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Dept of Ecology
WR-NWRO

STATE OF WASHINGTON
APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

NOTE: THIS FORM IS **ONLY** TO BE USED FOR THE ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)
- ☐ Lease
- ☐ Purchase
- ☒ Donation
- ☐ Other

Explain:_____

☐ Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____
END DATE ____/____/____

FOR OFFICE USE ONLY

FILE No. CG1-20398C@1 WRIA 9

DATE ACCEPTED 12 / 7 / 09 BY DB

FEE $ NA REC'D ____/____/____

CHECK No. Trust

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.
City of Enumclaw	(360) 615-5728	(360) 825-7232
ADDRESS 1309 Myrtle Avenue		
CITY Enumclaw	STATE WA	ZIP CODE 98022

CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Scott Woodbury – Assistant City Engineer	(360) 615-5728	( )
ADDRESS Same as Above		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
G1-20398C	City of Enumclaw

DO YOU OWN THE RIGHT? ☒ 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
ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? ☒YES ☐ NO

IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS

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.

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WATER RIGHT NO. CG1-20398C@1 FILE (contract) NO._____

3. How is Water to be Made Available for Trust?

☐ Alteration in method of diversion	☐ Alteration in water use/ irrigated acreage
☐ Alteration in method of delivery/conveyance	☐ Nonuse of one or more points of diversion
☐ Alteration in method of water application	☒ Nonuse of all or a portion of the named water right
☐ Alteration in type of crop	☐ Other, Explain below:
Name of funding source(s):	

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well			**SE**	**2**	**20**	**6E**	**0220069130** **0220069020** **9804510130**	

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.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Community Domestic/Municipal	**45 gpm**	**18.6**	**Annual/Continuous**

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Temporary Voluntary Flow Augmentation of Newaukum Creek	**18.6 afy**

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

All of High View Estates and plats of Y BAR S Ranchettes and adjacent parcels within Sections 1 and 2 of Twn. 20, Rge 6E.W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		1 & 2	**20**	**6E**	**King**		

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME:

Y BAR S Community falls within unincorporated King County. Property formerly served by Y BAR S Water System rights now provided water service by City of Enumclaw.

* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
Newaukum Creek – tributary to the Green River.

7. Remarks and Other Relevant Information:

The certificated water rights proposed for temporary trust donation were acquired by City of Enumclaw in March 2009 from Bliss Industries – owner/operator of the Y BAR S water system. Subsequent to that action, the use of the source wells was terminated and the City of Enumclaw extended municipal water service to former Y BAR S customers from the City's water system. In June 2009, the Y BAR S water rights were assigned to the City by the Dept. of Ecology. The water rights were issued superseding certificates by Ecology in November, 2009 subsequent to submittal by the City of Proof(s) of Appropriation. The Y Bar S water rights are claimed for municipal purposes by the City of Enumclaw pursuant to RCW 90.14.140. The City's proposed, temporary Non-use of the Y Bar S water rights by donation to the Trust program is intended to provide instream flow benefits to Newaukum Creek until such time the City determines it is appropriate to change their place of use/point of withdrawal of said water rights to serve the City water system.

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.

8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology 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.

Scott Woodbury — 12 / 3 / 09
(Applicant) *(Date)*

Scott Woodbury for City of Enumclaw — 12 / 3 / 09
(Water Right Holder) *(Date)*

_____ ____/____/____
(Land Owner(s) of Existing Place of Use) *(Date)*

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

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE

☐ OTHER/EXPLANATION: _____

STAFF: _____ ***DATE:*** ____/____/____