



STATE OF WASHINGTON
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 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(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: _____

FOR OFFICE USE ONLY	
CHANGE No. <u>CS4-01824C@1</u>	WRIA <u>45</u>
DATE ACCEPTED <u>02/09/2011</u>	BY <u>[Signature]</u>
FEE \$ <u>50⁰⁰</u>	REC'D <u>01/20/2011</u>
CHECK No. <u>1039</u>	
ECY Coding: 001-002-WR10285-000011	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

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

1. Applicant Information:

APPLICANT/BUSINESS NAME Al Jensen, Leavenworth NFH Manager/ US Fish and Wildlife Service, Leavenworth Fisheries Complex	PHONE NO. (509) 548-2917	FAX NO. (509) 548-3401
ADDRESS 12790 Fish Hatchery Road		
CITY Leavenworth	STATE WA	ZIP CODE 98826

CONTACT NAME (IF DIFFERENT FROM ABOVE) Malenna Cappellini, Environmental Compliance/ USFWS, Leavenworth Fisheries Complex	PHONE NO. (509) 548-2928	FAX NO. (509) 6263
ADDRESS 12790 Fish Hatchery Road		
CITY Leavenworth	STATE WA	ZIP CODE 98826

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Certificate 1824	RECORDED NAME(S) US Dept of Interior, Fish and Wildlife Service
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.

CS4-01824C@1

TEMP

FOR OFFICE USE ONLY			
APP. NO. <u>05671</u>	PERMIT NO. <u>03537</u>	CERT. NO. <u>01824</u>	CERT. OF CHANGE NO. _____

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Icicle Creek	1	SE	NE	27	24N	17E	241723510553	surface

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Icicle Creek	1	SE	NE	27	24N	17E	241723510553	surface
Icicle Creek	2	NE	SE	23	24N	17E	241723510553	surface

95
Chelan

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: No change

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
#1: Raising Fish	42 cfs		Year round

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
#1: Raising Fish	42 cfs		Year round
#2: Raising Fish - Temporary supply when existing intake offline	10 cfs		Temporary source of water during pipeline inspection.

5. Place of Use: No change

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
 Sections 23, 24, and 26 of T 24 N, R 17 E WM

Tax Parcel # 241723510553/Tax and Title 150025922

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Chelan	241723510553	

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES NO – IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:
 Sections 23, 24, and 26 of T 24 N, R 17 E WM

Tax Parcel # 241723510553/Tax and Title 150025922

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Chelan	241723510553	

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES 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?
 YES NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): Claim #'s: 1825, 12008, 12009, 3103-A, G4-27115C for more info. see Table 1, pg. 3 in attached proposed flow management plan

6. Remarks and Other Relevant Information:

The USFWS/Leavenworth NFH Complex is requesting an additional point of diversion for hatchery operations to be used as needed during a pipeline inspection in the spring of 2011. The pipeline inspection will begin approximately in mid-April after fish release and be completed within approx. three weeks.

IF FOR SEASONAL OR TEMPORARY, START DATE 04/10/2011 END DATE 05/20/2011

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.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, 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 am hereby granting 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 the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

David B. Sturing
(Applicant)

1, 19, 2011
(Date)

LB Sturing
(Water Right Holder)

1, 19, 2011
(Date)

MEJ
(Land Owner(s) of Existing Place of Use)

1, 18, 11
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

APPLICATION FEE NOT ENCLOSED MAP NOT INCLUDED or INCOMPLETE

ADDITIONAL SIGNATURES REQUIRED SECTION _____ IS INCOMPLETE

OTHER/EXPLANATION: _____

STAFF: _____ **DATE:** ____/____/____