



\$0.00 Fee

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SEP 1 2006

State of Washington Washington State Department of Ecology 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 Kevin R. Gabriel Home Tel: (509) 427 - 3616 Mailing Address 852 Old State Road Work Tel: City Carson State WA Zip+4 98610 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 35 (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, Irrigation, and Stock water ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. Attached Estimate a maximum annual quantity to be used in acre-feet per year: 56

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

Table with 2 columns: If SURFACE WATER, If GROUNDWATER. Includes fields for Name, Number of diversions, Source flows into, and 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: 983 North and 455 feet East of the South West Corner of the Northwest Quarter of Section 6, Township 3 N, Range 8 E of the Willamette Meridian

Table with 7 columns: 1/4 of, 1/4 of, Section, Township, Range(E/W), County, and If location of source is platted, complete below (Govint, Lot, Block, Subdivision).

For Ecology Use Date Received: 9-18-06 Priority Date: 9-18-06 SEPA: Exempt/Not Exempt FERC License # Dept. Of Health # Date Accepted As Complete 9-26-06 By SC Date Returned By WRIA: 29

Appl. No.: G-2-30366

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: _____
- B. Briefly describe your proposed water system. (See instructions.) - Well Log attached - Existing system is: 3 h.p. pump set @ 230'. Piped to pressure tanks: (2) 75 gallon @ building 200' west of well. Currently supplies the one existing residence and waters the surrounding field. Intend to supply future homes (2) on the property, irrigate the fields and supply water for livestock.
- 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 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. I don't want the chlorine treated water. There were no connections available to the existing Group B when I drilled well.
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: 4
- 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: ~~12.9~~ 4 / 12.9 (Lot size)
- 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 Animal type Horses (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 Carson - North on Wind River Road 3 1/2 miles.
Turn Right on old State Road 0.85 mile. Turn right into driveway which ends at residence but is aimed directly at the well. See attached maps.

Section 10. REQUIRED MAP

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

3 maps attached

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):

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.

Kevin Gabriel

Applicant (or authorized representative)

9-14-2006

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.

| | |
|--|---|
| 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).