



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. <u>CEL-158498CLE 165</u>	WRIA <u>8</u>
DATE ACCEPTED <u>3 / 4 / 11</u>	BY <u>DK</u>
FEE \$ <u>50</u>	REC'D <u>3 / 4 / 11</u>
CHECK No. <u>148</u>	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

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

1. Applicant Information:

APPLICANT/BUSINESS NAME AMBLESIDE LLC	PHONE NO. (206)	FAX NO. ()
ADDRESS 5605 NE Ambleside Rd		
CITY Seattle	STATE WA	ZIP CODE 98105

CONTACT NAME (IF DIFFERENT FROM ABOVE) RICHARD EITEL, MANAGER	PHONE NO. (206) 709-0200	FAX NO. ()
ADDRESS 5605 NE AMBLESIDE RD		
CITY SEATTLE	STATE WA	ZIP CODE 98105

FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER WRC 15698	RECORDED NAME(S) King County Water District #1
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: King County Water District #1	
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.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Wells			NW	17	25	5E	1725059034	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Lake Washington			SW	11	25	4	9471200805	

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	293.6	473.58	Year round, with summer peak period.

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of .75 acres	18 GPM	1.5	April 15 th to October 31st
Municipal	Balance	Balance	Year around with summer peak period.

0.040 cfs

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
King County Water District #1 service area (the north half of Yarrow Point)							
¼	¼	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(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
WINDERMERE UNREC TGW POR LOT 17 BLOCK 14 SD ADD DAF BEG NE COR SD LOT 17 TH S 21-10-42 E ALG SD LT LN 70 FT TO THE POB TH S 68-49-18 W 1 FT TH S 21-10-42 E 33 FT TH N 68-49-18 E 1 FT TH N 21-10-42 W 33 FT TO THE POB							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	SW	11	25	4	King	9471200805	.75
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

Total acres to be irrigated :	.75
Acres of turf to be irrigated:	.50
Acres of other types of plants (landscaping and shrub) to be irrigated:	.25
Pumping Rate (GPM):	18 GPM
Even or Odd Day Requested (To be assigned based on availability):	ODD
Watering Time of Day Requested (To be assigned based on availability):	10am to 2:30 pm
IF FOR SEASONAL OR TEMPORARY, START DATE: April 15 th END DATE: October 31st	

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.

X Richard Zind 1, May '11
(Applicant) (Date)

GO Zind Pres 2, 3, 11
(Water Right Holder) KCWD1 (Date)

GO Zind Pres 2, 3, 11
(Land Owner(s) of Existing Place of Use) KCWD1 (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:** ____ / ____ / ____

**ATTACHMENT FOR
APPLICATION FOR CHANGE**

Point(s) of Diversion/Withdrawal - Existing Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Lake Washington			SW	11	25	4	9471200805	

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? YES NO - IF NO, PROVIDE OWNER(S) NAME:

Purpose(s) of Use - Existing Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Landscape Irrigation	18 GPM	1.5	April thru Oct.

Place of Use - Existing Proposed:

LEGAL DESCRIPTION OF LANDS							
WINDERMERE UNREC TGW POR LOT 17 BLOCK 14 SD ADD DAF BEG NE COR SD LOT 17 TH S 21-10-42 E ALG SD LT LN 70 FT TO THE POB TH S 68-49-18 W 1 FT TH S 21-10-42 E 33 FT TH N 68-49-18 E 1 FT TH N 21-10-42 W 33 FT TO THE POB							

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	SW	11	25	4	King	9471200805	.75

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? YES NO - IF NO, PROVIDE OWNER(S) NAME: