

THUR 07-07  
HAMILTON



STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT**

For filing with Ecology or with County Conservancy Boards

**A MINIMUM FEE OF \$50.00 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: Period of use to be changed

FOR OFFICE USE ONLY	
CHANGE No. _____	WRIA _____
DATE ACCEPTED ____/____/____	BY _____
FEE \$ _____	REC'D ____/____/____
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 <b>Scott Clark Thurston County</b>	PHONE NO. <b>(360) 357-2491</b>	FAX NO.
ADDRESS <b>Building 4, Room 100 929 Lakeridge Drive SW</b>		
CITY <b>Olympia</b>	STATE <b>Washington</b>	ZIP CODE <b>98502</b>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <b>Jill Van Hulle Pacific Groundwater Group</b>	PHONE NO. <b>(360) 413-1510</b>	FAX NO. <b>(360) 413-1520</b>
ADDRESS <b>3130 60<sup>th</sup> Loop SE</b>		
CITY <b>Olympia</b>	STATE <b>Washington</b>	ZIP CODE <b>98501</b>

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <b>Cert. of Surface Water Right 3210-A</b>	RECORDED NAME(S) <b>Marilyn Hamilton</b>
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:  <b>Marilyn Hamilton Norton, c/o Larry Fagerness, PO Box 88, Centralia, WA 98531</b>	
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.**

FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

**3. Point(s) of Diversion/Withdrawal:**

**A. Existing**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Chehalis River	1	NW	NE	1	13 N	3WW		None
Chehalis River	2	Henry Stearns DLC 37		1	13 N	3 WW		

**B. Proposed**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Existing Well 1	1	SW	SE	11	15 N.	3 WWM		
Existing Well 2	2	SW	SE	11	15 N.	3 WWM		
Proposed Well 3	3	S ½		11	15 N.	3 WWM		
Proposed Well 4	4	S ½		11	15 N.	3 WWM		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING:  YES  NO      PROPOSED:  YES  NO – IF NO, PROVIDE OWNER(S) NAME:

**Existing POD is owned by Marilyn Hamilton, Proposed POW are owned by Thurston County**

*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 Trust Water Program	1.06 cfs Same	263 Same	Seasonal Irrigation Instream Flow

**B. Proposed**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal water supply	477 gpm	263	Year-round, as needed

**5. Place of Use:**

**A. Existing**

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
NE ¼, the E ½ of NW ¼, and Lots 5 – 7 of Section 36 of Township 14N, Range 3W.W.M, the NW ¼ of NE ¼, and Lots 5 – 7 and 10 of Section 1, Township 13N, Range 3W, Portions of H.N. Sterns D.L.C in Section 36, Township 14N, Range 3W, and the Levi Gate D.L.C. in Section 1, Township 13N, Range 3W							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		36	14N	3 W.W.M	Lewis		
		1	13N	3 W.W.M	Lewis		
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: <b>Marilyn Hamilton Norton</b>							

**B. Proposed**

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Area served by Thurston County's Grand Mound Water System as described in an approved Department of Health Water System Plan							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Thurston	N/A	N/A
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: <b>Area located within municipal service area of Thurston County's Grand Mound Water System</b>							

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):

**Water Right Permit G2-28527 and Certificates G2-20904, are already appurtenant to the Grand Mound System**

**6. Remarks and Other Relevant Information:**

The intent of this request is to transfer the authorized POD from the Hamilton property to the Grand Mound Water System.

We wish to change the period of use from seasonal irrigation to accommodate year-round municipal use.

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.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, P O Box 47477, Olympia, WA 98504-7477.

**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.

[Signature] \_\_\_\_\_ 7 / 12 / 07  
 (Applicant) (Date)

[Signature] - Attorney for Water Right Holder \_\_\_\_\_ 7 / 12 / 07  
 (Water Right Holder) (Date)

Same \_\_\_\_\_ 1 / 1 / \_\_\_\_  
 (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):**

APPLICATION FEE NOT ENCLOSED  MAP NOT INCLUDED or INCOMPLETE

ADDITIONAL SIGNATURES REQUIRED  SECTION \_\_\_\_\_ IS INCOMPLETE

OTHER/EXPLANATION: \_\_\_\_\_

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