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JUN 1 6 2000







STATE OF WASHINGTON APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

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 CHANGE No. 236 DATE ACCEPTED 71 FEE \$ 10.00 REC CHECK No. SEPA: XExempt C	3 200 BY 58
"IF MORE SPACE IS NEEDED, ATTACH ADD	DITIONAL SH	IEETS (PLEASE PRINT OF	R TYPE CLEARLY)**
APPLICANT/BUSINESS NAME		PHONE NO.	FAX NO.
Hort of Seattle		(206) 728-3000	100
ADDRESS PO Box 1209			
CITY			
Seuthe		STATEWA	ZIP CODE
		1 0071	78/11
CONTACT NAME (IF DIFFERENT FROM ABOVE)		PHONE NO.	
Keith R. Smith		l ·	FAX NO.
ADDRESS		(206) 988-5528	(206) 988-3636
17900 International Blud. Su	16- 402		
	466 100	STATE 4	70000
SeaToc		SIA WA	78/88 -4236
2. Water Right Information:	_		,
INVATED BICHT OR CLASSICIPATE	RECORDED	NAME(S) King County Water	
2369		- King County Cik to	District No 25
DO YOU OWN THE RIGHT TO BE CHANGED? YES ON			7-17-14-14-14
IF NO. PROVIDE OWNER(S) NAME:			
MAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST F		•	
Please attach copies of any documentation that dam was established. Also, if you have a water system plapplication.	nonstrates c lan or cons	onsistent, historical us ervation plan, please in	e of water since the right clude a copy with your
FOR OFFIC	CE USE ONL	Y	
APP. NO PERMIT NO CERT	T. NO. <u>~236</u>	59-A CERT OF CHANG	ENO. CC-1:0226 A

- 1 -

AR 023786

ECY 040-1-97 (3/99)

Application for Change

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									none (property au	
3. Pro	oposed			<u></u>		' ,			municipal corpor	<u> </u>
	SOURCE		NO.	y 4	У. I	SEC.	TWP.	RGE.	PARCEL #	WELL TA
Sam	e as ab	w 0			1				1 31.000	WELL IA
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Pro	posed		_							
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Creek	k and d	mestic	supply !	golf.						
Gourse	_		- // / •	<i>V</i>					·	
	4 -								•	·
Plac Exis		LEC	GAL DESC Golf 1922	Coorse		DS WHERE	WATER IS	S PRESE	NTLY USED:	
				RGE	<u>-</u>	COU	NTY		PARCEL #	# OF ACRES
/ ₀		SEC.	TWP.			V		مو	musical corporators)	96 <u>F</u>
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ECY	040-1-97	(3/99)
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DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? TYES ON THE NO. PROVIDE OWNER(S) NAME:
PORT OWNS 98/ DUISE, closs not own creek. (jublic owneakly)

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.

Signatures: Certify that the information above is true and accurate to the best of my knowledge. I understand that order to process my application. I am hereby granting staff from the Department of Ecology or the Co Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparation of the above application. I understand that all responsibility for the accuracy of the information me. Application Coate Coate Coate Coate	e there any ADDITIONAL WATER rights OR CLAIMS R YES ONG - IF YES, PROVIDE THE WATER RIG 2191, 2376, 5235	RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER GHT/CLAIM NUMBER(S):
Signatures: I certify that the information above is true and accurate to the best of my knowledge. I understand that order to process my application. I am hereby granting staff from the Department of Ecology or the Co Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparation of the above application, I understand that all responsibility for the accuracy of the information me. Interpretation (Applicant) (Date) (Date)		
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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 OF INCOMPLETE ADDITIONAL SIGNATURES REQUIRED OTHER/EXPLANATION:	order to process my application, I am he Conservancy Board access to the above preparation of the above application, I u	ereby granting staff from the Department of Ecology or the Coi sile(s) for inspection and monitoring purposes. If assisted in t understand that all responsibility for the accuracy of the inform
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ADDITIONAL SIGNATURES REQUIRED	WE ARE RETURNING YOUR APPLICATION	ON FOR THE FOLLOWING REASON(S):
O OTHER/EXPLANATION:	APPLICATION FEE NOT ENCLOSED	MAP NOT INCLUDED or INCOMPLETE
O OTHER/EXPLANATION:	D ADDITIONAL SIGNATURES REQUIRED	
STAFF:		