



WATER RESOURCES
Application for Change/Transfer of Water Right

RECEIVED
 MAY 11 2015
 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**

(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: Transfer water right from Lewis to Forest Ridge

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

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>5-11-15</u>
CHECK NO.	_____ FEE \$ _____
DATE ACCEPTED	<u>5-11-15</u> BY <u>SC</u>
CHANGE NO.	<u>CG2-GWC3106</u>
COUNTY	<u>Clallam</u> WRIA <u>18</u>
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 Forest Ridge Property Owners Association	PHONE NO. 360-683-8488	FAX NO.
ADDRESS PO Box 902		
CITY Carlsborg	STATE WA	ZIP CODE 98324
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE) Kate O'Claire, Solmar Water System, Inc.	PHONE NO. 360-683-7191	FAX NO. 360-452-5883
ADDRESS PO Box 1989		
CITY Sequim	STATE WA	ZIP CODE 98382
EMAIL ADDRESS (IF AVAILABLE) solmarwater@gmail.com		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Forest Ridge Property Owners Association	PHONE NO. 360-683-8488	FAX NO.
ADDRESS PO Box 902		
CITY Carlsborg	STATE WA	ZIP CODE 98324
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER 02-03327	RECORDED NAME(S) Chas & Edna Lewis
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 #1	SO1	NW	SE	1	30N	4W	043001533000	AGP276

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well #1	SO1	NW	SE	1	30N	4W	043001533000	AGP276
Well #2	SO2	NW	SE	1	30N	4W	043001533000	AGP277

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
irrigation & domestic	40 gpm	20 ac-ft/yr	seasonal and year round since 1953

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
municipal-domestic, Group A	65 gpm	20 ac-ft/yr	year round

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

North half of SW 1/4 of section 1, township 30 north, range 4 west, W.M. except for 10 acres in the SW corner of the north half.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	SE	1	30N	4W	Clallam		69

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:

Forest Ridge - recorded in Volume 9 of Plats, Page 70-72, records of Clallam County, Washington.

Lewis Short Plat, Parcels 1 & 2 - recorded in Volume 3 of short Plats, Page 26, records of Clallam County, Washington.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	SE	1	30N	4W	Clallam		19.1

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): 3116

6. Remarks and Other Relevant Information:

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.

SARA ELLEN PETERSON
 Applicant Printed Name - Title
 President - FRPOM

SARA ELLEN PETERSON
 Applicant Signature

4.20.2019
 (Date: MM/DD/YR)

 Water Right Holder Printed Name

 Water Right Holder Signature

 (Date: MM/DD/YR)

 Land Owner of Existing Place of Use Printed Name

 Land Owner of Existing Place of Use Signature

 (Date: MM/DD/YR)

 Land Owner of Proposed Place of Use Printed Name

 Land Owner of Proposed Place of Use Signature

 (Date: MM/DD/YR)

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	<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:** ____/____/____

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

Signatures:

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SARA ELLEN PETERSON
 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

PRESIDENT FRPOA
SARA ELLEN PETERSON
 Applicant Signature
 Water Right Holder Signature
 Land Owner of Existing Place of Use Signature
 Land Owner of Proposed Place of Use Signature

4.20.2015
 (Date: MM/DD/YR)

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

Applicant Signature
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