



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

RECEIVED
 FEB 21 2012
 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: Additional point of withdrawal for existing water right
 for municipal supply purposes; wells are in same aquifer.

FOR OFFICE USE ONLY	
CHANGE NO. <u>626WC 148²¹</u>	WRIA <u>12</u>
DATE ACCEPTED <u>2/21/12</u>	BY <u>[Signature]</u>
FEE \$ _____	REC'D _____ / _____ / _____
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 Lakewood Water District	PHONE NO. (253) 588-4423	FAX NO. (253) 588-7150
ADDRESS PO Box 99729		
CITY Lakewood	STATE WA	ZIP CODE 98496-0729
CONTACT NAME (IF DIFFERENT FROM ABOVE) Dave Hall	PHONE NO. (253) 588-4423	FAX NO. (253) 588-7150
ADDRESS PO Box 99729		
CITY Lakewood	STATE WA	ZIP CODE 98496-0729

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Certs 148-D	RECORDED NAME(S) Lakewood Water District
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. _____	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 #
Interlaken Well D-3	D-3	ne	sw	10	19N	02E	42585001401	ACY 107

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Washington Blvd Well	E-3	sw	nw	10	19N	02E	0219102014	ABS 158

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
Municipal Supply	400	520	year-round

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
no change			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Area served by Lakewood Water District and through interties to other municipal water systems within central Pierce County. The place of use of this water right is the service area described in the Water System Plan approved by the Washington State Department of Health. RCW 90.03.386 may have the effect of revising the place of use of this water right if the criteria in section RCW 90.03.386(2) are met.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
No change							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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): C-149-D; see also Table 6-1 of Lakewood Water District's Water System Plan.

6. Remarks and Other Relevant Information:

Lakewood Water District was recently made aware that an error of omission occurred in 1977 when the E-3 well constructed and brought on-line. The E-3 well was incorrectly listed as an additional well for Certificate 88-A, but that water right was relinquished by the District in 1966. The E-3 well has been in operation since 1977 and assigned a Source Number (SO 5) and an ID Tag number (ABS 158). The E-3 well is located in the same aquifer as Interlaken Well D-3, less than 1/4 mile away. Change applications have been filed simultaneously to add Well E-3 as an additional point of withdrawal for Certificate 149-D (Well D-3, same as this application), Certificate 1370A (Well I-1) and Certificate 7320A (Well I-3), all of which share the same aquifer.

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.

Randall M. Black, Lakewood Water District
(Applicant)



2/14/2012
(Date)

Randall M. Black, Lakewood Water District
(Water Right Holder)



2/14/2012
(Date)

[municipal service area]
(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: ___/___/___

