DEPARTMENT OF ECOLOGY
State of Washington

WATER RESOURCES
Application for Change/Transfer of a Water Right

For Ecology Use (Date Stamp)

DEPT OF ECOLOGY Received JUL 17 2015 CENTRAL REGION OFFICE

You must include a $50.00 minimum filing fee with this application for:

(Check all that apply.)
- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change/transfer place of use
- ☐ Change point(s) of diversion/withdrawal
- ☐ Add point(s) of diversion/withdrawal
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

No filing fee is required for applications for:
- ☒ Drought
- ☐ Cost Reimbursement
- ☐ Water Conservancy Board

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 07-17-2015
CHECK NO. 6 FEE $ 6
DATE ACCEPTED 07-22-2015 BY
CHANGE NO. CS4-09550C e6
COUNTY CHELAN WRIA 40
SPECIAL AREA

SEPA: ☐ EXEMPT ☐ NOT EXEMPT

ECY CODING: 001-002-WR10285-000011
APP NO. 19075 PERMIT NO. 14033
CERT NO. 09550 CERT OF CHG NO.

☐ **I have completed a pre-application consultation with Ecology.**

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Lower Stemilt Irrigation District		
ADDRESS		
221 Palouse Street		
CITY	**STATE**	**ZIP CODE**
Wenatchee	WA	98801
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Marc Marquis	(509) 679-0337	
ADDRESS		
Peterson & Marquis 1227 1st St.		
CITY	**STATE**	**ZIP CODE**
Wenatchee	WA	98801
EMAIL ADDRESS (IF AVAILABLE)		
marcm@nwi.net		

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

CS4-09550C e6

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
S4-09550C@5	Kyle Mathison & Steven Shiflett

DO YOU OWN THE RIGHT TO BE CHANGED? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____

HAS THE WATER BEEN USED AS AUTHORIZED IN THE LAST FIVE (5) YEARS? ☒ YES ☐ NO

- Attach copies of any documentation that shows the historical use of water that has occurred since the right was established.
- 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 #
N/A Trust water right								

B. Proposed (if different from 3.A.)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Columbia		~~SE~~ SW	SE	19	22	21E		

C. DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER NAME(S): _____

- Include copies of all associated water well reports.
- 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
N/A Trust Transfer pending	0.274cfs	92.7af	May 1st to October 15th

B. Proposed (if different from 4.A.)

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation 230ac Orchard & 360ac Pasture	7.11cfs	1744af	Seasonal

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
N/A Trust Transfer Water Right.							
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 NAME(S):

B. Proposed (if different than 5.A.)

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Land served by the Lower Stemilt Irrigation District within the District's boundaries							
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 NAME(S):

- 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.

D. 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):

6. Remarks and Other Relevant Information:

LSID's existing Columbia River diversion is located 1400ft west and 1000ft north of the SW corner of Sec 19. Change is requested to offset water shortages due to declared drought conditions within the Stemilt Creek Basin. Requested quantities are for the purposes of supporting currently cultivated areas located within LSID. Due to drought conditions, available water supplies from Stemilt Creek are less than 75% of normal which will result in hardship and loss to existing agricultural operations. Water right authority shall be accomodated via water rights which are owned by the applicant and authorized for irrigation, in-stream flows, and mitigation associated with a pending water right application previously submitted by LSID and currently under review by DOE.

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 Phone (360) 570-3265

Real Estate Excise Tax
PO Box 47477
Olympia, WA 98504-7477

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.

MARC MARQUIS LSID GENERAL COUNSEL **Applicant Printed Name – Title**	**Applicant Signature**	**(Date: MM/DD/YYYY)**
Water Right Holder Printed Name	**Water Right Holder Signature**	**(Date: MM/DD/YYYY)**
Land Owner of Existing Place of Use Printed Name	**Land Owner of Existing Place of Use Signature**	**(Date: MM/DD/YYYY)**
Land Owner of Proposed Place of Use Printed Name	**Land Owner of Proposed Place of Use Signature**	**(Date: MM/DD/YYYY)**

***Submit your application to:** DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	☐ Central Regional Office 1250 W. Alder Street Union Gap, WA 98903-0009 (509) 575-2490	☐ Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
	☐ Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	☐ Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300