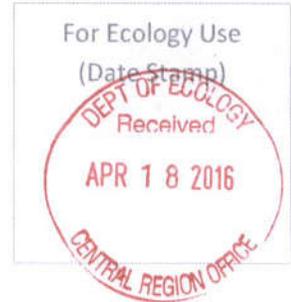




# WATER RESOURCES

## Application for Change/Transfer of a Water Right



You must include a \$50.00 minimum filing fee with this application for:

(Check all that apply.)

- Change purpose(s) of use
- Add purpose(s) of use
- Change/transfer place of use
- Change point(s) of diversion/withdrawal
- Add point(s) of diversion/withdrawal
- Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

No filing fee is required for applications for:

- Drought
- Cost Reimbursement
- Water Conservancy Board

| FOR OFFICIAL USE ONLY   |                       |
|---|-----------------------|
| DATE APPLICATION RECEIVED   | 4-13-16               |
| CHECK NO. 130   | FEE \$ 1000.00        |
| DATE ACCEPTED 4-13-16   | BY _____              |
| CHANGE NO. OKAN-16-01   | WRIA 48 OKAN          |
| COUNTY Okanogan   | SPECIAL AREA _____    |
| SEPA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT |                       |
| CS3-20807C  |                       |
| ECY CODING: 001-002-WR10285-000011  |                       |
| APP NO. _____   | PERMIT NO. _____      |
| CERT NO. _____  | CERT OF CHG NO. _____ |
| 53-20807CWR15   |                       |

I have completed a pre-application consultation with Ecology.

### 1. Applicant Information

|  |             |                           |                         |
|--|-------------|---------------------------|-------------------------|
| APPLICANT/BUSINESS NAME<br>JOHN A. DRUMHELLER BYPASS TRUST                                 |             | PHONE NO.<br>206-619-1937 | FAX NO.                 |
| ADDRESS<br>c/o BETTY L. DRUMHELLER, Trustee 16414 SE 44 <sup>th</sup> Place                |             |                           |                         |
| CITY<br>Bellevue   | STATE<br>WA | ZIP CODE<br>98006         |                         |
| EMAIL ADDRESS (IF AVAILABLE)<br>bettydrumheller@outlook.com                                |             |                           |                         |
| CONTACT (IF DIFFERENT FROM ABOVE)<br>W. SCOTT DETRO  |             | PHONE NO.<br>509-826-6316 | FAX NO.<br>509-826-4704 |
| ADDRESS<br>Callaway & DeTro PLLC, 700A Okoma Drive   |             |                           |                         |
| CITY<br>Omak   | STATE<br>WA | ZIP CODE<br>98841         |                         |
| EMAIL ADDRESS (IF AVAILABLE)<br>sdetro@ncidata.com   |             |                           |                         |
| LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE<br>JOHN A. DRUMHELLER BYPASS TRUST |             | PHONE NO.<br>206-619-1937 | FAX NO.                 |
| ADDRESS<br>c/o BETTY L. DRUMHELLER, Trustee 16414 SE 44 <sup>th</sup> Place                |             |                           |                         |
| CITY<br>Bellevue   | STATE<br>WA | ZIP CODE<br>98006         |                         |
| EMAIL ADDRESS (IF AVAILABLE)<br>bettydrumheller@outlook.com                                |             |                           |                         |

011.100-1

CS3-20807C

OKAN-16-01

## 2. Water Right Information

|   |                                    |
|---|------------------------------------|
| WATER RIGHT OR CLAIM NUMBER<br>S3-20807C  | RECORDED NAME(S)<br>Tom Drumheller |
| DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                               |                                    |
| IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____   |                                    |
| HAS THE WATER BEEN USED AS AUTHORIZED IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                    |

- Attach copies of any documentation that shows the historical use of water that has occurred since the right was established.
- If you have a water system plan or conservation plan, please include a copy with your application.

## 3. Point(s) of Diversion/Withdrawal:

### A. Existing

| SOURCE            | NO. | ¼ | ¼  | SEC. | TWP. | RGE. | PARCEL #    | WELL TAG # |
|-------------------|-----|---|----|------|------|------|-------------|------------|
| 3 unnamed springs |     |   | NE | 11   | 31N  | 21E  | none (USFS) | N/A        |
|                   |     |   |    |      |      |      |             |            |

### B. Proposed (if different from 3.A.)

| SOURCE | NO. | ¼ | ¼  | SEC. | TWP. | RGE. | PARCEL #   | WELL TAG # |
|--------|-----|---|----|------|------|------|------------|------------|
| Well   |     |   | SE | 11   | 31N  | 21E  | 9801850000 |            |
|        |     |   |    |      |      |      |            |            |

### C. DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING:  YES  NO PROPOSED:  YES  NO – IF NO, PROVIDE OWNER NAME(S): USFS, Okanogan National Forest

- Include copies of all associated water well reports.
- If you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

## 4. Purpose of Use:

### A. Existing

| PURPOSE OF USE                 | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|--------------------------------|------------|------------|---------------|
| domestic supply and stockwater | .02 cfs    | 2          | continuous    |
|                                |            |            |               |
|                                |            |            |               |

### B. Proposed (if different from 4.A.)

| PURPOSE OF USE                 | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|--------------------------------|------------|------------|---------------|
| domestic supply and stockwater | .02 cfs    | 2          | continuous    |
|                                |            |            |               |
|                                |            |            |               |



## 7. 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 hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

John A. Drumheller Bypass Trust  
Applicant Printed Name – Title

By Betty L. Drumheller  
Applicant Signature  
Betty L. Drumheller, Trustee

March 21, 2016  
(Date: MM/DD/YYYY)

John A. Drumheller Bypass Trust  
Water Right Holder Printed Name

By Betty L. Drumheller  
Water Right Holder Signature  
Betty L. Drumheller, Trustee

March 21, 2016  
(Date: MM/DD/YYYY)

John A. Drumheller Bypass Trust  
Land Owner of Existing Place of Use Printed Name

By Betty L. Drumheller  
Land Owner of Existing Place of Use Signature  
Betty L. Drumheller, Trustee

03/21/16  
(Date: MM/DD/YYYY)

John A. Drumheller Bypass Trust  
Land Owner of Proposed Place of Use Printed Name

By Betty L. Drumheller  
Land Owner of Proposed Place of Use Signature  
Betty L. Drumheller, Trustee

03/21/16  
(Date: MM/DD/YYYY)

|  |   |   |
|--|---|---|
| <p><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY<br/>CASHIERING SECTION<br/>PO BOX 47611<br/>OLYMPIA, WA 98504-7611</p> | <input type="checkbox"/> Central Regional Office<br>1250 W. Alder Street<br>Union Gap, WA 98903-0009<br>(509) 575-2490                | <input type="checkbox"/> Eastern Regional Office<br>4601 N. Monroe Street<br>Spokane, WA 99205-1265<br>(509) 329-3400 |
|  | <input type="checkbox"/> Northwest Regional Office<br>3190 – 160 <sup>th</sup> Avenue SE<br>Bellevue, WA 98008-5452<br>(425) 649-7000 | <input type="checkbox"/> Southwest Regional Office<br>PO Box 47775<br>Olympia, WA 98504-7775<br>(360) 407-6300        |