

RECEIVED

AUG 07 2013

WA State Department of Ecology (SWRO)



STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

NOTE: THIS FORM IS ONLY TO BE USED FOR THE
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- Lease
- Purchase
- Donation
- Other

Explain: _____

Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE 06/15/2013

END DATE See remarks, last page

FOR OFFICE USE ONLY	
FILE No.	<u>CS2-SW0C11173(B) WRIA 10</u>
DATE ACCEPTED	<u>8 / 7 / 13</u> BY <u>SC</u>
FEE \$	<u>/</u> REC'D <u>/ /</u>
CHECK No.	_____
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 City of Sumner	PHONE NO. (253) 299-5700	FAX NO. (253) 299-5539
ADDRESS 1104 Maple Street, Suite 260		
CITY Sumner	STATE WA	ZIP CODE 98390

CONTACT NAME (IF DIFFERENT FROM ABOVE) Thomas M. Pors, Law Office of Thomas M. Pors	PHONE NO. (206) 357-8570	FAX NO. (866) 342-9646
ADDRESS 1700 7th Avenue, Suite 2100		
CITY Seattle	STATE WA	ZIP CODE 98101

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Portion of Certificate No. 11173	RECORDED NAME(S) Estate of Helene Lomcke Perfield
DO YOU OWN THE RIGHT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS: Portion of right owned by Ota Family, LLC (19.3 acres) was transferred by deed to City of Sumner on June 4, 2013. Remaining portion of right owned by Riverside 5, LLC (24 acres) was already transferred to Trust Water Rights Program by application dated November 16, 2010, and accepted by Department of Ecology by letter dated May 11, 2012.	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS	

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	
WATER RIGHT NO.	<u>CS2-SW0C11173(B)</u> FILE (contract) NO. _____

to
m

3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input checked="" type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s): donation (temporary)	

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Stuck/White River		NE	SW	13	20	4 E		
Salmon Creek		NE	SW	13	20	4 E		

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.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	.19 cfs	38.6	April 15 to October 1

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Donation for instream flow	38.6

6. 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
NW & NE	SE	13	20	4 E	Pierce	0420134705	19.3
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: Ota Family, LLC							

* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
Stuck/White River and Salmon Creek

7. Remarks and Other Relevant Information:

Water right is to be withdrawn from the Trust upon written request by the City of Sumner.

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.

8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology 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.

City of Sumner

By David S. Emslow (Applicant) 6/18/13 (Date)

City of Sumner

By David S. Emslow (Water Right Holder) 7/26/13 (Date)

Ota Family, LLC

By Mary Hubach (Land Owner(s) of Existing Place of Use) 6/18/13 (Date)
Authorized Signator

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____/____/____