



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

**RECEIVED**

AUG 12 2011

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

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF 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 USE ONLY	
CHANGE No. <u>CHEL-11-05</u>	WRIA <u>45</u>
DATE ACCEPTED <u>8/11/11</u>	BY <u>[Signature]</u>
FEE \$ <u>1000.00</u>	REC'D <u>8/11/11</u>
CHECK No. <u>14554</u>	
ECY Coding: 001-002-WR10285-000011	
SEPA: <input checked="" 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>Peter Nordstrom</b>	PHONE NO. <b>(206) 650-9134</b>	FAX NO. <b>( )</b>
ADDRESS <b>8000 S.E. 20<sup>th</sup> St.</b>		
CITY <b>Mercer Island</b>	STATE <b>WA</b>	ZIP CODE <b>98040</b>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <b>Peter A. Fraley, Attorney for Applicant</b>	PHONE NO. <b>(509) 662-1954</b>	FAX NO. <b>(509) 662-5724</b>
ADDRESS <b>P.O. Box 1606</b>		
CITY <b>Wenatchee</b>	STATE <b>WA</b>	ZIP CODE <b>98801</b>

LEGAL LAND OWNER or PART OWNER NAME OF PROPOSED PLACE OF USE <b>Holding Trust 10/6/1999 Wells Fargo Bank, Trustee c/o Peter Nordstrom</b>	PHONE NO. <b>(206) 650-9134</b>	FAX NO. <b>( )</b>
ADDRESS <b>8000 S.E. 20<sup>th</sup> St.</b>		
CITY <b>Mercer Island</b>	STATE <b>WA</b>	ZIP CODE <b>98040</b>

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <b>No. 1, Pg 245-D</b>	RECORDED NAME(S) <b>Richard Marden Pratt</b>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
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.**

<b>64-#00310SWRIS PRATT</b>		<b>CHEL-11-05</b>	
FOR OFFICE USE ONLY			
APP. NO. <u>00310</u>	PERMIT NO. _____	CERT. NO. <u>00245-D</u>	CERT. OF CHANGE NO. _____
<b>64-6WC245-D</b>			

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

#### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well		SW	SW	12	23N	18E	231812330050	

#### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Wells		SW	SW	12	23N	18E	231812330050	
		SE	SW	12	23N	18E	231812340000	
		SW	SW	12	23N	18E	231812330100	
		NW	SW	12	23N	18E	231812320150	

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

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

*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: Irrigation and Domestic Supply

#### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation and Domestic Supply	35 gpm	23.5	May 1 to Oct 1/ Continuous

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation and Domestic Supply	35 gpm	23.5	May 1 to Oct 1/ Continuous

### 5. Place of Use:

#### A. Existing (as described in the Certificate of Ground Water Right)

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
SE ¼ of SW ¼ of Sec. 12, Twp. 23 N., Rge. 18 E.W.M.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	SW	12	23 N	18 E	Chelan	231812340000	10
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

#### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Portions of the following: SE ¼ of the SW ¼, SW ¼ of the SW ¼, and the NW ¼ of the SW ¼; all being within Section 12, Twp. 23 N., Rge 18 E.W.M., Chelan County, Washington.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	SW	12	23 N	18 E	Chelan	231812340000	10
SW	SW					231812330050	
NW	SW					231812330100	
						231812320150	
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

*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): \_\_\_\_\_

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

Applicant seeks to change the place of use described in the certificate to reflect the actual place of use of the water right.

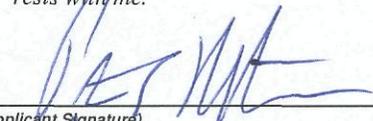
IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_/\_\_\_/\_\_\_ END DATE \_\_\_/\_\_\_/\_\_\_

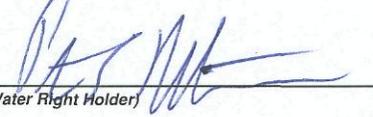
Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

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, PO 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.*

  
\_\_\_\_\_  
(Applicant Signature) (Applicant Signature) \_\_\_/\_\_\_/\_\_\_ (Date)

  
\_\_\_\_\_  
(Water Right Holder) (Water Right Holder) \_\_\_/\_\_\_/\_\_\_ (Date)

Wells Fargo Bank, N.A. By  VP 8, 4, 11  
\_\_\_\_\_  
(Land Owner(s) of Proposed Place of Use) (Land Owner(s) of Proposed Place of Use) (Date)  
as Trustee

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

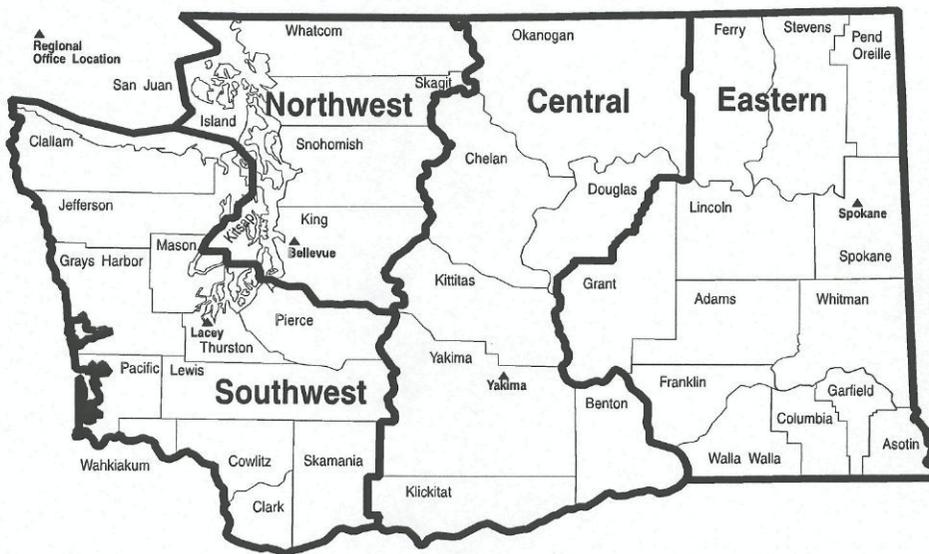
**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

APPLICATION FEE NOT ENCLOSED  MAP NOT INCLUDED or INCOMPLETE

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

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

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



Please check the regional office in which your project is located.

Central Regional Office  
 15 W Yakima Avenue, Suite  
 200  
 Yakima, WA 98902  
 (509) 575-2490

Eastern Regional Office  
 4601 N. Monroe  
 Spokane, WA 99205-1295  
 (509) 329-3400

Northwest Regional Office  
 3190 – 160<sup>th</sup> Avenue SE  
 Bellevue, WA 98008-5452  
 (425) 649-7000

Southwest Regional Office  
 PO Box 47775  
 Olympia, WA 98504-7775  
 (360) 407-6300

ALL DELINEATIONS OF PROPERTY ARE APPROXIMATE:

Map of Place of Use Described in the Certificate



