

# Emergency Drought Action



## STATE OF WASHINGTON APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

For filing with Ecology or with County Conservancy Boards



**A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(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: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
CHANGE No. <u>C64-6WC7601-A</u>	WRIA <u>49</u>
DATE ACCEPTED <u>08/08/01</u>	BY <u>[Signature]</u>
FEE \$ <u>10.00</u>	REC'D <u>8/7/01</u>
CHECK No. <u>7969</u>	
SEPA: <input checked="" type="checkbox"/> Exempt	<input type="checkbox"/> Not exempt

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

### 1. Applicant Information:

APPLICANT/BUSINESS NAME <u>JOHN GORCH</u>	PHONE NO. <u>(509) 422-0114</u>	FAX NO. <u>( )</u>
ADDRESS <u>PO Box 1157</u>		
CITY <u>OMAK WA. 98841</u>	STATE <u>WA.</u>	ZIP CODE <u>98841</u>
CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
	<u>( )</u>	<u>( )</u>
ADDRESS		
CITY	STATE	ZIP CODE

### 2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>7497-A</u>	RECORDED NAME(S) <u>PARM DICKSON</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME:	
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.

<b>FOR OFFICE USE ONLY</b>			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

C64-6WC7601-A  
FORMERLY KNOWN AS CERT 7497-A

**3. Point(s) of Diversion/Withdrawal:**

**A. Existing**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
WELL		NW		11	33	26	3326114000	

49 ok

**B. Proposed**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
WELL	LOT 8, 9	E10		5	31	25	3125050069	

49 ok

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	1500	<del>564</del>	MAY 1 - OCT 31

**B. Proposed**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
IRRIGATION	300	<del>113</del>	MAY - OCT 31
	80 GPM	16	MAY 6/17/05

**5. Place of Use:**

**A. Existing**

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:  
 NW ¼ SEC 11 TWP 33 RGE 26 PMK

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					OKANOGAN	3326114000	160

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:  
 LOT 8, LOT 9 E10 W/RR E N/Hwy  
 TWP 31 RGE 25 SEC 5

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		5	31	25	OKANOGAN	3125050069	57.64

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

C64-6WC 7601-A

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):  
TRIBAL WATER RIGHT ON PROPOSED PROPERTY

6. Remarks and Other Relevant Information:

IF FOR SEASONAL OR TEMPORARY, START DATE 5.01.02 END DATE 10.31.02

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 am hereby granting 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 the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

[Signature] 8.15.01  
(Applicant) (Date)  
[Signature] 8.15.01  
(Water Right Holder) (Date)  
[Signature] 8.15.01  
(Land Owner(s) of Existing Place of Use) (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

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: \_\_\_/\_\_\_/\_\_\_

CB4 6WC 7601-A