



WATER RESOURCES

Application for Change/Transfer of Water Right

For Ecology Use
(Date Stamp)

JUN 15 A7:53

DEPT OF ECOLOGY
Received
JUN 19 2015
CENTRAL REGION OFFICE

DEPT. OF ECOLOGY
FISCAL & BUDGET

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: Changing to instream flow for mitigation purposes

****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

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>06-15-2015</u>
CHECK NO.	_____ FEE \$ _____
DATE ACCEPTED	<u>06-25-2015</u> BY _____
CHANGE NO.	<u>CS4-00648(BA) sb4-c@1</u>
COUNTY	<u>KITTITAS</u> WRIA <u>39</u>
SPECIAL AREA	_____
SEPA: <input type="radio"/> EXEMPT <input type="radio"/> NOT EXEMPT	<u>06-01-1881</u>
ECY CODING:	<u>001-002-WR10285-000011</u>
APP NO.	_____ PERMIT NO. _____
CERT NO.	_____ CERT OF CHG NO. _____

APPLICANT/BUSINESS NAME J. P. and Jan Roan	PHONE NO. 509-929-1220	FAX NO.
ADDRESS 13991 Reecer Road		
CITY Ellensburg	STATE WA	ZIP CODE 98926
EMAIL ADDRESS (IF AVAILABLE) jroan@fairpoint.net		

CONTACT (IF DIFFERENT FROM ABOVE) Joe Mentor and Jessica Kuchan, Mentor Law Group	PHONE NO. 206-838-7653	FAX NO.
ADDRESS Attorney		
CITY Seattle	STATE WA	ZIP CODE 98104
EMAIL ADDRESS (IF AVAILABLE) kuchan@mentorlaw.com		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE (same as applicant)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

CS4-00648(BA) sb4-c@1

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER Court Claim #00648, S4-83907-J	RECORDED NAME(S) J. P. Roan
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 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.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
First Creek; See Exhibit A								

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Instream Flows in First Creek								

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	0.131 CFS	27.94	April 1 through October 15

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Instream Flow	0.131 CFS	27.94	April 1 through October 15

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
See Exhibit B							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Instream flows in First Creek							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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?
<input type="checkbox"/> YES <input type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

6. Remarks and Other Relevant Information:

Applicant is seeking a mitigated water right permit for groundwater.
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.

J. P. Roan

Applicant Printed Name – Title

J.P. Roan
Applicant Signature

6-03-2015
(Date: MM/DD/YR)

J. P. Roan

Water Right Holder Printed Name

J.P. Roan
Water Right Holder Signature

6-03-2015
(Date: MM/DD/YR)

J. P. Roan

Land Owner of Existing Place of Use Printed Name

J.P. Roan
Land Owner of Existing Place of Use Signature

6-03-2015
(Date: MM/DD/YR)

JAN ROAN

Land Owner of Proposed Place of Use Printed Name

JAN ROAN
Land Owner of Proposed Place of Use Signature

06-03-2015
(Date: MM/DD/YR)

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 98902-3463 (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 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):

- o APPLICATION FEE NOT ENCLOSED
- o MAP NOT INCLUDED or INCOMPLETE
- o ADDITIONAL SIGNATURES REQUIRED
- o SECTION _____ IS INCOMPLETE
- o OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____