



STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
 OF WATER RIGHT**



For filing with Ecology or with County Conservancy Boards

**A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(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 OFFICE USE ONLY	
CHANGE No. <u>CG3-23978C</u>	WRIA <u>55</u>
DATE ACCEPTED <u>4 / 16 / 05</u>	BY <u>RT</u>
FEE \$ <u>10.00</u>	REC'D <u>4 / 5 / 05</u>
CHECK No. <u>2243</u>	
SEPA: <input type="checkbox"/> Exempt	<input checked="" type="checkbox"/> Not exempt

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

**1. Applicant Information:**

APPLICANT/BUSINESS NAME <b>Whitworth Water District #2</b>	PHONE NO. <b>(509-466-0550)</b>	FAX NO. <b>(509-467-1830)</b>
ADDRESS <b>10828 N Waikiki</b>		
CITY <b>Spokane</b>	STATE <b>Washington</b>	ZIP CODE <b>99218</b>
CONTACT NAME (IF DIFFERENT FROM ABOVE) <b>Susan McGeorge, Manager</b>	PHONE NO. <b>( )</b>	FAX NO. <b>( )</b>
ADDRESS		
CITY	STATE	ZIP CODE

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <u>G3-23978C</u>	RECORDED NAME(S) <u>Mt View Water Company</u>
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 <u>Whitworth Water District put wells on inactive standby status July 2002.</u>	

**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.**

FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

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

#### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
(2) Wells		SE	SE	19	27N	43 E	#2-37194.0103	AHC 775
							#1	

#### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well		NE	NE	32	27N	43 E	37325.9078	AGC 037
		on the NE SE 8-31-05 AT MW.						

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

EXISTING:  YES  NO      PROPOSED:  YES  NO - IF NO, PROVIDE OWNER(S) NAME:

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
Community domestic supply and irrigation	100 gpm	61 afy	Continuous

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal supply	100 gpm	61 afy	Continuous

### 5. Place of Use:

#### A. Existing

##### LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

#1: 171, B1K1, Plat of North Mountain View Tracts  
 #2: 1380' south and 70' west from the East ¼ corner of Section 19; all in the plat of North Mountain View Tracts, E ½ E ½ Section 19, Township 27N, Range 43E

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		19	27N	43E	Spokane		

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE?  YES  NO - IF NO, PROVIDE OWNER(S) NAME:

Water purveyor

#### B. Proposed

##### LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

Area served by Whitworth Water District #2 in accordance with our most recently approved Water System Plan

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

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE?  YES  NO - IF NO, PROVIDE OWNER(S) NAME:

Water purveyor

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):

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

3 B: 1300' West and 50' North from E 1/4 Section 30

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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.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

**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 the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Susan McGeorge, Manager  
Whitworth Water District #2  
 (Applicant) 31 15 1 05  
(Date)

Whitworth Water District #2  
 (Water Right Holder) 31 15 1 05  
(Date)

Whitworth Water District #2  
 (Land Owner(s) of Existing Place of Use) 31 15 1 05  
(Date)

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

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