DEPARTMENT OF ECOLOGY
State of Washington

Application for Change/Transfer of Water Right

For Ecology Use (Date Stamp)

RECEIVED
DEC 17 2013
WA State Department of Ecology (SWRO)

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

A NON-REFUNDABLE MINIMUM FEE OF $50.00 MUST ACCOMPANY THIS APPLICATION IF FILED WITH THE DEPARTMENT OF ECOLOGY

(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
- X Other (i.e. consolidation, intertie, trust water)

Explain: **See attached sheet for explanation.**

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

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 12-17-13
CHECK NO. _____ FEE $ _____
DATE ACCEPTED 12-17-13 BY SC
CHANGE NO. CS2-SWC 3281
COUNTY Pierce WRIA 11
SPECIAL AREA _____

SEPA: ☐ EXEMPT ☐ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. _____ PERMIT NO. _____
CERT NO. _____ CERT OF CHG NO. _____

X **I have participated in a pre-application conference with Ecology.**

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Wilcox Farms, Inc.	800-568-6456	
ADDRESS: 40400 Harts Lake Valley Rd		
CITY: Roy	STATE: WA	ZIP CODE: 98580
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Robert N. Caldwell	(206) 963-2864	
ADDRESS: 1400 N 80th Suite 202		
CITY: Seattle	STATE: WA	ZIP CODE: 98103
EMAIL ADDRESS (IF AVAILABLE): robertncaldwell@gmail.com		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
Wilcox Farms, Inc.	800-568-6456	
ADDRESS: 40400 Harts Lake Valley Rd		
CITY: Roy	STATE: WA	ZIP CODE: 98580
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
SWC 3281A	Wilcox Farms Inc.

DO YOU OWN THE RIGHT TO BE CHANGED? X YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____

HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? X YES ☐ NO

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, 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 #
Harts Lake and outlet	1	SW	NW	7	16N	3E	0216121000	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
See attached Table 1.								

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

EXISTING: X YES ☐ NO PROPOSED: X YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME: _____

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:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	0.5 cfs	110	15-Apr to 01-Oct

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation and environmental benefit	0.5 cfs	110	15-Apr to 01-Oct

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Lots 5 and 6; SE¼ of NW¼; N½ of NE¼ of SW¼; and lots 3 and 4, Section 7, TWP 16N, R. 3 E.W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		7	16N	3E	Pierce	0316071010	225

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? X YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

See attached Table 2.

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

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? X YES ☐ 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?

X YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): **See list in attached Table 1**

6. Remarks and Other Relevant Information:

Wilcox seeks the authority to change the place of use, manner of use, season of use, and point of diversion or withdrawal of any or all of its water rights within the area described as the "Place of Use," to the extent that it does not exceed the annual water duty of each of their water rights. This change application is also intended to provide the ability for Wilcox to temporarily place all or a portion of its water rights into the water trust program. An annual Farm Plan, described in more detail below, will be used to identify what portion of the Wilcox water rights will be placed into trust for a given season or portion of a season.

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.

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.

Wilcox Farms, Inc	J. T. Wilcox	12/17/13
Applicant Printed Name – Title	*Applicant Signature*	*(Date)*
"	J. T. Wilcox	12/17/13
Water Right Holder Printed Name	*Water Right Holder Signature*	*(Date)*
"	J. T. Wilcox	12/17/13
Land Owner of Existing Place of Use Printed Name	*Land Owner of Existing Place of Use Signature*	*(Date)*
"	J. T. Wilcox	12/17/13
Land Owner of Proposed Place of Use Printed Name	*Land Owner of Proposed Place of Use Signature*	*(Date)*

Please check the region in which the project is located:

***Submit your application to:** DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	☐ Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	☐ Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	☐ Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	X Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

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:_____

STAFF: _____ ***DATE:*** ____/____/____