



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
 OF WATER RIGHT**

07 AUG 17 18:18

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

DEPT. OF ECOLOGY
 FISCAL & BUDGET

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
 ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(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 OFFICE USE ONLY | |
| CHANGE No. <u>CS4-01222 CTCL sb15 e2</u> | WRIA <u>39</u> |
| DATE ACCEPTED <u>09/06/07</u> | BY <u>[Signature]</u> |
| FEE \$ <u>150.00</u> | REC'D <u>08/17/07</u> |
| CHECK No. <u>7744 7756</u> | |
| ECY Coding: 001-002-WR10285-000011 | |
| SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt | |

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

1. Applicant Information:

| | | |
|--|-----------------------------|------------------------|
| APPLICANT/BUSINESS NAME Larry Dykes and Marian Easton | PHONE NO. (509) 697-9779 | FAX NO. () |
| ADDRESS 1340 Longmire Lane | | |
| CITY Selah | STATE WA | ZIP CODE 98942-8625 |
| CONTACT NAME (IF DIFFERENT FROM ABOVE) | PHONE NO. () | FAX NO. () |
| ADDRESS | | |
| CITY | STATE | ZIP CODE |

2. Water Right Information:

| | | |
|--|--|------------------------------|
| WATER RIGHT OR CLAIM NUMBER certificates #46-#47-#108 | RECORDED NAME(S) Christensen Family Trust | Larry Dykes Marian Easton |
| 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 PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> 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.

CTCL 01222
 06-30-1872 Pg 37 Ror
 SUB 15 WENTAS

Court Claim 01222
 (SUB 15 WENTAS)

CS4-01222 CTCL sb15

3 RIGHTS CS4-01222 CTCL sb15 e2

| | | | |
|-----------------------|---------------------|-----------------|---------------------------|
| CCVH P313 CERT 108 | FOR OFFICE USE ONLY | | |
| APP. NO. _____ | PERMIT NO. _____ | CERT. NO. _____ | CERT. OF CHANGE NO. _____ |

CRD

3. Point(s) of Diversion/Withdrawal:

A. Existing

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|------------------------|-----|----|----|------|------|-------|--------------|------------|
| North Fork Wenas Creek | 1 | SW | SW | 29 | 15N | 18EWM | 181530-44003 | |

B. Proposed

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|------------------------|-----|----|----|------|------|-------|--------------|------------|
| North Fork Wenas Creek | 1 | SW | SW | 29 | 15N | 18EWM | 181530-44003 | |

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
 EXISTING: YES NO PROPOSED: YES 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.

39
YAKIMA

4. Purpose of Use:

A. Existing

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|-----------------|
| Irrigation | .50CFS | 228 | March 15-Oct 15 |

B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|-------------------|
| Irrigation | .50CFS | 228 | March 15- Oct 115 |

5. Place of Use:

A. Existing

| LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED: | | | | | | | |
|--|---|------|------|------|--------|--------------|------------|
| Parcel A- S½ of the SE¼ of the SE¼ of Section 30 Township 15N Range 18 EWM | | | | | | | |
| ALSO S½ of the SW¼ of the SW¼ of Section 29 T15N R 18EWM | | | | | | | |
| ALSO Portion of the S½ of the SE¼ of the SW¼ of Section 29 T 15N R 18EWM lying W of N Wenas | | | | | | | |
| Parcel B- N½ of the SW¼ of the SE¼ of Section 30 T15N R 18EWM | | | | | | | |
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| | | | | | Yakima | 181530-44003 | 37 |
| | | | | | | 181530-43001 | 20 |
| 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(S) NAME: | | | | | | | |

B. Proposed

| LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED: | | | | | | | |
|--|---|------|------|------|--------|----------|------------|
| SAME | | | | | | | |
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| | | | | | | | |
| DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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?
 YES NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

| |
|---|
| SEE MAP AND POINT OF DIVERSION CHANGE SURVEY |
| |
| |
| |
| |
| |
| 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.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, 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 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 the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Jerry Dylus Indiantash 8, 9, 07
 (Applicant) (Date)

Jerry Dylus Indiantash 8, 9, 07
 (Water Right Holder) (Date)

Jerry Dylus Indiantash 8, 9, 07
 (Land Owner(s) of Existing Place of Use) (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

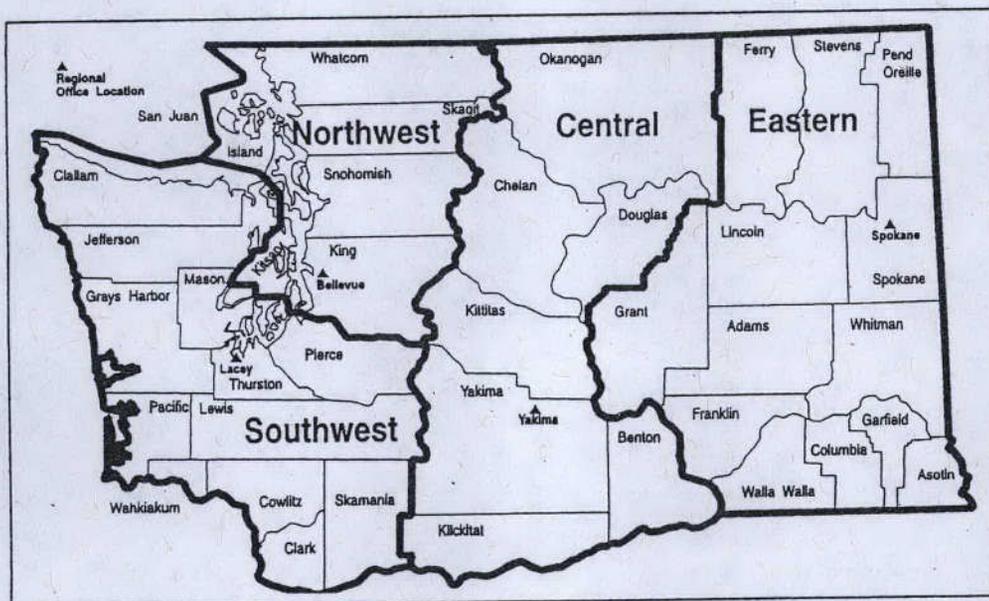
| | |
|---|---|
| WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): | |
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS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

IMPORTANT!

Submit your application to Ecology at:

DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 5128
LACEY WA 98509-5128

Alternatively, you may submit your application at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Please check the regional office in which your project is located.

Central Regional Office
15 W Yakima Avenue, Suite 200
Yakima, WA 98902-3452
(509) 575-2490

Eastern Regional Office
4601 N. Monroe
Spokane, WA 99205-1295
(509) 329-3400

Northwest Regional Office
3190 - 160th Avenue SE
Bellevue, WA 98008-5452
(425) 649-7000

Southwest Regional Office
PO Box 47775
Olympia, WA 98504-7775
(360) 407-6300