



WATER RESOURCES
Application for Change/Transfer of Water Right

APR 20 17:38
DEPT. OF ECOLOGY
FISCAL & BUDGET

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**

(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: _____

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

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	4-20-15
CHECK NO. _____	FEE \$ _____
DATE ACCEPTED	4-20-15 BY _____
CHANGE NO.	623003621
COUNTY	COWLITZ WRIA 27
SPECIAL AREA	_____
SEPA: <input 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 participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME PORT OF KALAMA Attn: Eric Yakovich	PHONE NO. (360) 673-2337	FAX NO. (360) 673-5017
ADDRESS 110 West Marine Drive		
CITY Kalama	STATE Washington	ZIP CODE 98625
EMAIL ADDRESS (IF AVAILABLE) eyakovich@portofkalama.com		
CONTACT (IF DIFFERENT FROM ABOVE) GSI Water Solutions, Inc. Attn: Christopher Augustine	PHONE NO. (971) 200-8533	FAX NO.
ADDRESS 55 SW Yamhill Street, Suite 300		
CITY Portland	STATE Oregon	ZIP CODE 97204
EMAIL ADDRESS (IF AVAILABLE) caugustine@gsiws.com		
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Port of Kalama	PHONE NO.	FAX NO.
ADDRESS 110 West Marine Drive		
CITY Kalama	STATE Washington	ZIP CODE 98625
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER Ground Water Permit No. G2-30036	RECORDED NAME(S) Port of Kalama
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 type="checkbox"/> YES <input checked="" 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 #
A well (alluvium)	1	SE	NE	36	7	2 W	63302	AGO 822
A well (alluvium)	2	SE	NE	36	7	2 W	63302 or 63304	AHM 999

B. Proposed

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

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
Commerical & Industrial/Manufacturing	3500	5600	Continuous

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:

See Attached Permit No. G2-30036 - No change to place of use proposed

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		25,36	7	2 W.	Cowlitz	Various	
		31,32	7	1 W.	Cowlitz	Various	
		6	6	1 W.	Cowlitz	Various	
		1	6	2 W.	Cowlitz	Various	

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

IF NO, PROVIDE OWNER(S) NAME: The Port of Kalama owns the majority of the property within the authorized place of use. Future Port development and expansion may include the purchase of additional property, the legal description of which is identified as such within the authorized place of use of Permit No. G2-30036.

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

NO CHANGES TO PLACE OF USE PROPOSED

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Cowlitz	Various	

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): Ground Water Permit Nos. G2-30035 & G2-30283

6. Remarks and Other Relevant Information:

The purpose of this application is to add three vertically drilled wells, and one Ranney Collector well, to Permit No. G2-30036. The intent is to integrate the system withdrawal points with Ground Water Permit No. G2-30283. Three of the subject wells have been drilled (IW-01, IW-02 & IW-03). The original site permitted for the Ranney well (CW-01) under Permit G2-30286 is proposed to be moved to the north within either the NW¼SE¼ or SW¼NE¼ of Sec. 36

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.

Mark Wilson, Executive Director

Applicant Printed Name - Title

Mark Wilson
Applicant Signature

04/13/2015

(Date: MM/DD/YR)

Mark Wilson, Executive Director

Water Right Holder Printed Name

Mark Wilson
Water Right Holder Signature

04/13/2015

(Date: MM/DD/YR)

Mark Wilson, Executive Director

Land Owner of Existing Place of Use Printed Name

Mark Wilson
Land Owner of Existing Place of Use Signature

04/13/2015

(Date: MM/DD/YR)

Mark Wilson, Executive Director

Land Owner of Proposed Place of Use Printed Name

Mark Wilson
Land Owner of Proposed Place of Use Signature

04/13/2015

(Date: MM/DD/YR)

Please check the region in which the project is located:

<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 15 W Yakima Avenue, Suite 200 Yakima, WA 98902-3463 (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 checked="" type="checkbox"/> 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: ____/____/____