



# Application for a Water Right Permit

For Ecology Use  
 (Date/Stamp)  
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APR 18 2016

## REQUEST FOR ADDITIONAL Qi (GPM) ONLY

Department of Ecology  
 Eastern Regional Office

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION FOR THE FOLLOWING:

- GROUND WATER       SURFACE WATER       PERMANENT  
 SHORT TERM       TEMPORARY

NO FEE REQUIRED FOR THE FOLLOWING:

- DROUGHT       COST REIMBURSEMENT

Follow the attached instructions. Attach additional sheets as necessary.

DEPT. OF ECOLOGY  
 FISCAL YEAR 2016  
 APR 20 10:21

### Section 1. APPLICANT

I have participated in a pre-application conference with Ecology.

Applicant/Business Name: BARTON NELSON	Phone No: (509) 524-7412	Other No:
Address: 3482 Cottonwood Road		
City: Walla Walla	State: Washington	Zip: 99362
Email Address (if available):		

Contact Name (if different from above): Bill Neve- Water Right Solutions	Phone No: (509) 540-4474	Other No:
Relationship to Applicant: Consultant		
Address: PO Box 511		
City: Walla Walla	State: Washington	Zip: 99362
Email Address (if available):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Barton & Karen Nelson/Craig, Dirk and Reid Nelson, Kendra Wenzel	Phone No:	Other No:
Address: 3482 Cottonwood Road		
City: Walla Walla	State: Washington	Zip: 99362
Email Address (if available): Department of Ecology		

For Ecology Use	APPLICATION NO: <u>G3-30759</u> SEPA: <input checked="" type="checkbox"/> Exempt/Not Exempt Fee Paid: <u>50.00</u> <i>Water Resource Fee of 172.00 need</i> Check No: _____      ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____ Priority Date <u>4-18-2016</u> By <u>RT</u> WRIA: <u>32 j WW</u>
Pre-application interviewer:	

## Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located?  YES  NO  
 If no, do you have legal authority to make this application for use of another's land?  YES  NO

Briefly describe the purpose of your proposed project: The purpose of this application is to obtain additional instantaneous quantity to allow for more efficient irrigation of our property. This application does not request any additional acre-feet or irrigated acres, only additional gallons per minute to add to those already authorized by existing water right.

Anticipated length of time to complete your project: Upon issuance of an authorization

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Irrigation		1000	No additional	March 1 - November 30
<b>TOTAL:</b>		1000 gallons per minute		

### Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)?  YES  NO

Is this request for a temporary permit?  YES  NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_

## Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: _____ Tributary to: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ (Grande Ronde Unit) Well diameter & depth: <u>12" ID/898" deep</u> Number of proposed points of withdrawal: <u>1</u> Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. <u>BIO-317</u>

**C.) Point of Diversion/Withdrawal – Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
360610310003	NE	SW	10	6N	36E	Walla Walla
Lot(s)	Block(s)		Subdivision			

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If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
 \_\_\_\_\_ Feet ( North/ South) and \_\_\_\_\_ feet ( East/ West)  
 from the (NW SW NE SE  \_\_\_\_\_ ) corner of Section\_\_\_\_\_.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
 \_\_\_\_\_ feet ( North/ South) and \_\_\_\_\_ feet ( East/ West)  
 from the (NW SW NE SE  \_\_\_\_\_ ) corner of Section\_\_\_\_\_.

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

**Section 4. PLACE OF USE**

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

The Southwest quarter of Section 10, T. 6 N., R. 36 E.W.M., and the South one-half of the Southeast quarter of Sec. 9, T. 6 N., R. 36 E.W.M.

¼	¼	Section	Twp.	Range	County	Parcel No.
		9 & 10	6N	36E	Walla Walla	360610310003 & 360609430007

Do you own all the lands on which the proposed place of use is located?  YES  NO.

If no, do you have legal authority to make this application for use of another's land?  YES  NO

Provide owner name(s), address, and phone number: See attached

Are there any other water rights or claims associated with this property or water system?  YES  NO

If yes, provide the water right and/or claim numbers: \_\_\_\_\_

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

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## Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Well, mainline, variety of state-of-the art and experimental irrigation systems.

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## Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain why you are unable to connect to the system: _____ _____ _____ _____	

**Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES**

**Irrigation**

Total number of acres requested to be irrigated under this application = No additional \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.

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**Stockwater**

List number and kind of stock: N/A

Is the proposed project for a dairy farm?  YES  NO

**Other Proposed Farm Uses**

Describe all proposed uses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres?  YES  NO

Do you have a controlling interest in a Family Farm Development Permit?  YES  NO

If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

**Hydropower**

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

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**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: \_\_\_\_\_  
\_\_\_\_\_

**Other Use**

N/A

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water?  YES  NO

Are you proposing to store more than 10 acre-feet of water?  YES  NO

Will the water depth be 10 feet or more?  YES  NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: See attached map  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Address: 3482 Cottonwood Road, Walla Walla, WA 99362  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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.

Bart Nelson

*Bart R. Nelson*

*March 28, 2016*

- |  |   |                  |
|--|---|------------------|
| <input checked="" type="checkbox"/> Applicant Printed Name – Title                   | <input checked="" type="checkbox"/> Applicant Signature                           | (Date: MM/DD/YR) |
| <input type="checkbox"/> Water Right Holder Printed Name                             | <input type="checkbox"/> Water Right Holder Signature                             |                  |
| <input checked="" type="checkbox"/> Land Owner of Existing Place of Use Printed Name | <input checked="" type="checkbox"/> Land Owner of Existing Place of Use Signature |                  |
| <input type="checkbox"/> Land Owner of Proposed Place of Use Printed Name            | <input type="checkbox"/> Land Owner of Proposed Place of Use Signature            |                  |

Karen Nelson

*Karen W. Nelson*

*March 28, 2016*

- |  |   |                  |
|--|---|------------------|
| <input type="checkbox"/> Applicant Printed Name – Title                              | <input type="checkbox"/> Applicant Signature                                      | (Date: MM/DD/YR) |
| <input type="checkbox"/> Water Right Holder Printed Name                             | <input type="checkbox"/> Water Right Holder Signature                             |                  |
| <input checked="" type="checkbox"/> Land Owner of Existing Place of Use Printed Name | <input checked="" type="checkbox"/> Land Owner of Existing Place of Use Signature |                  |
| <input type="checkbox"/> Land Owner of Proposed Place of Use Printed Name            | <input type="checkbox"/> Land Owner of Proposed Place of Use Signature            |                  |

Craig Nelson

*CB*

*3-10-2016*

- |  |   |                  |
|--|---|------------------|
| <input type="checkbox"/> Applicant Printed Name – Title                              | <input type="checkbox"/> Applicant Signature                                      | (Date: MM/DD/YR) |
| <input type="checkbox"/> Water Right Holder Printed Name                             | <input type="checkbox"/> Water Right Holder Signature                             |                  |
| <input checked="" type="checkbox"/> Land Owner of Existing Place of Use Printed Name | <input checked="" type="checkbox"/> Land Owner of Existing Place of Use Signature |                  |
| <input type="checkbox"/> Land Owner of Proposed Place of Use Printed Name            | <input type="checkbox"/> Land Owner of Proposed Place of Use Signature            |                  |

Reid Nelson

*Reid A. Nelson*

*01/16/2016*

- |  |   |                  |
|--|---|------------------|
| <input type="checkbox"/> Applicant Printed Name – Title                              | <input type="checkbox"/> Applicant Signature                                      | (Date: MM/DD/YR) |
| <input type="checkbox"/> Water Right Holder Printed Name                             | <input type="checkbox"/> Water Right Holder Signature                             |                  |
| <input checked="" type="checkbox"/> Land Owner of Existing Place of Use Printed Name | <input checked="" type="checkbox"/> Land Owner of Existing Place of Use Signature |                  |
| <input type="checkbox"/> Land Owner of Proposed Place of Use Printed Name            | <input type="checkbox"/> Land Owner of Proposed Place of Use Signature            |                  |

Kendra Wenzel

*kendrawenzel*

*3-10-2016*

- |  |   |                  |
|--|---|------------------|
| <input type="checkbox"/> Applicant Printed Name – Title                              | <input type="checkbox"/> Applicant Signature                                      | (Date: MM/DD/YR) |
| <input type="checkbox"/> Water Right Holder Printed Name                             | <input type="checkbox"/> Water Right Holder Signature                             |                  |
| <input checked="" type="checkbox"/> Land Owner of Existing Place of Use Printed Name | <input checked="" type="checkbox"/> Land Owner of Existing Place of Use Signature |                  |
| <input type="checkbox"/> Land Owner of Proposed Place of Use Printed Name            | <input type="checkbox"/> Land Owner of Proposed Place of Use Signature            |                  |

Dirk Nelson

*Dirk Nelson*

*4-10-2016*

- |  |   |                  |
|--|---|------------------|
| <input type="checkbox"/> Applicant Printed Name – Title                              | <input type="checkbox"/> Applicant Signature                                      | (Date: MM/DD/YR) |
| <input type="checkbox"/> Water Right Holder Printed Name                             | <input type="checkbox"/> Water Right Holder Signature                             |                  |
| <input checked="" type="checkbox"/> Land Owner of Existing Place of Use Printed Name | <input checked="" type="checkbox"/> Land Owner of Existing Place of Use Signature |                  |
| <input type="checkbox"/> Land Owner of Proposed Place of Use Printed Name            | <input type="checkbox"/> Land Owner of Proposed Place of Use Signature            |                  |

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- |   |  |                  |
|---|--|------------------|
| <input type="checkbox"/> Applicant Printed Name – Title                   | <input type="checkbox"/> Applicant Signature                           | (Date: MM/DD/YR) |
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| <input type="checkbox"/> Land Owner of Existing Place of Use Printed Name | <input type="checkbox"/> Land Owner of Existing Place of Use Signature |                  |
| <input type="checkbox"/> Land Owner of Proposed Place of Use Printed Name | <input type="checkbox"/> Land Owner of Proposed Place of Use Signature |                  |

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## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

See attached signature page

\_\_\_\_\_  
 Print Name  
 (Applicant or authorized representative)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name  
 (Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name  
 (Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Please check the region in which the project is located:**

<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

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



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