



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

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

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF  
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. _____	WRIA _____
DATE ACCEPTED ___/___/___	BY _____
FEE \$ _____	REC'D ___/___/___
CHECK No. <u>GRAN-11-12</u>	
ECY Coding: 001-002-WR10285-000011	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

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

**1. Applicant Information:**

APPLICANT/BUSINESS NAME <b>Public Utility District No. 2 of Grant County, WA</b>		PHONE NO. <b>(509) 754-6612</b>	FAX NO. <b>(509)754-5074</b>
ADDRESS <b>P.O. Box 878</b>			
CITY <b>Ephrata</b>	STATE <b>WA</b>	ZIP CODE <b>98823</b>	

CONTACT NAME (IF DIFFERENT FROM ABOVE) <b>Cliff Sears</b>		PHONE NO. <b>(509) 754-6612</b>	FAX NO. <b>(509)754-5074</b>
ADDRESS <b>Same as above</b>			
CITY <b>Same as above</b>	STATE	ZIP CODE	

LEGAL LAND OWNER or PART OWNER NAME OF PROPOSED PLACE OF USE <b>Public Utility District No. 2 of Grant County, WA</b>		PHONE NO. <b>(509) 754-6612</b>	FAX NO. <b>(509)754-5074</b>
ADDRESS <b>P.O. Box 878</b>			
CITY <b>Ephrata</b>	STATE <b>WA</b>	ZIP CODE <b>98823</b>	

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <b>GWC 2739-A, MC &amp; S</b>	RECORDED NAME(S) <b>Merritt Chapman Scott, Corp.</b>
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	

*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 #
MC & S Well		NE	SW	36	14N	23E	150143000	AFO346

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
See attached page								

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	400	90	Continuously year round

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal water supply purposes	400	13.59	Continuously year round

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
NW1/4 NE1/4 SW1/4 S. 36, T. 14 N., R. 23 E.W.M.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NE	SW	36	14 N	23E	Grant	150031000	--
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
The area served by the Priest Rapids Water Systems Comprehensive Plan now existing or as may be hereafter amended. A map of the current service area is filed in section I. A metes and bounds description is provided on the following page.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): <u>G3-01590C, Priest Rapids Irrigation.</u> <u>Other water rights relate to the non-consumptive use for the Priest Rapids fish hatchery.</u>
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6. Remarks and Other Relevant Information:

This application is intended to consolidate and integrate existing wells and one alternate well that are hydraulically connected within the Priest Rapids Comprehensive Water System Plan. Formal approval by the Washington State Department of Health will be provided upon receipt.

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.*

PUD No. 2 of Grant County, WA  
(Applicant)

*Cliff Sears*  
(Applicant Signature)

8/8/11  
(Date)

PUD No. 2 of Grant County, WA  
(Water Right Holder)

*Cliff Sears*  
(Water Right Holder)

8/8/11  
(Date)

PUD No. 2 of Grant County, WA  
(Land Owner(s) of Proposed Place of Use)

*Cliff Sears*  
(Land Owner(s) of Proposed Place of Use)

8/8/11  
(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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

