DEPARTMENT OF ECOLOGY
State of Washington

STATE OF WASHINGTON

# APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

**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: combine existing diversions to one new location change place of use.

**FOR OFFICE USE ONLY**

CHANGE No. CS 2-SWC11856 WRIA 10

DATE ACCEPTED 6/13/13 BY SC

FEE $ ✓ REC'D 6/13/13

CHECK No. _____

ECY Coding: 001-002-WR10285-000011

SEPA: ☐ Exempt ☐ Not exempt

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

## 1. Applicant Information:

| APPLICANT/BUSINESS NAME | PHONE NO. | FAX NO. |
|---|---|---|
| WA Dept of Fish & Wildlife (Voights Creek Hatchery) | (360) 902-8144 | ( ) |
| ADDRESS: 600 Capital Way N. c/o Real Estate | | |
| CITY: Olympia | STATE: WA | ZIP CODE: 98501 |

| CONTACT NAME (IF DIFFERENT FROM ABOVE) | PHONE NO. | FAX NO. |
|---|---|---|
| Phil Crane | (360) 902-8393 | (360) 902-8140 |
| ADDRESS: 600 Capital Way N | | |
| CITY: Olympia | STATE: WA | ZIP CODE: 98501 |

| LEGAL LAND OWNER or PART OWNER NAME OF PROPOSED PLACE OF USE | PHONE NO. | FAX NO. |
|---|---|---|
| Same | ( ) | ( ) |
| ADDRESS: | | |
| CITY: | STATE: | ZIP CODE: |

## 2. Water Right Information:

| WATER RIGHT OR CLAIM NUMBER | RECORDED NAME(S) |
|---|---|
| **S2-22190CWRIS (SWC 11856)** | WA Dept of Fish & Wildlife |

DO YOU OWN THE RIGHT TO BE CHANGED? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME and ADDRESS:

HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? ☒ YES ☐ 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. 22190 PERMIT NO. 16337 CERT. NO. 11856 CERT. OF CHANGE NO. CS2-SWC11856

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

### A. Existing

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|---|---|---|---|---|---|---|---|---|
| Voights Creek | 1 | SE | SW | 33 | 19 | 05 | 0519333006 | |
| | | | | | | | | |

### B. Proposed

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|---|---|---|---|---|---|---|---|---|
| Voights Creek (upstream move) | 1 | SW | SE | 33 | 19 | 05 | 0519334056 | |
| | | | | | | | | |

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

EXISTING: ☐ YES ☒ NO PROPOSED: ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME: Wash State DOT

***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: Fish Propagation

### A. Existing

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|---|---|---|---|
| Fish Propagation | 15 cfs | | Year round |
| | | | |
| | | | |
| | | | |

### B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|---|---|---|---|
| Fish Propagation | 15 cfs | | Year round |
| | | | |
| | | | |
| | | | |

## 5. Place of Use:

### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

See Attached Legal Description

| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|---|---|---|---|---|---|---|---|
| SE | SW | 33 | 19 | 05 | Pierce | 0519333006 | |

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:

See Attached Legal Description

| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|---|---|---|---|---|---|---|---|
| NE | NE | 4 | 18 | 05 | Pierce | 7002280010 | |

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME: **WSDOT**

***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): S2-02586CWRIS, S2-14922CWRIS

## 6. Remarks and Other Relevant Information:

| |
|---|
| WDFW will construct a new point of diversion in Voights Creek and discontinue use of previous diversion points on Voights Creek (see also applications for above 2 water rights). This water is for hatchery ponds and will be released back into Voights Creek 10 feet below the intake. |
| Withdrawal under all 3 water rights will not exceed 25 cfs from 4/1 – 10/1 and not exceed 27 cfs from 10/2 - 3/31 in any given year as permitted by certificate S2-02586CWRIS, S2-19422CWRIS, and S2-22190CWRIS. |
| The use is non-consumptive and will benefit public and tribal interests by providing more opportunity for recreational, tribal and commercial fisheries. Wild fish stocks are passed upstream and will not be adversely affected by hatchery production of salmon at Voights Creek. |
| The new hatchery and diversion point relocation are necessary in order to avoid damage to existing hatchery facilities from yearly flooding events. |
| This project is funded by the Jobs Now Act and monies are available to construct. |
| 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.*

| | | |
|---|---|---|
| Clay Sprague | | 6/11/13 |
| *(Applicant Signature)* | *(Applicant Signature)* | *(Date)* |
| Clay Sprague | | 6/11/13 |
| *(Water Right Holder)* | *(Water Right Holder)* | *(Date)* |
| Clay Sprague | | 6/11/13 |
| *(Land Owner(s) of Proposed Place of Use)* | *(Land Owner(s) of Proposed Place of Use)* | *(Date)* |

***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:*** ____/____/____