



WATER RESOURCES

Application for Change/Transfer of a Water Right

For Ecology Use
(Date Stamp)
RECEIVED
FEB 22 2016
Department of Ecology
Eastern Washington Office

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: Proposed change to 16 acres of 18.78 acre total

No filing fee is required for applications for:

- Drought
- Cost Reimbursement
- Water Conservancy Board

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>1/6/16</u>
CHECK NO. <u>1350</u>	FEE \$ <u>500.00</u>
DATE ACCEPTED <u>1/6/16</u>	BY <u>AK</u>
CHANGE NO. <u>WALL-16-02</u>	
COUNTY <u>WW</u>	WRIA _____
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. _____	CERT OF CHG NO. _____

I have completed a pre-application consultation with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME		PHONE NO.	FAX NO.
CHRIS PEHA, et.al. (see Attachment 1: "Applicant List")			
ADDRESS			
CITY		STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)			

CONTACT (IF DIFFERENT FROM ABOVE)		PHONE NO.	FAX NO.
Bill Neve		(509) 540-4474	
ADDRESS			
PO Box 511			
CITY		STATE	ZIP CODE
Walla Walla		WA	99362
EMAIL ADDRESS (IF AVAILABLE)			
billneve.wrs@gmail.com			

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE		PHONE NO.	FAX NO.
See Attachment 1: "Applicant List"			
ADDRESS			
CITY		STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)			

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER Superseding Cert. of Water Right No. 943-D(A)	RECORDED NAME(S) Prospect Heights, LLC
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: <u>Prospect Heights, LLC</u>	
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 #
A well (alluvial aquifer)	1	NW	SW	32	7N	36E		

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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
See Attachment 1: "Applicant List"								

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): See Attachment 1: "Applicants List"

- 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 of 18.78 acres	178	75.12	1/1 - 12/31

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

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of ¹³ 15 acres	152 ^{123.5}	64 ⁵²	1/1 - 12/31
(See Attachment 1: "Applicant List")			

ATTACHMENT FOR Application for Change/Transfer of Water Right

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 the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Tracy Killgrove (for Prospect Heights, LLC) TRACY KILLGROVE

- Applicant Printed Name – Title
 Water Right Holder Printed Name
 Land Owner of Existing Place of Use Printed Name
 Land Owner of Proposed Place of Use Printed Name



- Applicant Signature
 Water Right Holder Signature
 Land Owner of Existing Place of Use Signature
 Land Owner of Proposed Place of Use Signature

12/28/2015
 (Date: MM/DD/YRZR)

Chris Peha

- Applicant Printed Name – Title
 Water Right Holder Printed Name
 Land Owner of Existing Place of Use Printed Name
 Land Owner of Proposed Place of Use Printed Name



- Applicant Signature
 Water Right Holder Signature
 Land Owner of Existing Place of Use Signature
 Land Owner of Proposed Place of Use Signature

12/30/2015
 (Date: MM/DD/YRZR)

Ronald Wade

- Applicant Printed Name – Title
 Water Right Holder Printed Name
 Land Owner of Existing Place of Use Printed Name
 Land Owner of Proposed Place of Use Printed Name

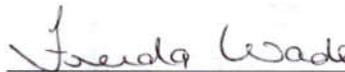


- Applicant Signature
 Water Right Holder Signature
 Land Owner of Existing Place of Use Signature
 Land Owner of Proposed Place of Use Signature

1/5/16
 (Date: MM/DD/YRZR)

Freida Wade

- Applicant Printed Name – Title
 Water Right Holder Printed Name
 Land Owner of Existing Place of Use Printed Name
 Land Owner of Proposed Place of Use Printed Name



- Applicant Signature
 Water Right Holder Signature
 Land Owner of Existing Place of Use Signature
 Land Owner of Proposed Place of Use Signature

01/04/16
 (Date: MM/DD/YRZR)

~~Shane Longmire~~ OUT

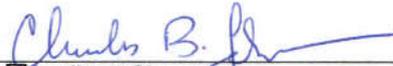
- Applicant Printed Name – Title
 Water Right Holder Printed Name
 Land Owner of Existing Place of Use Printed Name
 Land Owner of Proposed Place of Use Printed Name

- Applicant Signature
 Water Right Holder Signature
 Land Owner of Existing Place of Use Signature
 Land Owner of Proposed Place of Use Signature

(Date: MM/DD/YRZR)

Charles Johnson

- Applicant Printed Name – Title
 Water Right Holder Printed Name
 Land Owner of Existing Place of Use Printed Name
 Land Owner of Proposed Place of Use Printed Name



- Applicant Signature
 Water Right Holder Signature
 Land Owner of Existing Place of Use Signature
 Land Owner of Proposed Place of Use Signature

12/31/15
 (Date: MM/DD/YRZR)

Elisha Johnson

- Applicant Printed Name – Title
 Water Right Holder Printed Name
 Land Owner of Existing Place of Use Printed Name
 Land Owner of Proposed Place of Use Printed Name



- Applicant Signature
 Water Right Holder Signature
 Land Owner of Existing Place of Use Signature
 Land Owner of Proposed Place of Use Signature

12/31/15
 (Date: MM/DD/YRZR)

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

See Attachment 2: "Superseding Certificate of Water Right No. 943-D(A)"

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		32	7N	36E	Walla Walla	Various	

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 Attachment 1: "Applicant List"

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

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

IF NO, PROVIDE OWNER NAME(S): See attached "Applicant List"

- 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:

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

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.

Applicant Printed Name – Title	Applicant Signature	(Date: MM/DD/YYYY)
Water Right Holder Printed Name	Water Right Holder Signature	(Date: MM/DD/YYYY)
Land Owner of Existing Place of Use Printed Name	Land Owner of Existing Place of Use Signature	(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)

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<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