

Kittitas County Water Conservancy Board

**PO Box 1790
Ellensburg, Washington 98926
509 899 5707**



November 16, 2012

Washington State Department of Ecology
15 West Yakima Avenue, Suite 200
Yakima, Wa 98901

Attention: John Kirk

RE: Amended Application – Our number: KITT-11-06

Dear John:

Enclosed you will find the original amended application for Change/Transfer of Water Right for Milton F and Geraldine Downs for filing. The board at our November 15, 2012 meeting accepted this amended application. I have also enclosed a copy of the affidavit of publication for the original public notice. The applicant is republishing for a January 15, 2013 public meeting. Please contact me with any questions you may have.

Sincerely,

A handwritten signature in blue ink that reads "Chery Byers".

Chery Byers
Clerk of the Board



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. _____	WRIA _____
DATE ACCEPTED ____/____/____	BY _____
FEE \$ _____	REC'D ____/____/____
CHECK No. _____	
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 Milton F. & Geraldine Downs		PHONE NO. (509) 674-2724	FAX NO. ()
ADDRESS 3380 Teanaway Rd			
CITY Cle Elum	STATE WA	ZIP CODE 98922	
CONTACT NAME (IF DIFFERENT FROM ABOVE)		PHONE NO. ()	FAX NO. ()
ADDRESS			
CITY	STATE	ZIP CODE	

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER CTCL #00777	RECORDED NAME(S) Milton F. Downs & Geraldine Downs
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.

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 #
Teaway River		SE	SE	10	20	16	204835	
Mason Creek		NE	SE	14	20	16	394935	
Musser Creek		NE	SW	13	20	16	706336	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Teaway River		SE	SE	10	20	16	204835	
Mason Creek		SW	NW	13	20	16		
Musser Creek		NE	SW	13	20	16	274835	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: YES NO PROPOSED: YES NO – IF NO, PROVIDE OWNER(S) NAME:

Existing: Dorothy Crosetto, Greg Goodwin – Proposed: (Mason Ck) Kittitas County Right of Way next to Niese Family LLC property

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
Irrigation of 8 acres	0.16(0.32)	52	May 1 through Sept 15

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
No Change			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

That portion of the NE1/4 SW1/4 of Section 13, T. 20 N., R. 16 E.W.M., described as follows: Commencing at the west quarter corner of said section; thence east 1050 feet, more or less, to the east right of way of the Teaway Road and the point of beginning; thence east 500 feet; thence S 35° E 1500 feet; thence S 20° W 300 feet to the east right of way of said road; thence northwest along said right of way 2000 feet, more or less, to the point of beginning.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NE	SW	13	20	16	Kittitas	274835	8

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:

No Change

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:

Existing Teanaway POD: 150 ft north and 800 ft west from the southeast corner of Section 10, being within the SE1/4 SE1/4 of Section 10, T. 20 N., R. 16 E.W.M. (This POD will be retained.)
Existing Mason POD: 10 ft west and 10 ft south of the east quarter corner of Section 14, being within the NE1/4 SE1/4 of Section 14, T. 20 N., R. 16 E.W.M.
Proposed Mason POD: north of the Teanaway Road within the Kittitas County Right of Way, being within the SW1/4 NW1/4 Section 13, T. 20 N., R. 16 E.W.M.
Existing Musser POD: 1000 ft south and 1600 ft east of the west quarter corner of Section 13, being within the NE1/4 SW1/4 of Section 13, T.20N., R.16E.W.M.
Proposed Musser POD: approximately 630 ft south and 900 ft west of the center of Section 13, being within the NE1/4 SW1/4 of Section 13, T.20N., R.16E.W.M. but to be relocated as necessary in the future within 200ft in order to respond to creek channel changes over time caused by flooding or other erosion.
This POD change is part of a fish passage and screening project being done in conjunction with the Kittitas County Conservation District to eliminate the last known push up dam in the Teanaway River that diverts water into the 3M Ditch.
The 3M Ditch irrigators are converting from one common diversion to individual diversions on or near their own property.
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.

<u>Geraldine Downs</u> (Applicant)	<u>11 / 14 / 12</u> (Date)
<u>Milton & Geraldine Downs</u> (Water Right Holder)	<u>11 / 14 / 12</u> (Date)
<u>same</u> (Land Owner(s) of Existing Place of Use)	<u> / /</u> (Date)

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

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):	
<input type="checkbox"/> APPLICATION FEE NOT ENCLOSED	<input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____ / ____ / ____