



# WATER RESOURCES

## Application for Change/Transfer of a Water Right

For Ecology Use  
(Date Stamp)

DROUGHT

**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 7/2/15

CHECK NO. \_\_\_\_\_ FEE \$ NA

DATE ACCEPTED 7/2/15 BY DL

CHANGE NO. CSI-\*09221C@3

COUNTY King WRIA 7

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 <b>Cynthia Krass, Snoqualmie Valley Preservation Alliance</b>	PHONE NO. <b>425-922-5725</b>	FAX NO.
ADDRESS <b>P.O. Box 1148</b>		
CITY <b>Carnation</b>	STATE <b>WA</b>	ZIP CODE <b>98014</b>
EMAIL ADDRESS (IF AVAILABLE) <b>cynthia@svpa.us</b>		
CONTACT (IF DIFFERENT FROM ABOVE)		
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <b>Jason Salvo</b>		
PHONE NO. <b>206-679-9512</b>		FAX NO.
ADDRESS <b>P.O. Box 526</b>		
CITY <b>Duvall</b>	STATE <b>WA</b>	ZIP CODE <b>98019</b>
EMAIL ADDRESS (IF AVAILABLE) <b>jason@localrootsfarm.com</b>		

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER SWC 3691	RECORDED NAME(S) Willard R. Pearson
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: <u>Lisa Gunningham, P.O. Box 369, Carnation, WA 98014</u>	
HAS THE WATER BEEN USED AS AUTHORIZED IN THE LAST FIVE (5) YEARS? <input checked="" 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 #
Snoqualmie River		SE	SW	16	25	7E	1625079011	

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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Snoqualmie River		W	SW	25	26	6E	2526069011 2526069015	

### 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): Lisa Gunningham, P.O. Box 369, Carnation, WA 98014

- 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
Irrigation	0.37 cfs	72	Irrigation season

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

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	0.12 cfs	13	now until October 1, 2015

## 5. Place of Use:

### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Government lot 4 of SE1/4 NW1/4 Section 16 Township 25 Range 7E							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	NW	16	25	7E	King	1625079011	37
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER NAME(S):							

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

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
W1/2 SW 1/4 of Section 25 Township 26 Range 06E							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
W 1/2	SW	25	26	6E	King	2526069011 2526069015	15
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): Jason Salvo							

- 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:

This application to rescind the authorization for a seasonal change, control number CS1-*09221C@1, and to reapply for a seasonal change to increase annual quantity to thirteen acre-feet and to split this instantaneous quantity of 0.12 cubic feet per second between this same and another landowner.
Mr. Salvo agrees to withdraw only between the hours of 7:00 a.m. and 9:00 p.m.
IF FOR SEASONAL OR TEMPORARY, START DATE <u>07/02/2015</u> END DATE <u>10/01/2015</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:

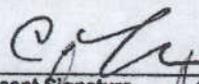
Department of Revenue                      Phone (360) 570-3265

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

## 7. Signatures:

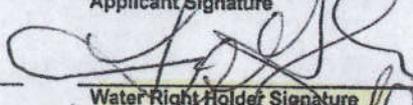
I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted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

Cynthia Krass, Executive Director  
Applicant Printed Name - Title

  
Applicant Signature

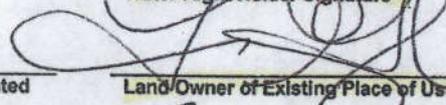
7-2-15  
(Date: MM/DD/YYYY)

Lisa Gunningham  
Water Right Holder Printed Name

  
Water Right Holder Signature

7-2-15  
(Date: MM/DD/YYYY)

Lisa Gunningham  
Land Owner of Existing Place of Use Printed Name

  
Land Owner of Existing Place of Use Signature

7-2-15  
(Date: MM/DD/YYYY)

Jason Salvo  
Land Owner of Proposed Place of Use Printed Name

  
Land Owner of Proposed Place of Use Signature

7/2/15  
(Date: MM/DD/YYYY)

<p>*Submit your application to:</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