



**Water Resources Program  
Application for Change/Transfer  
of Water Right**

For Ecology Use  
(Date Stamp)

**RECEIVED**

OCT 30 2015

Department of Ecology  
Eastern Washington Office

**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 10-30-2015  
 CHECK NO. \_\_\_\_\_ FEE \$ 50.00  
 DATE ACCEPTED 10-30-15 BY KY  
 CHANGE NO. CG3-25389C / 6770926  
 COUNTY Stevens WRIA 59/62  
 SPECIAL AREA \_\_\_\_\_

SEPA:  EXEMPT  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 Flowers Trail Community Association c/o Tim Utley, Manager	PHONE NO. 509-721-0451	FAX NO.
ADDRESS 41920 Egypt Loop N		
CITY Davenport	STATE WA	ZIP CODE 99122-9351
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 Chewelah Peak Community Water System No. 07469-5 Under long term lease to Washington DNR	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G3-25389C	RECORDED NAME(S) Washington State Department of Natural Resources
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? X 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.*

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

### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater - SO-3	3	SE	NE	36	33N	41E	5611750	AHC-835
Groundwater - SO-4	4	SE	NE	36	33N	41E	5611750	No tag

### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater - SO-3	3	SE	NE	36	33N	41E	5611750	AHC-835
Groundwater - SO-4	4	SE	NE	36	33N	41E	5611750	No tag
SO-5 (well field S03/SO4)	5	SE	NE	36	33N	41E	5611750	
Groundwater - SO-1	1	NE	SE	36	33N	41E	5611750	AHF-923
Proposed GW Well	6		SE	36	33N	41E	5611750	
Proposed GW Well	7	N1/2	NW	6	32N	42E	8000367	

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
Group Domestic Supply	18 gpm	16 AF	continuous

### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	18 gpm	16 AF	continuous

**5. Place of Use:**

**A. Existing**

<b>LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:</b>							
SE ¼ Section 36, T. 33 N., R. 41 E.W.M.							
(per description on certificate but water is being used within the S1/2 of Section 36, that area within the boundaries of the FTCA water system service area)							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	SE	36	33N	41E	Stevens	5611750	160
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

**B. Proposed**

<b>LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:</b>							
Area served by the Flowery Trail Community Association located in Section 6, T.32N., R.42E.W.M. and Sec. 36 T.33N., R.41E.W.M., Stevens County, WA							
That area served by the existing Group A water system No. 07469 5 serving a mix of seasonal and year-round residents plus the Chewelah Peak Learning Center, an educational retreat facility.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	S1/2	36	33N	41E	Stevens	5611750	320
N1/2	NW	6	32N	\$2E	Stevens	800367	40
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: <u>Private lots within the Water Service Area, area under long term lease with Washington State DNR</u>							

*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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): <u>S3-26896P, G3-30529 (application)</u>
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**6. Remarks and Other Relevant Information:**

Ecology is requested to change the purpose of use to municipal, as the current development meets the requirements as defined in RCW 90.03.015.
The Chewelah Peak Community Water System (No. 07469 5) currently has 46 total connections.
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.

**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>William A Reinhold</u> Applicant Printed Name - Title PRES. FTCA	<u>William A Reinhold</u> Applicant Signature PRES. FTCA	<u>10/27/2015</u> (Date)
<u>William A Reinhold</u> Water Right Holder Printed Name PRES. FTCA	<u>William A Reinhold</u> Water Right Holder Signature PRES. FTCA	<u>10/27/2015</u> (Date)
<u>Tim A. Utley</u> Land Owner of Existing Place of Use Printed Name mgr. water system 07469-5	<u>Tim A. Utley</u> Land Owner of Existing Place of Use Signature	<u>10/27/2015</u> (Date)
<u>Tim A. Utley</u> Land Owner of Proposed Place of Use Printed Name	<u>Tim A. Utley</u> Land Owner of Proposed Place of Use Signature	<u>10/27/2015</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 type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> 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><b>WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):</b></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><b>STAFF:</b> _____ <b>DATE:</b> ____/____/____</p>	
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