



# Application for Change/Transfer of Water Right

For Ecology Use  
(Date Stamp)

**RECEIVED**

MAR 06 2013

WA State Department of Ecology (SWRO)

For filing with the Department of Ecology or with County Conservancy Board

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

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	3-6-13
CHECK NO.	FEE \$ <input checked="" type="checkbox"/>
DATE ACCEPTED	3-6-13 BY SC
CHANGE NO.	G2-6WOC 6923
COUNTY	Pierce WRIA 15
SPECIAL AREA	
SEPA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: 001-002-WR10285-000011	
APP NO.	PERMIT NO.
CERT NO.	CERT OF CHG NO.

(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: Consolidation

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

I have participated in a pre-application conference with Ecology.

## 1. Applicant Information

APPLICANT/BUSINESS NAME Washington Water Service Co.	PHONE NO. 253-851-4060	FAX NO. 253-857-4001
ADDRESS P.O. Box 336		
CITY Gig Harbor	STATE Washington	ZIP CODE 98335-0336
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G2-09843 CWRIS	RECORDED NAME(S) Harbor Water company, Inc.
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.

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

**A. Existing**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
S11 (Horseshoe Lake)	13	SW	SE	15	22	1E	4638001261	AAE010

**B. Proposed**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Country Time Store	13	SE	SW	15	22	1E	0122157009	ACV534
S11 (Horseshoe Lake)	13	SW	SE	15	22	1E	4638001261	AAE010

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	110	134	During Entire Year

**B. Proposed**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal supply	140	137.1	Continuously

**5. Place of Use:**

**A. Existing**

**LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:**

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:**

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:**

Well ACV534 is an existing exempt well that has been serving the Country Time Store, Group A, Transient Non-Community Water System. The plan is to retain this well and continue to use it as a point of withdrawal added to water right G2-09843 CWRIS. The Country Time Store service area has been consolidated into the Minterbrook water system. The maximum water volume pumped from the Country Time Store Well over the last six years is 3.1 Ac-Ft per year.

There is a record of the volume of water pumped from the Country Time Store both Qi and Qa. The consolidating water system, Minterbrook, should have the production by the Country Time Store well added to their set of water rights by way of this Application for Change.

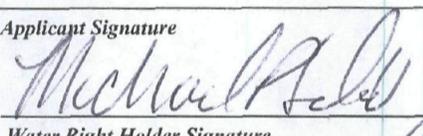
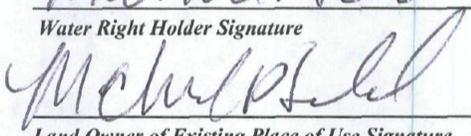
Washington Water also wants to retain the use of the Country Time Store Well and include it as an additional point of withdrawal for water right G2-09843 CWRIS.

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 hereby grant 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.

Applicant Printed Name – Title Washington Water Service C.	Applicant Signature 	/ / (Date)
Michael P. Ireland, Pres. Water Right Holder Printed Name	Water Right Holder Signature 	2/12/13 (Date)
Land Owner of Existing Place of Use Printed Name	Land Owner of Existing Place of Use Signature	2/12/13 (Date)
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:

<p><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<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 <sup>th</sup> 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  
 OTHER/EXPLANATION: \_\_\_\_\_

**STAFF:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_