

For Ecology Use  
(Date Stamp)



# 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

I have completed a pre-application consultation with Ecology.

### 1. Applicant Information

APPLICANT/BUSINESS NAME City of Anacortes	PHONE NO. (360) 299-1950	FAX NO. (360) 293-1938
ADDRESS 904 6 <sup>th</sup> Street		
CITY Anacortes	STATE WA	ZIP CODE 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)		

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED _____	
CHECK NO. _____	FEE \$ _____
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. _____

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER S1-00709C, C-1161	RECORDED NAME(S) City of Anacortes
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 USED AS AUTHORIZED IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> 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
Agricultural 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.							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
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 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.							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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.

<b>D. Are there any additional water rights or claims related to the same property as the one proposed for change/transfer?</b>
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 than 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 diversion time each day.
IF FOR SEASONAL OR TEMPORARY, START DATE <u>07/01/2015</u> END DATE <u>09/30/2015</u>

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:

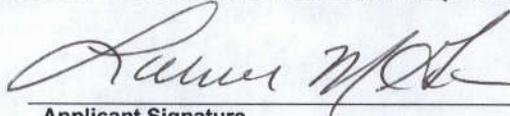
Department of Revenue  
Real Estate Excise Tax  
PO Box 47477  
Olympia, WA 98504-7477

Phone (360) 570-3265

## 7. Signatures:

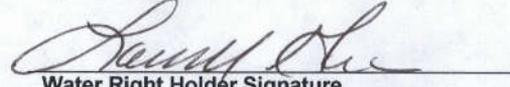
I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted 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

6/29/2015  
(Date: MM/DD/YYYY)

City of Anacortes  
Water Right Holder Printed Name

  
Water Right Holder Signature

6/29/2015  
(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)

<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 1250 W. Alder Street Union Gap, WA 98903-0009 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (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



