Mitchell, Teresa (ECY)

From: Malenna_Cappellini@fws.gov
Sent: Thursday, June 16, 2011 1:54 PM
To: Mitchell, Teresa (ECY)
Subject: Fw: App No. Cs4-01824C@1 change of work dates
Attachments: adtempPtdivL.docx

Malenna M.J. Cappellini
Environmental Compliance Biologist
Leavenworth National Fish Hatchery Complex
12790 Fish Hatchery Road
(509) 548-7641 ext. 237

----- Forwarded by Malenna Cappellini/R1/FWS/DOI on 06/16/2011 01:53 PM -----

Malenna Cappellini/R1/FWS/DOI

03/01/2011 08:34 AM

To teresa_mitchell@ecy.wa.gov
cc
Subject App No. Cs4-01824C@1 change of work dates

Teresa,

Attached is the water right change application (No. CS4-01824C@1) with the work dates changed. The work dates have been changed from 2011 to the same time period in 2012. If any thing else is required, please let me know.

Thanks,

Malenna M.J. Cappellini
Environmental Compliance Biologist
Leavenworth National Fish Hatchery Complex
12790 Fish Hatchery Road
(509) 548-7641 ext. 237

DEPARTMENT OF ECOLOGY
State of Washington

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. _____

ECY Coding: 001-002-WR10285-000011

SEPA: ☐ Exempt ☐ Not exempt

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

1. Applicant Information:

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

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

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
Certificate 1824	US Dept of Interior, Fish and Wildlife Service
DO YOU OWN THE RIGHT TO BE CHANGED? ☒ YES ☐ NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? ☒ YES ☐ 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._____

06-17-2011

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

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 2012. The pipline inspection will begin approximately in mid-April after fish release and be completed within approx. three weeks.

IF FOR SEASONAL OR TEMPORARY, START DATE 04/10/2012 END DATE 05/20/2012

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) ***(Date)***

/ /
(Water Right Holder) ***(Date)***

/ /
(Land Owner(s) of Existing 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:*** ____/____/____