

Application for Change/Transfer of Water Right

13
DEPT. OF ECOLOGY
FISCAL C BUDGET
For Ecology Use
(Date Stamp)
JUN 12 10:43

For filing with the Department of Ecology or with County 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: _____

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

| FOR OFFICIAL USE ONLY | |
|--|-------------------------------------|
| DATE APPLICATION RECEIVED | 6/12/13 |
| CHECK NO. | FEE \$ 50.00 |
| DATE ACCEPTED | BY DJ |
| CHANGE NO. | CGI-23937C@2 |
| COUNTY | King WRIA 8 |
| 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. |

I have participated in a pre-application conference with Ecology.

1. Applicant Information

| | | |
|------------------------------------|--------------|--------------|
| APPLICANT/BUSINESS NAME | PHONE NO. | FAX NO. |
| Cedar River Water & Sewer District | 425-255-6370 | 425-228-4880 |
| ADDRESS | | |
| P.O. Box 1040 | | |
| CITY | STATE | ZIP CODE |
| Maple Valley | WA | 98038 |
| EMAIL ADDRESS (IF AVAILABLE) | | |
| rsheadel@crwsd.com | | |

| | | |
|-----------------------------------|--------------|--------------|
| CONTACT (IF DIFFERENT FROM ABOVE) | PHONE NO. | FAX NO. |
| Ronald P. Sheadel | 425-255-6370 | 425-228-4880 |
| ADDRESS | | |
| P.O. Box 1040 | | |
| CITY | STATE | ZIP CODE |
| Maple Valley | WA | 98038 |
| EMAIL ADDRESS (IF AVAILABLE) | | |
| rsheadel@crwsd.com | | |

| | | |
|---|--------------|--------------|
| LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE | PHONE NO. | FAX NO. |
| Cedar River Water & Sewer District | 425-255-6370 | 425-228-4880 |
| ADDRESS | | |
| P.O. Box 1040 | | |
| CITY | STATE | ZIP CODE |
| Maple Valley | WA | 98038 |
| EMAIL ADDRESS (IF AVAILABLE) | | |
| rsheadel@crwsd.com | | |

2. Water Right Information

| | |
|---|---------------------------|
| WATER RIGHT OR CLAIM NUMBER: Exempt well no water right or claim issued | RECORDED NAME(S) Rex Nott |
| CGI-23937C@2 | |
| 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: Kevin and Sheila Kooyman 23021 244 AVE SE Maple Valley, WA 98038 | |
| HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Manufactured home on the site was removed within the last two years casing and pump still in ground. REET 6/18/13 | |

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 # |
|--------|-----|---|----|------|------|------|-------------|------------|
| Well | 1 | | NE | 15 | 22 | 06E | 152206 9082 | Not Tagged |
| | | | | | | | | |

B. Proposed

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|--------|-----|---|----|------|------|------|----------------|------------|
| Well | 3 | | NW | 13 | 22N | 6E | 132206 9071 08 | Not Tagged |
| | | | | | | | | |

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 |
|-------------------------------|------------|------------|---------------|
| Domestic Supply (exempt well) | | | |
| | | | |
| | | | |

B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|------------------|------------|------------|---------------|
| Municipal Supply | 650 | 139.32 | Continuous |
| | | | |
| | | | |

5. Place of Use:

A. Existing

| LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED: | | | | | | | |
|--|-----|------|------|------|--------|-------------|------------|
| Domestic supply located in N1/2, N/E ¼, Sec. 15, T. 22N, R. 6E as recorded in King County, Washington | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| | N/E | 15 | 22N | 6E | King | 152206 9082 | 2.19 |
| 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: Kevin and Sheila Kooyman | | | | | | | |

B. Proposed

| LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED: | | | | | | | |
|--|---|---------|------------|----------|--------|----------|------------|
| Water service area of Cedar River Water & Sewer District | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| | | various | 22n 23n | 5e,6e,7e | King | Various | 23,000 |
| 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: N/A water service area of a municipal water district | | | | | | | |

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"/> ES <input checked="" type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____ |
|--|

6. Remarks and Other Relevant Information:

Applicant desires to consolidate this water right with applicants other water rights (nos.S1-20446C, G1-00387C, G1-23937C, G1-26357C & G1-20497C Ground Water Certificate 3908-B for its use in its East area deep well located at 22704 262 AVE SE in the Maplewood Estates Plat

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. 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 hereby grant 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.

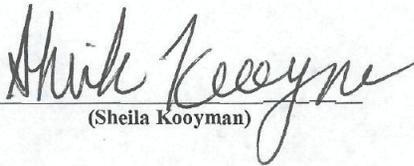
Cedar River Water and Sewer District

By: 
(General Manager)

5-10-13
(Date)

Property Owner(s)


(Kevin Kooyman)


(Sheila Kooyman)

5-9-13
(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:** ___/___/___