

STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
 OF WATER RIGHT**

50.00
 8/14/12
 4004
 WRA



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>CS4-144891CL</u> WRIA <u>48</u>	<i>OKW</i>
DATE ACCEPTED <u>10 25 2012</u> BY <u>[Signature]</u>	
FEE \$ <u>250.00</u> REC'D <u>10 22 2012</u>	
CHECK No. _____	<i>PRIORITY 08-14-2012</i>
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 Michael & Tracy Devany	PHONE NO. (509) 510-5399	FAX NO. (703) 255-2592
ADDRESS 200 OWAISSA CT SE		
CITY VIENNA	STATE VA	ZIP CODE 22180-5928

CONTACT NAME (IF DIFFERENT FROM ABOVE) Jeri Timm-TU Washington Water Project	PHONE NO. (509) 881-7690	FAX NO. ()
ADDRESS PO Box 1128		
CITY Twisp	STATE WA	ZIP CODE 98856

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER 144891	RECORDED NAME(S) William R. Hottell
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.

CS4-144891CL

FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Twisp River (surface water)	1	SW	N W	9	33	21	#3321090012, #3321094001, #3321091006	N/A

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	SW	NE	9	33	21	#3321094001	

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: Irrigation

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	5 CFS	See Remarks	April 15 th -September 15 th

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	5 CFS	See Remarks	April 15 th -September 15 th

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
That portion of the SE1/4 of the NW1/4; NE1/4 of the NW1/4; SW1/4 of the NE1/4; & the NW1/4; lying South of Twisp River, all in Section 9, Township 33 North, Range 21 E.W.M.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	NW	9	33	21	Okanogan	#3321090012, #3321094001, #3321091006	35
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
That portion of the SE1/4 of the NW1/4; NE1/4 of the NW1/4; SW1/4 of the NE1/4; & the NW1/4; lying South of Twisp River, all in Section 9, Township 33 North, Range 21 E.W.M.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	NW	9	33	21	Okanogan	#3321090012, #3321094001, #3321091006	35
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME: United States Forest Service and Washington State Department of Fish & Wildlife							

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

United States Forest Service and Washington State Department of Fish & Wildlife

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): G4-144892CL

6. Remarks and Other Relevant Information:

This is a Point of Diversion change application, moving the entire right, from a surface water right to a well. The original water right listed the instantaneous water quantity as 0.50 cfs and the annual quantity as 100 Acre Feet. Then, in December of 2010 an amendment was filed by William Hottell (the previous owner) and subsequently approved by the Department of Ecology for an "Error in Quantity" (see enclosed water right documents). Mr. Hottell did also request the annual quantity of 100 Acre Feet to be amended, however it is our understanding that is not an issue as most water rights from this timeframe did not even list what the annual quantity was, they only listed the cfs. The actual historical water quantity is 1,526.91 Acre Feet.

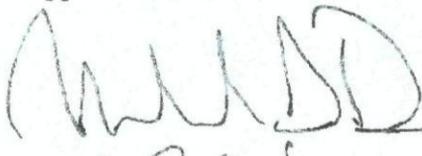
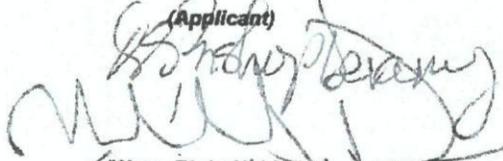
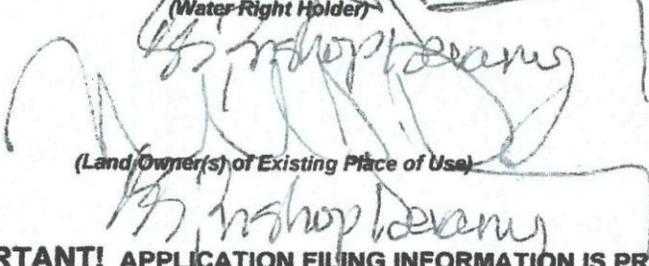
IF FOR SEASONAL OR TEMPORARY, START DATE ___/___/___ END DATE ___/___/___

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)

(Water Right Holder)

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

10/15/12
(Date)

10/15/12
(Date)

10/15/12
(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

**ATTACHMENT FOR
APPLICATION FOR CHANGE**

Point(s) of Diversion/Withdrawal - Existing Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	SW	NE	9	33	21	#3321094001	

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? YES NO - IF NO, PROVIDE OWNER(S) NAME:

Purpose(s) of Use - Existing Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	5 CFS	See remarks	April 15th-Sept. 15th

Place of Use - Existing Proposed:

LEGAL DESCRIPTION OF LANDS							
That portion of the SE1/4 of the NW1/4; NE1/4 of the NW1/4; SW1/4 of the NE1/4; & the NW1/4; lying South of Twisp River, all in Section 9, Township 33 North, Range 21 E.W.M.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	NW	9	33	21	Okanogan	#3321090012, #3321094001, #3321091006	25

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? YES NO - IF NO, PROVIDE OWNER(S) NAME: **United States Forest Service & Washington State Department of Fish & Wildlife**

ECY 040-1-97 (Rev. 07/08) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.