For Ecology Use
(Date Stamp)

DEPARTMENT OF ECOLOGY
State of Washington

WATER RESOURCES
Application for Change/Transfer of a Water Right

You must include a $50.00 minimum filing fee with this application for:

(Check all that apply.)
- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change/transfer place of use
- ☐ Change point(s) of diversion/withdrawal
- ☒ Add point(s) of diversion/withdrawal
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

No filing fee is required for applications for:
- ☒ Drought
- ☐ Cost Reimbursement
- ☐ Water Conservancy Board

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED _____
CHECK NO. _____ FEE $ _____
DATE ACCEPTED _____ BY _____
CHANGE NO. _____
COUNTY _____ WRIA _____
SPECIAL AREA _____
SEPA: ☐ EXEMPT ☐ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. _____ PERMIT NO. _____
CERT NO. _____ CERT OF CHG NO. _____

☐ **I have completed a pre-application consultation with Ecology.**

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
City of Anacortes	(360) 299-1950	(360) 293-1938
ADDRESS		
904 6th Street		
CITY	STATE	ZIP CODE
Anacortes	WA	98221
EMAIL ADDRESS (IF AVAILABLE)		
fredb@cityofanacortes.org, mattr@cityofanacortes.org		

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	RECORDED NAME(S)
S1-00709C, C-1161	City of Anacortes

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

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

HAS THE WATER BEEN USED AS AUTHORIZED IN THE LAST FIVE (5) YEARS? ☐ YES ☐ NO

- Attach copies of any documentation that shows the historical use of water that has occurred since the right was established.
- 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 #
Skagit River	1	SW	NW	13	34N	3E		

B. Proposed (if different from 3.A.)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Skagit River	1	NE	NE	2	33N	3E		
Skagit River	2	SW	SE	36	34N	3E		

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

EXISTING: ☒ YES ☐ NO PROPOSED: ☐ YES ☒ NO – IF NO, PROVIDE OWNER NAME(S): DID #15, CDID #22

- Include copies of all associated water well reports.
- 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 Supply	85CFS	61580	Continuously

B. Proposed (if different from 4.A.)

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Agricultureal Irrigation	20CFS	14480	July 1 - September 30, 2015

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Areas served by the City of Anacortes public water system, as indicated in the City of Anacortes Water System Plan, approved by the Washington State Department of Health.							
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 NAME(S): See Water System Plan

B. Proposed (if different than 5.A.)

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Areas served by Skagit County Drainage and Irrigation District #15.							
Areas served by Skagit County Diking Improvement District #22.							
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 NAME(S): See DID 15 and CDID 22 service area.

- 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.

D. 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:

Applicant requests that diversion pursuant to this application be for only specified times of day based on tidal fluctuations to protect water levels in the Skagit River. Specifically, applicant requests that DID #15 and CDID #22 be able to divert water for a period of time no longer that three hours immediately prior to high tide through three hours immediately following high tide, twice daily. The parties will detail a diversion schedule that shall provide no more than 12 hours of diverion time each day.

IF FOR SEASONAL OR TEMPORARY, START DATE 07/01/2015 END DATE 09/30/2015

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

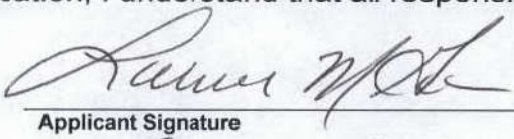
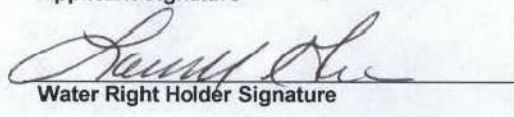
therefore may be provided with a copy of this request. For further information, contact:

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.

Laurie Gere - Mayor **Applicant Printed Name – Title**	 **Applicant Signature**	6/24/2015 **(Date: MM/DD/YYYY)**
City of Anacortes **Water Right Holder Printed Name**	 **Water Right Holder Signature**	6/24/2015 **(Date: MM/DD/YYYY)**
Land Owner of Existing Place of Use Printed Name	**Land Owner of Existing Place of Use Signature**	**(Date: MM/DD/YYYY)**
Land Owner of Proposed Place of Use Printed Name	**Land Owner of Proposed Place of Use Signature**	**(Date: MM/DD/YYYY)**

***Submit your application to:** DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	☐ Central Regional Office 1250 W. Alder Street Union Gap, WA 98903-0009 (509) 575-2490	☐ Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
	☒ Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	☐ Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

ATTACHMENT FOR
Application for Change/Transfer of Water Right

Point(s) of Diversion/Withdrawal - ☐ Existing ☒ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Skagit River	3	SE		1	33N	3E		
Skagit River	4	NE		12	33N	3E		
Skagit River	5	SW	SE	24	33N	3E		
Skagit River	6	SE	SW	2	33N	3E		
Skagit River	7	SE	NW	10	33N	3E		
Skagit River	8	SW	SW	9	33N	3E		

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☒ NO

IF NO, PROVIDE OWNER NAME(S): CDID #22

Purpose(s) of Use - ☐ Existing ☐ Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

Place of Use - ☐ Existing ☐ Proposed:

LEGAL DESCRIPTION OF LANDS

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

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☐ NO

IF NO, PROVIDE OWNER NAME(S):

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Application for Change/Transfer of Water Right

Point(s) of Diversion/Withdrawal - ☐ Existing ☒ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Skagit River	9	SE	SW	8	33N	3E		

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☒ NO

IF NO, PROVIDE OWNER NAME(S): CDID #22

Purpose(s) of Use - ☐ Existing ☐ Proposed:

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- ☐ Water Conservancy Board

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED _____
CHECK NO. _____ FEE $ NA
DATE ACCEPTED _____ BY DB
CHANGE NO. CSI-*03767Cel
COUNTY King WRIA 8
SPECIAL AREA _____
SEPA: ☒ EXEMPT ☐ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. _____ PERMIT NO. _____
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904 6th Street		
CITY	STATE	ZIP CODE
Anacortes	WA	98221
EMAIL ADDRESS (IF AVAILABLE)		
fredb@cityofanacortes.org, mattr@cityofanacortes.org		

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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

cg1-*037670@1

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
~~S1-00709C, C-1161~~ S1-*037670	City of Anacortes
DO YOU OWN THE RIGHT TO BE CHANGED? ☒ YES ☐ NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN USED AS AUTHORIZED IN THE LAST FIVE (5) YEARS? ☐ YES ☐ NO	

- Attach copies of any documentation that shows the historical use of water that has occurred since the right was established.
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Laurie Gere - Mayor Applicant Printed Name – Title	Applicant Signature	6/24/2015 (Date: MM/DD/YYYY)
City of Anacortes Water Right Holder Printed Name	Water Right Holder Signature	6/24/2015 (Date: MM/DD/YYYY)
Land Owner of Existing Place of Use Printed Name	Land Owner of Existing Place of Use Signature	(Date: MM/DD/YYYY)
Land Owner of Proposed Place of Use Printed Name	Land Owner of Proposed Place of Use Signature	(Date: MM/DD/YYYY)

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Skagit River	6	SE	SW	2	33N	3E		
Skagit River	7	SE	NW	10	33N	3E		
Skagit River	8	SW	SW	9	33N	3E		

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☒ NO

IF NO, PROVIDE OWNER NAME(S): CDID #22

Purpose(s) of Use - ☐ Existing ☐ Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

Place of Use - ☐ Existing ☐ Proposed:

LEGAL DESCRIPTION OF LANDS

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

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☐ NO

IF NO, PROVIDE OWNER NAME(S):

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Point(s) of Diversion/Withdrawal - ☐ Existing ☒ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Skagit River	9	SE	SW	8	33N	3E		

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☒ NO

IF NO, PROVIDE OWNER NAME(S): CDID #22

Purpose(s) of Use - ☐ Existing ☐ Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

Place of Use - ☐ Existing ☐ Proposed:

LEGAL DESCRIPTION OF LANDS

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

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☐ NO

IF NO, PROVIDE OWNER NAME(S):