



# Application for Change/Transfer of Water Right

For Ecology Use  
(Date Stamp)

13 DEC 20 08:40

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**

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	12-20-13
CHECK NO.	FEE \$ 50.00
DATE ACCEPTED	12-20-13 BY [initials]
CHANGE NO.	G2-2768105
COUNTY	Clallam WRIA 18
SPECIAL AREA	
SEPA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING:	001-002-WR10285-000011
APP NO.	PERMIT NO.
CERT NO.	CERT OF CHG NO.

(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: Consolidate existing exempt well into Groundwater Permit G2-27681

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

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

## 1. Applicant Information

APPLICANT/BUSINESS NAME PUD #1 of Clallam County	PHONE NO. 360.452.9771	FAX NO. 360.452.9338
ADDRESS PO Box 1090		
CITY Port Angeles	STATE WA	ZIP CODE 98362
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE) Michael L. Kitz	PHONE NO. 360.452.9771	FAX NO. 360.452.9338
ADDRESS PO Box 1090		
CITY Port Angeles	STATE WA	ZIP CODE 98362
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE PUD #1 of Clallam County	PHONE NO. 360.452.9771	FAX NO. 360.452.9338
ADDRESS PO Box 1090		
CITY Port Angeles	STATE WA	ZIP CODE 98362
EMAIL ADDRESS (IF AVAILABLE)		

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER Existing Exempt Well	RECORDED NAME(S) PUD #1 of Clallam County
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" 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? <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 #
Exempt Well		SW	NE	22	30N	4W	043022240250	

**B. Proposed**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
L.U.D. #10 Well – G2-27681		SE	SE	15	30N	4W	043015400090	

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
Commercial	275 GPD	.31 AcFt/Yr	Continuous

**B. Proposed**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	275 GPD	.31 AcFt/Yr	Continuous

**5. Place of Use:**

**A. Existing**

<b>LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:</b>							
Parcel A Survey V42 P61 SE NW							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	NE	22	30N	4W	Clallam	043022240250	2.1
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

**B. Proposed**

<b>LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:</b>							
The place of use of this water right is the service area described in the most recent Water System Plan/Small Water System Management Program approved by the Washington State Department of Health, so long as the water system is and remains in compliance with the criteria in RCW 90.03.386(2).							
RCW 90.03.0386 may have the effect of revising the place of use of this water right.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Clallam	Multiple	9,600
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: _____							

*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:**

This water right change application is being submitted to consolidate an existing private permit exempt well into an existing municipal water right.

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>Tom Martin</u>	<u>12/18/2013</u>
<i>Applicant Printed Name – Title</i>	<i>Applicant Signature</i>	<i>(Date)</i>
_____	<u>Tom Martin</u>	<u>12/18/2013</u>
<i>Water Right Holder Printed Name</i>	<i>Water Right Holder Signature</i>	<i>(Date)</i>
_____	<u>Tom Martin</u>	<u>12/18/2013</u>
<i>Land Owner of Existing Place of Use Printed Name</i>	<i>Land Owner of Existing Place of Use Signature</i>	<i>(Date)</i>
_____	<u>Tom Martin</u>	<u>12/18/2013</u>
<i>Land Owner of Proposed Place of Use Printed Name</i>	<i>Land Owner of Proposed Place of Use Signature</i>	<i>(Date)</i>

Please check the region in which the project is located:

<p><b>*Submit your application to:</b></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 type="checkbox"/> Northwest Regional Office 3190 – 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input checked="" 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: \_\_\_/\_\_\_/\_\_\_



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APP NO.	_____ PERMIT NO. _____
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SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Exempt Well		SW	NE	15	30N	4W	043015149090	

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Domestic	350 GPD	.39 AcFt/Yr	Continuous

**B. Proposed**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	350 GPD	.39 AcFt/Yr	Continuous

**5. Place of Use:**

**A. Existing**

<b>LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:</b>							
LOT 3 SCHMIDT SHORT PLAT V13 P30 & PT SUR V30 P75 SURVEY V36 P75 2000							
28X66 REDMAN 11827870AB							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	NE	15	30N	4W	CLALLAM	043015149090	5.52
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

**B. Proposed**

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**STAFF:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_