



STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
 OF WATER RIGHT

13 JUN 13 08:44

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

DEPT. OF ECOLOGY
 FISCAL & BUDGET

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: add additional intake for Humptulips Fish Hatchery

FOR OFFICE USE ONLY	
CHANGE No.	<u>CS 2-00142</u> WRIA <u>22</u>
DATE ACCEPTED	<u>6/13/13</u> BY <u>SC</u>
FEE \$	<u>✓</u> REC'D <u>6/13/13</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 WA Dept of Fish & Wildlife (Humptulips Hatchery)	PHONE NO. (360) 902-8144	FAX NO. ()
ADDRESS 600 Capital Way N. c/o Real Estate		
CITY Olympia	STATE WA	ZIP CODE 98506
CONTACT NAME (IF DIFFERENT FROM ABOVE) Phil Crane	PHONE NO. (360) 902-8393	FAX NO. (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 Same as above	PHONE NO. ()	FAX NO. ()
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER S2-00142CWRIS	RECORDED NAME(S) WA Dept of Fish & Wildlife
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. <u>22551</u>	PERMIT NO. <u>S2-00142</u>	CERT. NO. <u>S2-00142</u>	CERT. OF CHANGE NO. <u>CS2-00142</u>

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Humptulips River	1	SE	SE	12	20	11	20111430010	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Humptulips River	1	SE	SE	12	20	11	20111430010	
Stevens Creek	2	SW	SE	12	20	11	20111430010	

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
Fish Propagation	30		Year Round

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
same	30		Year Round

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
See Attached Legal Description for Parcel 201111430010							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
W 1/2	SE	12	20	11	Grays Harbor	20111430010	
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
See Attached Legal Description for Parcel 201111430010							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
W 1/2	SE	12	20	11	Grays Harbor	20111430010	
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): <u>S2-21186CWRIS, S2-01068CWRIS</u> <u>G2-000440CL</u>

6. Remarks and Other Relevant Information:

This project consists of constructing a point of diversion on Stevens Creek to draw water seasonally for hatchery ponds and release back into Stevens Creek 10 feet below the intake. Withdrawal from both PODs will not exceed 30 cfs as permitted by certificate S2-00142CWRIS. The use is non-consumptive and will benefit wild salmon stocks by reducing genetic impacts resulting from straying and spawning of hatchery origin stocks with wild stocks. Hatchery origin salmon will be imprinted on Stevens Creek water to reduce straying upriver.

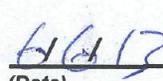
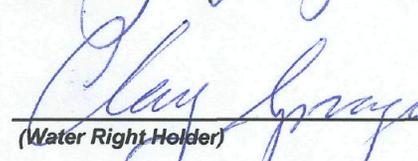
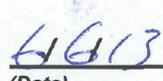
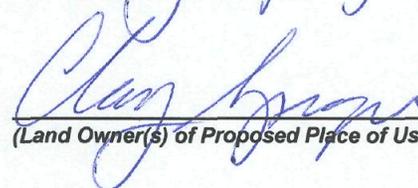
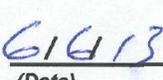
IF FOR SEASONAL OR TEMPORARY, START DATE ___/___/___ END DATE ___/___/___

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)	 (Date)
 (Water Right Holder)	_____	(Water Right Holder)	 (Date)
 (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: ___/___/___