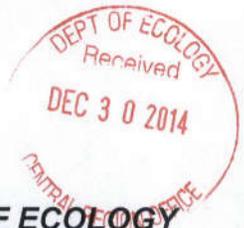




STATE OF WASHINGTON
**SEASONAL CHANGE
 APPLICATION**

DEC 23 A7:43



GROUND WATER **XX** SURFACE WATER (OFFICIAL USE) **WRIA**

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

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

1. APPLICANT INFORMATION:

APPLICANT/BUSINESS NAME Farmland Reserve, Inc. dba K2H Farms	PHONE NUMBER (509) 734-1195	FAX NUMBER (509) 734-1092
ADDRESS 7404 West Hood Place		
CITY Kennewick	STATE WA	ZIP CODE 99336
CONTACT NAME (IF DIFFERENT FROM ABOVE) Gary Ransom - Land & Property Mgr.	PHONE NUMBER ()	FAX NUMBER ()
ADDRESS same		
CITY	STATE	ZIP CODE

2. WATER RIGHT INFORMATION: (One water right per application)

WATER RIGHT OR CLAIM NUMBER S4-01335(D)C	RECORDED NAME(S) Farmland Reserve, Inc.
DO YOU HOLD LEGAL TITLE TO THE RIGHT TO BE CHANGED? XX YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME:	

3. POINT(S) OF DIVERSION/WITHDRAWAL:

A. EXISTING

SOURCE	#	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Columbia River	NW	NW		15	5	27	115572000001001	

B. PROPOSED

SOURCE	#	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Same	NW	NW		15	5	27	115572000001001	

DO YOU OWN THE EXISTING AND/OR PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
 EXISTING **XX** YES NO PROPOSED **XX** 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 for the above point(s) of diversion/withdrawal, please include an attachment.

054-01335(D)C

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If you require this document in an alternate format, please contact the Water Resources Program at (360) 407-6600 or TTY (for the speech or hearing impaired) at 711 or 1-800-833-6388.

I mapped this
per the picture
but it is a ~~bit~~^{bit}
confusing. Could

be: ~~E 3/4 S~~ ~~SW~~ ~~E 3/4~~
E 3/4 SESW + N 1/2 SE Sec 29
& N 1/2 NW part of
NENE Sec 33

