



Application for Change/Transfer of Water Right

For Ecology Use
(Date Stamp)



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	4-2-14
CHECK NO. 10315	FEE \$ 1000.00
DATE ACCEPTED 4-2-14	BY _____
CHANGE NO. OKAN 14-02	
COUNTY Okanogan	WRIA 49
SPECIAL AREA C64-6wcd1082-005	
SEPA: <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: 001-002-WR10285-000011	
APP NO. 00489	PERMIT NO. _____
CERT NO. 01082	CERT OF CHG NO. _____

I have participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME City of Omak	PHONE NO. (509) 826-1170	FAX NO. (509) 826-6531
ADDRESS 2 North Ash Street		
CITY Omak	STATE Washington	ZIP CODE 98841
EMAIL ADDRESS (IF AVAILABLE) tmcdaniel@omakcity.com		

CONTACT (IF DIFFERENT FROM ABOVE) David Ellis, P.E., Gray & Osborne, Inc.	PHONE NO. (509) 453-4833	FAX NO. (509) 453-5953
ADDRESS 107 South 3 rd Street		
CITY Yakima	STATE Washington	ZIP CODE 98901
EMAIL ADDRESS (IF AVAILABLE) dellis@g-o.com		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE City of Omak	PHONE NO. (509) 826-1170	FAX NO. (509) 826-6531
ADDRESS 2 North Ash Street		
CITY Omak	STATE Washington	ZIP CODE 98841
EMAIL ADDRESS (IF AVAILABLE) mayor@omakcity.com		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G4-GWC1082-D	RECORDED NAME(S) City of Omak, Washington
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: N/A	
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.

C64-6wcd1082-005

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Kenwood Well		SW	SE	26	34	26E	In right-of-way	none
Apple Well		SW	SE	26	34	26E	1420033201	none
Okoma Well		NE	SE	34	34	26E	3426340128	none
Eastside Well		SE	SE	35	34	26E	3426350116	none
OWP No. 2		SE	SE	35	34	26E	3426350099	AAR993
Hicks Well		NW	NW	25	34	26E	3426254008	AAI226
Proposed Powers Well		NE	NE	26	34	26E	3426260001	N/A
Well No. 9		SE	SE	24	34	26E	3426240075	AEC887
Dean Well		NW	SW	19	34	27E	3427193004	unknown

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OKW

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Proposed Julia Maley Park Well		SW	NW	35	34	26	1690070800	N/A
Proposed Oak Street Park Well		NW	SW	25	34	26	1510010003	N/A

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
 EXISTING: YES NO The City owns all the existing points of withdrawal except the Hicks, Dean, and proposed Powers Wells. PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME: N/A

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 supply	1,630 gpm	1,430	year round

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
City of Omak retail water service area as described in the City's most recent water system plan as approved by the Washington State Department of Health.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES NO
 IF NO, PROVIDE OWNER(S) NAME: The City provides water to residents within its retail water service area.

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
City of Omak retail water service area as described in the City's most recent water system plan as approved by the Washington State Department of Health.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES NO
 IF NO, PROVIDE OWNER(S) NAME: The City provides water to residents within its retail water service area.

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?
 ES NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

6. Remarks and Other Relevant Information:

Approximate location of points of withdrawal¹:

Kenwood Well: 1100 feet north and 600 feet east of the south quarter corner of Section 26.
 Apple Well: 800 feet north and 200 feet east of the south quarter corner of Section 26.
 Okoma Well: 660 feet south and 520 feet west of the east quarter corner of Section 34.
 Eastside Well: 800 feet north and 1170 feet west of the southeast corner of Section 35.
 OWP No. 2: 1210 feet north and 530 feet west from the southeast corner of Section 35.
 Hicks Well: 275 feet south and 1000 feet east from the northwest corner of Section 25.
 Powers Well: Being within the NE1/4NE1/4 of Section 26.
 Well No. 9: 1275 feet north and 100 feet west from the southeast corner of Section 24.
 Dean Well: 1625 feet north and 225 feet east of the southwest corner of Section 19.

¹ Per Report of Examination #CG4-GWC1082-D@1 dated August 11, 2005.

Approximate location of additional points of withdrawal:

Proposed Julia Maley Park Well: Being within the SW1/4NW1/4 of Section 35.
 Proposed Oak Street Park Well: Being within the NW1/4SW1/4 of Section 25.

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.

<u>CINDY GAGNE, Mayor</u> Applicant Printed Name - Title	<u>Cindy Gagne</u> Applicant Signature	<u>2/11/14</u> (Date)
<u>CINDY GAGNE</u> Water Right Holder Printed Name	<u>Cindy Gagne</u> Water Right Holder Signature	<u>2/11/14</u> (Date)
<u>CINDY GAGNE</u> Land Owner of Existing Place of Use Printed Name	<u>Cindy Gagne</u> Land Owner of Existing Place of Use Signature	<u>2/11/14</u> (Date)
<u>CINDY GAGNE</u> Land Owner of Proposed Place of Use Printed Name	<u>Cindy Gagne</u> Land Owner of Proposed Place of Use Signature	<u>2/11/14</u> (Date)

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 checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input 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: ___/___/___