

Receipt Date ~~6/19/09~~ 6/19/09

RECEIVED JUN 29 2009



STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT

Port Of Shelton

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(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: Claim 14250 filed for well #2 listed incorrect point of withdrawal (pow). Well #2 decommissioned and replaced by well #3. Well log for well #3 also included incorrect pow. This change app. is to correct the pow for well #3 to the NE 1/4 SW 1/4 Section 2, T 20 N, R04W.

FOR OFFICE USE ONLY

CHANGE NO. 062-014250CWR1A 14

DATE ACCEPTED 6/19/09 BY SR

FEE \$ ✓ REC'D 1 1

CHECK No. _____

ECY Coding: 001-002-WR10285-000011

SEPA: Exempt Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Port of Shelton	PHONE NO. (360) 426-1151	FAX NO. (360) 427-0231
ADDRESS 21 West Sanderson Way		
CITY Shelton	STATE WA	ZIP CODE 98584
CONTACT NAME (IF DIFFERENT FROM ABOVE) Al Frey	PHONE NO. () same	FAX NO. () same
ADDRESS same		
CITY same	STATE same	ZIP CODE same

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Claim # 14250	RECORDED NAME(S) Port of Shelton
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: <p style="text-align: right;">REET <u>3/13/09</u> date</p>	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well # 2		SE	SW	2	20	04W	420020062000	None
Note: claimed location is incorrect. Correct location is as proposed in B, below.								

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well # 3		NE	SW	2	20	04W	420020062000	AFK576*
*The well location on the well log is incorrect. The correct location is as shown for Well # 3.								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME:

Well location: Lat 47.248791 Long: -123.151751

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: Industrial

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Industrial	100 gpm	7.82	Continuously

B. Proposed

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

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Area served by Port of Shelton. Claim says: "Real property known as the Shelton Naval Auxiliary Air Station located in Section 11 and portions of Section 2, 12, and 14, Township 20 North, Range 4 West W.M."							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

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(S) NAME:							

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>Claim # 14249</u>
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6. Remarks and Other Relevant Information:

Well # 3 was drilled to replace well # 2 which was decommissioned. the location on the claim is incorrect. Well # 2 and Well # 3 are both located in the NE 1/4, SW 1/4 of Section 2 Township 20 N, Range 04 W. The well log for Well # 3 is attached. The well tag is AFK576. The well log also incorrectly states the location of Well # 3. Well # 2 and Well # 3 are approximately 32 feet apart as shown on the attachments to this application. The purpose of this change application is to correct the location of Well # 3 to the NE 1/4, SW 1/4 of Section 2, Township 20 N, Range 04 W.

- Attachments include:
- Attachment 1: Water Right Claim # 14250
 - Attachment 2: Water Well Report and Well Tagging Form for Well # 3.
 - Attachment 3: Map showing location of Well # 3 in NE 1/4, SW 1/4 of Section 2, Township 20 N, Range 04 W, W.M.
 - Attachment 4: Photograph showing proximity of two wells (old Well # 2 and new Well # 3).
 - Attachment 5: Parcel map showing Port of Shelton property.

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.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

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 the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

ALBERT FREY
 Print Name
 (Applicant or authorized representative)

[Signature]
 Signature

6-29-09
 Date

 Print Name
 (Landowner of Place of Use)

 Signature

 Date

 Print Name
 (Landowner of Place of Use)

 Signature

 Date

 Print Name
 (Landowner of Place of Use)

 Signature

 Date

Submit your application to: DEPARTMENT OF ECOLOGY
 CASHIERING SECTION
 PO BOX 47611
 OLYMPIA, WA 98504-7611

Please check the region in which your proposed project is located.
 Southwest Northwest Central Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



- Southwest Regional Office:** 360-407-6300
- Northwest Regional Office:** 425-649-7000
- Central Regional Office:** 509-575-2490
- Eastern Regional Office:** 509-329-3400

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- APPLICATION FEE NOT ENCLOSED MAP NOT INCLUDED or INCOMPLETE
- ADDITIONAL SIGNATURES REQUIRED SECTION _____ IS INCOMPLETE
- OTHER/EXPLANATION: Signature

STAFF: Shen Carroll DATE: 6 / 25 / 09