DEPARTMENT OF ECOLOGY
State of Washington

Water Resources Program

REQUEST FOR SUPERSEDING DOCUMENTS OF WATER RIGHT AFTER A CHANGE

* The purpose of this form is to finalize the completion of a development schedule for a change authorization.

For Ecology Use
(Date Stamp)

Reviewed by:

Be advised: Failure to install, collect, and provide all required instruments, records, and information as provisioned by the Change Report of Examination may result in enforcement actions. Contact Ecology prior to submitting this form if you have not complied with all provisions of your Report of Examination.

Name:	Water Right File Number:		
Mailing Address:	City:	State:	Zip Code:
Phone Number: ( ) -	Email Address:		
Contact Name: **(If Different)**			
Mailing Address:	City:	State:	Zip Code:
Phone Number: ( ) -	Email Address:		

DESCRIPTION/PURPOSE OF WATER USE

Purpose of Use:	
When is water used: ☐Seasonal ☐Continuous	If seasonal list date of season start: date of season end:

Irrigation **(Include map or aerial photograph showing all irrigated lands)**

Type of System: **(Wheel/Hand-Lines, etc.)**	Number of Acres Irrigated:

Municipal or Domestic Supply

DOH Water System ID number:
Number of connections:

WATER USE AND MEASUREMENT

Be advised: Ecology will issue a superseding certificate for the rate and quantity recognized in the Change Report of Examination. Please provide required metering records not previously submitted to Ecology.

Is an approved measuring device installed? ☐Yes ☐No	Date measuring device installed:
If no measuring device installed, describe Ecology-approved alternative measuring method:	

DESCRIPTION OF PLACE OF USE
Legal description of specific area on which water is beneficially used: **(Attach a map or aerial photograph showing the boundaries of the place of use and include parcel number(s))** **(Parcel numbers not needed for municipal supply)**

SOURCE(S) AND LOCATION(S)								
Source Number or name	County and Parcel Number	Well ID Number	¼	¼	Section	Township	Range	Latitude, Longitude
								,
								,
								,
								,

FOR SURFACE WATER DIVERSION	
Type of Diversion: **(Pump, Gravity flow, etc.)**	Description of Water Delivery System:

SIGNATURES

Be advised: if additional signature lines are necessary, please include them in the blank space provided below. All statements and conditions outlined in this section apply to any information supplied.

I, _____ _____, certify that I have completed the proposed change(s) for water right file
(Please Print)
number, in accordance with the Change Report of Examination as authorized. This notice and attached documents are true and accurate statements and describe and support my/our assertion that I have satisfied the terms of this water right change authorization in compliance with the law.

_____ ____ _____

Water Right Holder Signature Date