



WATER RESOURCES
Application for Change/Transfer of a Water Right

For Ecology Use
RECEIVED (Date Stamp)

OCT 16 2015

Department of Ecology
 Eastern Regional Office

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

(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: _____

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

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	10-16-2015
CHECK NO.	FEE \$ 72.22
DATE ACCEPTED	10-16-15 BY KT
CHANGE NO.	
COUNTY	Lincoln WRIA 43
SPECIAL AREA	Sinking Creek
SEPA:	<input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT
ECY CODING:	001-002-WR10285-000011
APP NO.	PERMIT NO.
CERT NO.	63-26677C CERT OF CHG NO. 6744773

APPLICANT/BUSINESS NAME Town of Creston	PHONE NO. (509) 636-3145	FAX NO. (509) 636-3150
ADDRESS 100 Creston Ave		
CITY Creston	STATE WA	ZIP CODE 99117
EMAIL ADDRESS (IF AVAILABLE) townofcreston@centurytel.net		
CONTACT (IF DIFFERENT FROM ABOVE) Blake Angstrom - Mayor	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Town of Creston	PHONE NO. (509) 636-3145	FAX NO. (509) 636-3150
ADDRESS 100 Creston Ave		
CITY Creston	STATE WA	ZIP CODE 99117
EMAIL ADDRESS (IF AVAILABLE) townofcreston@centurytel.net		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G3-26677C	RECORDED NAME(S) Town of Creston
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 checked="" type="checkbox"/> YES <input 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.

Plan excerpts attached; Full Plan available upon request.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
North Well		NE	SW	10	26N	34E	0207999001150	ABR210

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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
South Well		SE	NW	15	26N	34E	0209000000000	AFA203
North Well		NE	SW	10	26N	34E	0207999001150	ABR210

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):

- 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
Municipal Supply	650 gpm	448 ac-ft	Year round

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:							
Water Service Area for the Town of Creston, WA							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
IF NO, PROVIDE OWNER NAME(S): multiple property owners with the Town of Creston							

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

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER NAME(S):							

- 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:

Creston seeks to consolidate its existing water rights by making both existing wells points of withdrawal on all Town water rights certificates
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 Phone (360) 570-3265
 Real Estate Excise Tax
 PO Box 47477
 Olympia, WA 98504-7477

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.

Cheyne Odenrider- Mayor Pro-Tem

Applicant Printed Name – Title

Cheyne Odenrider
Applicant Signature

10-15-15

(Date: MM/DD/YYYY)

N/A - Municipal

Water Right Holder Printed Name

Water Right Holder Signature

(Date: MM/DD/YYYY)

N/A - Municipal

Land Owner of Existing Place of Use Printed Name

Land Owner of Existing Place of Use Signature

(Date: MM/DD/YYYY)

N/A - Municipal

Land Owner of Proposed Place of Use Printed Name

Land Owner of Proposed Place of Use Signature

(Date: MM/DD/YYYY)

<p>*Submit your application to:</p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<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