



\$ 10.00 FEE

# State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid \_\_\_\_\_

Date \_\_\_\_\_

RECEIVED  
'05 MAY -9 12:04

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

Name Michael L. Pond Home Tel: (509) 427-7983

Mailing Address P.O. Box 407 Work Tel: (509) 634-2561

City Stevenson State Wa Zip+4 98648 + \_\_\_\_\_ FAX: ( ) - \_\_\_\_\_

## Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name \_\_\_\_\_ Home Tel: ( ) - \_\_\_\_\_

Mailing Address \_\_\_\_\_ Work Tel: ( ) - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_ + \_\_\_\_\_ FAX: ( ) - \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

## Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 10 ( 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 use Home & irrigation. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. SW 1/4 SE 1/4 Sec 26 T3N, R7E, W.M. Skamania County Wa.

Estimate a maximum annual quantity to be used in acre-feet per 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 _____ well(s).
Number of diversions: <u>4</u>	
Source flows into (name of body of water): <u>None</u>	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: From Skamania Brass cap as calculated From Skamania County Control project 74-26. Proceed East From 37.35 into section corner of Sections 1315-7E then North 300ft + 1.2 then East 200ft + 3.24

1/4 of	1/4 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>26</u>	<u>3N</u>	<u>7E</u>	<u>Skamania</u>			

For Ecology Use Date Received: 5-9-05 Priority Date: 5-9-05

SEPA: Exempt/Not Exempt \_\_\_\_\_ FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_

Date Accepted As Complete 5-17-05 By sc Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 29

Appl. No.: 52-30256

29-309210

9d

**Section 5. GENERAL WATER SYSTEM INFORMATION**

- A. Name of system, if named: No Name
- B. Briefly describe your proposed water system. (See instructions.)  
*Presently used for domestic use of house at 752 AALV.K. Wish to use an additional diversion OFF OF current Spring Box, Make another tank to direct water for use of irrigation trees and also develop a Pasture Cattle in Future. Presently 3 Spring Boxes on property and 2 reservoirs. From Springs utilized for domestic use. Currently also use to water trees & garden*
- C. Do you already have any water rights or claims associated with this property or system?  YES  NO  
 PROVIDE DOCUMENTATION. *Sent in enclosed Application which was returned for corrections stamped 4/15/2005.*

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

- A. Number of "connections" requested: 1 Type of connection Home  
 (Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? No  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: 11
- B. List total number of acres for other specified agricultural uses:  
 Use Pasture Acres 2.5  
 Use \_\_\_\_\_ Acres \_\_\_\_\_  
 Use \_\_\_\_\_ Acres \_\_\_\_\_
- C. Total number of acres to be covered by this application: 16
- 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 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 2-25 Animal type goat/sheep/horse (If dairy cattle, see below)  
 Dairy - # Milking \_\_\_\_\_ # Non-milking Beef Cattle *Estimated*

## 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 Stevenson Wa. Proceed approximately 3 miles ~~to~~ west Hwy 14 to sign indicating turn to Skamania Dolce Lodge turn Right at sign on Rock creek rd. Proceed past entrance to Dolce Skamania Lodge 100' turn left Foster rd., proceed to Ryan Allan approximately 1 mile E. Turn Right on Ryan Allan proceed past transfer site on right, to AAIVIK rd on left approximately 300' past transfer site. Proceed 3/4 mile on AAIVIK ~~turn Right on~~. Will see Brown small house on right side of road. Reservoir is 200' North House ~~wooden buildings~~ tanks are 300 + 400 feet approximately north of Reservoirs.

- A. Attach a map of the project. (See instructions.) Map + Previous Application enclosed which was returned.

## 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):

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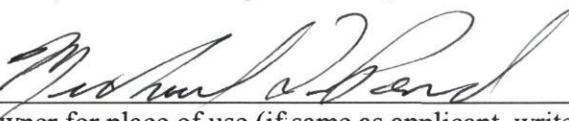
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- B. Does the applicant own the land on which the water source is located?  YES  NO  
If no, submit a copy of agreement:

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)

5/6/05  
\_\_\_\_\_  
Date

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

5/6/05  
\_\_\_\_\_  
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 employer. To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).