



Water Resources Program
Application for Change/Transfer
of Water Right

For Ecology Use
 (Date Stamp)

12 JAN -6 9:05

DEPT. OF ECOLOGY
 FISCAL D. BUDGET

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

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
 IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(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: The project design has been revised to relocate the pump to a different location because of private landowner concerns with the originally proposed project pump site. This new diversion location is about 1,400 feet south of the original point of diversion.

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	_____
CHECK NO. <u>12609</u>	FEE \$ <u>50-</u>
DATE ACCEPTED <u>1/9/12</u>	BY <u>DL</u>
CHANGE NO. <u>CSI-28607</u>	_____
COUNTY <u>Skagit</u>	WRIA <u>3</u>
SPECIAL AREA	_____
SEPA: <input checked="" type="checkbox"/> EXEMPT	<input type="checkbox"/> NOT EXEMPT
ECY CODING: 001-002-WR10285-000011	
APP NO. _____	PERMIT NO. _____
CERT NO. _____	CERT OF CHG NO. _____

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

1. Applicant Information

APPLICANT/BUSINESS NAME <u>Skagit County Drainage & Irrigation Improvement Dist. #15</u>	PHONE NO. <u>360-466-3190</u>	FAX NO. N/A
ADDRESS <u>15920 Best Road</u>		
CITY <u>Mount Vernon</u>	STATE <u>WA</u>	ZIP CODE <u>98273</u>
CONTACT (IF DIFFERENT FROM ABOVE) <u>Mike Rundlett</u>	PHONE NO. <u>360-424-7327</u>	FAX NO. <u>360-424-9343</u>
ADDRESS <u>2017 Continental Place, Suite 6</u>		
CITY <u>Mount Vernon</u>	STATE <u>WA</u>	ZIP CODE <u>98273</u>
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>Skagit County Drainage & Irrigation Improvement Dist. #15</u>	PHONE NO. <u>360-466-3190</u>	FAX NO. N/A
ADDRESS <u>15920 Best Road</u>		
CITY <u>Mount Vernon</u>	STATE <u>WA</u>	ZIP CODE <u>98273</u>

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER S1-28607	RECORDED NAME(S) Skagit County Drainage and Irrigation District #15
DO YOU OWN THE RIGHT TO BE CHANGED? X <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? X <input type="checkbox"/> YES <input type="checkbox"/> NO Project is being developed under preliminary/temporary water right permit. Water has not yet been diverted. The completion of construction and first diversion is scheduled for July 2012.	

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 #
Skagit River North Fork		SE	SE	35	34N	03E	P23149	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Skagit River North Fork		NE	NE	02	33N	03E	P15292	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: X YES NO PROPOSED: YES X NO – IF NO, PROVIDE OWNER(S) NAME: Note: Skagit County Drainage and Irrigation District No. 15 has an Interlocal Agreement (ILA) with Skagit County Dike District No. 1 for the siting and operation of the diversion intake and pump at this location.

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
Supplemental Irrigation Supply	8.912 cfs	350 af	June, July, August

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Supplemental Irrigation Supply	8.912 cfs	350 af	June, July, August

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Skagit County Drainage and Irrigation District #15, Southern Section							
(see attached legal description and service area map)							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Skagit		5,280 approx.
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Note: Supplemental water provided by this permit is delivered to district system for distribution to authorized users within the district service area.							
IF NO, PROVIDE OWNER(S) NAME: _____							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Skagit County Drainage and Irrigation District #15, Southern Section							
(see attached legal description and service area map)							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Skagit		5,280 approx.
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Note: Supplemental water provided by this permit is delivered to district system for distribution to authorized users within the district service area.							
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:

Diversion point is approximately 1,100 feet west of and 475 feet south of the NE corner of Section 2
Attachments:
1) Set of irrigation water project plans
2) District service area legal description
3) Map of Skagit County Drainage and Irrigation District No. 15 service area
IF FOR SEASONAL OR TEMPORARY, START DATE <u>June /1/2012</u> END DATE <u>August 30/30/2012</u> - Seasonal

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, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

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 preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Bob Hart, Commissioner/Secretary
Applicant Printed Name – Title


Applicant Signature

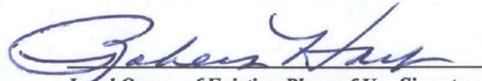
1/13/2012
(Date)

Same
Water Right Holder Printed Name


Water Right Holder Signature

1/13/2012
(Date)

Same
Land Owner of Existing Place of Use Printed Name


Land Owner of Existing Place of Use Signature

1/13/2012
(Date)

Same
Land Owner of Proposed Place of Use Printed Name

Land Owner of Proposed Place of Use Signature

1/1
(Date)

Please check the region in which the project is located:

<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 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input checked="" type="checkbox"/> Northwest Regional Office 3190 – 160 th 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

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: ____/____/____