



Application for Change/Transfer of Water Right



For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION IF FILED WITH THE DEPARTMENT OF ECOLOGY

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>06-20-2013</u>
CHECK NO.	<u>41252 06-17-13</u> FEE \$ <u>50⁰⁰</u>
DATE ACCEPTED	<u>07-08-2013</u> BY <u>9</u>
CHANGE NO.	<u>CS4-137898CL1</u>
COUNTY	<u>CHelan</u> WRIA <u>45</u>
SPECIAL AREA	_____
SEPA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING:	<u>001-002-WR10285-000011</u>
APP NO.	_____ PERMIT NO. _____
CERT NO.	_____ CERT OF CHG NO. _____

(Check all that apply.)

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

Explain: 5 year Trust Water from Surface to Ground Conversion, while permanent change is processing

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

I have participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Tom Bridgman and Amy Koepnick	206-406-2124	
ADDRESS		
1333 Harbor Ave. SW. #301		
CITY	STATE	ZIP CODE
Seattle,	WA	98116
EMAIL ADDRESS (IF AVAILABLE)		
t.bridgman@comcast.net		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Aaron Penvose	509-888-0970	
ADDRESS		
103 Palouse Street, Suite #14		
CITY	STATE	ZIP CODE
Wenatchee	Wa	98801
EMAIL ADDRESS (IF AVAILABLE)		
apenvose@tu.org		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
Same as Applicant		
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
Water Right Claim No. 137898	Alpine Acres, Inc.
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: <i>Several others parcels with in described Place of Use</i>	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

CS4-137898CL 01

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Beaver Creek				12	26	17E		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater				12	26	17E	261712430150	TBD

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

EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME: Adjacent to Chelan County Road

Please include copies of all water well reports involved with this proposal. Also, 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
Irrigation	300	120	Not described on Claim

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of 3.2 acres	32 GPM	13.6	May 15 th to September 31 st annually
Insream Flow in Beaver Creek	.51 CFS	120	May 15 th to September 31 st annually

32 GPM = 0.07 CFS

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

As described on the water right: The SE corner 1000' x 1300' of the SW ¼ of the SE ¼, Section 12, Township 26 North, Range 17 E.W.M

Where water is presently used: Lot 1 as delineated on Harold Porter Short Plat No. 2084, Chelan County Washington, recorded October 21, 1992, in Book SP-10 of Short Plats, page 4. Chelan County Parcel 261712430150.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		12	26	17	Chelan	Multiple	Unknown

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES NO

IF NO, PROVIDE OWNER(S) NAME: Multiple Parcels please see attached map.

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

Lot 1 as delineated on Harold Porter Short Plat No. 2084, Chelan County Washington, recorded October 21, 1992, in Book SP-10 of Short Plats, page 4. Chelan County Parcel 261712430150.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		12	26	17	Chelan	261712430150	3.49

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES NO

IF NO, PROVIDE OWNER(S) NAME: _____

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

ES NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

300 GPM = 0.07 CFS

6. Remarks and Other Relevant Information:

This application is only for a short term point of diversion change to move the existing surface diversion to an onsite well. This Change/Trust Application seeks to effectuate a diversion change on the water right to be used exclusively for fish maintenance and enhancement, recreational uses and preservation of environmental and aesthetic values as allowed under RCW Chapters 90.03, 90.42 and 90.58. Further, this project will improve instream flow in a critical tributary, has biological benefit and addresses limiting factors for fish species. Therefore, we request expedited processing under WAC 173-152-050(2) (b) and (3) (a).

IF FOR SEASONAL OR TEMPORARY, START DATE 5/15/2013 END DATE 5/15/2017

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

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.

<u>Thomas R. Bridgman</u>	<u>[Signature]</u>	<u>5/15/2013</u>
<u>Amy E. Koepnick</u>	<u>[Signature]</u>	<u>5/15/2013</u>
Applicant Printed Name - Title	Applicant Signature	(Date)
<u>Thomas R. Bridgman</u>	<u>[Signature]</u>	<u>5/15/2013</u>
<u>Amy E. Koepnick</u>	<u>[Signature]</u>	<u>5/15/2013</u>
Water Right Holder Printed Name	Water Right Holder Signature	(Date)
<u>Thomas R. Bridgman</u>	<u>[Signature]</u>	<u>5/15/2013</u>
Land Owner of Existing Place of Use Printed Name	Land Owner of Existing Place of Use Signature	(Date)
<u>Amy E. Koepnick</u>	<u>[Signature]</u>	<u>5/15/2013</u>
Land Owner of Proposed Place of Use Printed Name	Land Owner of Proposed Place of Use Signature	(Date)

Please check the region in which the project is located:

<p>*Submit your application to:</p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- APPLICATION FEE NOT ENCLOSED
- MAP NOT INCLUDED or INCOMPLETE
- ADDITIONAL SIGNATURES REQUIRED
- SECTION _____ IS INCOMPLETE
- OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____