



STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT

RECEIVED
 DEPT. OF ECOLOGY/SWRO

'04 JUN -1 10:35

For filing with Ecology or with County Conservancy Boards

MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

| FOR OFFICE USE ONLY | |
|---------------------------------------|-------------------------------------|
| CHANGE No. <u>6223281</u> | WRIA <u>10</u> |
| DATE ACCEPTED <u>6/1/04</u> | BY <u>SC</u> |
| FEE \$ <u>10</u> | REC'D <u>6/1/04</u> |
| CHECK No. _____ | |
| SEPA: <input type="checkbox"/> Exempt | <input type="checkbox"/> Not exempt |

(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)

Applicant Information:

| | | |
|--|------------------------------------|----------------------------------|
| APPLICANT/BUSINESS NAME <u>City of Sumner</u> | PHONE NO. <u>(253) 891-3315</u> | FAX NO. <u>(253) 891-3292</u> |
| ADDRESS <u>104 Maple Street, Suite 260</u> | | |
| City <u>Sumner</u> | STATE <u>Washington</u> | ZIP CODE <u>98390</u> |
| CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>Shoemaker</u> | PHONE NO. <u>(253) 891-3315</u> | FAX NO. <u>(253) 891-3292</u> |
| ADDRESS <u>4 Maple Street, Suite 260</u> | | |
| City <u>Sumner</u> | STATE <u>Washington</u> | ZIP CODE <u>98390</u> |

| FOR OFFICE USE ONLY | | | |
|------------------------------|---------------------------|--------------------------|------------------------------------|
| APPLICANT NO. <u>6223281</u> | PERMIT NO. <u>6223281</u> | CERT. NO. <u>6223281</u> | CERT. OF CHANGE NO. <u>6223281</u> |

Water Right Information:

| | |
|--|---|
| WATER RIGHT OR CLAIM NUMBER 2-23281 | RECORDED NAME(S) City of Sumner |
| DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| IF NO, PROVIDE OWNER(S) NAME: | |
| 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 is established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

Point(s) of Diversion/Withdrawal:

Existing

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|--------|-----|----|----|------|------|------|--------------|------------|
| well | | SE | SE | 30 | 20N | 5E | 052030-4-050 | ACY104 |
| | | | | | | | | |

Proposed

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|---------------------|-----|---|---|------|------|------|----------|------------|
| see attached sheet) | | | | | | | | |
| | | | | | | | | |

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 nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item 6 (remarks) or as an attachment.

Purpose of Use:

Existing

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|------------------|------------|------------|---------------|
| Municipal Supply | 1,000 GPM | 800 | Continuously |
| | | | |
| | | | |

Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|---------------|
| Change - | | | |
| | | | |
| | | | |

Place of Use:

Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

City of Sumner's service-area (see attached map)

| 1/4 | 1/4 | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|-----|-----|------|------|------|--------|----------|------------|
| | | | | | Pierce | | |

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

Service-area is a municipality with various land owners

Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

No Change -

| 1/4 | 1/4 | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|-----|-----|------|------|------|--------|----------|------------|
| | | | | | | | |

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? YES NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

Remarks and Other Relevant Information:

Other pertinent water rights are S2-21979, S2-*15000 (07838), S2-*04931 (02266), G2-21980, S2-03584 (2151)

SEASONAL OR TEMPORARY, START DATE ___/___/___ END DATE ___/___/___

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.

| | |
|---|--|
| City of Sumner _____ (Applicant) | _ / _ / _ (Date) |
| <i>William J. Shaefer</i> <i>Public Works Director</i> _____ (same as applicant) (Water Right Holder) | <i>05 27 04</i> _ / _ / _ (Date) |
| n/a _____ (Land Owner(s) of Existing Place of Use) | _ / _ / _ (Date) |

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

| | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ **DATE:** ____ / ____ / ____