



STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
 OF WATER RIGHT**

**RECEIVED**

MAR 23 2010

Dept of Ecology  
 WR-NWRO

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: Change in Season of Use

FOR OFFICE USE ONLY	
CHANGE No. <u>CGI-#02115C</u>	WRIA <u>5</u>
DATE ACCEPTED <u>3 / 23 / 10</u>	BY <u>DVB</u>
FEE \$ <u>50</u>	REC'D <u>3 / 23 / 10</u>
CHECK No. <u>059984</u>	
SEPA: <input checked="" type="checkbox"/> Exempt	<input type="checkbox"/> Not exempt
<u>REPT 3/25/10</u>	

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

**1. Applicant Information:**

APPLICANT/BUSINESS NAME <u>City of Arlington</u>	PHONE NO. <u>(360) 403-3505</u>	FAX NO. <u>(360) 435-7944</u>
ADDRESS <u>238 N. Olympic Ave.</u>		
CITY <u>Arlington</u>	STATE <u>WA</u>	ZIP CODE <u>98223</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>Mike Wolanek, Water Resources Planner</u>	PHONE NO. <u>(360) 403-3541</u>	FAX NO. <u>(360) 435-7944</u>
ADDRESS <u>City of Arlington Utilities Division</u> <u>154 W. Cox Avenue</u>		
CITY <u>Arlington</u>	STATE <u>WA</u>	ZIP CODE <u>98223</u>

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <u>1488-A</u>	RECORDED NAME(S) <u>P.V. Robertson</u>
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>Linda Neunzig - 22912 67<sup>th</sup> Avenue NE, Arlington, WA 98223</u>	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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.

FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. _____	CERT. NO. <u>01488</u>	CERT. OF CHANGE NO. _____
			<u>CGI-#02115C</u>

**3. Point(s) of Diversion/Withdrawal:**

**A. Existing**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
One (1) Well	1	SE	NE	3	31N	5E	31050300101000	

**B. Proposed**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Haller Well Field (Well #1)	1	SE	NW	2	31N	5E	00461804400000	AFT307
Haller Well Field (Well #2)	2	SE	NW	2	31N	5E	00461804400000	AGB953
Haller Well Field (Well #3)	3	SE	NW	2	31N	5E	00461804400000	AGB951

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
Irrigation	90 GPM	40.0 AF	May 1 <sup>st</sup> to October 1 <sup>st</sup>

**B. Proposed**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal Water Supply	90 GPM	34.67 AF	Continuous – Year Round

**5. Place of Use:**

**A. Existing**

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Beginning at a point on East and West quarter line 15 feet West of East line of section; thence North 968 feet; thence West to Easterly bank of Stillaguamish River; thence Southerly along said Easterly bank to an interception with said East and West quarter line; thence East to point of beginning. (Parcel is within—but does not include the entire area within—the Section description below.) See also map and legal description in attached Beneficial Use Analysis.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
S 1/2	NE	3	31N	5E	Snohomish	31050300101000	48
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(S) NAME: Linda Neunzig;							

**B. Proposed**

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Area served by the City of Arlington as described within the most recently approved Water System Plan (see attached map).							
¼	¼	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(S) NAME: Not applicable because place of use is municipal water system 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.*

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):
---

**6. Remarks and Other Relevant Information:**

This water right change/transfer is proposed for use within the City of Arlington's water service area.

The entire water right is to be transferred to the City of Arlington. The City requests a change in the season of use from the irrigation season to a year-round use.

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.*

Margaret Larson  
(Applicant)

3 / 1 / 10  
(Date)

Lynda S. New  
(Water Right Holder)

31 / 01 / 10  
(Date)

Lynda S. New  
(Land Owner(s) of Existing Place of Use)

3 / 10 / 10  
(Date)

**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:** \_\_\_/\_\_\_/\_\_\_