



WATER RESOURCES
Application for Change/Transfer of Water Right

14 JUL 22 A 8:43



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**

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	07-22-2014
CHECK NO. 8154	FEE \$ 50.00
DATE ACCEPTED 07-24-2014	BY [Signature]
CHANGE NO. CS4-SWC 09421	
COUNTY OKANOGAN	WRIA 48
SPECIAL AREA	54-17880AWCWRIS
SEPA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: 001-002-WR10285-000011	
APP NO. 17880	PERMIT NO. 13337
CERT NO. 09421	CERT OF CHG NO.

(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)****

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

1. Applicant Information

APPLICANT/BUSINESS NAME Stewart Reynaud	PHONE NO. 425 241-1743	FAX NO.
ADDRESS PO Box 245		
CITY Twisp	STATE WA	ZIP CODE 98856
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE) Chris Johnson, Methow Salmon Recovery Fdn.	PHONE NO. 509-429-1232	FAX NO. 509-422-1766
ADDRESS PO Box 755		
CITY Twisp	STATE WA	ZIP CODE 98856
EMAIL ADDRESS (IF AVAILABLE) Chrisj@methowsalmon.org		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Stewart Reynaud	PHONE NO. 425-241-1743	FAX NO.
ADDRESS PO Box 245		
CITY Twisp	STATE WA	ZIP CODE 98856
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER S4-17880AWCWRIS	RECORDED NAME(S) Reynaud
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.

CS4-SWC 09421

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Poorman Creek		NE	SW	10	33	21	3321100042	N/A
Twisp River		NE	SW	10	33	21	3321100042	N/A

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well		NE	SW	10	33	21	3321100042	

only POD'S
are in
NESESWY
NESESW
NOT NESW

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 direction corner to the above point(s) of diversion/withdrawal, please include that information in Item 3 attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation and stock	.64 cfs	128	Irrigation season and continuous

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation, domestic and stock	.64 cfs	128	Irrigation season and continuous

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Those parts of the NE 1/4 of SW 1/4, SW 1/4 of SE 1/4 and NW 1/4 of SW 1/4 lying south of the Twisp River as located on May 17, 1944 all located within Section 10, Township 33, Range 21 E.W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
						3321100042	32
						3321100031	

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:

Same as above

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: _____

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): S4-300721, S4-300720 CL, G4-096262

CL

6. Remarks and Other Relevant Information:

Application is being submitted to evaluate opportunities to replace the existing surface water diversions with ground water supply system(s). The project Sponsor, MSRF is working with the landowner as a voluntary partner in a larger reach-based enhancement project in support of salmon recovery.

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:

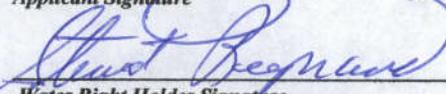
I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted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

Chris Johnson, MSRF
Applicant Printed Name - Title


Applicant Signature

07/17/14
(Date)

Stewart Reynaud, etal
Water Right Holder Printed Name


Water Right Holder Signature

7/17/14
(Date)

Stewart Reynaud, etal
Land Owner of Existing Place of Use Printed Name

Land Owner of Existing Place of Use Signature

(Date)

Stewart Reynaud, etal
Land Owner of Proposed Place of Use Printed Name

Land Owner of Proposed Place of Use Signature

(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: _____

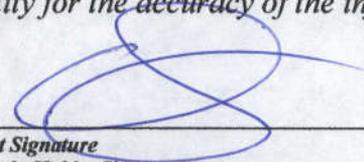
STAFF: _____ **DATE:** ___/___/___

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

Signatures:

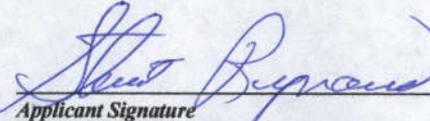
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Chris Johnson, MSRF
 Applicant Printed Name – Title
 Water Right Holder Printed Name
 Land Owner of Existing Place of Use Printed Name
 Land Owner of Proposed Place of Use Printed Name


 Applicant Signature
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