



**WATER RESOURCES**  
**Application for Change/Transfer of Water Right**

**RECEIVED**  
**DEC 02 2014**  
DEPARTMENT OF ECOLOGY  
EASTERN REGIONAL OFFICE

For filing with the Department of Ecology *or* with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION  
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	11-24-14
CHECK NO. _____	FEE \$ 700.00
DATE ACCEPTED	11-24-14 BY _____
CHANGE NO.	SP0K-14-01
COUNTY	Spokane WRIA _____
SPECIAL AREA	_____
SEPA: <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING:	001-002-WR10285-000011
APP NO. _____	PERMIT NO. _____
CERT NO. _____	CERT OF CHG NO. _____
	6361576

(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: \_\_\_\_\_

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

I have participated in a pre-application conference with Ecology.

**1. Applicant Information**

APPLICANT/BUSINESS NAME RB Water Association (operating River Bluff Water System)	PHONE NO. 5099952899	FAX NO. 5094641609
ADDRESS 4425 W. Lookout Mountain Lane		
CITY Spokane	STATE WA	ZIP CODE 99208
EMAIL ADDRESS (IF AVAILABLE) riverbluff@ptera.net		

CONTACT (IF DIFFERENT FROM ABOVE) Steve Start	PHONE NO. 5099915956	FAX NO.
ADDRESS 6008 W. Lookout Mountain Lane		
CITY Spokane	STATE WA	ZIP CODE 99208
EMAIL ADDRESS (IF AVAILABLE) sstart814@gmail.com		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE RB Water Association	PHONE NO. 509-995-2899	FAX NO. 509-464-1609
ADDRESS 4425 W. Lookout Mountain Lane		
CITY Spokane	STATE WA	ZIP CODE 99208
EMAIL ADDRESS (IF AVAILABLE)		

**2. Water Right Information**

WATER RIGHT OR CLAIM NUMBER G3-24890C	RECORDED NAME(S) RB Water Association
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.*

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

**A. Existing**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater well		NW	SW	16	26N	42E	26163.0309	AHC-910

**B. Proposed**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater well	1	SW	NW	02	26N	42E	26022.9070	APC-518
potential future wells	<del>NO</del>	SW	NW	02	26N	42E		

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

EXISTING:  YES  NO PROPOSED:  YES  NO - IF NO, PROVIDE OWNER(S) NAME: proposed pow is by easement

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.

*NW of SW on well log?*

**4. Purpose of Use:**

**A. Existing**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	240 GPM	18.3	01/01-12/31

**B. Proposed**

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

**5. Place of Use:**

**A. Existing**

**LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:**  
 Continuous historical place of use until September, 2014:  
 Sun Dance Estates (Nine Mile Manor)  
 (parcels 26163.0301-0310; 26163.0401-0412)

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	SW	16	26N	42E	Spokane	multiple	

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE?  YES  NO  
 IF NO, PROVIDE OWNER(S) NAME: multiple private owners within Sun Dance Estates Water System service area

**B. Proposed**

**LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:**  
 River Bluff Water System service area within NW ¼ Section 2 and NE ¼ Section 3 of T26N;  
 and within S ½ Section 22, SW ¼ Section 26, Section 27, E ½ Section 28, Section 34 and  
 SW ¼ Section 35 of T27N, all within R42E. See also Spokane CWSP Map; DOH WS ID# AB843F.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
						multiple	

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE?  YES  NO  
 IF NO, PROVIDE OWNER(S) NAME: multiple private owners within River Bluff Water System service area

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): **G3-21440C**

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

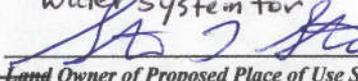
Historical point of withdrawal purports to be well # AHC-910; however, the well does not have a tag on it. This water right will add to that already in use within the River Bluff Water System service area. The transfer of this water right has been pending for several years while awaiting the cessation of its use by the historical users - home owners in Sun Dance Estates (Nine Mile Manor plat). Historical users were recently connected to Spokane city water.

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. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

**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 hereby grant 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 preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

RB Water Association by Steve Start, Pres <i>Applicant Printed Name - Title</i>	 <i>Applicant Signature</i>	<u>11/24/14</u> <i>(Date)</i>
RB Water Association by Steve Start, Pres <i>Water Right Holder Printed Name</i>	 <i>Water Right Holder Signature</i>	<u>11/24/14</u> <i>(Date)</i>
Sun Dance Estates WS by Peggy Jones, Pres <del>Land Owner of Existing Place of Use Printed Name</del> water system for	 <del>Land Owner of Existing Place of Use Signature</del> water system for	<u>11/21/14</u> <i>(Date)</i>
RB Water Association by Steve Start, Pres <del>Land Owner of Proposed Place of Use Printed Name</del> water system for	 <del>Land Owner of Proposed Place of Use Signature</del> water system for	<u>11/24/14</u> <i>(Date)</i>

Please check the region in which the project is located:

<p><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902-3463 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

**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: \_\_\_/\_\_\_/\_\_\_

