



RECEIVED

APR 10 2006

State of Washington  
Application for a Water Right

For Ecology Use  
Fee Paid \_\_\_\_\_  
Date \_\_\_\_\_

Please follow the attached instructions to avoid unnecessary delays.

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

Name ROBERT WHITLOW Home Tel: 360 748 0720  
Mailing Address PO BOX 996 + BX 242 Work Tel: 360 508 1331  
City MORTON State WA Zip+4 98356 0242 FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name SAME AS ABOVE 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 45 ( 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 USAGE. 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: 3

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

<b>If SURFACE WATER</b>	<b>If GROUNDWATER</b>
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>UNNAMED SPRING</u>	
Source flows into (name of body of water):	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: 75' FROM N.E. CORNER IN DIRECT LINE WITH S.W. CORNER 50' FROM W. BOUNDARY + 75' FROM E. BOUNDARY

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NE ¼</u>	<u>SW ¼</u>	<u>6</u>	<u>12N</u>	<u>4E</u>	<u>LEWIS</u>			

For Ecology Use Date Received: 6-9-06 Priority Date: 6-9-06  
SEPA: Exempt/Not Exempt \_\_\_\_\_ FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
Date Accepted As Complete 6-27-06 By SS Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 26

Appl. No.: 52-30333

**Section 5. GENERAL WATER SYSTEM INFORMATION**

A. Name of system, if named: \_\_\_\_\_

B. Briefly describe your proposed water system. (See instructions.)

GRAVITY FLOW 2" WATER LINE FROM UNNAMED SPRING  
250 GAL. HOLDING TANK W/FILTERS FREE FLOW TO HOME  
FOR DOMESTIC PURPOSES 1000' DOWN HILL

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: 3 Type of connection HOME  
(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)

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 \_\_\_\_\_



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 <i>\$ 40.00</i> <i>Filing fee</i>	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 <u>May 20, 06</u> (date).	

Ecology staff *Therese Carver* Date *4-20-06*

Ecology is an Equal Opportunity employer. To receive this document in an alternate format, contact the Water Resources Program at (360) 407-6604 (Voice) or (TTY) 711 and 1-800-883-6388.