



STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT

RECEIVED
 DEPT. OF ECOLOGY/SWRD

'04 JUN -1 AIO :35

For filing with Ecology or with County Conservancy Boards

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

(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: _____

FOR OFFICE USE ONLY	
CHANGE No. <u>62-21980</u>	WRIA <u>10</u>
DATE ACCEPTED <u>6/1/04</u>	BY <u>Sc</u>
FEE \$ <u>✓</u>	REC'D <u>6/1/04</u>
CHECK No. _____	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

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

1. Applicant Information:

APPLICANT/BUSINESS NAME City of Sumner	PHONE NO. (253) 891-3315	FAX NO. (253) 891-3292
ADDRESS 1104 Maple Street, Suite 260		
CITY Sumner	STATE Washington	ZIP CODE 98390

CONTACT NAME (IF DIFFERENT FROM ABOVE) Bill Shoemaker	PHONE NO. (253) 891-3315	FAX NO. (253) 891-3292
ADDRESS 1104 Maple Street, Suite 260		
CITY Sumner	STATE Washington	ZIP CODE 98390

FOR OFFICE USE ONLY			
<u>62-21980</u>	<u>6221980</u>	<u>6221980</u>	<u>6221980</u>
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER G2-21980	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 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		SE	SW	23	20N	4E	042023-3-179	ACY250

B. 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 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
Irrigation (presumed to be valid under H.B. 1338 for municipal supply)	250 GPM	100	May 1 st through October 1 st

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
- No Change -			

5. Place of Use:

A. 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							
Service-area is a municipality with various land owners							

B. 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? <input type="checkbox"/> YES <input 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"/> YES <input checked="" type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

Other pertinent water rights are S2-21979, S2-*15000 (07838), S2-*04931 (02266), G2-23281, G2-*03584 (2151)
IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

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

<u>City of Sumner</u> (Applicant)	<u> / / </u> (Date)
<i>William Shewchuk</i> <i>Public Works Director</i> (same as applicant) (Water Right Holder)	<i>05 27 2004</i> (Date)
<u>n/a</u> (Land Owner(s) of Existing Place of Use)	<u> / / </u> (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: ____/____/____