

#00031



COLUMBIA RIVER WATER MANAGEMENT PROGRAM GRANT FUNDING PROGRAM PRE-APPLICATION WORKSHEET

Project Name: Little Walla Walla Rivers System Flow Feasibility Study

County: Walla Walla (Umatilla, Or.)

The Pre-Application Worksheet must provide enough information for Ecology to assess
the applicant's existing water rights, and current and planned water use.

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS

1. APPLICANT INFORMATION		
APPLICANT/BUSINESS NAME Many Waters Community Development	PHONE NO. (509) 522-0072	FAX NO. ()
MAILING ADDRESS 10701 Mill Creek Road		
CITY Walla Walla	STATE WA	ZIP CODE 99362
EMAIL ADDRESS randal@manywaters.us		
WATER RIGHT HOLDER NAME (IF OTHER THAN APPLICANT)	PHONE NO. ()	FAX NO. ()
MAILING ADDRESS		
CITY	STATE	ZIP CODE

3. WATER RIGHT INFORMATION (Attach copy of Water Right document)
(Skip this section if this application is for Feasibility Study funding)

WATER RIGHT HOLDER'S NAME (IF OTHER THAN APPLICANT) N/A	PHONE NO: ()	FAX NO: ()
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ADDRESS

CITY	STATE	ZIP CODE
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COMPLETE LEGAL DESCRIPTION OF THE PROPERTY ATTACHED TO THIS WATER RIGHT

WATER RIGHT NUMBER

PARCEL NUMBER ASSOCIATED WITH THIS WATER RIGHT

DO YOU OWN THE PROPERTY PROPOSED FOR THIS PROJECT? IF NOT, EXPLAIN.

IF THE GRANT APPLICANT IS NOT THE WATER RIGHT HOLDER, PLEASE EXPLAIN THE REASON.

WATER SOURCE (STREAM NAME).

ARE THE POINTS OF DIVERSION OR WITHDRAWAL AND THE PLACE OF USE CONSISTENT WITH THE WATER RIGHT? PLEASE EXPLAIN IN DETAIL.

IS YOUR WATER RIGHT SUBJECT TO CURTAILMENT?

5. ADDITIONAL REQUIREMENTS

The following application materials must also be submitted for a project to be considered for funding by the CRBWMP. Please check that you have completed the following:

- Landowner Willingness Documentation (if appropriate)
- Site Photos
- Project Partnership

6. SIGNATURES

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 am hereby granting staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me. I also understand that I may rescind this application at any time prior to signing the Agreement with no other obligations or requirements.

(Applicant/ Grant Recipient)

____/____/____
(Date)

(Water Right Holder)

____/____/____
(Date)

(Land Owner(s) of Existing Place of Use)

____/____/____
(Date)

For More Information

Contact: Alvin Josephy
Voice: (360) 407-6456
Email: ajos461@ecy.wa.gov
Web: <http://www.ecy.wa.gov/programs/wr/cwp/crwmp.html>

If you need this publication in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.