WASHINGTON STATE DEPARTMENT OF ECOLOGY

State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

RECEIVED DEPT. OF ECOLOGY/SWRO 05 MAY 13 AM 10:27

For Ecology Use

Fee Paid _____

Date _____

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

Name HENRY R. FLATT Home Tel: (253) 862 1874

Mailing Address 23911 - 96th St. E. Work Tel: ( ) -

City Buckley State Wa Zip+4 98321 + FAX: (253) 862 1943

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ **Same as above**

Name per owners' request - Home Tel: (253) 891 - 3711

Mailing do not send correspondence Work Tel: (360) 529 - 5564

City to contact but rather '21 + FAX: ( ) -

Relatio directly to owner

Secti

The app 150 (☒ 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 for human consumption **ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE.** (**See instructions**.) *NOTE: A tax parcel number or a plat number is not sufficient.* See attached page 6

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.: Number of diversions: _____	A permit is desired for one well(s).
Source flows into (name of body of water):	Size & depth of well(s): 435 ft. deep

Appl. No.: G2-30254

WRIA 10

LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
		36	20	05	Pierce	1		SP 94-05-16-0291

For Ecology Use Date Received: 5/13/05 Priority Date: 5/13/05

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

Date Accepted As Complete 5-17-05 By SL Date Returned_____ By_____ WRIA: 10

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: None

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

the Well water supplies drinking for human Consumption for domestic purposes only. Prepare food and for human sanitation. Site system design was approved by Tacoma Pierce County Health dept on 12/27/2002. Installed a AERmotor 1½ hp - 12gpm & control box. Two holding tanks in Pump house. Also irrigation use.

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:_____ 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.*

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? 12/27/02 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? 7/15/03 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: 2 1/2

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: 2 1/2

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. East on SR 410 to 233rd Ave E. North on 233rd to 96th St. E, East on 96th St. to site. Corner of 240th Ave & 96th St. E.

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):

_____

_____

_____

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.

Henry R. Flatt — 5-10-05
Applicant (or authorized representative) — 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.

$10.00 fee enclosed

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).