



**WATER RESOURCES**  
**Application for Change/Transfer of Water Right**



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: Trust Water for the purposes of in-stream flow benefit and to mitigate new out of stream uses

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

FOR OFFICIAL USE ONLY		
DATE APPLICATION RECEIVED	9-3-14	
CHECK NO.	22897	FEE \$ DATE 9/3/14
ACCEPTED	9/3/14	BY [Signature]
CHANGE NO.	OKAN-14-04	
COUNTY	OKanogan	WRIA led OKAN
SPECIAL AREA	C64-22893C@1	
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 Kinross Gold Corporation	PHONE NO.	FAX NO.
ADDRESS 363 Fish Hatchery Road		
CITY Republic	STATE WA	ZIP CODE 99166
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE) Joe Morrice, Aspect Consulting	PHONE NO. (206) 999-8487	FAX NO.
ADDRESS 401 Second Avenue South, Suite 201		
CITY Seattle	STATE WA	ZIP CODE 98104
EMAIL ADDRESS (IF AVAILABLE) jmorrice@aspectconsulting.com		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE N/A, trust water	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

**2. Water Right Information**

WATER RIGHT OR CLAIM NUMBER G4-22893C	RECORDED NAME(S) Ted E. Eberle
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.*

C64-22893C@1

OKAN-14-04

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

#### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
A well		NE	NE	16	40N	30E		

#### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
NA								

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 of 120 acres	400	156	April 1 to October 1

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Mitigation for out-of-stream uses and instream flow.	400	156	April 1 to October 1

### 5. Place of Use:

#### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
W½W½ of Sec. 10, and Sec. 9 East of county road, all in T. 40 N., R. 30 E.W.M.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		9 & 10	40 N.	30 E.	Okanogan		
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(S) NAME: <u>Only the applicant, owning property within the place of use, has a controlling interest in this water right, see GUID 2040, Pages 2 and 3.</u>							

#### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Myers Creek north across the international border to the confluence with the Kettle River and then to the confluence of the Kettle River and Columbia River at Franklin D. Roosevelt Lake located within the SE¼NE¼ of Section 28, T. 37 N, R. 37 EWM.							
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(S) NAME: <u>Water used in river, see exception in GUID 2040, Page 4.</u>							

*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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): <u>S4-*47034JWRIS, S4-*47075JWRIS, and S4-*47076JWRIS, and G4-35084</u>
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**6. Remarks and Other Relevant Information:**

Existing point of withdrawal, existing place of use and proposed place of use are shown in Figure 1, attached.
This trust water right application is for the purposes of instream flow benefit and to mitigate new out of stream uses.
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>Gary R. Johnson</u> Applicant Printed Name - Title	<u>Gary R. Johnson</u> Applicant Signature	<u>6/25/14</u> (Date)
<u>Gary R. Johnson</u> Water Right Holder Printed Name	<u>Gary R. Johnson</u> Water Right Holder Signature	<u>6/25/14</u> (Date)
_____ Land Owner of Existing Place of Use Printed Name	_____ Land Owner of Existing Place of Use Signature	<u>  /  /  </u> (Date)
_____ Land Owner of Proposed Place of Use Printed Name	_____ Land Owner of Proposed Place of Use Signature	<u>  /  /  </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 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 <sup>th</sup> 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

<b>WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):</b>	
<input type="checkbox"/> APPLICATION FEE NOT ENCLOSED	<input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ___/___/___