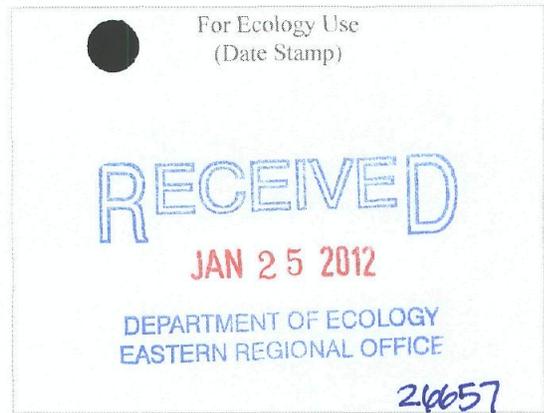




**Water Resources Program**  
**Application for Change/Transfer**  
**of Water Right**



**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. <u>31123</u> \$ <u>50</u>	FEE \$ <u>\$84.56</u>
DATE ACCEPTED _____	BY <u>KR</u>
CHANGE NO. <u>CG3-26657C@1</u>	
COUNTY <u>Spokane</u>	WRIA <u>54</u>
SPECIAL AREA _____	
SEPA: <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	<u>761apm</u>
ECY CODING: <u>001-002-WR10285-000011</u>	
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 <b>Albert Tripp - City of Airway Heights</b>	PHONE NO. <b>509-244-5578</b>	FAX NO. <b>509-244-3413</b>
ADDRESS <del>PO Box 969</del> ; 1208 South Lundstrom		
CITY <b>Airway Heights</b>	STATE <b>WA</b>	ZIP CODE <b>99001-0259</b>
CONTACT (IF DIFFERENT FROM ABOVE) <b>Gene St. Godard</b>	PHONE NO. <b>509-953-9395</b>	FAX NO.
ADDRESS <b>PO Box 28755</b>		
CITY <b>Spokane</b>	STATE <b>WA</b>	ZIP CODE <b>99228</b>
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <b>City of Airway Heights Water Service Area</b>	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G3-26657C	RECORDED NAME(S) City of Airway Heights
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.*

**City of Airway Heights Comprehensive Water System Plan – Approved May 2009**

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

### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater – SO1	1	SE	SE	26	25N	41E	15264.0016	AGG477
Groundwater – SO10	10	SE	NW	25	25N	41E	15252.0113	AKA185
Groundwater – SO3	3	SE	NE	26	25N	41E	15261.1520	
Groundwater – S04	4	SE	SE	26	25N	41E	15264.0016	AGG479
Groundwater – SO5	5	SE	SW	25	25N	41E	15253.0115	ABR585
Groundwater – S07	7	NW	NW	36	25N	41E	15362.0009	ABR478

### B. Proposed– (in addition to existing wells identified above)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater (Parkwest)	9	SW	SW	2	24N	41E	14025.9003	AGG475
1-3 Proposed Groundwater Wells		NW	NE	13	25N	41E		
1-3 Proposed Groundwater Wells		NW	NE	23	25N	41E		
1-3 Proposed Groundwater Wells		SW	NW	23	25N	41E		
1-3 Proposed Groundwater Wells		NE	SE	22	25N	41E		
1-3 Proposed Groundwater Wells		NW	NW	26	25N	41E		
1-3 Proposed Groundwater Wells		SE	NW	26	25N	41E		
1-3 Proposed Groundwater Wells		NE	SW	26	25N	41E		
1-3 Proposed Groundwater Wells		NW	SE	26	25N	41E		
1-3 Proposed Groundwater Wells		SE	SE	26	25N	41E		

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

EXISTING: X YES  NO PROPOSED:  YES X NO – IF NO, PROVIDE OWNER(S) NAME: The City of Airway Heights is currently speaking with property owners in the above described 1/4-1/4 sections to locate a potential parcel of land to purchase for future well installation. Wells will be installed in the 1/4 - 1/4 Section in which a property agreement can be reached. Above listed proposed 1/4 - 1/4 Sections are listed as potential sites for further evaluation.

*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
Municipal – City of AH Water System	500 gpm	800	Continuously

##### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal – City of AH Water System	No Change	No Change	No Change

#### 5. Place of Use:

##### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

City of Airway Heights Water Service Area as defined in the most recent approved Water System Plan (currently May 2009).

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE?  YES X NO

IF NO, PROVIDE OWNER(S) NAME: Property owners are served by the City of Airway Heights Water System

##### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

No Change - City of Airway Heights Water Service Area as defined in the most recent approved Water System Plan (currently May 2009).

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE?  YES X NO

IF NO, PROVIDE OWNER(S) NAME: Property owners are served by the City of Airway Heights Water System

*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. – Map is included in May 2009 Water System Plan*

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

ES  NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): \_\_\_\_\_

## 6. Remarks and Other Relevant Information:

### Location of Existing Point of Withdrawals:

Well No.1: 500 feet north and 300 feet west from SE corner of Sec. 26, within SE $\frac{1}{4}$  SE $\frac{1}{4}$ ;

Well No.2: 640 feet north and 786 feet west from center of Sec. 25, Tract 27, Plat of Hazlewood Irr. Farms within the SE $\frac{1}{4}$  NW $\frac{1}{4}$ ;

Well No.3: 197.5 feet north and 58 feet west from the E  $\frac{1}{4}$  corner of Sec. 26, Lot 7, Block 15 of 3<sup>rd</sup> Addition to Airway Heights, within the SE $\frac{1}{4}$  NE $\frac{1}{4}$ ;

Well No.4: 1950 feet south and 685 feet west from the E  $\frac{1}{4}$  corner of Sec. 26, within the SE $\frac{1}{4}$  SE $\frac{1}{4}$ ;

Well No.5: 250 feet north and 800 feet west from the S  $\frac{1}{4}$  corner of Sec. 25, within the SE $\frac{1}{4}$  SW $\frac{1}{4}$ ;

Well No.7: 30 feet south and 50 feet east from the NW corner of Sec. 36, within the W $\frac{1}{2}$  NW $\frac{1}{4}$  NW $\frac{1}{4}$  NW $\frac{1}{4}$ ;

All being within T.25N., R.41E.W.M.

Parkwest Well: 2100 feet north and 1500 feet east from SW  $\frac{1}{4}$  corner of Sec. 2, within the NW  $\frac{1}{4}$  NW  $\frac{1}{4}$  SW  $\frac{1}{4}$  Sec. 2, T24N, R41.E.W.M.

The existing wells at the site have multiple identification numbers within the various agencies. This application will identify the wells in accordance with the DOH numbering system. A cross reference table is presented below:

Well Numbers per Ecology Documents	Well Numbers used by the City	Well Numbers per Department of Health	Well Numbers to be used for future identification
Well No. 1	Well No. 1	SO1	Well No. 1
Well No. 2* (original well-abandoned)	Well No. 2	SO2	n/a
Well No. 2* (replacement to original well no. 2 )	Well No. 8	SO10	Well No. 10
Well No. 3	Well No. 3	SO3	Well No. 3
Well No. 4	Well No. 4	SO4	Well No. 4
Well No. 5	Well No. 5	SO5	Well No. 5
Well No. 6**	n/a	n/a	n/a
Well No. 7	Well No. 7	SO7	Well No. 7
Well No. 8 (Parkwest)***	Parkwest Well	SO9	Well No. 9

\*Original Well No. 2 (the original source for Water Right G3-23465C) was abandoned and replaced with a well that was referred to as replacement Well No. 2 in Ecology records, but was called Well No. 8 by the City. The City has requested that all well numbers coincide with the Health Department Number, which for this source is SO10 or now Well No. 10

\*\*DOH considers SO6 to be the intertie between Airway Heights and Spokane; the original Well No. 6 has long since been decommissioned.

\*\*\*The Parkwest well, which is referred to as Well 8 in Ecology Documents including the Agreed Order Docket No. 8703, dated September 8, 2011, is referenced as SO9 by the Health Department. The City has requested that all well numbers coincide with the Health Department Number, so this source will now be called Well 9.

Certificate has a priority date of September 4<sup>th</sup>, 1980 and was authorized to withdraw water from six wells (wells 1-5, 7) in a March 23<sup>rd</sup>, 1998 Change ROE. Well No. 8 (Parkwest well) was added under a Temporary Change Authorization in 2002.

Proposed new points of withdrawals are listed in 9 potential  $\frac{1}{4}$  -  $\frac{1}{4}$  Sections in the area of Airway Heights. The City is currently evaluating potential land access/use/purchase arrangements to potentially locate one to three wells in one or more of these  $\frac{1}{4}$  -  $\frac{1}{4}$  Sections. Wells will not be installed in all of these areas identified.

Well No. 9 (Parkwest Well – SO9) is being added to certificate in accordance with Agreed Order between City of Airway Heights and Ecology dated September 8<sup>th</sup>, 2011.

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 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>Albert Tripp, City Manager</u> Applicant Printed Name - Title	<u>Albert Tripp</u> Applicant Signature	<u>1/23/12</u> (Date)
<u>Albert Tripp</u> Water Right Holder Printed Name	<u>Albert Tripp</u> Water Right Holder Signature	<u>1/23/12</u> (Date)
<u>Albert Tripp</u> Land Owner of Existing Place of Use Printed Name	<u>Albert Tripp</u> Land Owner of Existing Place of Use Signature	<u>1/23/12</u> (Date)
<u>Albert Tripp</u> Land Owner of Proposed Place of Use Printed Name	<u>Albert Tripp</u> Land Owner of Proposed Place of Use Signature	<u>1/23/12</u> (Date)

Please check the region in which the project is located:

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

- APPLICATION FEE NOT ENCLOSED
- MAP NOT INCLUDED or INCOMPLETE
- ADDITIONAL SIGNATURES REQUIRED
- SECTION \_\_\_\_\_ IS INCOMPLETE
- OTHER/EXPLANATION: \_\_\_\_\_

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

**ATTACHMENT FOR  
Application for Change/Transfer of Water Right**

**Point(s) of Diversion/Withdrawal -  Existing  Proposed:**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL?  YES  NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

**Purpose(s) of Use -  Existing  Proposed:**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

**Place of Use -  Existing  Proposed:**

LEGAL DESCRIPTION OF LANDS							

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

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE?  YES  NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

**ATTACHMENT FOR  
Application for Change/Transfer of Water Right**

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**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.*

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- Applicant Printed Name – Title
  - Water Right Holder Printed Name
  - Land Owner of Existing Place of Use Printed Name
  - Land Owner of Proposed Place of Use Printed Name

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*Applicant Signature*  
*Water Right Holder Signature*  
*Land Owner of Existing Place of Use Signature*  
*Land Owner of Proposed Place of Use Signature*

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