



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: Change to allow for withdrawal & redistribution by LWWD

CS4-26470C01 FOR OFFICE USE ONLY CHEL 45	
CHANGE No. <u>Chel 12-09</u>	WRIA <u>45</u>
DATE ACCEPTED <u>10-24-2012</u>	BY <u>WF</u>
FEE \$ <u>1000.00</u>	REC'D <u>9, 13, 12</u>
CHECK No. _____	
ECY Coding: 001-002-WR10285-000011	
SEPA: <input checked="" 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 Lake Wenatchee Water District	PHONE NO. ()	FAX NO. ()
ADDRESS 16621 Brown Road		
CITY Leavenworth	STATE WA	ZIP CODE 98826
CONTACT NAME (IF DIFFERENT FROM ABOVE) Marc Marquis	PHONE NO. (509) 679-0337	FAX NO. ()
ADDRESS Peterson & Marquis 1227 First St.		
CITY Wenatchee	STATE WA	ZIP CODE 98801
LEGAL LAND OWNER or PART OWNER NAME OF PROPOSED PLACE OF USE Same	PHONE NO. ()	FAX NO. ()
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER S4-26470C	RECORDED NAME(S) Whispering Pines Water Users Association
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.

CS4-26470C <u>CR REC DATED 10-22-1992</u> FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____
<u>CHEL 12-09</u>		<u>CS4-26470C01</u>	

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Spring		NW	SW	18	27N	17E		

Sec 13
T27/R16
W20M9-NOT
T27-R17 sec
18

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Spring		NW	SW	18	27N	17E		
Wells		NW	SE	18	27N	17		

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
Community Domestic Supply	0.11cfs	30.5af	Continuous

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	0.11cfs	30.5af	Continuous

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Land served by the Whispering Pines Water Users Association, within Sec. 18, T27, R17EWM

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		18	27	17	Chelan	multiple	

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:

Service Area of Lake Wenatchee Water District

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(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): _____

6. Remarks and Other Relevant Information:

Lake Wenatchee Water District has assumed responsibility for providing municipal water service to the place of use currently associated within the referenced water document. The District now desires to preserve the existing POD, change the place of use to the District's service area and allow for possible alternative withdrawal of the right from the District's authorized POW.

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.

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.


(Applicant Signature)

(Applicant Signature)

9/7/12
(Date)

MARC MARQUIS, AUTH. Rep. of LWWD

(Water Right Holder)

(Water Right Holder)

___/___/___
(Date)

(Land Owner(s) of Proposed Place of Use)

(Land Owner(s) of Proposed Place of Use)

___/___/___
(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: ___/___/___