BRR

WASHINGTON STATE DEPARTMENT OF ECOLOGY

State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

RECEIVED
98 APR -8 A9:48

For Ecology Use
Fee Paid _____
Date _____

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

Name Robert Thode Home Tel:(360) 985 - 2347
Mailing Address 856 Burnt Ridge Rd. Work Tel:(360) 985 - 7780
City Cinebar, State WA Zip+4 98533 + _____ FAX:(360) 985 - 7780

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 ~~5~~ 10 Acre Feet + 100gpm (☒ 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 _____. **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: 10 acre Feet

☐ 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 ___/___/___ For Winter Fill of Storage Lagoons Then pumped to Fields during Summer with Biosolids / Dec. Through April only

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.: "Unnamed Stream" Runs to Mill Creek Number of diversions: _____	A permit is desired for _____ well(s). NA
Source flows into (name of body of water): Mill Creek to Columbia	Size & depth of well(s): NA

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: North 1000 ft East 1200 ft From the SW corner of Section 20, T 13 N, R 2 E

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below: Lot	Block	Subdivision
SW	SW	20	13N	2E	Lewis			

For Ecology Use Date Received: 4/8/98 Priority Date: 4/8/98
SEPA: (Exempt)/Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete 4-17-98 By SC Date Returned _____ By _____ WRIA: 26

ECY 040-1-14
Rev. 9/95 F

APPLICATION

Appl. No.: S2-29803

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: Unnamed

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

We will pump water To storage Lagoon, The mix with biosolids To Liquify. Mixture will be pumped To Fields during growing season For Fertilizer and irrigation

C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
PROVIDE DOCUMENTATION. Not To be used for This project

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

A. Number of "connections" requested:_____ Type of connection _____
(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? NA ☐ 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: 140

B. List total number of acres for other specified agricultural uses:

Use Liquify Biosolids For Pump Acres 140
Use _____ Acres _____
Use Pasture & Hay Acres 140

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 2000 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 _____

NA

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☐ NO

Lagoon

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.

Not over 10 ac. Ft.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

exit 70 off of I-5, Head east on 508, Through Onalaska, Turn Right on Jorgenson m/L 3 miles at Top of hill Turn Left on Burnt Ridge Road

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.

[signature] 2/10/98

Applicant (or authorized representative) Date

_____ _____

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_____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).