



WATER RESOURCES

Application for Change/Transfer of a Water Right

For Ecology Use
(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: _____

No filing fee is required for applications for:

- Drought
- Cost Reimbursement
- Water Conservancy Board

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 9/8/15

CHECK NO. _____ FEE \$ 500

DATE ACCEPTED 9/8/15 BY _____

CHANGE NO. KLIC-15-03

COUNTY Klickitat WRIA 30

SPECIAL AREA _____

SEPA: EXEMPT NOT EXEMPT

C64-25329C KLIC-15-03

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.

1. Applicant Information

APPLICANT/BUSINESS NAME Dallesport Water District	PHONE NO. 541.980.6756	FAX NO.
ADDRESS PO Box 131		
CITY Dallesport	STATE WA	ZIP CODE 98617 - 0131
EMAIL ADDRESS (IF AVAILABLE) dwdmanager@gmail.com		
CONTACT (IF DIFFERENT FROM ABOVE) John Grim P.E.	PHONE NO. 509.365.5421	FAX NO.
ADDRESS PO Box 955		
CITY Lyle	STATE WA	ZIP CODE 98635
EMAIL ADDRESS (IF AVAILABLE) jgrim@johngrimassociates.com		
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Varies	PHONE NO.	FAX NO.
ADDRESS Community of Murdock Water System Retail Service Area		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

C64-25329C

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G4-25329C	RECORDED NAME(S) Murdock Community Water System
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.
- 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 #
Well	1	NE	SW	16	2	3	02131660031200	
Well	2	NE	SW	16	2	3	02131670000400	AFL876

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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Proposed Well	3	NW	SE	16	2	13	02131600000700	

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): See attached sheet

- 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
Domestic supply	400 gpm	68	Year round

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

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Retail Service Area as defined in the current Community of Murdock Water System Plan Amendment, March 2014.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
Varies		16	2N	13E	Klickitat	Varies	

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES NO

IF NO, PROVIDE OWNER NAME(S): Varies, customers of the water system.

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

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

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): Certificate 1705

6. Remarks and Other Relevant Information:

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

Phone (360) 570-3265

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.

John Grim P.E. - Engineering
Consultant

Applicant Printed Name - Title

Applicant Signature

8/20/15
(Date: MM/DD/YYYY)

Dave Griffin Dallesport Water
District - Manager

Water Right Holder Printed Name

Water Right Holder Signature

9/03/15
(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)

<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