



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

CHEL-13-02

(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. <i>CS4-30542P(B)</i>	WRIA <i>47 Chelan</i>
DATE ACCEPTED <i>5/9/13</i>	BY <i>[Signature]</i>
FEE \$ <i>1000.00</i>	REC'D <i>5/9/13</i>
CHECK No. <i>2542</i>	<i>5/30/13</i>
ECY Coding: 001-002-WR10285-000011	
SEPA: <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Not exempt	

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

1. Applicant Information:

APPLICANT/BUSINESS NAME Bear Mountain Water District	PHONE NO. 509 682-5444	FAX NO. ()
ADDRESS P.O. Box 3091		
CITY Chelan	STATE WA	ZIP CODE 98816

CONTACT NAME (IF DIFFERENT FROM ABOVE) Marc Marquis	PHONE NO. (509) 679-0337	FAX NO. ()
ADDRESS Peterson & Marquis Law Office 1227 First St.		
CITY Wenatchee	STATE WA	ZIP CODE 98801

LEGAL LAND OWNER or PART OWNER NAME OF PROPOSED PLACE OF USE Bear Mountain Water District	PHONE NO. (509) 682-5444	FAX NO. ()
ADDRESS P.O. Box 3091		
CITY Chelan	STATE WA	ZIP CODE 98816

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER S4-30542P	RECORDED NAME(S) Bear Mountain Water District
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. _____

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CS4-30542P(B)

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Lake Chelan	1		Gov Lot 4	16	27	22E	272216220050	
Lake Chelan	2		Gov Lot 3	7	27	22E	272207705040	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Lake Chelan	1		Gov Lot 4	16	27N	22E	272216220050	
	2		Gov Lot 3	7	27N	22E	272207705040	
Lake Chelan	3	SE	SW	8	27N	22E	272208705125	

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
Frost Protection up to 142 acres	15cfs	119af	As required

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	15cfs	119af	Continuous

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Section 17, the E1/2 of Section 18, and the N1/2 of Section 20; all in T27N, R22, EWM, Chelan County WA.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		17	27N	22E	Chelan	multiple	142
		18	27N	22E			
		20	27N	22E			
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:							
Approved Service Are of Bear Mountain Water District							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			27N	22E	Chelan	Multiple	
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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): SEE Water Rights Info CHEL 13-01

6. Remarks and Other Relevant Information:

Applicant desires to change attributes of portions of an existing permit to allow for redistribution as municipal supply within the service area of Bear Mountain Water District. The Parties have executed a water use agreement to transfer the frost protection portions of this permit to the applicant. Bear Mountain Ranch and BMWD have also filed an administrative division application as necessary to facilitate the transfer of these portions of the water right to BMWD.

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.

[Signature] BMWD Atty 5/16/2013
 (Applicant Signature) (Applicant Signature) (Date)

 (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: ___/___/___