



WATER RESOURCES
Application for Change/Transfer of Water Right

For Ecology Use
 (Date Stamp)

RECEIVED

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

JUL 22 2014

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

WA State Department
 of Ecology (SWRO)

(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: Maintain well #s 1 & 2 in service, replace well #4 with #5

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

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>7-22-14</u>
CHECK NO.	FEE \$
DATE ACCEPTED	<u>7-22-14</u> BY <u>SC</u>
CHANGE NO.	<u>CG2-2312461</u>
COUNTY	<u>Thurston</u> WRIA <u>11</u>
SPECIAL AREA	
SEPA: <input 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 participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME Clearwood Community Association Inc. attn: Linda Doucette	PHONE NO. (360) 894-2941	FAX NO. (360) 894-2497
ADDRESS 21603 N Clear Lake Blvd SE		
CITY Yelm	STATE WA	ZIP CODE 98597
EMAIL ADDRESS (IF AVAILABLE) president@clearwood.org		

CONTACT (IF DIFFERENT FROM ABOVE) Clearwood Community Association Inc. attn: Albert Darrow	PHONE NO. (360) 894-4187	FAX NO. (360) 894-2497
ADDRESS 21603 N Clear Lake Blvd SE		
CITY Yelm	STATE WA	ZIP CODE 98597
EMAIL ADDRESS (IF AVAILABLE) clearwoodmaintenance@yahoo.com		

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 Certificate No. G2-23124	RECORDED NAME(S) Clearwood Community Assc
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 checked="" type="checkbox"/> YES <input 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	2	SE	SW	31	16N	3E	41150200000	BCK267
Well	4	SW	SW	32	16N	3E	41210012100	AEC890

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	5	SW	NW	05	15N	3E	41220015300	(not drilled yet)

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	ACRE-FT/YR	PERIOD OF USE
Community domestic supply	410	341.2	Year-round, as needed. Refer Water System Plan.

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
(no changes proposed)			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
 Plat of Clearwood, Divisions 1-19, and all lands served by the Clearwood Water System (ID No. 13615U), as approved by the Washington Department of Health, that are included within Sections 31 and 32, T. 16 N., R. 3 E.W.M. and Sections 5 and 6, T. 15 N., R. 3 E.W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		31, 32 & 05, 06	16N & 15N	3E	Thurston	n/a	

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

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:
 (no changes 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): G2-23124, G2-29197

