DEPARTMENT OF ECOLOGY
State of Washington

Application for Change/Transfer of Water Right

For Ecology Use
(Date Stamp)

RECEIVED
DEC 09 2014
WA State Department of Ecology (SWRO)

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

FOR OFFICIAL USE ONLY
DATE APPLICATION RECEIVED 12-9-14
CHECK NO. _____ FEE $ ✓
DATE ACCEPTED 12-9-14 BY SC
CHANGE NO. CG2-6WC4398
COUNTY Pierce WRIA 10
SPECIAL AREA _____
SEPA: ☐ EXEMPT ☐ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. _____ PERMIT NO. _____
CERT NO. _____ CERT OF CHG NO. _____

(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: Additional Municipal Well and Redundant Supply Source

*****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	PHONE NO.	FAX NO.
City of Milton	253-922-8733	
ADDRESS: 1000 Laurel Street		
CITY: Milton	STATE: WA	ZIP CODE: 98354
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Letticia Neal, PE, Public Works Director	253-922-8738	253-922-3466
ADDRESS: Same as above		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE): lneal@cityofmilton.net		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
City of Milton		
ADDRESS: Same as above		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
Cert 4398-A (G2-*05986WRIS.04398)	Town of Milton

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.

REET 1/7/15 date

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well 5		SE	NW	4	20N	04E	6000000170	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
New Well		NE	NE	9	20N	04E	0420091133	
Well 5 Replacement		SE	NW	4	20N	04E	6000000170	

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	170 gpm	272 AFY	Year-round

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	170 gpm	272 AFY	Year-round

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

City of Milton water service area described in most recent water system plan

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

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

IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

Area served by City of Milton and through interties to other municipal water systems within the Water Cooperative of Pierce County. The place of use of this water right is the wholesale and retail service area described in the Water System Plan approved by the Washington State Department of Health. RCW 90.03.386 may have the effect of revising the place of use of this water right if the criteria in RCW 90.03.386(2) are met.

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

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): Certificates 500-D, 613-A, 614-A, 3367-A, 4398-A, 4957-A, G2-24540C, G2-27012C, and G1-24927P

6. Remarks and Other Relevant Information:

See attached cover letter. The City of Milton needs additional pumping capacity as result of aging wells, increasing summer peak demands, and the need for redundancy to provide appropriate security in the event other sources become unavailable. The City is seeking the flexibility to pump this existing water right from a

replacement well at the original location or a new well located near the City's water tower.
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.

Letticia Neal, PE, Public Works Dir.	Ltn Neal	12/ 3/ 2014
Applicant Printed Name – Title	***Applicant Signature***	***(Date)***
Letticia Neal, PE, Public Works Dir.	Ltn Neal	12/ 3/ 2014
Water Right Holder Printed Name	***Water Right Holder Signature***	***(Date)***
n/a	*n/a*	/ /
Land Owner of Existing Place of Use Printed Name	***Land Owner of Existing Place of Use Signature***	***(Date)***
n/a	*n/a*	/ /
Land Owner of Proposed Place of Use Printed Name	***Land Owner of Proposed Place of Use Signature***	***(Date)***

Please check the region in which the project is located:

***Submit your application to:** DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	☐ Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	☐ Eastern Regional Office 4601 N. Monroe Street 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

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:*** ____/____/____