



WATER RESOURCES

Application for Change/Transfer of a Water Right

RECEIVED
(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: _____

No filing fee is required for applications for:

- Drought
- Cost Reimbursement
- Water Conservancy Board

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>3/3/16</u>
CHECK NO.	FEE \$ <u>650</u>
DATE ACCEPTED	BY <u>FCWCB</u>
CHANGE NO.	<u>FRAU-16-03</u>
COUNTY	WRIA <u>33</u>
SPECIAL AREA	<u>508-14</u>
SEPA: <input type="checkbox"/> EXEMPT	<input checked="" type="checkbox"/> NOT EXEMPT
ECY CODING: 001-002-WR10285-000011	
APP NO.	PERMIT NO. <u>G3-20245</u>
CERT NO.	CERT OF CHG NO. _____
<u>CG3-20245T@4</u> <u>6799118</u>	

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. 3rd 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 G3-20245P	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 #
See Attachment								

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	5,200 gpm	2,101.6 AF	Feb 1 Oct 31

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

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	5,200 gpm	2,101.6 AF	Year Round

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Section 3 T9N R30E

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		3	9N	30E	Franklin		520

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:

City of Pasco municipal water service area as described within the City of Pasco Water Supply and Conservation Plan

Section 3 T9N R30E

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

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 ___/___/___

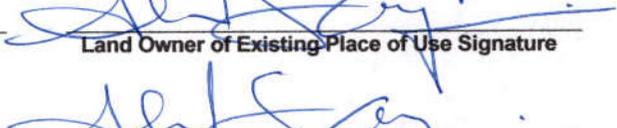
Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact:

Department of Revenue
Real Estate Excise Tax
PO Box 47477

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.

<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>*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 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 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

