



**Water Resources Program**  
**Application for Change/Transfer**  
**of Water Right**

For Ecology Use  
 (Date Stamp)

**RECEIVED**

NOV 12 2015

DEPARTMENT OF ECOLOGY  
 EASTERN REGIONAL OFFICE

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

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

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

**FOR OFFICIAL USE ONLY**

DATE APPLICATION RECEIVED \_\_\_\_\_  
 CHECK NO. \_\_\_\_\_ FEE \$ \_\_\_\_\_  
 DATE ACCEPTED \_\_\_\_\_ BY \_\_\_\_\_  
 CHANGE NO. LINC-15-02  
 COUNTY \_\_\_\_\_ WRIA \_\_\_\_\_  
 SPECIAL AREA \_\_\_\_\_

SEPA:  EXEMPT  NOT EXEMPT  
 ECY CODING: 001-002-WR10285-000011  
 APP NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_  
 CERT NO. \_\_\_\_\_ CERT OF CHG NO. \_\_\_\_\_

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

**1. Applicant Information**

APPLICANT/BUSINESS NAME Joseph P. Coppersmith	PHONE NO. 509-721-1848	FAX NO.
ADDRESS 32196 Coppersmith Hill Road		
CITY Davenport	STATE WA	ZIP CODE 99122
CONTACT (IF DIFFERENT FROM ABOVE) Gene St. Godard	PHONE NO. 509-953-9395	FAX NO.
ADDRESS PO Box 28755		
CITY Spokane	STATE WA	ZIP CODE 99228
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Joseph P. Coppersmith	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE

*CS3-#10040C*  
*6770268*

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER Cert No. 17, Page 8455	RECORDED NAME(S) L.W. & L. B. Flood
DO YOU OWN THE RIGHT TO BE CHANGED? X 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? X 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 #
Spokane River (FDR Lake)	1	SE	NE	10	27N	37E		

### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater	2	SE	NW	10	27N	37E	2737010200045	None
Groundwater	3	S1/2	S1/2	10	27N	37E	2737010900080	None
Spokane River (FDR Lk)	<u>1</u>	SE	NE	10	27N	37E	L.R. Nat. Rec. Area	

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

EXISTING:  YES XNO    PROPOSED: X YES  NO – IF NO, PROVIDE OWNER(S) NAME: Surface water diversion on NPS Land being used under current lease agreement

*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
Irrigation	2.22 cfs	720	None noted

### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	996.34 gpm	720	seasonal



## 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 am hereby granting 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.

<u>Joe Coppersmith</u> Applicant Printed Name - Title	<u>[Signature]</u> Applicant Signature	<u>11/9/15</u> (Date)
<u>Joe Coppersmith</u> Water Right Holder Printed Name	<u>[Signature]</u> Water Right Holder Signature	<u>11/9/15</u> (Date)
<u>Joe Coppersmith</u> Land Owner of Existing Place of Use Printed Name	<u>[Signature]</u> Land Owner of Existing Place of Use Signature	<u>11/9/15</u> (Date)
<u>Joe Coppersmith</u> Land Owner of Proposed Place of Use Printed Name	<u>[Signature]</u> Land Owner of Proposed Place of Use Signature	<u>11/9/15</u> (Date)

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> 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):

- |   |   |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED   | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE    |
| <input type="checkbox"/> OTHER/EXPLANATION: _____       |   |

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_