



**Water Resources Program**  
**Application for Change/Transfer**  
**of Water Right**

For Ecology Use  
 (Date Stamp)

'16 JUL -5 A8 :41

DEPT. OF ECOLOGY  
 FISCAL & BUDGET

**For filing with the Department of Ecology or with  
 County Water Conservancy Boards**

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION  
 IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- Change purpose(s) of use
- Add purpose(s) of use
- Change point(s) of diversion/withdrawal
- Add point(s) of diversion/withdrawal
- Change/transfer place of use
- Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>7-5-2016</u>
CHECK NO. _____	FEE \$ _____
DATE ACCEPTED _____	BY _____
CHANGE NO. <u>CG3-23042C</u>	
COUNTY <u>Adams,</u>	WRIA <u>41</u>
SPECIAL AREA <u>Odessa,</u>	
SEPA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: 001-002-WR10285-000011	
APP NO. _____	PERMIT NO. _____
CERT NO. <u>63-23042</u>	CERT OF CHG NO. <u>67995.37</u>

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information**

APPLICANT/BUSINESS NAME <u>WHB Trust, Attn: Paul Wollman</u>	PHONE NO. <u>509-760-1808</u>	FAX NO.
ADDRESS <u>1051 W Harder Rd</u>		
CITY <u>Warden</u>	STATE <u>WA</u>	ZIP CODE <u>98857</u>
CONTACT (IF DIFFERENT FROM ABOVE) <u>Gene St. Godard, WNR Group</u>	PHONE NO. <u>509-953-9395</u>	FAX NO.
ADDRESS <u>PO Box 28755</u>		
CITY <u>Spokane</u>	STATE <u>WA</u>	ZIP CODE <u>99228</u>
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>WHB Trust</u>	PHONE NO.	FAX NO.
ADDRESS <u>1051 W Harder Rd</u>		
CITY <u>Warden</u>	STATE <u>WA</u>	ZIP CODE <u>98857</u>

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**2. Water Right Information**

WATER RIGHT OR CLAIM NUMBER No. G3-23042C	RECORDED NAME(S) Walter E. Franz
DO YOU OWN THE RIGHT TO BE CHANGED? X YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? X YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, 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 #
Groundwater	1		NE	15	18N	31E		

**B. Proposed**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater	1	SE	NE	15	18N	31E	Adams / Odessa	
Groundwater	2	NW	NW	23	18N	30E 31	Adams / Odessa	
Groundwater	3	SE	NW	13	18N	31E	Adams / Odessa	
Groundwater	4	SE	SW	13	18N	31E	Adams / Odessa	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?  
 EXISTING: XYES  NO    PROPOSED: XYES  NO - IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

Please include copies of all water well reports involved with this proposal. Also, 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 and Domestic Supply	1600 gpm	401	April 1 - Oct 31 for irrigation, continuously for domestic

**B. Proposed**

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:

NW $\frac{1}{4}$  of Sec. 14, T18N, R31E.W.M.

$\frac{1}{4}$	$\frac{1}{4}$	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	NW	14	18N	31E	Adams		160

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

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

**B. Proposed**

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

122.5 acres within the NW $\frac{1}{4}$  Sec. 14, and 37.5 acres within the SW $\frac{1}{4}$  Sec 14, T18N, R31E.W.M.

$\frac{1}{4}$	$\frac{1}{4}$	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	W1/2	14	18N	31E	Adams		160

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

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

*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.*

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

X YES  NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): See remarks

**6. Remarks and Other Relevant Information:**

This project encompasses irrigated lands that are covered by three (8) water rights. These water rights include: G3-23042C, No. 5137-A, and No. 5269-A.

The water rights use numerous wells which are intertied.

See attachments to show which pivots (fields) are being allocated to which specific water right.

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.

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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 am hereby granting 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.*

Paul Wollman  
Applicant Printed Name – Title

Paul Wollman  
Applicant Signature

6/28/16  
(Date)

Paul Wollman  
Water Right Holder Printed Name

Paul Wollman  
Water Right Holder Signature

6/28/16  
(Date)

Paul Wollman  
Land Owner of Existing Place of Use Printed Name

Paul Wollman  
Land Owner of Existing Place of Use Signature

6/28/16  
(Date)

\_\_\_\_\_  
Land Owner of Proposed Place of Use Printed Name

\_\_\_\_\_  
Land Owner of Proposed 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 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (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

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<p><b>WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):</b></p> <p><input type="checkbox"/> APPLICATION FEE NOT ENCLOSED      <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE</p> <p><input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED      <input type="checkbox"/> SECTION _____ IS INCOMPLETE</p> <p><input type="checkbox"/> OTHER/EXPLANATION: _____</p> <p><b>STAFF:</b> _____ <b>DATE:</b> ____/____/____</p>	
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