



State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid _____

Date _____

RECEIVED

JUN 19 2006

Washington State
Department of Ecology

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

Name SUNG MIN IM Home Tel: (360) 832-3906
 Mailing Address P.O. BOX 1547 Work Tel: (253) 677-1773
 City EATONVILLE State WA Zip+4 98409-7460 FAX: (360) 832-4657

98328-_____

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name HENRY SMITH Home Tel: (360) 832-3373
 Mailing Address 1052B - 440th St. E. Mobil Work Tel: (253) 441-9719
 City EATONVILLE State WA Zip+4 98328 +8059 FAX: (360) 832-3373
 Relationship to applicant Will be Certified Water System Operator

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 3.4 (XX 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 beneficial use to our dormitory/seminar building in Eatonville, Washington.

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: 5 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 <u>1</u> well(s).				
Number of diversions: _____								
Source flows into (name of body of water):				Size & depth of well(s): <u>8" well 30 to 400 feet deep.</u>				
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:								
1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is plotted, complete below:		
						Lot	Block	Subdivision
		11	16	4E	Pierce			
For Ecology Use Date Received: <u>6-19-06</u> Priority Date: <u>6-19-06</u>								
SEPA: Exempt/Not Exempt _____ FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete: <u>6-19-06</u> By: <u>SE</u> Date Returned _____ By _____ WRDA: <u>11</u>								

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

APPLICATION

Appl. No.:

G-2-30343

wra 11

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: Cleansing Way Seminar Well System

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

A domestic use for food, cooking, sanitation, and also to irrigate the plants in the garden / lawn.

A single well to serve only the 12 room dormitory facility where the seminars are held.

Currently, the well serving the building, and 11 other users, is a type B exempt system. The owners of the property, SUNG AND PEGGY IM, desire to withdraw from that system, and drill their own well, on their own property. The failing system is HOPE WATER SYSTEM No. 2. The old system is believed to be below:
Hope International G2-28884 T16 N/R04 E-11 WELL

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: 1 Type of connection Dormitory
(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.

The existing Group B water well system is failing.
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 _____

APPLICATION

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.

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? XX 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? XX 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)
Sung Min Im

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

Date
5/29/06.

Date

APPLICATION