



WATER RESOURCES

Application for Change/Transfer of a Water Right

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	2-9-2016
CHECK NO. <input checked="" type="checkbox"/>	FEE \$ 50.00
DATE ACCEPTED _____	BY _____
CHANGE NO. CG3-701864C 201	
COUNTY Adams	WRIA 41
SPECIAL AREA Odessa	
SEPA: <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: 001-002-WR10285-000011	
APP NO. 1864	PERMIT NO. 1769
CERT NO. 5851-A	CERT OF CHG NO. _____
6798846	

I have completed a pre-application consultation with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME Titus Bowser	PHONE NO. 509-331-4831	FAX NO. 509-488-8766
ADDRESS 705 W Cunningham Rd		
CITY Othello, WA	STATE WA	ZIP CODE 99344
EMAIL ADDRESS (IF AVAILABLE) titusbowser@gmail.com		

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 NW Plains LLC	PHONE NO.	FAX NO.
ADDRESS Same as above		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

RECEIVED

FEB 11 2016

FEB 09 2016

Department of Ecology

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER 5851-A	RECORDED NAME(S) John & Donald Berit
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>well</i>		<i>E ½</i>	<i>E ½</i>	<i>19</i>	<i>17</i>	<i>33</i>	<i>2733190100001</i>	

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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<i>See attachment</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 40 acres</i>	<i>400</i>	<i>160</i>	<i>Seasonal</i>

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

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<i>No change</i>			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
North of County Rd

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
<i>NE</i>	<i>SE</i>	<i>19</i>	<i>17</i>	<i>33</i>	<i>Adams</i>	<i>2733190100001</i>	

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:
No change

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

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:

Integration of wells G-3-29560, G-3-012136, 5851-A

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 Phone (360) 570-3265
 Real Estate Excise Tax
 PO Box 47477
 Olympia, WA 98504-7477

Department of Ecology

FEB 09 2016

Water Resources Program

ECY 040-1-97 (Rev 04-2015) To request ADA accommodation including materials in a format for the visually impaired, call Ecology Water Resources Program at 360-407-6872. Persons with impaired hearing may call Washington Relay Service at 711. Persons with speech disability may call TTY at 877-833-6341.

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.

<u>Titus Bowser</u> Applicant Printed Name - Title	<u>[Signature]</u> Applicant Signature	<u>02/5/2015</u> (Date: MM/DD/YYYY)
<u>NW Plains LLC</u> Water Right Holder Printed Name	<u>[Signature] Member</u> Water Right Holder Signature	<u>2/5/15</u> (Date: MM/DD/YYYY)
<u>NW Plains LLC</u> Land Owner of Existing Place of Use Printed Name	<u>[Signature] Member</u> Land Owner of Existing Place of Use Signature	<u>2/5/15</u> (Date: MM/DD/YYYY)
_____ Land Owner of Proposed Place of Use Printed Name	_____ Land Owner of Proposed Place of Use Signature	_____ (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

