



## Application for Change/Transfer of Water Right

'14 APR -1 A8:57

DEPT. OF ECOLOGY  
FISCAL & BUDGET

For filing with the Department of Ecology *or* with County 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: \_\_\_\_\_

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

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>4-1-14</u>
CHECK NO. <u>2138</u>	FEE \$ <u>50-</u>
DATE ACCEPTED _____	BY _____
CHANGE NO. _____	
COUNTY _____	WRIA _____
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. _____

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

### 1. Applicant Information

APPLICANT/BUSINESS NAME PUBLIC UTILITY DISTRICT NO. 1 OF KITSAP COUNTY	PHONE NO. (360)779-7656	FAX NO. (360)697-4197
ADDRESS PO BOX 1989		
CITY POULSBO	STATE WA	ZIP CODE 98370
EMAIL ADDRESS (IF AVAILABLE) marty@kpud.org		
CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

### 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G1- 26415P	RECORDED NAME(S) PUBLIC UTILITY DISTRICT NO. 1 OF KITSAP COUNTY
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 #
WILDERWOOD		SW	NW	26	27	01E	26270120082002	AES316

**B. Proposed**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
EDGEWATER 5		NE	SE	27	27	01E	27270140102003	AFC506
EDGEWATER 4		NE	SE	27	27	01E	27270140102003	AAA103

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
MUNICIPAL	100	75	CONTINUOUSLY

**B. Proposed**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
MUNICIPAL	100	75	CONTINUOUSLY

**5. Place of Use:**

**A. Existing**

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:  
 WATER SERVICE AREA OF PUBLIC UTILITY DISTRICT NO. 1 OF KITSAP COUNTY, PER COMPREHENSIVE PLAN AND PERIODIC UPDATES.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					KITSAP	MULTIPLE	

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:  
 WATER SERVICE AREA OF PUBLIC UTILITY DISTRICT NO. 1 OF KITSAP COUNTY, PER COMPREHENSIVE PLAN AND PERIODIC UPDATES.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					KITSAP	MULTIPLE	

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): G1-24040C

**6. Remarks and Other Relevant Information:**

LAT/LONG WILDERWOOD: 47.802372 -122.644067
LAT/LONG EDGEWATER 4 AND 5: 47.801681 -122.654133
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.*

PUD NO. 1 OF KITSAP COUNTY  
Applicant Printed Name – Title

Martin B. Sebrun  
Applicant Signature

03/28/2014  
(Date)

PUD NO. 1 OF KITSAP COUNTY  
Water Right Holder Printed Name

\_\_\_\_\_  
Water Right Holder Signature

03/28/2014  
(Date)

\_\_\_\_\_  
Land Owner of Existing Place of Use Printed Name

\_\_\_\_\_  
Land Owner of Existing Place of Use Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(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 checked="" type="checkbox"/> Northwest Regional Office 3190 – 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_