



State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

RECEIVED
DEPT. OF ECOLOGY/SWRD
15 MAY 20 10:15

For Ecology Use
Fee Paid _____
Date _____

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

Name NICK HARPER WATER SYSTEM Home Tel: (360) 796-0190
Mailing Address P.O. Box 261 Work Tel: (360) 796-0190
City BRINNON State WA Zip+4 98320 +0261 FAX: () - NONE

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name ADOLPH KASTENHOLZ JR Home Tel: (360) 796-0190
Mailing Address P.O. Box 261 Work Tel: (360) 796-0190
City BRINNON State WA Zip+4 98320 +0261 FAX: () - NONE
Relationship to applicant CO-USER OF PRESENT 2-PARTY WATER SYSTEM

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than per second 1.7 (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. 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: 2.8 (912,000 gallons/year)

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). <u>WELL WAS COMPLETED NOV 4, 1998</u> <u>UNIQUE WELL I.D. # ACY 952; START CARD NO. 56449</u> <u>(see attached Water Well Report)</u>
Number of diversions: _____	Size & depth of well(s): <u>6"Ø, 54'6"</u>
Source flows into (name of body of water):	

ECY 040-1-14
Rev. 7/97 ** f

APPLICATION
-- 1 --

Appl. No.: G2-30225

Jefferson *Whea 16*

LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>2,125' south and 1,875' east of the NW corner of Section 10, T25N, R2WWM</u>								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SE</u>	<u>NW</u>	<u>10</u>	<u>25N</u>	<u>2WWM</u>	<u>JEFFERSON</u>	<u>19</u>		<u>Canal View Too Large Lot Sub-Div #1</u>
For Ecology Use _____ Date Received: <u>1-20-05</u> Priority Date: <u>1-20-05</u>								
SEPA: Exempt/Not Exempt _____ FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>1-25-05</u> By <u>SC</u> Date Returned _____ By _____ WRIA: <u>16</u>								

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: NICK HARPER WATER SYSTEM
- B. Briefly describe your proposed water system. **(See instructions.)** *The present 2-party water system, which was approved by the Jefferson County Health Department in January 2002, serving parcels 502033004 and 502033007, is to be expanded to a 6-party Group B water system. Water is extracted from a well (ACY952) located on parcel 502105026, by a 3/4 HP submers pump. Water is pumped into an insulated, heated pumphouse housing 2-119 gallon pressure tanks controlled by a pressure switch, control box, gauge, pressure relief valve and volume restrictor. From the pumphouse water flows under pressure in a northerly direction through a 3"Ø PVC pipe that shares the covered trench containing electric power cables and telephone lines along Rock Way and Sunrise Road. Hookups, with shut-off valves, are installed at each of the six parcels to be served by the expanded water system. Daily consumption is estimated at no more than 2400 gallons for all users combined.*
NOTE: The well is located on the same property that also has a well (Unique Well I.D.# ABZ 514) for a Group B System serving 6 parcels. This system is known as CANAL VIEW TOO WATER SYSTEM #1 and has State I.D.# 069790. Daily consumption of this system does not exceed 2400 gallons. Both wells will not go beyond 5000 gallons per day.
- C. Do you already have any water rights or claims associated with this property or system? YES NO
 PROVIDE DOCUMENTATION. *ONLY FOR 2-PARTY SYSTEM*
see Declaration of Well Easement, AFN 451990, and Well Operation + Maintenance Agreement, AFN 451991

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

- A. Number of "connections" requested: 6 Type of connection SINGLE FAMILY 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
 (Complete 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, 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 _____ 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

Provide detailed driving instructions to the project site.

From Olympia drive north on U.S. Highway 101 to 1/2 mile past milepost 308. Turn left onto Sunrise Road (there is an old dilapidated service station just before the point where Sunrise Road intersects U.S. 101). Continue north and west on gravel road for about 1 1/2 miles. At Rock Way (look for brownish wood street sign) turn left. Drive about 1/8 mile. At left there are two pump houses. The pump house farthest away from the road is the one you're looking for. The well is located behind the pump house.

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 2 PIECES OF LAND ON WHICH WATER WILL BE USED. THEY ARE SW 1/4, SE 1/4, S3, T25N, R2W4M and DOM'S DREAM SHORT PLAT LOT 1, NE 1/4, SW 1/4, S3, T25N, R2W4M. OTHER USERS ARE SHOWN ON ATTACHMENT.

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

REFER TO ATTACHED DECLARATION OF WELL EASEMENT, AFN 451990, JAN 31, 2002 AND WELL OPERATION AND MAINTENANCE AGREEMENT, AFN 451991, JAN 31, 2002

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.

Adolph Kastner Jr
Applicant (or authorized representative)

January 19, 2005
Date

same
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.

SECTION 3. CALCULATION USED TO ARRIVE AT CONSUMPTION PER MINUTE

a) 6 HOUSEHOLDS X 400 GALLONS PER DAY PER HOUSEHOLD = 2400 GAL/DAY TOTAL USAGE

b) 2400 GAL/DAY TOTAL USAGE ÷ 24 HOURS PER DAY = 100 GAL/HOUR TOTAL USAGE

c) 100 GAL/HOUR TOTAL USAGE ÷ 60 MINUTES PER HOUR = 1.67 GAL/MIN (rounded to 1.7 gal/min)

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).