DEPARTMENT OF ECOLOGY
State of Washington

Application for Change/Transfer of Water Right

For Ecology Use (Date Stamp)
DEPT OF ECOLOGY Received MAY 21 2014 CENTRAL REGION OFFICE

For filing with the Department of Ecology *or* with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF $50.00 MUST ACCOMPANY THIS APPLICATION IF FILED WITH THE DEPARTMENT OF ECOLOGY

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change point(s) of diversion/withdrawal
- X Add point(s) of diversion/withdrawal
- X Change/transfer place of use
- X Other (i.e. consolidation, intertie, trust water)

Explain: Add acres through water spreading.

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

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 5/13/14
CHECK NO. _____ FEE $ 500.00
DATE ACCEPTED 5/13/14 BY 06-09-14
CHANGE NO. KLIC-14-02
COUNTY Klickitat WRIA 31
SPECIAL AREA _____
CG3-00896C KLIC-14-02
SEPA: ❑ EXEMPT ❑ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. 10374 PERMIT NO. G3-00896P
CERT NO G3-00896C CERT OF CHG NO. _____

☐ **I have participated in a pre-application conference with Ecology.**

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Steve Matsen / Don Slater	**509-896-5231**	
ADDRESS		
50 Crider Rd.		
CITY	STATE	ZIP CODE
Bickleton	**WA**	**99322**
EMAIL ADDRESS (IF AVAILABLE)		
matsens@bossig.com		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Same		
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
Same		
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

CG3-00896C

KLIC-14-02

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
G3-00896C	**Harland Berk**

DO YOU OWN THE RIGHT TO BE CHANGED? **X** YES **X** NO

IF NO, PROVIDE OWNER(S) NAME and ADDRESS: **Don Slater is the owner of the water right, his address is: PO Box 167, Bickleton, WA 99322**

HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? ☐ YES **X** NO

The property covered by this right was held in the Conservation Reserve Program from 1988 through 2012. Documentation of prior historical use is attached.

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.

Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	**1**	**NE**	**SW**	**3**	**4N**	**20 E**	**04200300000300**	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	**1**	**NE**	**SW**	**3**	**4N**	**20E**	**04200300000300**	
Well	**2**	**SW**	**SE**	**15**	**5N**	**22E**	**05221500000900**	

31 Klick

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

EXISTING: **X** YES **X** NO PROPOSED: **X** YES **X** NO – IF NO, PROVIDE OWNER(S) NAME: **Don Slater owns the property where Well No. 1 is located. Casey Lehman currently owns the property where Well No. 2 will be located.**

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.

3. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	**600 GPM**	**570**	**May 1 to October 1**

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	**600 GPM**	**289.9**	**March 1 to October 31**

4. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

The SW1/4 of Section 2; the S1/2 of Section 3; Section 4 less the SW1/4; the NE1/4 of Section 10; and the NE1/4NW1/4 and the NW1/4NE1/4 of Section 11; all located in Township 4 North, Range 20 East, WM; Klickitat County, Washington; lying within parcel numbers

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
							500

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? X YES X NO

IF NO, PROVIDE OWNER(S) NAME: **Don Slater owns the existing place of use and Steve Matsen owns the additional proposed place of use.**

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
G3-00896C	Harland Berk

DO YOU OWN THE RIGHT TO BE CHANGED? X YES X NO

IF NO, PROVIDE OWNER(S) NAME and ADDRESS: **Don Slater is the owner of the water right, his address is: PO Box 167, Bickleton, WA 99322**

HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? ☐ YES X NO

The property covered by this right was held in the Conservation Reserve Program from 1988 through 2012. Documentation of prior historical use is attached.

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.

Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	NE	SW	3	4N	20 E	04200300000300	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	NE	SW	3	4N	20E	04200300000300	
Well	2	SW	SE	15	5N	22E	05221500000900	

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

EXISTING: X YES X NO PROPOSED: X YES X NO – IF NO, PROVIDE OWNER(S) NAME: **Don Slater owns the property where Well No. 1 is located. Casey Lehman currently owns the property where Well No. 2 will be located.**

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.

3. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	600 GPM	570	May 1 to October 1

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	600 GPM	289.9	March 1 to October 31

4. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

The SW1/4 of Section 2; the S1/2 of Section 3; Section 4 less the SW1/4; the NE1/4 of Section 10; and the NE1/4NW1/4 and the NW1/4NE1/4 of Section 11; all located in Township 4 North, Range 20 East, WM; Klickitat County, Washington; lying within parcel numbers

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
							500

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? X YES X NO

IF NO, PROVIDE OWNER(S) NAME: **Don Slater owns the existing place of use and Steve Matsen owns the additional proposed place of use.**

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
See Attached Proposed Place of Use							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
							289.9

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? X YES X NO

IF NO, PROVIDE OWNER(S) NAME: **Don Slater owns the existing place of use and Steve Matsen owns the additional proposed place of use.**

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?

X YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): **G3-00654C**

5. Remarks and Other Relevant Information:

The provisions under the above noted certificate allows for the utilization of 1 well, pumping 600 GPMs, 570 Acre-Feet, for the irrigation of 500 acres. Under the proposed change the number of wells would increase to 2 wells, with no change in the instantaneous flow, with a reduction in the total annual withdrawal down to 328.0 Acre-Feet, and a decrease in total acreage to 289.9 acres. Attached is the ACQ analysis documenting the historical use and spreading of water to additional acres based upon change of crop requirements associated with converting to wine grape production.

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. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

6. 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 hereby grant 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 preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Steve Matsen *Applicant Printed Name – Title*	Steve Matsen *Applicant Signature*	3/31/14 *(Date)*
Don Slater *Water Right Holder Printed Name*	Don Slater *Water Right Holder Signature*	5/13/-14 *(Date)*
Don Slater *Land Owner of Existing Place of Use Printed Name*	Don Slater *Land Owner of Existing Place of Use Signature*	5/13/14 *(Date)*
Steve Matsen *Land Owner of Proposed Place of Use Printed Name*	Steve Matsen *Land Owner of Proposed Place of Use Signature*	3/31/14 *(Date)*
Casey Lehman *Land Owner of Proposed Point of Withdrawal Printed Name*	Casey Lehman *Land Owner of Proposed Point of Withdrawal Signature*	4/2/14 *Date*

Please check the region in which the project is located:

***Submit your application to:** DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	☒ Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	☐ Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	☐ Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	☐ Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

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:*** ____/____/____

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❑ OTHER/EXPLANATION:_____

STAFF: _____ ***DATE:*** ____/____/____