



WATER RESOURCES

Application for Change/Transfer of a Water Right

For Ecology Use
(Date Stamp)

'16 MAY 10 A9:08

DEPT. OF ECOLOGY
FISCAL & BUDGET

You must include a \$50.00 minimum filing fee with this application for:

(Check all that apply.)

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

Explain: _____

No filing fee is required for applications for:

- Drought
- Cost Reimbursement
- Water Conservancy Board

I have completed a pre-application consultation with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME Rainier View Water Co. (att: Bob Blackman)		PHONE NO. (253) 537-6634	FAX NO. (253) 537-7896
ADDRESS PO Box 44427			
CITY Tacoma	STATE WA	ZIP CODE 98448-0427	
EMAIL ADDRESS (IF AVAILABLE) Bob@RainierViewWater.com			
CONTACT (IF DIFFERENT FROM ABOVE) Jill Van Hulle, Pacific Groundwater Group		PHONE NO. (360) 413-1510	FAX NO.
ADDRESS 2377 Eastlake Avenue East			
CITY Seattle	STATE WA	ZIP CODE 98102	
EMAIL ADDRESS (IF AVAILABLE) Jill@pgwg.com			
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE N/A Municipal Provider		PHONE NO.	FAX NO.
ADDRESS			
CITY	STATE	ZIP CODE	
EMAIL ADDRESS (IF AVAILABLE)			

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 5-10-16
 CHECK NO. _____ FEE \$ _____
 DATE ACCEPTED 5-10-16 BY JC
 CHANGE NO. C62-2549021
 COUNTY Pierce WRIA 12
 SPECIAL AREA _____
 SEPA: EXEMPT NOT EXEMPT
 ECY CODING: 001-002-WR10285-000011
 APP NO. _____ PERMIT NO. _____
 CERT NO. _____ CERT OF CHG NO. _____

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2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G2-25490	RECORDED NAME(S) Rainier View Water Co.
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 USED AS AUTHORIZED IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

- Attach copies of any documentation that shows the historical use of water that has occurred since the right was established.
- 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 #
Southwood 1		SW	SE	12	18	3E	781620-097-0	ABA-677
Southwood 3		SE	SW	12	18	3E	781631-113-0	ABA-960

B. Proposed (if different from 3.A.)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
All of the above, and								
Centennial Well		NW	NW	19	18	4E	0418192026	TBD

C. DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: YES NO PROPOSED: YES NO – IF NO, PROVIDE OWNER NAME(S): _____

- Include copies of all associated water well reports.
- 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 Supply Purposes	2,500	616	Year-round

B. Proposed (if different from 4.A.)

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal Supply Purpose	2,500	616	Year-round

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5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Area Served by Rainier View Water Company							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
IF NO, PROVIDE OWNER NAME(S): N/A Municipal Water Supplier							

B. Proposed (if different than 5.A.)

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Same							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
IF NO, PROVIDE OWNER NAME(S): N/A Municipal Water Supplier							

- 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.

D. 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): See Attached Cover Letter

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

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7. Signatures:

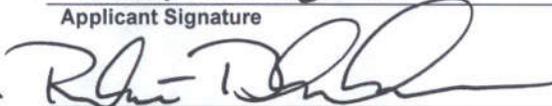
I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Robert Blackman
Applicant Printed Name – Title


Applicant Signature

05/04/2016
(Date: MM/DD/YYYY)

Robert Blackman
Water Right Holder Printed Name


Water Right Holder Signature

05/04/2016
(Date: MM/DD/YYYY)

Land Owner of Existing Place of Use Printed Name

Land Owner of Existing Place of Use Signature

(Date: MM/DD/YYYY)

Land Owner of Proposed Place of Use Printed Name

Land Owner of Proposed Place of Use Signature

(Date: MM/DD/YYYY)

<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 1250 W. Alder Street Union Gap, WA 98903-0009 (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

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