



**Board Name:  
WATER CONSERVANCY BOARD  
Application for Change/Transfer  
Record of Decision**

FOR ECOLOGY USE ONLY

Date Stamp

Reviewed by:

Applicant Name: \_\_\_\_\_

Application Number: \_\_\_\_\_

This record of decision was made by a majority of the board at an open public meeting of the (Board Name) \_\_\_\_\_ Water Conservancy Board held on (date meeting was held) \_\_\_\_\_. The undersigned board commissioners certify that they each understand the board is responsible “to ensure that all relevant issues identified during its evaluation of the application, or which are raised by any commenting party during the board's evaluation process, are thoroughly evaluated and discussed in the board's deliberations. These discussions must be fully documented in the report of examination.” [WAC 173-153-130(5)] The undersigned therefore, certifies that each commissioner, having reviewed the report of examination, knows and understands the content of the report.

**Approval:** The (board name) Water Conservancy Board hereby **grants** conditional approval for the water right transfer described and conditioned within the report of examination on (date report of exam was signed) \_\_\_\_\_ and submits this record of decision and report of examination to the Department of Ecology for final review.

**Denial:** The (board name) Water Conservancy Board hereby **denies** conditional approval for the water right transfer as described within the report of examination on (date report of exam was signed) \_\_\_\_\_ and submits this record of decision to the Department of Ecology for final review.

**Signed:**

Water Conservancy Board Name:		Date:
Chair Name:	Signature:	
(choose one) <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Abstain <input type="checkbox"/> Recuse <input type="checkbox"/> Other (please explain)		

Water Conservancy Board Name:		Date:
Title:	Name:	Signature:
(choose one) <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Abstain <input type="checkbox"/> Recuse <input type="checkbox"/> Other (please explain)		

Water Conservancy Board Name:		Date:
Title:	Name:	Signature:
(choose one) <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Abstain <input type="checkbox"/> Recuse <input type="checkbox"/> Other (please explain)		

Water Conservancy Board Name:		Date:
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(choose one) <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Abstain <input type="checkbox"/> Recuse <input type="checkbox"/> Other (please explain)		

Water Conservancy Board Name:		Date:
Title:	Name:	Signature:
(choose one) <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Abstain <input type="checkbox"/> Recuse <input type="checkbox"/> Other (please explain)		

Mailed with all related documents to the Dept of Ecology (send to the Regional office below), and any other interested parties.

**Please check the appropriate Regional Office:**

<input type="checkbox"/> Northwest Region Office PO Box 330316 Shoreline, WA 98133-9716 (206) 594-0000	<input type="checkbox"/> Eastern Region Office 4601 N. Monroe St. Spokane, WA 99205-1265 (509) 329-3400
<input type="checkbox"/> Southwest Region Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300	<input type="checkbox"/> Central Region Office 1250 W. Alder St. Union Gap, WA 98903-0009 (509) 575-2490

