



Application for Change/Transfer of Water Right

For Ecology Use
(Date Stamp)



13 DEC 16 18:54

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

"Temporary" Request - \$50 fee ok

*E. Gutierrez
12-30-2013*

(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: _____

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

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	12-16-2013
CHECK NO.	132366 FEE \$ 100
DATE ACCEPTED	01-08-2014 BY <i>CS</i>
CHANGE NO.	C63-21081C(A)
COUNTY	OKANOGAN WRIA 48.49
SPECIAL AREA	
SEPA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING:	001-002-WR10285-000011
APP NO.	PERMIT NO.
CERT NO.	CERT OF CHG NO.

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

1. Applicant Information

APPLICANT/BUSINESS NAME Okanogan County Public Works	PHONE NO. 509/422-7300	FAX NO. 509/422-7301
ADDRESS 1234-A Second Avenue South		
CITY Okanogan	STATE WA	ZIP CODE 98840
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE) Don Motes/Okanogan County Public Works	PHONE NO. 509/422-7310	FAX NO. 509/422-7301
ADDRESS 1234-A Second Avenue South		
CITY Okanogan	STATE WA	ZIP CODE 98840
EMAIL ADDRESS (IF AVAILABLE) dnotes@co.okanogan.wa.us		

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

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G3-21081C(A)	RECORDED NAME(S) Okanogan County
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 PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input checked="" 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.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
See Attached								

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Okanogan River *POD	*1	W2	NW	20	32N	25E		
Columbia River *POD	*2	SW	NE	36	30N	23E	2180010000	* See Section 6.

49 OK
48 OK

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

EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME: Various

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:

= 76 GPM

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Road Construction, Road Maintenance, Dust Abatement, Soil Compaction and Landscape Irrigation.	.17 CFS	22.5	04/01 to 10/01

I only see one Authorized well for this Right

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Road Construction, Road Maintenance, Dust Abatement, Soil Compaction and Landscape Irrigation.			04/01 to 10/01

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Throughout the Okanogan County Public Works Roadway System.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

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

IF NO, PROVIDE OWNER(S) NAME: _____

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

Throughout the Okanogan County Public Works Roadway System.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

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): _____

**ATTACHMENT FOR
Application for Change/Transfer of Water Right**

Point(s) of Diversion/Withdrawal - Existing Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Okanogan River		W2	NW	20	32N	25E	Right of Way	
Okanogan River		E2	NE	31	32N	25E	3225310016	
Okanogan River		NW	SE	34	31N	25E	Right of Way	
Columbia River		SW	NE	36	30N	23E	2180010000	

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? YES NO

IF NO, PROVIDE OWNER(S) NAME: All Public Lands

Purpose(s) of Use - Existing Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Road Construction, Road Maintenance, Dust Abatement, Soil Compaction and Landscape Irrigation.	.31 CFS	22.50	04/01 to 10/01
Ac/Ft Yr Per Use By Monthly Use Schedule			

Place of Use - Existing Proposed:

LEGAL DESCRIPTION OF LANDS							
Throughout the Okanogan County Public Works Roadway System.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

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

IF NO, PROVIDE OWNER(S) NAME: _____

6. Remarks and Other Relevant Information:

*The proposed new points of diversion will be located between POD 1 and POD 2, using authorized points of diversion (with property owner permission) and points accessible by 4,000 gallon county owned water trucks with approved portable fish screens installed.

IF FOR SEASONAL OR TEMPORARY, START DATE 04/01/2014 END DATE 10/01/2014

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.

Robert L. Parton Director
Applicant Printed Name - Title

Robert L. Parton
Applicant Signature

12/12/2013
(Date)

OKANOGAN COUNTY
Water Right Holder Printed Name

Robert L. Parton
Water Right Holder Signature

12/12/2013
(Date)

Land Owner of Existing Place of Use Printed Name

Land Owner of Existing Place of Use Signature

/ /
(Date)

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: 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:** ____ / ____ / ____