING EAST NORTH EAST 250-300 FEET & ON YOUR RIGHT ABOUT 80-100 FT. IS THE SITE.

Section 10. REQUIRED MAP

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

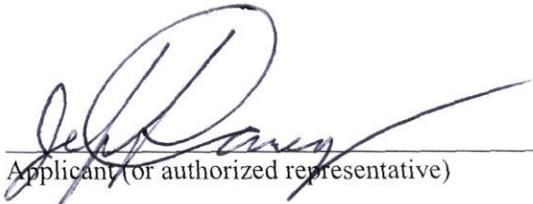
Section 11. PROPERTY OWNERSHIP

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):

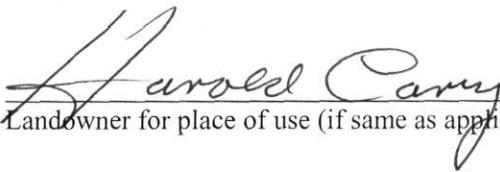
Applicant owns ABOUT 20% ON WHICH THE WATER
WILL BE USED. APPLICANT WILL ALSO BE A PURVEYOR
IN THE AREA.

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)

7/23/04
Date


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

8/19/04
Date

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

SEE ATTACHED DOCUMENTS ADDRESSING
SECTIONS 5B, & SEC. 10A.

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).