



WATER RESOURCES

Application for Change/Transfer of a Water Right

For Ecology Use
(Date Stamp)
RECEIVED

DEC 31 2015

DEPT OF ECOLOGY
NWRO - WR

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 _____	
CHECK NO. _____	FEE \$ <u>50.00</u>
DATE ACCEPTED <u>2-8-16</u>	BY <u>DD</u>
CHANGE NO. <u>CSI-24200</u>	
COUNTY _____	WRIA <u>3</u>
SPECIAL AREA _____	
SEPA: <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: 001-002-WR10285-000011	
APP NO. _____	PERMIT NO. _____
CERT NO. _____	CERT OF CHG NO. _____

I have completed a pre-application consultation with Ecology. *John Rose*

1. Applicant Information

APPLICANT/BUSINESS NAME <u>Jeremy Good</u>		PHONE NO. <u>360 421 2953</u>	FAX NO.
ADDRESS <u>24702 DEVILS CREEK ROAD</u>			
CITY <u>MOUNT VERNON</u>	STATE <u>WA</u>	ZIP CODE <u>98274</u>	
EMAIL ADDRESS (IF AVAILABLE) <u>JNJUL@YAHOO.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 <u>Jeremy Good</u>		PHONE NO. <u>360 421 2953</u>	FAX NO.
ADDRESS <u>24702 Devils Creek Road</u>			
CITY <u>mount Vernon WA</u>	STATE <u>WA</u>	ZIP CODE <u>98274</u>	
EMAIL ADDRESS (IF AVAILABLE) <u>jnjul@yahoo.com</u>			

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER S1-24200F	RECORDED NAME(S) Edgar Fox
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 #
		NW	NE	19	33	5		

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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

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
domestic supply	.01 cfs		continuously

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

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
domestic supply	.01 cfs		continuously

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
725 feet east and 400 feet south of N 1/4 corner							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	NE	19	23	5	Skagit		
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input checked="" 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): *certificate # S1-24200C*

6. Remarks and Other Relevant Information:

moving from surface water right to ground water
<i>THIS IS FOR CHANGING POD#2 DOMESTIC SUPPLY, NOT POD #1</i>
<i>HYDROELECTRIC USE</i>
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 Phone (360) 570-3265
 Real Estate Excise Tax
 PO Box 47477
 Olympia, WA 98504-7477

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.

<u>Jeremy Good</u> Applicant Printed Name – Title	<u>J Good</u> Applicant Signature	<u>12-26-15</u> (Date: MM/DD/YYYY)
<u>Jeremy Good</u> Water Right Holder Printed Name	<u>J Good</u> Water Right Holder Signature	<u>12-26-15</u> (Date: MM/DD/YYYY)
<u>Jeremy Good</u> Land Owner of Existing Place of Use Printed Name	<u>J Good</u> Land Owner of Existing Place of Use Signature	<u>12-26-15</u> (Date: MM/DD/YYYY)
<u>Jeremy Good</u> Land Owner of Proposed Place of Use Printed Name	<u>J Good</u> Land Owner of Proposed Place of Use Signature	<u>12-26-15</u> (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 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

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

Signatures:

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Jeremy Hood
 Applicant Printed Name – Title
 Water Right Holder Printed Name
 Land Owner of Existing Place of Use Printed Name
 Land Owner of Proposed Place of Use Printed Name

J Hood
 Applicant Signature
 Water Right Holder Signature
 Land Owner of Existing Place of Use Signature
 Land Owner of Proposed Place of Use Signature

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 (Date: MM/DD/YR)

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