DEPARTMENT OF ECOLOGY
State of Washington

Application for Change/Transfer of Water Right

For Ecology Use (Date Stamp)
RECEIVED
NOV 07 2013
DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

For filing with the Department of Ecology *or* with County 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:_____

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

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED _____
CHECK NO. _____ FEE $ _____
DATE ACCEPTED _____ BY _____
CHANGE NO. _____
COUNTY _____ WRIA _____
SPECIAL AREA _____

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

☐ **I have participated in a pre-application conference with Ecology.**

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
City of Warden	509-349-2326	509-349-2027
ADDRESS		
121 S. Main St.		
CITY	STATE	ZIP CODE
Warden	WA	98857
EMAIL ADDRESS (IF AVAILABLE)		
Ron Curren [rcurren@cityofwarden.org]		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
City of Warden	509-349-2326	509-349-2027
ADDRESS 121 S. Main St.		
CITY Warden	STATE WA	ZIP CODE 98857
EMAIL ADDRESS (IF AVAILABLE) Ron Curren [rcurren@cityofwarden.org]		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
89-D	City of Warden

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

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

HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? ☒ YES ☐ NO ***Note: The purpose of use is municipal supply.***

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 (per change authorized May 2002)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	4	S ½	SW	9	17	30		
Well	5	NW	NW	16	17	30		
Well	6	SE	SW	10	17	30		
Well	7	E ½	NE	15	17	30		
Well	8	NE	NW	15	17	30		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	5	NW	NW	16	17	30		
Well	6	SE	SW	10	17	30		
Well	7	E ½	NE	15	17	30		
Well (aka "irrigation well")	8	NE	SE	17	17	30		
Well	9	SW	NW	16	17	30		
Well	10	NW	SW	16	17	30		

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
Municipal	50 gpm	80	Continuous

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	50 gpm	80	Continuous

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Area served by the City of Warden as described in the 1998 comprehensive water system plan.

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(S) NAME: Various

B. Proposed (per change authorized May 2002)

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
City of Warden water service area as defined in the City's most recently approved water system plan.							
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(S) NAME: Various

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): 1713-A, 4121-A, 6505-A, G3-25983C

6. Remarks and Other Relevant Information:

The City wishes to add an existing well, Well No. 8 aka the Irrigation Well, plus two proposed wells, Wells No. 9 and 10 to this water right. Similar change applications are being made to add these wells to the other City water rights listed above.

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.

Tony Massa, Mayor	Tony Massa	10 / 30 / 13
Applicant Printed Name – Title	*Applicant Signature*	*(Date)*
Tony Massa, City of Warden	Tony Massa	10 / 30 / 13
Water Right Holder Printed Name	*Water Right Holder Signature*	*(Date)*
Tony Massa, City of Warden	Tony Massa	10 / 30 / 13
Land Owner of Existing Place of Use Printed Name	*Land Owner of Existing Place of Use Signature*	*(Date)*
Tony Massa, City of Warden	Tony Massa	10 / 30 / 13
Land Owner of Proposed Place of Use Printed Name	*Land Owner of Proposed Place of Use Signature*	*(Date)*

Please check the region in which the project is located:

***Submit your application to:** DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	☐ Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	☒ Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (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

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:*** ____/____/____