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DEPT. OF ECOLOGY
FISCAL & BUDGET

STATE OF WASHINGTON

APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF $50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(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:_____

FOR OFFICE USE ONLY

CHANGE No. CG1-*05640C WRIA 15

DATE ACCEPTED 04/03/08 BY [illegible]

FEE $ 50- REC'D 4/3/08

CHECK No. 1753

ECY Coding: 001-002-WR10285-000011

SEPA: ☑ Exempt ☐ Not exempt

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

1. Applicant Information:

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Manchester Water District	(360) 871-0500	(360) 871-0455
ADDRESS P.O Box 98		
CITY Manchester	STATE WA	ZIP CODE 98353

CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
	( )	( )
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
G1-*05640CWRIS	Manchester Water District

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

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

HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? ■ YES ☐ 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.

Pre Date
6-16-1960

FOR OFFICE USE ONLY

APP. NO._____ PERMIT NO. _____ CERT. NO. 4458 CERT. OF CHANGE NO. CG1-*05640C

3. Point(s) of Diversion/Withdrawal:

A. Existing

SE NE → SE 0005

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well 3	**03**	~~**NE**~~	~~**SE**~~	**33**	**24N**	**02E**	~~**4692-009-001-005**~~	**AAB485**

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well 6	**06**	**SW**	**NE**	**33**	**24N**	**02E**	**332402-1-041-2006**	**AAB488**
Well 7	**07**	**SW**	**NE**	**33**	**24N**	**02E**	**332402-1-041-2006**	**AAB489**

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 Supply	**190**	**304**	**Throughout the Year**

B. Proposed

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

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Area Served by Manchester Water District, Kitsap County Washington

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(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

Same

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(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):

6. Remarks and Other Relevant Information:

Water Right for Wells 6 and 7 is G1-23372C
Well 3 is located approximately 450 feet west and 150 feet north of the east ¼ of Section 33
Well 6 is located approximately 1,800 feet west and 725 ft north of the east ¼ of Section 33
Well 7 is located approximately 1,650 feet west and 600 ft north of the east ¼ of Section 33
Wells 6 & 7 are located at 2160 Garfield Ave SE
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.

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.

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 am hereby granting 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 the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

_____ 3 / 31 / 08
(Applicant) *(Date)*

_____, Registered Agent 4 / 1 / 08
(Water Right Holder) *(Date)*

_____, Registered Agent 4 / 1 / 08
(Land Owner(s) of Existing Place of Use) *(Date)*

Manchester Water District
PO Box 98
Manchester, Wa 98353-0098

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

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:*** ____/____/____