



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



For filing with Ecology or with County Conservancy Boards

**A MINIMUM FEE OF \$10.00 PAYABLE TO 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: Seasonal/temporary change pursuant to  
 RCW 90.03.390

FOR OFFICE USE ONLY	
CHANGE No. <u>C54ADJ74V14BP1002</u>	WRIA <u>48</u>
DATE ACCEPTED <u>04/17/01</u>	BY <u>sa</u>
FEE \$ <u>10<sup>00</sup></u>	REC'D <u>4/12/01</u>
CHECK No. <u>1738</u>	ck# <u>urg</u>
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 <u>Methow Valley School District #350</u>	PHONE NO. <u>(509)996-9205</u>	FAX NO. <u>(509)996-9208</u>
ADDRESS <u>18 Twin Lakes Rd.</u>		
CITY <u>Winthrop</u>	STATE <u>Washington</u>	ZIP CODE <u>98862</u>
CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>Dr. Lou Gates</u>	PHONE NO. <u>( ) same</u>	FAX NO. <u>( ) same</u>
ADDRESS <u>same</u>		
CITY	STATE	ZIP CODE

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <u>Certificate Record No. XIV-B, Page No. 10</u>	RECORDED NAME(S) <u>Wolf Creek Reclamation District</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME: <u>Wolf Creek Reclamation District</u>	
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. _____

4/8/47

C54-ADJ74V14BP1002

**Emergency Drought  
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 Action**

**3. Point(s) of Diversion/Withdrawal:**

**A. Existing**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Wolf Creek Reclam. Dist.		NE	NW	2	34N	20 E	US Forest Service	

**B. Proposed**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well, partial season		SE	SE	14	34N	21E	3421140026	

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
Irrigation	0.92 CFS	174.31	April 1 - Sept. 30

**B. Proposed**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	0.92 CFS	174.31	April 1 - Oct. 30

**5. Place of Use:**

**A. Existing**

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Parts of the NE $\frac{1}{4}$ NE $\frac{1}{4}$ north of Twin Lakes Rd. in Sec. 23 Twp. 34N Rge. 21E, and parts of SE $\frac{1}{4}$ SE $\frac{1}{4}$ , E $\frac{1}{2}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$ , and S $\frac{1}{2}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$ of Sec. 14 Twp. 34N Rge. 21E.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		14	34N	21E	Okanogan	3421140026	45.75

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:							
Same as above							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		14	34N	21E	Okanogan	3421140026	45.75

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):

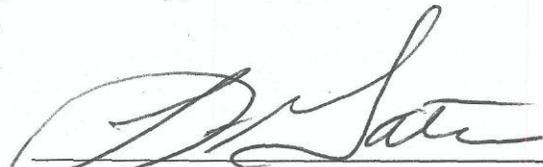
**6. Remarks and Other Relevant Information:**

See attached.

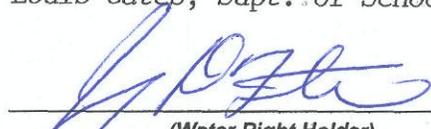
IF FOR SEASONAL OR TEMPORARY, START DATE \* / / END DATE 10 / 30 / of each year  
 \*Upon notification of Wolf Creek Reclamation District, but no earlier than April 1.

**7. Signatures:**

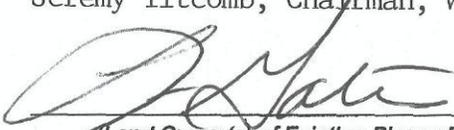
I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

  
 (Applicant)  
 Louis Gates, Supt. of Schools

4 / 11 / 2001  
 (Date)

  
 (Water Right Holder)  
 Jeremy Titcomb, Chairman, Wolf Creek Reclamation District

4 / 11 / 2001  
 (Date)

  
 (Land Owner(s) of Existing Place of Use)  
 Louis Gates, Supt. of Schools

4 / 11 / 2001  
 (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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Emergency Drought  
 Action**