

**WATER RESOURCES**  
**Application for Change/Transfer of a Water Right**

**RECEIVED** For Ecology Use

(Date Stamp)

MAR 11 2016

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: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

DATE APPLICATION RECEIVED 3/3/16  
 CHECK NO. \_\_\_\_\_ FEE \$ 650  
 DATE ACCEPTED 3/3/16 BY FCWCB  
 CHANGE NO. FRAN-16-02  
 COUNTY FRANKLIN WRIA 33  
 SPECIAL AREA 508-14

SEPA:  EXEMPT  NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

APP NO. \_\_\_\_\_ PERMIT NO. G3-25175

CERT NO. \_\_\_\_\_ CERT OF CHG NO. \_\_\_\_\_

CG3-25175@2 6799117

**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 <u>City of Pasco / Ahmad Qayoumi</u>	PHONE NO. <u>(509) 545-3446</u>	FAX NO. <u>(509) 545-3499</u>
ADDRESS <u>525 N. 3<sup>rd</sup> Avenue P.O. Box 293</u>		
CITY <u>Pasco</u>	STATE <u>WA</u>	ZIP CODE <u>99301</u>
EMAIL ADDRESS (IF AVAILABLE) <u>qayoumia@pasco-wa.gov</u>		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

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

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G3-25175P	RECORDED NAME(S) City of Pasco
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 #
Well	1	SW	SW	3	9N	30E		

### 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): \_\_\_\_\_

- Include copies of all associated water well reports.
- 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	1,200 gpm	520 Ac-Ft	Jan 1 - Dec 31, Each Year

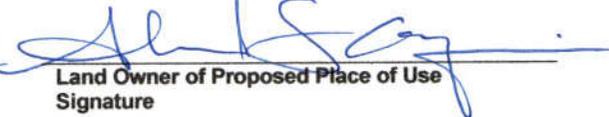
### B. Proposed (if different from 4.A.)

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	1,200 gpm	520 Ac-Ft	Jan 1 - Dec 31, Each Year



## 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>Ahmad S. Qayoumi, Public Works</u> Applicant Printed Name – Title <i>Director</i>	<u></u> Applicant Signature	<u>03/02/2016</u> (Date: MM/DD/YYYY)
<u>Ahmad S. Qayoumi</u> Water Right Holder Printed Name	<u></u> Water Right Holder Signature	<u>03/02/2016</u> (Date: MM/DD/YYYY)
<u>Ahmad S. Qayoumi</u> Land Owner of Existing Place of Use Printed Name	<u></u> Land Owner of Existing Place of Use Signature	<u>03/02/2016</u> (Date: MM/DD/YYYY)
<u>Ahmad S. Qayoumi</u> Land Owner of Proposed Place of Use Printed Name	<u></u> Land Owner of Proposed Place of Use Signature	<u>03/02/2016</u> (Date: MM/DD/YYYY)

<p><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 1250 W. Alder Street Union Gap, WA 98903-0009 (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 <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

**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	SW	SE	34	3	10N 9	30E	corrected m.n. 3/25/2016
Surface (Columbia River)	2	SW	NE	31	9N	30E		
Surface (Columbia River)	3		NW	18	9N	29E		

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

**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):