DEPARTMENT OF ECOLOGY
State of Washington

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: Existing Water Right is for So1 & So2
Proposed W.R. is So2 & So4 (So4 is a new well)

FOR OFFICE USE ONLY

CHANGE NO. CG2-GWC6848 WRIA 16

DATE ACCEPTED 12/31/08 BY EC

FEE $ ✓ REC'D 12/31/08

CHECK No. _____

ECY Coding: 001-002-WR10285-000011

SEPA: ☐ Exempt ☐ Not exempt

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

1. Applicant Information:

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Tracy Colard/Mason County PUD #1	(360) 877-5249	(360) 877-5339
ADDRESS		
N 21971 Highway 101		
CITY	STATE	ZIP CODE
Shelton	WA	98584

CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Doug Eklund, J.W. Morrissette & Associates	(360) 352-9456	(360) 352-9990
ADDRESS		
1700 Cooper Point Road SW, #B2		
CITY	STATE	ZIP CODE
Olympia	WA	98502

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
Cert. Record No. 14, Page 6848-A	Canal Mutual Water Company

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

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. 10546 PERMIT NO. 9604 CERT. NO. 6848 CERT. OF CHANGE NO. CG2 GWC6848

Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

REET 118109

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well 1	1	gov	L 2	31	23N	03W	323312300730	AHA961
Well 2	2	gov	L 2	31	23N	03W	323312390022	AHA959

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well 4	4	gov	L 1	31	23N	03W	323312200570	BAC353
Well 2	2	gov	L 2	31	23N	03W	323312390022	AHA959

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

EXISTING: ☐ YES ☒ NO PROPOSED: ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME: So2= B&Y Easy Camp Inc.

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
Domestic supply	150 gpm	40	Entire year

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Domestic supply	150 gpm	40	Entire year

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Lands served by Canal Mutual Water Company within Section 31, Township 23 North, Range 03 West, W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		31	23N	03W	Mason		41 + or -

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

Community water system. See service area outlined on map included.

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

See above, same Place of Use as Existing

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		31	23N	03W	Mason		41 + or -

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

Community 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.

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

6. Remarks and Other Relevant Information:

SEE ATTACHMENTS (INCLUDING NARRATIVE LETTER) EXPLAINING AND DOCUMENTING WATER RIGHTS CHANGE

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.

Tracy W. Coland — 11/17/2008
(Applicant) **(Date)**

Tracy W. Coland — 11/17/2008
(Water Right Holder) **(Date)**

Community Water System Tracy W. Coland — 11/17/2008
(Land Owner(s) of Existing Place of Use) **(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:*** _____/_____/_____

ATTACHMENT FOR

APPLICATION FOR CHANGE

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: