DEPARTMENT OF ECOLOGY
State of Washington

Application for Change/Transfer of Water Right

For Ecology Use
(Date Stamp)

13 DEC -2 A9:06

DEPT OF ECOLOGY
FISCAL & BUDGET

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

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 12-2-2013
CHECK NO. _____ FEE $ OK
DATE ACCEPTED 12-10-2013 BY KT
CHANGE NO. CG3-#04795C
COUNTY Grant WRIA 41
SPECIAL AREA Quincy Basin

SEPA: ☒ EXEMPT ☐ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. 4795 PERMIT NO. 4738
CERT NO. 3854-A CERT OF CHG NO. _____

(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)*****

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

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
City of George	(509) 785-5081	(509) 785-4880
ADDRESS 102 Richmond		
CITY George	STATE Washington	ZIP CODE 98824
EMAIL ADDRESS (IF AVAILABLE) geoclerk@smwireless.net		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Lawrence C. Julius	(509) 453-4833	(509) 453-5953
ADDRESS 107 South Third Street		
CITY Yakima	STATE Washington	ZIP CODE 98901
EMAIL ADDRESS (IF AVAILABLE) ljulius@g-o.com		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
Port District No. 1 of Grant County	(509) 787-3715	(509) 787-2525
ADDRESS 840 F Street SW		
CITY Quincy	STATE Washington	ZIP CODE 98848
EMAIL ADDRESS (IF AVAILABLE) Manager@portofquincy.org		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
3854-A	City of George

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

IF NO, PROVIDE OWNER(S) NAME and ADDRESS: N/A

HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? ☒ YES ☐ 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 #
Well	1	NE	NE	6	18N	24E	030845002	ABR079

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	4	SE	NE	31	19N	24E	030969125	N/A

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

EXISTING: ☒ YES ☐ NO PROPOSED: ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME: Port District No. 1 of Grant County

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 supply and industrial use	1,000 gpm	672*	continuous

* The total annual withdrawal is 672 acre-ft/yr from City Well Nos. 1, 2, and 3.

B. Proposed

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

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
City of George, Grant County, Washington							
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: _____

B. Proposed

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

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?

☐ ES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):_____

6. Remarks and Other Relevant Information:

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.

Elliot Kooy	Elliot Kooy	11/19/13
Applicant Printed Name – Title	*Applicant Signature*	*(Date)*
Elliot Kooy	Elliot Kooy	11/19/13
Water Right Holder Printed Name	*Water Right Holder Signature*	*(Date)*
Patric Connelly	Patric Connelly	11/19/13
Land Owner of Existing Place of Use Printed Name	*Land Owner of Existing Place of Use Signature*	*(Date)*
Patric Connelly	Patric Connelly	11/19/13
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:*** ____/____/____

STATE OF WASHINGTON
DEPARTMENT OF CONSERVATION
AND DEVELOPMENT

WELL LOG Well #1 No. Appli. #4795
Cert. 3854-A

Date 3-27, 1961

Record by well Driller

Source driller's record

Location: State of WASHINGTON

County Grant

Area

Map

E½ ¼ ¼ sec. 6 T. 18 N., R. 24 E. W

Diagram of Section

Drilling Co. Courtney Bach

Address Coulee City, Wash.

Method of Drilling Date, 19

Owner City of George, Wash.

Address

Land surface, datum 1220 ft. above below

Correlation	Material	Thickness (feet)	Depth (feet)
	Soil-sandy	10	10
	Sand, small gravel	24	34
	Basalt	116	150
	Broken rock & water	38	188
	PUMP TEST:		
	Dim. 188'x12"		
	SWL: 40 ft.		
	DD: 80 ft.		
	Yield: 1000 g.p.m.		
	Type & size of pump: Byron Jackson		
	Type & Size of motor or engine: 15 h.p.		
	CASING:		
	12" diam. steel casing from 0 to 34'		
	12 " shoe driven into basalt rock.		

(Transcribe driller's terminology literally but paraphrase as necessary, in parentheses. If material water-bearing, so state and record static level if reported. Give depths in feet below land-surface datum unless otherwise indicated. Correlate with stratigraphic column, if feasible. Following log of materials, list all casings, perforations, screens, etc.)

Turn up

Sheet of sheets