



Water Resources Program
Application for Change/Transfer
of Water Right

For Ecology Use
 (Date Stamp)

Department of Ecology

JUL 31 2015

Water Resources Program

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

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

(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: _____

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	_____
CHECK NO.	_____ FEE \$ _____
DATE ACCEPTED	_____ BY _____
CHANGE NO.	_____
COUNTY	_____ WRIA _____
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. _____

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

1. Applicant Information

APPLICANT/BUSINESS NAME John Eminger, Alpine Development, LLC	PHONE NO. 509-935-6649	FAX NO. 509-935-4218
ADDRESS PO Box 166		
CITY Chewelah	STATE WA	ZIP CODE 99109-0166
CONTACT (IF DIFFERENT FROM ABOVE) Gene St. Godard	PHONE NO. 509-953-9395	FAX NO.
ADDRESS PO Box 28755		
CITY Spokane	STATE WA	ZIP CODE 99228
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE See section 6	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE

ECY 040-1-97 (Rev. 10/11) If you need this document in a format for the visually impaired, call the Water Resources Program at 360-407-6872.
 Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

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2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G3-29842P	RECORDED NAME(S) John P. Eminger (Jaon Green Trust, Angela Olsen)
DO YOU OWN THE RIGHT TO BE CHANGED? X 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 X 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 #
Groundwater-Bedrock	1	NE	NE	7	32N	42E	5881675	ACK840

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater-Bedrock	2	NW	NE	7	32N	42E	5881602	
Groundwater-Bedrock	3	NE	NW	7	32N	42E	5881650	
Groundwater-Bedrock	4	SE	NW	7	32N	42E	5881650	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
 EXISTING: X YES NO PROPOSED: X YES NO – IF NO, PROVIDE OWNER(S) NAME: _____

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
Municipal supply and seasonally for snow making	150 gpm	240	Continuous for municipal and seasonally for snow making

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
No Change			

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5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
The N1/2 of Section 7, T.32N, R.42E. W.M., Stevens County							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	N1/2	7	32N	42E	Stevens	5881650, 5881602, 5881675, 5881677, 5881676	320
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? X YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
No changes							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> 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?	
X YES <input type="checkbox"/> NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):	S3-21214C, S3-27231P, G3-30532 (Application)

6. Remarks and Other Relevant Information:

<p>Owners for each parcel for new points of withdrawals are:</p> <ol style="list-style-type: none"> 1) Well point #16, tax parcel # 5881679, East Basin Inc, LLC (NW-NE 1/4 Sec 7) 2) Well Point #14, tax parcel # 5881650, Chewelah Basin Ski Corporation (NE-NW 1/4 Sec 7) 3) Well Point #3, tax parcel # 5881605, Chewelah Basin Ski Corporation (SE-NW 1/4 Sec 7) <p>New points of withdrawal are being requested as the one initial well approved under permit does not have sufficient yield to develop permit.</p> <p>All properties are under authority of John Eminger.</p> <p>IF FOR SEASONAL OR TEMPORARY, START DATE ___/___/___ END DATE ___/___/___</p>
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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.

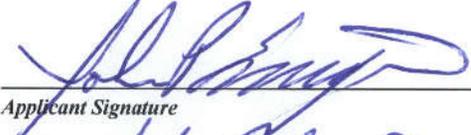
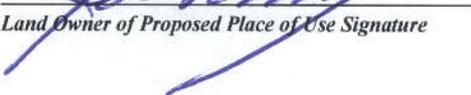
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7. Signatures:

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 am hereby granting 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>John Eminger, PRESIDENT</u> Applicant Printed Name - Title	<u></u> Applicant Signature	<u>7/28/15</u> (Date)
<u>John Eminger</u> Water Right Holder Printed Name	<u></u> Water Right Holder Signature	<u>7/28/15</u> (Date)
<u>John Eminger</u> Land Owner of Existing Place of Use Printed Name	<u></u> Land Owner of Existing Place of Use Signature	<u>7/28/15</u> (Date)
<u>John Eminger</u> Land Owner of Proposed Place of Use Printed Name	<u></u> Land Owner of Proposed Place of Use Signature	<u>7/28/15</u> (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 type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" 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

<p>WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):</p> <p><input type="checkbox"/> APPLICATION FEE NOT ENCLOSED <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE</p> <p><input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED <input type="checkbox"/> SECTION _____ IS INCOMPLETE</p> <p><input type="checkbox"/> OTHER/EXPLANATION: _____</p> <p>STAFF: _____ DATE: ____/____/____</p>	
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