

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

For Ecology Use  
 (Date Stamp)

16 APR 20 08:22    16 APR 20 08:23  
 DEPT. OF ECOLOGY FISCAL & BUDGET    DEPT. OF ECOLOGY FISCAL & BUDGET

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>4-20-2016</u>
CHECK NO. <input checked="" type="checkbox"/>	FEE \$ _____
DATE ACCEPTED	<u>4-20-16</u> BY <u>AT</u>
CHANGE NO.	<u>CG-3-804868C</u>
COUNTY	<u>Spokane</u> WRIA <u>55</u>
SPECIAL AREA	_____
SEPA: <input checked="" type="checkbox"/> EXEMPT	<input type="checkbox"/> NOT EXEMPT
ECY CODING: 001-002-WR10285-000011	
APP NO. <u>4868</u>	PERMIT NO. <u>5749</u>
CERT NO. <u>5595-A</u>	CERT OF CHG NO. _____
	<u>6799.317</u>

I have completed a pre-application consultation with Ecology.

**1. Applicant Information**

APPLICANT/BUSINESS NAME Mead School District No. 354 / Tom Rockefeller	PHONE NO. 509-465-6000	FAX NO. 509-465-6020
ADDRESS 2323 E. Farwell Road		
CITY Mead	STATE WA	ZIP CODE 99021
EMAIL ADDRESS (IF AVAILABLE) tom.rockefeller@mead354.org		

CONTACT (IF DIFFERENT FROM ABOVE) Jamie Welsh / Garco Construction, Inc.	PHONE NO. 509-475-0310	FAX NO. 509-535-1384
ADDRESS 4114 E. Broadway Avenue		
CITY Spokane	STATE WA	ZIP CODE 99202
EMAIL ADDRESS (IF AVAILABLE) james@garco.com		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Mead School District No. 354 / Tom Rockefeller	PHONE NO. 509-465-6000	FAX NO. 509-465-6020
ADDRESS 2323 E. Farwell Road		
CITY Mead	STATE WA	ZIP CODE 99021
EMAIL ADDRESS (IF AVAILABLE) tom.rockefeller@mead354.org		

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## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER 5595-A	RECORDED NAME(S) Mead School District No. 354
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	139	SE	SW	4	26N	43E	36043.0131	N/A

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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	142	SE	SW	4	26N	43E	36043.0132	

### 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	390 GPM	56	April thru November

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

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	390 GPM	56	April thru November

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## 5. Place of Use:

### A. Existing

<b>LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:</b>							
Tract 139 of First Addition of City Gardens							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	SW	4	26N	43E	Spokane	36043.0131	36.25
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER NAME(S):							

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

<b>LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:</b>							
Tract 142 of First Addition of City Gardens							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	SW	4	26N	43E	Spokane	36043.0131	36.25
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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:

Relocation of existing well is necessary to accomodate construction of new Northwood Middle School Building	
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

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ECY 040-1-97 (Rev 04-2015) To request ADA accommodation including materials in a format for the visually impaired, call Ecology Water Resources Program at 360-407-6872. Persons with impaired hearing may call Washington Relay Service at 711. Persons with speech disability may call TTY at 877-833-6341.

## 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.

Tom Rockefeller - District Superintendent

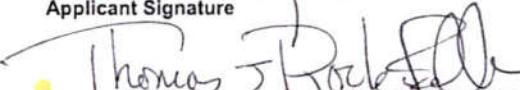
Applicant Printed Name – Title

  
Applicant Signature

4.18.16  
(Date: MM/DD/YYYY)

Tom Rockefeller - District Superintendent

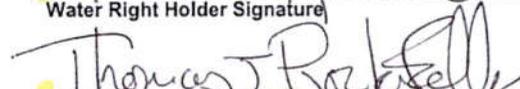
Water Right Holder Printed Name

  
Water Right Holder Signature

4.18.16  
(Date: MM/DD/YYYY)

Tom Rockefeller - District Superintendent

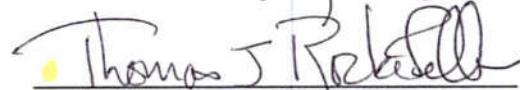
Land Owner of Existing Place of Use Printed Name

  
Land Owner of Existing Place of Use Signature

4.18.16  
(Date: MM/DD/YYYY)

Tom Rockefeller - District Superintendent

Land Owner of Proposed Place of Use Printed Name

  
Land Owner of Proposed Place of Use Signature

4.18.16  
(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 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 <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

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