



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: _____

<i>CHELAN</i>	
FOR OFFICE USE ONLY	
CHANGE No. <u>C54-SWC 6519</u>	WRIA <u>45</u>
DATE ACCEPTED <u>06/12/01</u>	BY <u>[Signature]</u>
FEE \$ <u>10.00</u>	REC'D <u>6/11/01</u>
CHECK No. <u>10053</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 KAILER BIEN GOLF COURSE	PHONE NO. (509) 763-3785	FAX NO. (509) 763-5030
ADDRESS 20700 CLUBHOUSE DR		
CITY LEAVENWORTH	STATE WA.	ZIP CODE 98826
CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO. ()	FAX NO. ()
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information: *(SWC 6519)*

WATER RIGHT OR CLAIM NUMBER 10156	RECORDED NAME(S) JIM AND BATHY CLICK
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME:	
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. **WATER HAS BEEN USED TO GROW HAY IN 1997 + 1998**

<i>HUTCHINSON</i>			
FOR OFFICE USE ONLY			
APP. NO. 13477	PERMIT NO. 10156	CERT. NO. 6519	CERT. OF CHANGE NO. _____

C54-SWC 6519

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
NASON CREEK		SE	SE	3	26N	16E	261603420060	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
NASON CREEK		N/E	N/E	33	27N	17E	FOREST SERVICE LAND	
1100 FEET S AND 500 FT. W. FROM N/E CORNER SEC 33								
DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?								
EXISTING: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PROPOSED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME: FOREST SERVICE								

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

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
PARCEL 2	261603420060	S/E QTR, SEC 3					
" 3	261603420070	" " "					
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	SE	3	26N	16E	CHELAN	261603420060	15
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:									
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES		
	S/W	N/E	33	T-27N	17E	W	CHELAN	KAHLE GLEN PUD	40
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:									

IMPORTANT!

Submit your application to Ecology at the regional office for the area of proposed or existing water use or at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Department of Ecology
Central Regional Office
15 W. Yakima Avenue, Suite 200
Yakima, WA 98902
Telephone: (509) 575-2490

Department of Ecology
Eastern Regional Office
N. 4601 Monroe, Suite 202
Spokane, WA 99205-1295
Telephone: (509) 456-2926

Department of Ecology
Northwest Regional Office
3190 - 160th Avenue SE
Bellevue, WA 98008-5452
Telephone: (425) 649-7000

Department of Ecology
Southwest Regional Office
PO Box 47775
Olympia, WA 98504-7775
Telephone: (360) 407-6300

Persons of disability needing assistance in the application process or those needing this application in an alternate format, may call (360) 407-6607 (voice) or (360) 407-6006 (TDD).

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