



STATE OF WASHINGTON APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

For filing with Ecology or with County Conservancy Boards



A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

BENT-15-03

(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: Change Place of Use-RCW 90.03.380 Spreading.

FOR OFFICE USE ONLY

30 KUCKITAT
31 KUCKITAT
31 BENTON

CHANGE No. C63-227600@2 WRIA _____

DATE ACCEPTED 04 / 09 / 2015 BY [Signature]

FEE \$ 8 REC'D 03 / 27 / 2015

CHECK No. 5

SEPA: Exempt Not exempt

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

1. Applicant Information:

APPLICANT/BUSINESS NAME		PHONE NO.	FAX NO.
Vino Brothers, LLC, %Rob Mercer, Mercer Canyons		509-894-4773	
ADDRESS			
46 Sonova Rd.			
CITY		STATE	ZIP CODE
Prosser rob.mercer@mercercanyons.com		WA	99350
CONTACT NAME (IF DIFFERENT FROM ABOVE)		PHONE NO.	FAX NO.
Rob Mercer, Mercer Canyons		(509-894-4773	()
ADDRESS			
CITY		STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER CG3-22760C@1	RECORDED NAME(S) BRD Goldendale, LLC (Trust Donations) (Certificate: Flying H Ranch, Inc. %Ken Hill)
DO YOU OWN THE RIGHT TO BE CHANGED? NO (Application Action with Pending Water Right Sale) IF NO, PROVIDE OWNER(S) NAME: Dan Gunkel, %BRD Goldendale, LLC	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? YES	

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.

63-+22760CWR13			
FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

CG3-22760C@2

BENT-15-03

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
(Klickitat County)	1	NW	NW	5	4	15 EWM	(See Attachments)	

B. Proposed (All Within)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
(Klickitat County)	1	NW	NW	5	4	15 EWM	(See Attachments)	
(Benton County)	1	NE	NE	6	4	24 EWM	10644400000000	
(Klickitat County)	2	SW	NE	30	3N	20 EWM	TBA	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: YES (and BRD Goldendale, LLC) PROPOSED: YES

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: Note: Per Application Assignment (B Portion)

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Temp. Trust Water (2009-2014)	See Below	See Below	See Below
Irrigation 120 Acres	230	213	Mar. 15 to Oct. 15
1 Acre-ft., Domestic	(with above)	1	Year-Round Use

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation up to 162.5 Acres (with Water Spreading at New POU)	220	212	Mar.15 to Oct.15
1.5 Acres at Existing POU Irrigation			
1 Acre-ft., Domestic at Existing POU	10	1	Year-Round Use

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Same as on attached certificate (available from BCWCB upon request) and all within:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		Secs. 5, 6	4N	15 EWM	Klickitat	See Attachments	120
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? NO, BRD Goldendale, LLC.							

30 Klick
31 Bent
CR
Well
31 Klick

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Existing Place of Use Above and on Certificate AND:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		3,4,11 15,20 21	5	24E	Benton	And see attachments	TBD TBD TBD
	And						
	SE	13	3	19E	Klickitat		TBD
	NE	24	3	19E	Klickitat		TBD
	SW	7	3	20E	Klickitat		TBD
		18	3	20E	Klickitat		TBD
	N1/2	19	3	20E	Klickitat		TBD
	NW	20	3	20E	Klickitat		TBD
	N1/2	30	3	20E	Klickitat		TBD
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES. (And BHD Goldendale, LLC).							

Attach a detailed map of your proposed change/transfer. The p 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.

Remarks and Other Relevant Information:

The applicant seeks to use the existing perfected portion of their water right for additional irrigation of vineyards, taking advantage of new Conservation O&M measures.

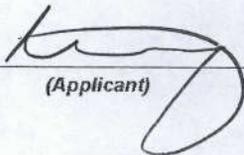
IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

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.

6. 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.



 (Applicant)

 26 / 2 / 15
 (Date)

 (Water Right Holder)

 / /
 (Date)

 (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):

- APPLICATION FEE NOT ENCLOSED
- MAP NOT INCLUDED or INCOMPLETE
- ADDITIONAL SIGNATURES REQUIRED
- SECTION _____ IS INCOMPLETE
- OTHER/EXPLANATION: _____

STAFF: _____ **DATE:** ____ / ____ / ____