



Water Resources Program
Application for Change/Transfer
of Water Right

FOR ECOLOGY USE
 (Date Stamp)

For filing with the Department of Ecology or with
 County Water Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
 IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(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 OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	3/22/12
CHECK NO. _____	FEE \$ _____
DATE ACCEPTED	3/22/12 BY SC
CHANGE NO.	62-SWC11127
COUNTY	WUN WRIA 23
SPECIAL AREA	_____
SEPA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: 001-002-WR10285-000011	
APP NO. 19433	PERMIT NO. 14303
CERT NO. 11127	CERT OF CHG NO. 62-SWC11127

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

1. Applicant Information

APPLICANT/BUSINESS NAME City of Oakville	PHONE NO. 360-273-8916	FAX NO.
ADDRESS PO Box D, 204 Main Street		
CITY Oakville	STATE WA	ZIP CODE 98568
CONTACT (IF DIFFERENT FROM ABOVE) Dan Thompson	PHONE NO. 360-280-6843	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE City of Oakville	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE

EXHIBIT A

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER SWC 11127	RECORDED NAME(S) Hollis N. & Sally L. Cox
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: Sally L. Cox	
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.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Chehalis River		SE	SE	3	13N	5W		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	3	SW	SW	30	16N	4W	6-33004 Tax 804	AGF 069

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

EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME: Sally L. Cox

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
Irrigation	0.19 CFS	50	June 1 to September 30

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal supply	0.19 CFS (85 GPM)	50	June 1 to September 30

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Within $\frac{1}{4}$ SW $\frac{1}{4}$ of Sec. 2, T. 13 N., R. 5 W.W.M.; Lots 1 and 2, Block X of Plat; AND Lots 6 and 7 of Block C of Plat of Toepelt's Addition; AND Lot 4 of Block Y of Plat of Toepelt's Addition; AND that part of the SW $\frac{1}{4}$ SW $\frac{1}{4}$ of said section southwesterly of the south line of Block Y of Plat of Toepelt's Addition and westerly of the east line extended southerly of said Block Y; EXCEPT: beginning at the southeast corner of Lot 1 of said Block Y; thence southwesterly along the east line extended southerly of said Block Y, 112 feet; thence northwesterly, parallel to the south line of said Block Y, 50 feet; thence northeasterly 112 feet to the southwest corner of said Lot 1; thence southeasterly along the south line of said Lot 1, 30 feet to the point of beginning. ALSO: that part of the SW $\frac{1}{4}$ SW $\frac{1}{4}$, Sec. 3, T. 13 N., R. 5 W.W.M. lying easterly of the east bank of the Cahalie River; EXCEPT: beginning at a point on the east line of said Sec. 3 457.4 feet north of the southeast corner; thence north 59°43' west 128.7 feet; thence north 30°17' east 100 feet; thence south 59°43' east to the said east line; thence south to point of beginning; AND EXCEPT: beginning at a point on the east line of said Sec. 3 633 feet north of the southeast corner; thence north 59°43' west 246.7 feet; thence north 30°17' east 100 feet; thence south 59°43' east to said east line; thence south to point of beginning; AND EXCEPT: beginning at a point on the east line of said Sec. 3 699 feet north of the southeast corner; thence north 59°43' west 246.7 feet to the point of beginning; thence continuing north 59°43' west 50 feet; thence north 30°17' east 100 feet; thence south 59°43' east 50 feet; thence south 30°17' west 100 feet to the true point of beginning.

$\frac{1}{4}$	$\frac{1}{4}$	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		2&3	13N	5W	Lewis		

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES NO
 IF NO, PROVIDE OWNER(S) NAME: Sally L. Cox

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

Area served by the City of Oakville as described in their current Water System Plan approved by the Department of Health

$\frac{1}{4}$	$\frac{1}{4}$	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			16N	4W	Grays Harbor		31.5

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES NO
 IF NO, PROVIDE OWNER(S) NAME: Lands are all within Oakville's service area, but owned by individual owners

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:

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. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

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 preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

City of Oakville *[Signature]* 1/18/2012
 Applicant Printed Name - Title Applicant Signature (Date)

Sally L. Cox *[Signature]* 1/26/2012
 Water Right Holder Printed Name Water Right Holder Signature (Date)

Sally L. Cox *[Signature]* 1/26/2012
 Land Owner of Existing Place of Use Printed Name Land Owner of Existing Place of Use Signature (Date)

City of Oakville Charles Worskog 1/18/2012
 Land Owner of Proposed Place of Use Printed Name Land Owner of Proposed Place of Use Signature (Date)

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input checked="" type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

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