



# 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	8-12-2016
CHECK NO.	FEE \$
DATE ACCEPTED	BY
CHANGE NO.	CG3-01014C(B) @ 1
COUNTY	WW WRIA 32
SPECIAL AREA	
SEPA: <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	w/chg ROE issued 3-14-2007
ECY CODING: 001-002-WR10285-000011	
APP NO.	PERMIT NO.
CERT NO.	CERT OF CHG NO. 6799622

I have completed a pre-application consultation with Ecology.

### 1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Gary Weidinger	509 240 6002	
ADDRESS	59 Cross Creek Road	
CITY	STATE	ZIP CODE
Walla Walla	WA	99362
EMAIL ADDRESS (IF AVAILABLE)	KJASON@LIVE.COM	
CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
Gary Weidinger	509 240 6002	
ADDRESS	59 Cross Creek Rd	
CITY	STATE	ZIP CODE
Walla Walla	WA	99362
EMAIL ADDRESS (IF AVAILABLE)	KJASON@LIVE.COM	

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FISCAL & BUSINESS SERVICES  
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## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER <b>CG3-01014C(B)</b>	RECORDED NAME(S) <b>Gary Weidinger</b>
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 #
Well <del>BAS 103</del>	1	SE	NW	10	6N	35E	350603510031	BAS 103

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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	NW	NW	10	6N	35E	350603510031	BAS 103

### 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.

(See attachment for #6)

## 4. Purpose of Use: No Change

### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

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

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

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**5. Place of Use:**

**A. Existing**

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:  
 Tax parcel 350603510031 located in Sections 3, 9 & 10 of Township 6 N, Range 35 E, Willamette Meridian

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		3, 9 & 10	6 N	35 E	Walla Walla	350603510031	<del>23</del> 23

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:  
 Tax parcels 350603510031, 350610510017 and 350610510018 all located in sections 3, 9 & 10 of Township 6 N, Range 35 E, Willamette Meridian

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
						350603510031, 350610510017, & 350610510018	110

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): CG3-06804 C(E)

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

This application ~~is~~ corrects undetected errors in original Certificates. Place of Use ~~is~~ is consistent with Certificates of Conditional Approval issued 01/10/07.

See attachments for water use, tax parcel locations, & well location.

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

Department of Ecology  
 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 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.

Gary Weidinger  
 Applicant Printed Name - Title

*Gary Weidinger*  
 Applicant Signature

08/08/2016  
 (Date: MM/DD/YYYY)

Gary Weidinger  
 Water Right Holder Printed Name

*Gary Weidinger*  
 Water Right Holder Signature

08/08/2016  
 (Date: MM/DD/YYYY)

Gary Weidinger  
 Land Owner of Existing Place of Use Printed Name

*Gary Weidinger*  
 Land Owner of Existing Place of Use Signature

08/08/2016  
 (Date: MM/DD/YYYY)

Gary Weidinger  
 Land Owner of Proposed Place of Use Printed Name

*Gary Weidinger*  
 Land Owner of Proposed Place of Use Signature

08/08/2016  
 (Date: MM/DD/YYYY)

<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

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Water Resources Program