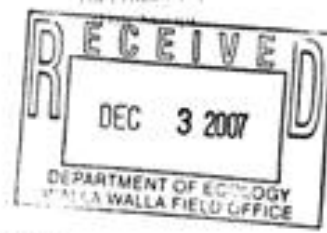




State of Washington  
Application for a Water Right Permit

SURFACE WATER  GROUND WATER  
 Permanent  Temporary  Short Term



Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

**Section 1. APPLICANT**

Applicant/Business Name: <u>AARDVIA FARMS IRRIGATION DISTRICT NO. 13</u>	Phone No: <u>509-394-2331</u>	Other No:
Address: <u>539 WHITE ROAD</u>		
City: <u>TOUCHET</u>	State: <u>WA</u>	Zip: <u>99360</u>
Email Address (optional):		

Contact Name (if different from above): <u>STUART A. DURFEE</u>	Phone No: <u>509-394-2331</u>	Other No:
Relationship to Applicant: <u>DISTRICT SECRETARY</u>		
Address: <u>539 WHITE ROAD</u>		
City: <u>TOUCHET</u>	State: <u>WA</u>	Zip: <u>99360</u>
Email Address (optional):		

**Section 2. STATEMENT OF INTENT**

Briefly describe the purpose of your proposed project: SHALLOW AQUIFER RECHARGE

Anticipated length of time to complete your project: \_\_\_\_\_

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) <input checked="" type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
<u>SHALLOW AQUIFER RECHARGE</u>	<u>20</u>		
<b>TOTAL:</b>	<u>20</u>		

**Short Term/Temporary Water Use**

Is this a request for a short term project (less than four months and non-recurring)?  YES  NO

Is this request for a temporary permit?  YES  NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: 12/01/07 TO: 05/31/08

For Ecology Use	APPLICATION NO. _____ SEPA Exempt/Not Exempt
	Fee Paid: _____ Check No: _____ ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____ Priority Date _____ By _____ WRJA: _____