DEPARTMENT OF ECOLOGY
State of Washington

WATER RESOURCES
Application for Change/Transfer of a Water Right

For Ecology Use (Date Stamp)
RECEIVED
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

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED _____
CHECK NO. _____ FEE $ 50.00
DATE ACCEPTED 10-16-2015 BY KT
CHANGE NO. CG3-#005835
COUNTY Lincoln WRIA 43
SPECIAL AREA Sinking Creek
SEPA: ☒ EXEMPT ☐ NOT EXEMPT

ECY CODING: 001-002-WR10285-000011
APP NO. Dec. Chim 583 PERMIT NO. _____
CERT NO. 544-D CERT OF CHG NO. 6745036

☐ **I have completed a pre-application consultation with Ecology.**

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Town of Creston	(509) 636-3145	(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)	PHONE NO.	FAX NO.
Blake Angstrom - Mayor		
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
Town of Creston	(509) 636-3145	(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	RECORDED NAME(S)
544-D	Town of Creston

DO YOU OWN THE RIGHT TO BE CHANGED? ■ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME and ADDRESS:

HAS THE WATER BEEN USED AS AUTHORIZED IN THE LAST FIVE (5) YEARS? ■ YES ☐ 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 #
Abandoned Well							Lot 23, Block 9	N/A
(location unknown)								

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	40 gpm	1 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? ☐ YES ■ 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? ☐ YES ☐ 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
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.

Cheyne Odenrider - Mayor Pro-Tem	Cheyne Odenrider	10-15-15
Applicant Printed Name – Title	**Applicant Signature**	**(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)**

***Submit your application to:** DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	☐ Central Regional Office 1250 W. Alder Street Union Gap, WA 98903-0009 (509) 575-2490	☒ Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
	☐ Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	☐ Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300