



WATER RESOURCES

Application for Change/Transfer of a Water Right

(Date Stamp)



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: change from parcel "B" to parcel "A" which are adjacent lots

No filing fee is required for applications for:

- Drought
- Cost Reimbursement
- Water Conservancy Board

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>7-20-15</u>
CHECK NO. <u>#0001/#2527</u>	FEE \$ <u>1500.00</u>
DATE ACCEPTED <u>7-20-15</u>	BY <u>[Signature]</u>
CHANGE NO. <u>Chel-15-07</u>	
COUNTY <u>Chelan</u>	WRIA <u>47</u>
SPECIAL AREA <u>CS4-26615C(B) @ 1</u>	
SEPA: <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	<u>Chel-15-07</u>
ECY CODING: 001-002-WR10285-000011	
APP NO. _____	PERMIT NO. _____
CERT NO. _____	CERT OF CHG NO. _____

I have completed a pre-application consultation with Ecology. (Candi's Graff)

1. Applicant Information

APPLICANT/BUSINESS NAME <u>Tom Allen; Ann Congdon</u>	PHONE NO. <u>509 679-1711</u>	FAX NO. <u>509 682-9651</u>
ADDRESS <u>702 Winesap Ave</u>		
CITY <u>Manson</u>	STATE <u>WA</u>	ZIP CODE <u>98831</u>
EMAIL ADDRESS (IF AVAILABLE) <u>acongdon6@gmail.com</u>		
CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>same</u>	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

Chel-15-07

CS4-26615C(B) @ 1

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER <i>S4-26615C(B)</i>	RECORDED NAME(S) <i>Tom Allen</i>
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 USED AS AUTHORIZED IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

- Attach copies of any documentation that shows the historical use of water that has occurred since the right was established. *see attachment*
- 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 #
<i>Lake Chelan</i>		<i>SE</i>	<i>NE</i>	<i>17</i>	<i>28N</i>	<i>21 E.W.M</i>	<i>B</i>	

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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<i>Same as above</i>								

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. *see attachment*

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<i>domestic single</i>	<i>0.04 CFS</i>	<i>0.67 ac-ft-yr</i>	<i>01/01 - 12/31</i>

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

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<i>same</i>			

THE SUPER CERT B HAD SMALLER DI. Ca.

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
see attachment							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
E 1/2	NE 1/4	17	28N	21E W 1/4	Chelan	B	0.76 A
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						282117110125	
IF NO, PROVIDE OWNER NAME(S):							

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

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED: see attached BLA 2012-207							
see attachment							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		17	28N	21E W 1/4	Chelan	A	0.30 A
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						282117110100	
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. *It's not a platted prop; we just did a BLA*

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:

* The point of diversion is the same. We just want to attach The H ₂ O certificate to parcel A, 13537 S. Lakeshore Rd. instead of: parcel B, 13567 S. Lakeshore Rd. The lots are adjacent; the point of diversion for both is the same.	
IF FOR SEASONAL OR TEMPORARY, START DATE <u>NA</u> / ___ / ___ 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>Ann Conzodon, Tom Allen</u> Applicant Printed Name – Title	<u>Ann Conzodon, Tom Allen</u> Applicant Signature	<u>05/27/15</u> (Date: MM/DD/YYYY)
<u>Tom Allen</u> Water Right Holder Printed Name	<u>Tom Allen</u> Water Right Holder Signature	<u>05/27/15</u> (Date: MM/DD/YYYY)
<u>Tom Allen, Ann Conzodon</u> Land Owner of Existing Place of Use Printed Name	<u>Tom Allen</u> Land Owner of Existing Place of Use Signature	<u>05/27/15</u> (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	<input 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

