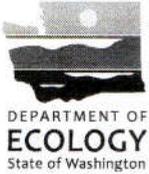


For Ecology Use
(Date Stamp)



WATER RESOURCES

Application for Change/Transfer of a Water Right

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	3-15-2016	
CHECK NO.	✓	FEE \$
DATE ACCEPTED	3-15-2016	BY RT
CHANGE NO.	CG3-01095C	
COUNTY	Lincoln	WRIA 53
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.	G3-01095C	CERT OF CHG NO. 6799138

I have completed a pre-application consultation with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME Keller Lane Property Owner's Association	PHONE NO. 509.647.5309	FAX NO.
ADDRESS 13547 Keller Lane East		
CITY Wilbur	STATE WA	ZIP CODE 99185
EMAIL ADDRESS (IF AVAILABLE) c/o Gale Grill - ggordong9236@gmail.com		
CONTACT (IF DIFFERENT FROM ABOVE) Brett Amrine	PHONE NO. 406.360.8524	FAX NO.
ADDRESS P.O. Box 8776		
CITY Missoula	STATE MT	ZIP CODE 59807
EMAIL ADDRESS (IF AVAILABLE) brett@balawmt.com		
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Kay Holmstrom	PHONE NO. 509.647.0317	FAX NO.
ADDRESS 45455 SR 21 N.		
CITY Wilbur	STATE WA	ZIP CODE 99185
EMAIL ADDRESS (IF AVAILABLE)		

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2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G3-01095C	RECORDED NAME(S) Willard E. Pfaffle
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	NW	SE	17	26N	33E	2833017400055	
<i>28 Per phone conv. w/ Brett Amrine AT</i>								

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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	NE	SW	17	26N	33E	2833917000200	
Well	2	NE	SW	17	26N	33E	283391700100	

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): Kay Holmstrom

- 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
Municipal	100	60	Year Round

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

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

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5. Place of Use:

A. Existing

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LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
As identified on the Certificate - The north 220 feet of the NW1/4SE1/4 of Sec. 17, T. 28 N. R. 33 E.W.M.

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	SE	17	26N	33E	Lincoln		

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES NO
IF NO, PROVIDE OWNER NAME(S): Municipal Water System

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

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:
The North 220 feet of the NW1/4SE1/4 of Sec. 17, T. 28 N. R. 33 E.W.M. and Lots 1, 2, and 3 Starkenburg Short Plat, recorded in Book B of Plats, Page 156, Lincoln County, Washington.

- See Small Water System Management Plan - Appendix System Consolidation Summary
- SWSMP approved by Ecology on September 14 2015. Letter attached and map of the service area

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	S 1/2	17	26N	33E	Lincoln		

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES NO
IF NO, PROVIDE OWNER NAME(S): Kay Holmstrom - all to be included within the service area of the municipal water system.

- 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): S3-*07283CRWIS; S3-CV1P359

6. Remarks and Other Relevant Information:

The proposed change is sought in order to remedy a violation of Washington State water quality standards due to nitrate concentrations exceeding the state MCL.

The Water Right Holder evaluated three alternatives, which included the acquiring or merging with an existing compliant system.

The System Consolidation Summary attached to the SWSMP describes the background and proposal with Health to resolve the violation.

The applicant seeks priority processing pursuant to WAC 173-152-050(1)(a)(i) & (iii).

See submittal letter for additional 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:

Water Resources Program

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 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.

Gale Grill, Pres. of HOA
 Applicant Printed Name – Title

Gale Grill
 Applicant Signature

02/26/16
 (Date: MM/DD/YYYY)

Keller Lane Property Owners' Association
 Water Right Holder Printed Name

Gale Grill
 Water Right Holder Signature

02/26/16
 (Date: MM/DD/YYYY)

Keller Lane Property Owners' Association
 Land Owner of Existing Place of Use Printed Name

Gale Grill
 Land Owner of Existing Place of Use Signature

02/26/16
 (Date: MM/DD/YYYY)

Kay Holmstrom
 Land Owner of Proposed Place of Use Printed Name

Kay Holmstrom
 Land Owner of Proposed Place of Use Signature

03/07/16
 (Date: MM/DD/YYYY)

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 1250 W. Alder Street Union Gap, WA 98903-0009 (509) 575-2490	<input checked="" 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

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