



Claim 146410

For Ecology Use
(Date Stamp)

WATER RESOURCES Application for Change/Transfer of a Water Right

15 AUG 11 7:33

DEPT. OF ECOLOGY
FISCAL & BUDGET

You must include a \$50.00 minimum filing fee with this application for:

RECEIVED

AUG 14 2015

Department of Ecology
Eastern Regional Office

(Check all that apply.)

- Change purpose(s) of use
- Add purpose(s) of use
- Change/transfer place of use
- Change point(s) of diversion/withdrawal
- Add point(s) of diversion/withdrawal
- Other (i.e. consolidation, intertie, trust water)

Explain: Consolidating water claims

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED _____

CHECK NO. _____ FEE \$ _____

DATE ACCEPTED 8-18-2015 BY KT

CHANGE NO. CG3-146410CL

COUNTY Grant WRIA 41

SPECIAL AREA Quincy Basin

SEPA: EXEMPT NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

APP NO. _____ PERMIT NO. _____

CERT NO. _____ CERT OF CHG NO. _____

6705648

No filing fee is required for applications for:

- Drought
- Cost Reimbursement
- Water Conservancy Board

I have completed a pre-application consultation with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME <u>City of Moses Lake</u>	PHONE NO. <u>(509)-764-3786</u>	FAX NO.
ADDRESS <u>P.O. Box 1579</u>		
CITY <u>Moses Lake</u>	STATE <u>WA</u>	ZIP CODE <u>98837</u>
EMAIL ADDRESS (IF AVAILABLE) <u>sobrien@cityofml.com</u>		

CONTACT (IF DIFFERENT FROM ABOVE) <u>Shawq O'Brien</u>	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER 146410	RECORDED NAME(S) City of Moses Lake
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 USED AS AUTHORIZED IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

- Attach copies of any documentation that shows the historical use of water that has occurred since the right was established.
- 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 #
Well				NE SW 33	19	28E	- Per claim #	

B. Proposed (if different from 3.A.)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
See Attached List								

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

EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER NAME(S): **See Attached List**

- Include copies of all associated water well reports.
- 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 (if different from 4.A.)

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:							
<i>City of Moses Lake</i>							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER NAME(S):							

B. Proposed (if different than 5.A.)

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
<i>Area served by the City of Moses Lake Water Service Area</i>							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
IF NO, PROVIDE OWNER NAME(S): <i>Various property owners</i>							

- 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.

D. 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:

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

ECY 040-1-97 (Rev 04-2015) To request ADA accommodation including materials in a format for the visually impaired, call Ecology Water Resources Program at 360-407-6872. Persons with impaired hearing may call Washington Relay Service at 711. Persons with speech disability may call TTY at 877-833-6341.

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.

Shawn O'Brien, City Engineer Shawn O'Brien
 Applicant Printed Name – Title Applicant Signature

07/23/2015
 (Date: MM/DD/YYYY)

City of Moses Lake Shawn O'Brien
 Water Right Holder Printed Name Water Right Holder Signature

07/23/2015
 (Date: MM/DD/YYYY)

 Land Owner of Existing Place of Use Printed Name Land Owner of Existing Place of Use Signature

 (Date: MM/DD/YYYY)

 Land Owner of Proposed Place of Use Printed Name Land Owner of Proposed Place of Use Signature

 (Date: MM/DD/YYYY)

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 1250 W. Alder Street Union Gap, WA 98903-0009 (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 – 160 th 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

Well ID	1/4	1/4	Sec.	Town- ship	Range	Parcel Parcel	Description
1		SW	14	19	28	11 0484 005	Civic Center Park/Well #7 site
2	NW	NE	27	20	28	12 0682 301	Shooting Range
3	NW	SW	29	19	28	31 3549 000	Well #31 site
4		S ½	29	19	28	09 0629 350	Blue Heron Park
5		SE	28	19	28	10 1091 201	Larson Ballfields
6	SE	NW	16	19	28	11 0415 000	Cascade Park
7	NE	NW	15	19	28	11 1455 010	Lauzier Ballfields
8	NW	NW	20	19	29	31 2558 000	Well #18 site
9	SW	SE	25	19	28	31 1906 000	Reservoir #8 site
10	NE	SE	23	19	28	11 0333 000	Well #5 site
11		NW	13	19	28	11 0484 006	New Operations Shop
12	SE	NW	23	19	28	11 0095 000	Japanese Gardens
13		SE	27	19	28	10 1838 000	Montlake Park
14	SW	SW	26	19	28	11 1841 501	Yonezawa Park
15	SW	SE	14	19	28	11 0480 000	Old Operations Shop
16	NW	SW	15	19	28	09 1759 050	Dano Park
17	SE	NE	22	19	28	10 1791 000	McCosh Park
18	NE	SW	33	19	28	09 0314 000	Lower Peninsula Park
19		NW	16	19	29	11 0069 400	Guardian Property
20	SW	SE	4	19	28	11 0475 063	Well #24 site
21	SE	NE	32	20	28	11 0412 006	Old Elevated Tank #3
22	NE	SE	32	20	28	11 0412 006	Well #21 site
23	NE	NW	32	20	28	11 0412 006	Well #22 site
24	SW	SE	15	19	28	10 0697 001	Well #3 site
25	NE	SW	4	19	28	11 0412 020	Well #28 site
26	SE	SW	29	19	28	11 1576 002	Well #32 site
27	NE	NW	27	19	28	11 0483 000	Well #10 site
28	SE	SE	14	19	28	31 0981 000	Well #11 site
29		SW	2	19	28	31 3338 000	School District Property
30		NW	12	18	28	11 0484 001	Sand Dunes Plant North
31		SW	12	18	28	11 0484 001	Sand Dunes Plant South

The City of Moses Lake owns all of these sites except #19 Guardian Property and #29 School District Property.

Shawn O'Brien - City Engineer
Applicant Printed Name - Title

Shawn O'Brien
Applicant Signature

7/27/2015
Date