STATE OF WASHINGTON

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 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- [x] Change purpose(s) of use
- [ ] Add purpose(s) of use
- [ ] Change point(s) of diversion/withdrawal
- [ ] Add point(s) of diversion/withdrawal
- [x] Change/transfer place of use
- [ ] Other (i.e. consolidation, intertie, trust water)

Explain:_____

FOR OFFICE USE ONLY

CHANGE No. CS1-*11528C WRIA 15

DATE ACCEPTED 4/23/08 BY [illegible]

FEE $ 50 – REC'D 3/3/08

CHECK No. 10007074

ECY Coding: 001-002-WR10285-000011

SEPA: ☑ Exempt ☐ Not exempt

REET 4/30/08

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

1. Applicant Information:

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
City of Poulsbo	(360)779-4078	(360)779-6384
ADDRESS 780 NE Iverson St – PO Box 2275		
CITY Poulsbo	STATE WA	ZIP CODE 98370

CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Crystal Ackerman	(360)779-4078	(360)779-6384
ADDRESS 780 NE Iverson St – PO Box 2275		
CITY Poulsbo	STATE WA	ZIP CODE 98370

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DEPT OF ECOLOGY
FISCAL-BUDGET

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
See the attach legal description							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NE	SW	2	26	1E	Kitsap	02260130182007	0.88
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):
C-8525, C-G1-23707C, P – G1-27192P

6. Remarks and Other Relevant Information:

Please see attached memo and documents for further information about the application for change.

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.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Unnamed Springs	1	NE	SW	2	26	1E	02260120042005	NA

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Big Valley Well #3	1	NE	SW	2	26	1E	02260130182007	NA

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
Not in use			

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal Water Supply	449	723	Year round

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
Presently not being used – attached is the legal description of the land where the water right is Located.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NE	SW	2	26	1E	Kitsap	02260120042005	19.24

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

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.

Crystal Adelmann 2/25/08

(Applicant) **(Date)**

_____ ____/____/____

(Water Right Holder) **(Date)**

_____ ____/____/____

(Land Owner(s) of Existing Place of Use) **(Date)**

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:_____

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

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
C- 5585	City of Poulsbo

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

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

HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? ☐ 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.

FOR OFFICE USE ONLY

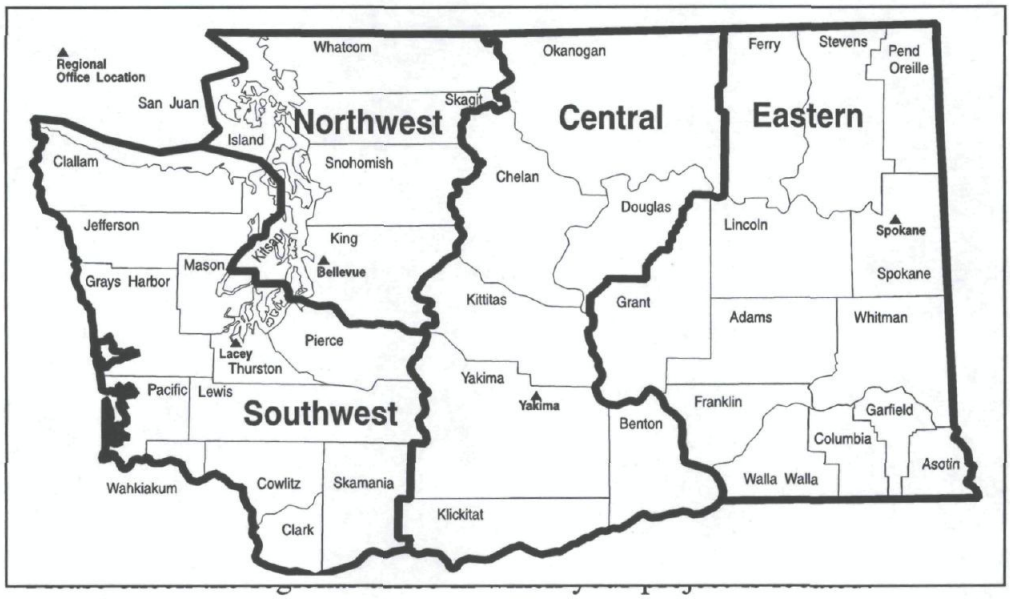
APP. NO._____ PERMIT NO. _____ CERT. NO._____ CERT. OF CHANGE NO._____

IMPORTANT!

Submit your application to Ecology at:

DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 5128
LACEY WA 98509-5128

Alternatively, you may submit your application at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



☐ Central Regional Office
15 W Yakima Avenue, Suite 200
Yakima, WA 98902
(509) 575-2490

☐ Eastern Regional Office
4601 N. Monroe
Spokane, WA 99205-1295
(509) 329-3400

☐ Northwest Regional Office
3190 – 160th Avenue SE
Bellevue, WA 98008-5452
(425) 649-7000

☐ Southwest Regional Office
PO Box 47775
Olympia, WA 98504-7775
(360) 407-6300