



WATER RESOURCES
Application for Change/Transfer of a Water Right

For Ecology Use
RECEIVED
AUG 28 2015

DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

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

I have completed a pre-application consultation with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME SANDY RIGGS (SOUTH PINES ESTATE)	PHONE NO. 509 990 3333	FAX NO.
ADDRESS PO BOX 143068		
CITY SPOKANE	STATE WA	ZIP CODE 99214
EMAIL ADDRESS (IF AVAILABLE) sriggs99@yahoo.com		
CONTACT (IF DIFFERENT FROM ABOVE) SAME	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE SOUTH PINES ESTATES HOMEOWNERS ASSN	PHONE NO. 509 990 3333	FAX NO.
ADDRESS 7514 S PINEVIEW LN		
CITY SPOKANE	STATE WA	ZIP CODE 99206
EMAIL ADDRESS (IF AVAILABLE)		

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	_____
CHECK NO.	_____ FEE \$ _____
DATE ACCEPTED	9-1-2015 BY KT
CHANGE NO.	CG3-27659C
COUNTY	Spokane WRIA 57
SPECIAL AREA	_____
SEPA:	<input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT
ECY CODING: 001-002-WR10285-000011	
APP NO.	_____ PERMIT NO. _____
CERT NO.	63-27659C CERT OF CHG NO. _____
	6716888

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G3-27659	RECORDED NAME(S) GREENACRES DEVELOPMENT CO
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 #
SEE ATTACHMENT				10	24	44E		

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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
SEE ATTACHMENT								

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): **LYNDON HARRIMAN**

- Include copies of all associated water well reports. **PERMANENT EASEMENT FOR WELL 4 & ACCESS.**
- 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
GROUP DOMESTIC SUPPLY	60	16	CONTINUOUS

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

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
SAME AS ABOVE			

Department of Ecology

AUG 25 2015

Water Resources Program

**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 #
WELL 1	1/2		SE	10	24	44E	44104-9066	
WELL 2	"		"	"	"	"	44104-9057	
WELL 3	"		"	"	"	"	"	
WELL 4		SE	NE	10	24	44E	44101-9033	ABC 240

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? YES NO
 IF NO, PROVIDE OWNER NAME(S): EASEMENT TO WELL 4

Purpose(s) of Use - Existing Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

Place of Use - Existing Proposed:

LEGAL DESCRIPTION OF LANDS							
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 NAME(S):

Department of Ecology
AUG 25 2015

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

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 the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>SANDY RIGGS</u>	<u><i>Sandy Riggs</i></u>	<u>08/19/2015</u>
<input checked="" type="checkbox"/> Applicant Printed Name – Title	<input checked="" type="checkbox"/> Applicant Signature	(Date: MM/DD/YR)
<input type="checkbox"/> Water Right Holder Printed Name	<input type="checkbox"/> Water Right Holder Signature	
<input type="checkbox"/> Land Owner of Existing Place of Use Printed Name	<input type="checkbox"/> Land Owner of Existing Place of Use Signature	
<input type="checkbox"/> Land Owner of Proposed Place of Use Printed Name	<input type="checkbox"/> Land Owner of Proposed Place of Use Signature	

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<u>SOUTH PINES ESTATES ASSN</u>	<u><i>Sandy Riggs - PRESIDENT</i></u>	<u>08/19/2015</u>
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5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
 SE 1/4 OF SEC. 10, TOWNSHIP 24, RANGE 44 E.W.M. LYING EAST OF HWY
 27, SPOKANE CITY, WASHINGTON

1/4	1/4	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 NAME(S):

B. Proposed (if different than 5.A.)

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:
 BE SAME

1/4	1/4	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 NAME(S):

- 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.

D. Are there any additional water rights or claims related to the same property as the one proposed for change/transfer?

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

6. Remarks and Other Relevant Information:

IF FOR SEASONAL OR TEMPORARY, START DATE ___/___/___ END DATE ___/___/___

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

Department of Ecology

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7. Signatures:

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SANDY RIGGS
Applicant Printed Name – Title

Sandy Riggs
Applicant Signature

08/19/2015
(Date: MM/DD/YYYY)

SANDY RIGGS
Water Right Holder Printed Name

Sandy Riggs
Water Right Holder Signature

08/19/2015
(Date: MM/DD/YYYY)

SOUTH PINE ESTATES ASSN.
Land Owner of Existing Place of Use Printed Name

Sandy Riggs - PRESIDENT
Land Owner of Existing Place of Use Signature

08/19/2015
(Date: MM/DD/YYYY)

Land Owner of Proposed Place of Use Printed Name

Land Owner of Proposed Place of Use Signature

(Date: MM/DD/YYYY)

<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 98902-3463 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (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