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WA State Department of Ecology (SWRO)



STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

NOTE: THIS FORM IS ONLY TO BE USED FOR THE ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

FOR OFFICE USE ONLY FILE No. 052-SWC8184 WR1A16 DATE ACCEPTED 2/12/10 BY SO FEE \$ REC'D 2/12/10 CHECK No. SEPA: Exempt Not exempt

(Check all that apply.)

- Lease Purchase Donation Other

Explain:

Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE 10 / 1 / 2009 END DATE 9 / 30 / 2118

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

1. Applicant Information:

APPLICANT/BUSINESS NAME U.S. Department of the Interior, Fish and Wildlife Service PHONE NO. (503) 231-2098 FAX NO. (503) 231-6260 ADDRESS 911 NE 11th Avenue, 2W-EN CITY Portland STATE OR ZIP CODE 97217

CONTACT NAME (IF DIFFERENT FROM ABOVE) James D. Crammond PHONE NO. () same FAX NO. () same ADDRESS Same CITY STATE ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER C. 8184 RECORDED NAME(S) U.S. Department of the Interior, Fish and Wildlife Service DO YOU OWN THE RIGHT? X YES IF NO, PROVIDE OWNER(S) NAME and ADDRESS: HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? X YES ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? X NO IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS

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 WATER RIGHT NO. 8184 FILE (contract) NO.

3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s): None	

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Walcott Slough		SE	SW	35	26N	2W	Govt. Lot 5	

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.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Fish Propagation	5 cfs		1/1 - 12/31

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Instream Flow	3,620 (est.)

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
T. 26 N., R. 2 W., W.M.: In Sec. 35, that part of Lot 5 lying east of and adjacent to the east right of way boundary of the Olympic Highway, U.S. No. 101, and north of the following described line: Beginning at a point in the said east right of way boundary of said highway, said point being North 1°19' west 140 feet at right angle from the center line extended of the old trestle crossing Walcott Slough, from which point the south one-quarter corner of said Sec. 35 bears south 32°02' east 19.15 chains distant: thence parallel to and 140 feet from the center line of said old trestle, north 88°41' east approximately 14.4 chains to the easterly boundary of said Lot 5, the end of said described line.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	SW	35	26N	2W			
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:							

* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED

7. Remarks and Other Relevant Information:

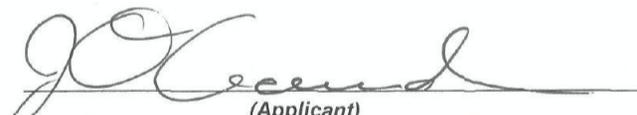
Proposed donation is to protect 5 cfs in Walcott Slough originally used for a fish trapping facility as a trust water right for instream flow.
The proposed donation is to last for 99 years with a reversionary interest in the U.S. Department of Interior, Fish and Wildlife Service.
The proposed donation is revocable with 30 days notice by the U.S. Department of the Interior, Fish and Wildlife Service.

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.

8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology 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.



 (Applicant)

 (Date) 2/18/2010

ON BEHALF OF U.S. DEPT. OF THE INTERIOR,
 U. S. FISH AND WILDLIFE SERVICE

 (Water Right Holder)

 (Date) 1/1/

 (Land Owner(s) of Existing Place of Use)

 (Date) 1/1/

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____/____/____

