



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 \$ 80.00

DATE ACCEPTED 2-8-2016 BY KT

CHANGE NO. CG3-#07287C @1

COUNTY Grant WRIA 41

SPECIAL AREA Odessa

SEPA: EXEMPT NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

APP NO. 7287 PERMIT NO. 7133

CERT NO. 5909-A CERT OF CHG NO. _____

I have completed a pre-application consultation with Ecology.

1. Applicant Information

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

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

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

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2. Water Right Information

WATER RIGHT OR CLAIM NUMBER 5909-A	RECORDED NAME(S) Archie Zickler
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		SW	NW	3	21	30	181417000	

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	718	673	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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5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
 W 1/2 of Section 3 and E 1/2 of Section 4, Township 21 N., Range 30 E.W.M.

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	W 1/2	3	21 N	30	Grant	181417000	168
	E 1/2	4	21 N	30		181420000	

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:
 16.5 acres within the NE 1/4 of Section 34, Township 22 N., Range 30, E.W.M.;

and
 151.5 acres within the W 1/2 of Section 3 and E 1/2 of Section 4, Township 21 N., Range 30 E.W.M.

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	NE	34	22 N	30	Grant	181601000	168
	W 1/2	3	21 N	30		181417000	
	E 1/2	4	21 N	30		181420000	

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): 4414-A, G3-22373C

6. Remarks and Other Relevant Information:

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IF FOR SEASONAL OR TEMPORARY, START DATE ___/___/___ END DATE ___/___/___ FEB 08 2016

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

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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

01/29/16
 (Date: MM/DD/YYYY)

MHB By Jerry Gross
 Water Right Holder Printed Name

Jerry Gross
 Water Right Holder Signature

01/29/16
 (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

01/29/16
 (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

01/29/16
 (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 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 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

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