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STATE OF WASHINGTON  
APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT

WA State Department  
Ecology (SWRO)

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: \_\_\_\_\_

FOR OFFICE USE ONLY	
CHANGE No.	<u>CG2-GWP 7439</u> WRIA <u>18</u>
DATE ACCEPTED	<u>4/5/10</u> BY <u>SC</u>
FEE \$	<input checked="" type="checkbox"/> REC'D <u>4/5/10</u>
CHECK No.	_____
ECY Coding:	001-002-WR10285-000011
SEPA:	<input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt

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

**1. Applicant Information:**

APPLICANT/BUSINESS NAME <b>Public Utility District No. 1 of Clallam County</b>	PHONE NO. <b>(360) 565-3230</b>	FAX NO. <b>(360) 452-7338</b>
ADDRESS <b>2431 East Highway 101</b>		
CITY <b>Port Angeles</b>	STATE <b>WA</b>	ZIP CODE <b>98362</b>
CONTACT NAME (IF DIFFERENT FROM ABOVE) <b>Thomas H. Martin</b>	PHONE NO. <b>(360) 565-3449</b>	FAX NO. <b>(360) 565-1162</b>
ADDRESS <b>SAME</b>		
CITY	STATE	ZIP CODE

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <b>Permit 7439</b>	RECORDED NAME(S) <b>Public Utility District No. 1 of Clallam County</b>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> 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.**

FOR OFFICE USE ONLY			
APP. NO.	<u>7929</u>	PERMIT NO.	<u>7439</u>
CERT. NO.	_____	CERT. OF CHANGE NO.	_____
<u>CG2-GWP 7439</u>			

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

**A. Existing**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
PUD Bluffs Well (to remain in use)	<b>B1</b>	<b>SE</b>	<b>N</b> <b>W</b>	<b>10</b>	<b>30N</b>	<b>05W</b>	05301024025	

**B. Proposed**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Up to 4 Wells (plus B1)			<b>SE</b>	<b>10</b>	<b>30N</b>	<b>05W</b>		
SEE ATTACHMENT			<b>SW</b>	<b>10</b>	<b>30N</b>	<b>05W</b>		

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
Community Domestic Supply	1350	187	continuous

**B. Proposed**

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

**5. Place of Use:**

**A. Existing**

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Service areas of Gales Addition and Fairview Water Systems							
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:							
SAME							
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?  
 YES  NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): \_\_\_\_\_



**6. Remarks and Other Relevant Information:**

This application for change is associated with a Bilateral Compliance Agreement (BCA) entered into by Public Utility District No. 1 of Clallam County (the District) and the Washington State Department of Health (DOH). The primary option through which compliance can be achieved is to establish more reliable points of withdrawal for the District's Water Right Permit 7439. Change is being requested to spread the production over a longer distance parallel to the coastline and to move the production area farther from the Straits to avoid seawater intrusion issues.

The schedule imposed by the BCA introduces timing issues that require more urgency in establishing the additional sources for the Fairview Water System. The District is researching and negotiating with property owners in the areas designated in section 3.B and the related supplementary attachment of this form and hopes to move forward with test/production well drilling as soon as possible.

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.*

*Thomas H. Martin*  
(Applicant)

*3/17/2010*  
(Date)

(Water Right Holder)

/ /  
(Date)

(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:** \_\_\_/\_\_\_/\_\_\_