



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**

(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: \_\_\_\_\_

|   |                       |
|---|-----------------------|
| <b>FOR OFFICE USE ONLY</b>  |                       |
| CHANGE No. <u>CS4-02398CTCL</u>   | WRIA <u>37</u>        |
| DATE ACCEPTED <u>06/24/05</u>   | BY <u>[Signature]</u> |
| FEE \$ <u>10.00</u>   | REC'D <u>11/8/04</u>  |
| CHECK No. <u>5001</u>   | <u>[Signature]</u>    |
| 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<br><u>R. E. Cornelius</u> | PHONE NO.<br><u>( ) 966 0366</u> | FAX NO.<br><u>( )</u>    |
| ADDRESS<br><u>15180 Rutherford Rd</u>             |                                  |                          |
| CITY<br><u>YAKIMA</u>                             | STATE<br><u>WA</u>               | ZIP CODE<br><u>98903</u> |

|  |                         |                       |
|--|-------------------------|-----------------------|
| CONTACT NAME (IF DIFFERENT FROM ABOVE) | PHONE NO.<br><u>( )</u> | FAX NO.<br><u>( )</u> |
| ADDRESS                                |                         |                       |
| CITY                                   | STATE                   | ZIP CODE              |

**2. Water Right Information:**

|  |   |
|--|---|
| WATER RIGHT OR CLAIM NUMBER<br><u>2398 Achepehl 299</u>  | RECORDED NAME(S)<br><u>John S. Shenneberger</u> |
| DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                  |   |
| IF NO, PROVIDE OWNER(S) NAME:  |   |
| 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.

|                            |                  |                 |                           |
|----------------------------|------------------|-----------------|---------------------------|
| <b>FOR OFFICE USE ONLY</b> |                  |                 |                           |
| APP. NO. _____             | PERMIT NO. _____ | CERT. NO. _____ | CERT. OF CHANGE NO. _____ |

COURT CLAIM 02398  
SUB 23 ATTADUM  
06-30-1882

CS4-02398CTCL@1

**COPY**

3. Point(s) of Diversion/Withdrawal:

A. Existing

| SOURCE           | NO. | ¼  | ¼  | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|------------------|-----|----|----|------|------|------|----------|------------|
| Branch Abtaum CR | 1   | NE | NE | 18   | 12   | 17   | 11002    |            |
| " Bothsides      | 2+3 | NE | NW | 17   | 12   | 17   |          |            |

B. Proposed

| SOURCE           | NO. | ¼  | ¼  | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|------------------|-----|----|----|------|------|------|----------|------------|
| Branch Abtaum CR | 1   | SW | NE | 18   | 12   | 17   |          |            |
| Branch Abtaum CR | 2   | NE | NW | 17   | 12   | 17   |          |            |

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

1  
2  
EXISTING:  YES  NO      PROPOSED:  YES  NO - IF NO, PROVIDE OWNER(S) NAME: OAK Shire Estate  
existing  Yes      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:

A. Existing

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE      |
|----------------|------------|------------|--------------------|
| IRRIGATION     | 0.45       |            | April 15 - July 10 |
|                |            |            |                    |
|                |            |            |                    |

B. Proposed

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

5. Place of Use:

A. Existing

| LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:  |   |      |      |      |        |               |            |
|--|---|------|------|------|--------|---------------|------------|
| NE ¼ NW ¼  |   |      |      |      |        |               |            |
| NW ¼ NW ¼  |   |      |      |      |        |               |            |
| ¼  | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL #      | # OF ACRES |
|  |   | 17   | 12   | 17   | YAKIMA | 21001 + 22001 | 78.48      |
| 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 type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME: |   |      |      |      |        |          |            |

COPY

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:**

*I have a irrigation well To be used after is turned off*

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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.

X *R. E. ...* *10/22/04*  
 (Applicant) (Date)

X *R. E. ...* *10/22/04*  
 (Water Right Holder) (Date)

X *R. E. ...* *10/22/04*  
 (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

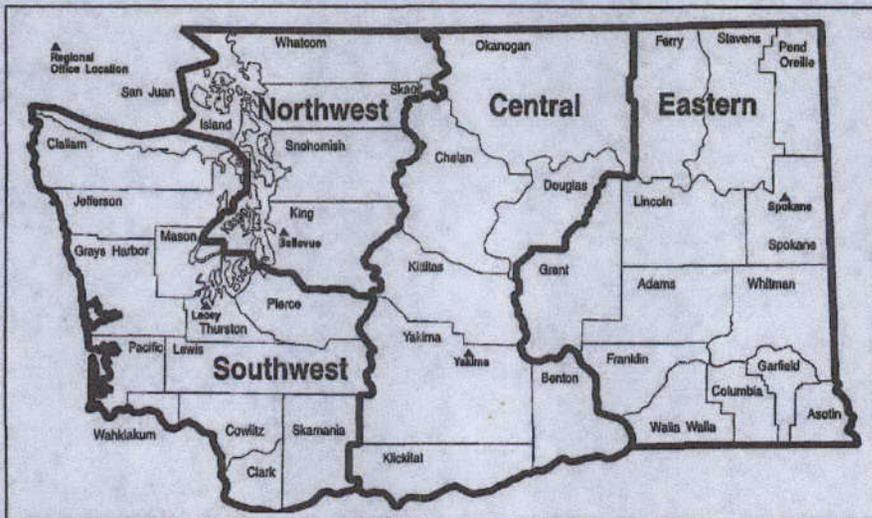
OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**COPY**

**IMPORTANT!**

Submit your application to Ecology at the regional office for the area of proposed or existing water use or 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.



Department of Ecology  
Central Regional Office  
15 W. Yakima Avenue, Suite 200  
Yakima, WA 98902  
Telephone: (509) 575-2490

Department of Ecology  
Eastern Regional Office  
N. 4601 Monroe  
Spokane, WA 99205-1295  
Telephone: (509) 329-3400

Department of Ecology  
Northwest Regional Office  
3190 - 160<sup>th</sup> Avenue SE  
Bellevue, WA 98008-5452  
Telephone: (425) 649-7000

Department of Ecology  
Southwest Regional Office  
PO Box 47775  
Olympia, WA 98504-7775  
Telephone: (360) 407-6300

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

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