

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: _____

No filing fee is required for applications for:

- Drought
- Cost Reimbursement
- Water Conservancy Board

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	1/6/16
CHECK NO.	2728 FEE \$ 500.00
DATE ACCEPTED	1/6/16 BY AK
CHANGE NO.	WALL-16-01
COUNTY	WW 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.
Jean-Paul & Karen Grimaud/Blue Mountain Lavender Farm		(509) 529-3276	
ADDRESS			
345 Short Road			
CITY	STATE	ZIP CODE	
Touchet	WA	99360	
EMAIL ADDRESS (IF AVAILABLE)			

CONTACT (IF DIFFERENT FROM ABOVE)		PHONE NO.	FAX NO.
Bill Neve - Water Right Solutions		(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.
Jean-Paul & Karen Grimaud			
ADDRESS			
345 Short Road			
CITY	STATE	ZIP CODE	
Touchet	WA	99360	
EMAIL ADDRESS (IF AVAILABLE)			

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER Superseding Certificate No. G3-20746(B)	RECORDED NAME(S) Jean-Paul & Karen Grimaud
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 #
A well (gravel aquifer)	1	SE	NE	8	6N	34E	340608140003	

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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
A well (gravel aquifer)	1	NW	SE	8	6N	34E	340608420001	AEQ-785

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 of 10.17 acres	33	47.3	1/1 - 12/31

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

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
No change proposed			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Lot 4 of Short Plat recorded June 5, 1999 in Book 3 of Short Plats at Page 232 as Auditor's File Number 9906878, of Official Records of Walla Walla County, State of Washington.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	SE	8	6N	34E	Walla Walla	340608420001	
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER NAME(S):							

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

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
No changes proposed to place of use of Cert. No. G3-20746(B)							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> 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): Superseding WW Adj. Cert. No. 764(B)

6. Remarks and Other Relevant Information:

The existing point of withdrawal for Cert. No. G3-20746(B) is an alluvial aquifer well located on a neighbor's property. This well is shared amongst the various holders of the original Cert. G3-20746(B), which was the subject of an Administrative Division completed in 2012. The intent of this application is to change the authorized point of withdrawal from the existing shared well, to our own well located within the authorized place of use of Cert. G3-20746(B).
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

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.

(See attached signature page)

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)

<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

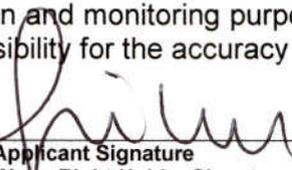
ATTACHMENT FOR Application for Change/Transfer of Water Right

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.

Jean-Paul Grimaud _____

- 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

01-05-2016
(Date: MM/DD/YR)

Karen Grimaud _____

- 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

01-05-16
(Date: MM/DD/YR)

- 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/YR)

- Applicant Printed Name – Title
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(Date: MM/DD/YR)

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(Date: MM/DD/YR)