



WATER RESOURCES

Application for Change/Transfer of a Water Right

15 DEC 28 18:30

DEPT. OF ECOLOGY
FISCAL & BUDGET

You must include a \$50.00 minimum filing fee with this application for:

(Check all that apply.)

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

Explain: CORRECT ERRORS
ON CERTIFICATE

No filing fee is required for applications for:

- Drought
- Cost Reimbursement
- Water Conservancy Board

I have completed a pre-application consultation with Ecology.

1. Applicant Information

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>12-28-2015</u>
CHECK NO. _____	FEE \$ _____
DATE ACCEPTED _____	BY _____
CHANGE NO. <u>CS3-66021J</u>	
COUNTY <u>Stevens</u>	WRIA <u>58</u>
SPECIAL AREA _____	
SEPA: <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: 001-002-WR10285-000011	
APP NO. _____	PERMIT NO. _____
CERT NO. <u>21</u>	CERT OF CHG NO. _____

APPLICANT/BUSINESS NAME <u>GALE HERGESHEIMER</u>	PHONE NO. <u>509 722 3395</u>	FAX NO.
ADDRESS <u>3548 Hwy 25 S.</u>		
CITY <u>Gifford</u>	STATE <u>WASH</u>	ZIP CODE <u>99131</u>
EMAIL ADDRESS (IF AVAILABLE) <u>g_bj_hergie @ Century Link. NET</u>		

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

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>GALE HERGESHEIMER</u>	PHONE NO. <u>509 722 3395</u>	FAX NO.
ADDRESS <u>3548 Hwy 25 S.</u>		
CITY <u>Gifford</u>	STATE <u>WASH</u>	ZIP CODE <u>99131</u>
EMAIL ADDRESS (IF AVAILABLE) <u>g_bj_hergie @ Century Link. NET</u>		

RECEIVED
DEC 31 2015

Department of Ecology
Eastern Washington Office

Department of Ecology

DEC 29 2015

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER <i>Harvey Creek Adja # 21</i>	RECORDED NAME(S) <i>Gold B. J. Hergshemer</i>
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 USED AS AUTHORIZED IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

- Attach copies of any documentation that shows the historical use of water that has occurred since the right was established.
- If you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<i>Harvey Creek</i>	<i>NE</i>	<i>NE</i>	<i>NW</i>	<i>23</i>	<i>31N</i>	<i>37E</i>		

B. Proposed (if different from 3.A.)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<i>Harvey Creek</i>	<i>NE</i>	<i>NE</i>	<i>SW</i>	<i>23</i>	<i>31N</i>	<i>37E</i>		

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

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

- Include copies of all associated water well reports.
- 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:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<i>Irrigation of 15 A.</i>	<i>0.20</i>	<i>45</i>	<i>May 1 - Oct 1</i>
<i>N/A</i>			

B. Proposed (if different from 4.A.)

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<i>N/A</i>			

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Eastern Washington Office

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
N 1/2	NE 1/4	27	31N	37E	STEVENS		15

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

IF NO, PROVIDE OWNER NAME(S):

B. Proposed (if different than 5.A.)

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

SEE ATTACHED MAP (A)

The S 1/2 NE 1/4 NE 1/4 & N 1/2 SE 1/4 NE 1/4 lying southerly of the City Rd.
KT - per map 1-5-16

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		27	31N	37E	STEVENS	1611300	15

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

IF NO, PROVIDE OWNER NAME(S):

- 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.

D. 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:

THE ORIGINAL WATER RIGHT HAD A TYPE ERROR FOR THE LEGAL FOR THE DIRECTION & PLACE OF USE. I WANT TO CORRECT THE ERROR.

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

Department of Ecology

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Water Resources Program

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 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.

GALE HERGESHEIMER
Applicant Printed Name – Title

Gale Hergeshimer
Applicant Signature

12-17-15
(Date: MM/DD/YYYY)

SAME
Water Right Holder Printed Name

Gale Hergeshimer
Water Right Holder Signature

12-17-15
(Date: MM/DD/YYYY)

SAME
Land Owner of Existing Place of Use Printed Name

Gale Hergeshimer
Land Owner of Existing Place of Use Signature

12-17-15
(Date: MM/DD/YYYY)

SAME
Land Owner of Proposed Place of Use Printed Name

Gale Hergeshimer
Land Owner of Proposed Place of Use Signature

12-17-15
(Date: MM/DD/YYYY)

<p>*Submit your application to:</p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 1250 W. Alder Street Union Gap, WA 98903-0009 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

Ⓟ PROCESSING

SEE GENE DRURY OR KEVIN BROWN