



Application for Change/Transfer of Water Right

For Ecology Use
(Date Stamp)

13 OCT 21 18:57

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

DEPARTMENT OF ECOLOGY
FISCAL & BUDGET

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

CGI-#036560

(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	10-21-13
CHECK NO. 5062	FEE \$ 50-
DATE ACCEPTED	BY 102
CHANGE NO. 10/21/13	
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.

REET 10/29/13

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

1. Applicant Information

APPLICANT/BUSINESS NAME Steve Van Til/Vulcan	PHONE NO. 206.342.2119	FAX NO.
ADDRESS 505 Fifth Avenue South, Suite 900		
CITY Seattle	STATE WA	ZIP CODE 98104
EMAIL ADDRESS (IF AVAILABLE) SteveV@vulcan.com		

CONTACT (IF DIFFERENT FROM ABOVE) Joe Morrice (Aspect Consulting)	PHONE NO. 206.838.6581	FAX NO.
ADDRESS 401 Second Ave S, Suite 201		
CITY Seattle	STATE WA	ZIP CODE 98104
EMAIL ADDRESS (IF AVAILABLE) jmorrice@aspectconsulting.com		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Access Golf, LLC	PHONE NO. 206.342.2119	FAX NO.
ADDRESS 505 5th Avenue South, Suite 900		
CITY Seattle	STATE WA	ZIP CODE 98104
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER Certificate 5975A	RECORDED NAME(S) Overdale Water Association
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>Overdale Water Association (Contact: Dale Timmons, 2325 SE 54th Pl, Issaquah, WA 98029)</u>	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input checked="" 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 #
Well	1	NE	SE	21	24N	6E	212406-9090	AKG 878

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well			SE	34	26N	5E	342605-9018	

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
Community Domestic (Municipal)	190	30	Continuous

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	190	30	April through September

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Plat of Overdale Park, within Sec. 22, T24N, R6EWM							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES NO
 IF NO, PROVIDE OWNER(S) NAME: Multiple owners in service area of Overdale Park Water System

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
See attached							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		33 and 34	26N	5E	King		

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES 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"/> ES <input checked="" type="checkbox"/> NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____
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6. Remarks and Other Relevant Information:

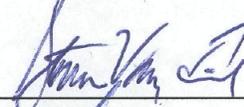
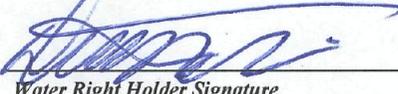
This change application is being filed concurrently with a change application for Certificate 4066A, also currently owned by Overdale Park.

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.

<u>Steve Van Til (Access Golf, LLC)</u> <i>Applicant Printed Name - Title</i>	 <i>Applicant Signature</i>	<u>10/14/13</u> <i>(Date)</i>
<u>Dale Timmons (Overdale Park)</u> <i>Water Right Holder Printed Name</i>	 <i>Water Right Holder Signature</i>	<u>10/14/13</u> <i>(Date)</i>
_____ <i>Land Owner of Existing Place of Use Printed Name</i>	_____ <i>Land Owner of Existing Place of Use Signature</i>	<u> / /</u> <i>(Date)</i>
_____ <i>Land Owner of Proposed Place of Use Printed Name</i>	_____ <i>Land Owner of Proposed Place of Use Signature</i>	<u> / /</u> <i>(Date)</i>

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:** ___/___/___