



# WATER RESOURCES

## Application for Change/Transfer of a Water Right

For Ecology Use  
(Date Stamp)

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

**No filing fee is required for applications for:**

- Drought
- Cost Reimbursement
- Water Conservancy Board

**FOR OFFICIAL USE ONLY**

DATE APPLICATION RECEIVED \_\_\_\_\_

CHECK NO. \_\_\_\_\_ FEE \$ 62.00

DATE ACCEPTED 2-4-2016 BY KT

CHANGE NO. CG3-01173C(B)

COUNTY Grant WRIA 41

SPECIAL AREA Odessa

SEPA:  EXEMPT  NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

APP NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

CERT NO. G3-01173C(B) CERT OF CHG NO. \_\_\_\_\_

I have completed a pre-application consultation with Ecology.

### 1. Applicant Information

APPLICANT/BUSINESS NAME <b>MARLIN HUTTERIAN BRETHREN - C/O JERRY GROSS</b>		PHONE NO. <b>(509) 750-9555</b>	FAX NO.
ADDRESS <b>21344 RD 18 NE</b>			
CITY <b>MARLIN</b>	STATE <b>WA</b>	ZIP CODE <b>98832</b>	
EMAIL ADDRESS (IF AVAILABLE)			

CONTACT (IF DIFFERENT FROM ABOVE) <b>MARK DEWULF</b>		PHONE NO. <b>(509) 982-2672</b>	FAX NO. <b>(509) 982-2808</b>
ADDRESS <b>P.O. BOX 457</b>			
CITY <b>ODESSA</b>	STATE <b>WA</b>	ZIP CODE <b>99159</b>	
EMAIL ADDRESS (IF AVAILABLE) <b>mark@cmd-lawfirm.com</b>			

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <b>MARLIN HB TRUST</b>		PHONE NO. <b>(509) 345-2390</b>	FAX NO.
ADDRESS <b>21344 RD 18 NE</b>			
CITY <b>MARLIN</b>	STATE <b>WA</b>	ZIP CODE <b>98832</b>	
EMAIL ADDRESS (IF AVAILABLE)			

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## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G3-01173(B)	RECORDED NAME(S) Marlin Hutterian Brethren
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 #
Well - 925' S & 100' W from NE corner	E2	NE	NE	11	21	30	181433000	
Well - 920' S & 1,320' E from NW corner	SE	NW	NW	12	21	30	181435000	

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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Same								

### 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
Irrigation	562	600	April 1 to October 31

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

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Same			

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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  
FEB 04 2016  
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## 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.

MHB By Jerry Gross  
 Applicant Printed Name – Title

*Jerry Gross*  
 Applicant Signature

01/29/2016  
 (Date: MM/DD/YYYY)

MHB By Jerry Gross  
 Water Right Holder Printed Name

*Jerry Gross*  
 Water Right Holder Signature

01/29/2016  
 (Date: MM/DD/YYYY)

MHB Trust By Jerry Gross  
 Land Owner of Existing Place of Use Printed Name

*Jerry Gross*  
 Land Owner of Existing Place of Use Signature

01/29/2016  
 (Date: MM/DD/YYYY)

MHB Trust By Jerry Gross  
 Land Owner of Proposed Place of Use Printed Name

*Jerry Gross*  
 Land Owner of Proposed Place of Use Signature

01/29/2016  
 (Date: MM/DD/YYYY)

<p><b>*Submit your application to:</b></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 checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 <sup>th</sup> 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

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