



STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER**  
**OF WATER RIGHT**

**RECEIVED**  
 SEP 14 2011  
 WA State Department  
 of 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: 1. Change name on existing water right to Washington Water Service Company  
 2. Consolidation of Rosedale Talmo Distribution system into Lake Minterwood water system.

<b>FOR OFFICE USE ONLY</b>	
CHANGE No. <u>G2-28662</u>	WRIA <u>15</u>
DATE ACCEPTED <u>9/14/11</u>	BY <u>SC</u>
FEE \$ _____	REC'D <u>1/1</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>Washington Water Service Company</b>	PHONE NO. <b>(253) 851-4060</b>	FAX NO. <b>(253) 857-4001</b>
ADDRESS <b>P.O. Box 336</b>		
CITY <b>Gig Harbor</b>	STATE <b>Washington</b>	ZIP CODE <b>98335</b>
CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO. ( )	FAX NO. ( )
ADDRESS		
CITY	STATE	ZIP CODE
LEGAL LAND OWNER or PART OWNER NAME OF PROPOSED PLACE OF USE	PHONE NO. ( )	FAX NO. ( )
ADDRESS		
CITY	STATE	ZIP CODE

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <b>G2-28662</b>	RECORDED NAME(S) <b>Rosedale Properties</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.**

<b>FOR OFFICE USE ONLY</b>			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

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

**A. Existing**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well #1	1	NE	SE	19	22	1E	0122198016	AAE080

**B. Proposed**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Lake Minterwood well 4	4	NW	SW	29	22	1E	0122297017	AGN626

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
Multiple Domestic Supply	30.0	4.0	Year around, as needed

**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:**  
 S½, E½, NE¼, SE¼, Sec 19, T 22N, R 1E. W.M., in Pierce County, Washington  
 EXCEPT the east 30 feet thereof for Cramer Extension Road (134<sup>th</sup> Ave. KPN).

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:**  
 Areas served by Washington Water Service Company in the Lake Minterwood Integrated Water System.

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): **G2-00711, G2-08356ABCWRIS, G2-24625, G2-26442, G2-27502, G2-28007, G2-28009, and G2-28041.**

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

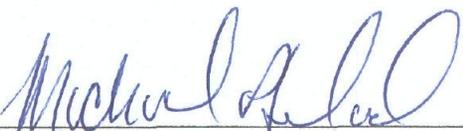
Copy of Quit Claim Deed to Washington Water Service Company for the Rosedale Water system including water rights.
Annual water withdrawal for 2005 through 2010.
IF FOR SEASONAL OR TEMPORARY, START DATE ___/___/___ END DATE ___/___/___

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.*

	_____	_____
(Applicant Signature)	(Applicant Signature)	09/07/11 (Date)
	_____	_____
(Water Right Holder)	(Water Right Holder)	09/07/11 (Date)
_____	_____	_____/_____/_____ (Date)
(Land Owner(s) of Proposed Place of Use)	(Land Owner(s) of Proposed Place of Use)	(Date)

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

<b>WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):</b>	
<input type="checkbox"/> APPLICATION FEE NOT ENCLOSED	<input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
<b>STAFF:</b> _____	<b>DATE:</b> ___/___/___

## ATTACHMENT FOR APPLICATION FOR CHANGE

**Point(s) of Diversion/Withdrawal -**  Existing  Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Lake Minterwood well 4	4	NW	SW	29	22	1E	0122297017	AGN626

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							
Areas served by Washington Water Service Company in the Lake Minterwood Integrated Water System.							
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: