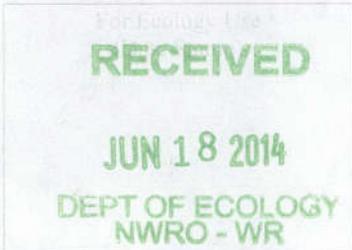




**WATER RESOURCES**  
**Application for Change/Transfer of Water Right**



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

Explain: \_\_\_\_\_

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

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

**1. Applicant Information**

APPLICANT/BUSINESS NAME <b>Olympic View Water and Sewer District</b>	PHONE NO. <b>425-774-7769</b>	FAX NO. <b>425-670-1856</b>
ADDRESS <b>8128 228<sup>th</sup> St SW</b>		
CITY <b>Edmonds</b>	STATE <b>WA</b>	ZIP CODE <b>98026-8449</b>
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE) <b>Roger C. Eberhart</b>	PHONE NO. <b>425-774-7769</b>	FAX NO. <b>425-670-1856</b>
ADDRESS <b>8128 228<sup>th</sup> St SW</b>		
CITY <b>Edmonds</b>	STATE <b>WA</b>	ZIP CODE <b>98026-8449</b>
EMAIL ADDRESS (IF AVAILABLE) <b>rogere@ovwater.com</b>		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <b>Olympic View Water and Sewer District</b>	PHONE NO. <b>425-774-7769</b>	FAX NO. <b>425-670-1856</b>
ADDRESS <b>8128 228<sup>th</sup> St SW</b>		
CITY <b>Edmonds</b>	STATE <b>WA</b>	ZIP CODE <b>98026-8449</b>
EMAIL ADDRESS (IF AVAILABLE)		

**2. Water Right Information**

WATER RIGHT OR CLAIM NUMBER <b>G1-26021P</b>	RECORDED NAME(S) <b>Olympic View Water and Sewer District</b>
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 PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 #
Well		<b>NW</b>	<b>NE</b>	<b>31</b>	<b>27</b>	<b>4E</b>	00576700000602	N/A

**B. Proposed**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well		<b>SE</b>	<b>SW</b>	<b>30</b>	<b>27</b>	<b>4E</b>	27043000302300	N/A

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

EXISTING:  YES  NO PROPOSED:  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
Municipal Supply	500 GPM	560	Continuously

**B. Proposed**

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

**5. Place of Use:**

**A. Existing**

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Upon completion of construction this production well will provide municipal water for the area served by Olympic View Water and Sewer District consisting of all or portions of the following: Sections 25, 26, 35, and 36, T27NR3E, WM and Sections 30 and 31, T27N R4E, WM

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

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

IF NO, PROVIDE OWNER(S) NAME: N/A

**B. Proposed**

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

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

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

YES  NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): \_\_\_\_\_

**6. Remarks and Other Relevant Information:**

The water quality in the well under construction at the existing location is not adequate to meet drinking water standards. A well constructed at the proposed location will be tested for quality and quantity and if adequate will be completed for municipal water supply.

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.

Lynne Danielson-General Manager  
Olympic View Water and Sewer District  
 Applicant Printed Name - Title

  
 Applicant Signature

6/16/14  
 (Date)

Lynne Danielson-General Manager  
Olympic View Water and Sewer District  
 Water Right Holder Printed Name

  
 Water Right Holder Signature

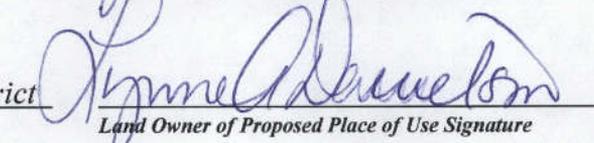
6/16/14  
 (Date)

Lynne Danielson-General Manager  
Olympic View Water and Sewer District  
 Land Owner of Existing Place of Use Printed Name

  
 Land Owner of Existing Place of Use Signature

6/16/14  
 (Date)

Lynne Danielson-General Manager  
Olympic View Water and Sewer District  
 Land Owner of Proposed Place of Use Printed Name

  
 Land Owner of Proposed Place of Use Signature

6/16/14  
 (Date)

Please check the region in which the project is located:

<p><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY                  CASHIERING SECTION                  PO BOX 47611                  OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input checked="" 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

**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:** \_\_\_/\_\_\_/\_\_\_

**ATTACHMENT FOR  
Application for Change/Transfer of Water Right**

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

Lynne Danielson-General Manager  
Olympic View Water and Sewer District



6/16/14  
(Date)

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- Water Right Holder Printed Name
- Land Owner of Existing Place of Use Printed Name
- Land Owner of Proposed Place of Use Printed Name

- Applicant Signature
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