



WATER RESOURCES

Application for Change/Transfer of a Water Right

For Ecology Use
(Date Stamp)

15 AUG 18 07:44

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: Switch from unnamed creek pumping to Well pumping

No filing fee is required for applications for:

- Drought
- Cost Reimbursement
- Water Conservancy Board

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>8-18-15</u>
CHECK NO. <u>1029</u>	FEE \$ <u>50-</u>
DATE ACCEPTED _____	BY <u>PK</u>
CHANGE NO. <u>CSI-*07665C</u>	
COUNTY <u>Snohomish</u>	WRIA <u>5</u>
SPECIAL AREA _____	
SEPA: <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: <u>001-002-WR10285-000011</u>	
APP NO. _____	PERMIT NO. _____
CERT NO. _____	CERT OF CHG NO. _____

I have completed a pre-application consultation with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME <u>Nicolas & Angelina Bright</u>	PHONE NO. <u>360 708-0705</u>	FAX NO.
ADDRESS <u>16209 Grant Creek Rd</u>		
CITY <u>Arlington</u>	STATE <u>WA</u>	ZIP CODE <u>98223</u>
EMAIL ADDRESS (IF AVAILABLE) <u>nickbright@me.com</u>		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER 3762	RECORDED NAME(S) C. D. Hillis & Sons
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 #
unnamed creek		SW	SW	11	32	6	32061100300400	

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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	NW	SW	11	32	6	32061100300300	
Well	2	NW	SW	11	32	6	32061100300400	

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:

AUG 18 2015

A. Existing

Water Resources Program

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	0.2CFS	~40 <i>20</i>	April to Oct

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

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	0.2CFS	*	April to Oct
			* 40 requested

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
SW1/4 of SW1/4 of Sec 11, Twp 32N, Rge 6 E.W,M							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW1/4	SW1/4	11	32	6	Snohomish	32061100300400	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.)

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? <input 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): 3763, 3293 & S1-21611C Department of Ecology
Water Resources Program

6. Remarks and Other Relevant Information:

AUG 18 2015

1/ I will need a preliminary permit for drilling and testing of the wells(2)
2/ My purpose for doing this is to protect the baby Salmon from getting pumped from the creeks
3/ Attached is a letter of recommendation from Snohomish CD
4/ Attached are some photos (4) and notarized historical statements (3)
6/ Attached is a map showing the Irrigation area, Well positions, setbacks being discussed (Snohomish CD).
IF FOR SEASONAL OR TEMPORARY, START DATE 4/ /2016 END DATE / /

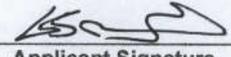
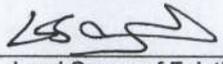
Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact:

Department of Revenue Phone (360) 570-3265
 Real Estate Excise Tax
 PO Box 47477

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 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.

Nicolas Bright Applicant Printed Name – Title	 Applicant Signature	8-13-2015 (Date: MM/DD/YYYY)
Nicolas Bright Water Right Holder Printed Name	 Water Right Holder Signature	8-13-2015 (Date: MM/DD/YYYY)
Nicolas Bright Land Owner of Existing Place of Use Printed Name	 Land Owner of Existing Place of Use Signature	8-13-2015 (Date: MM/DD/YYYY)
Nicolas Bright Land Owner of Proposed Place of Use Printed Name	 Land Owner of Proposed Place of Use Signature	8-13-2015 (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 type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
	<input checked="" 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

Department of Ecology

AUG 18 2015

Water Resources Program