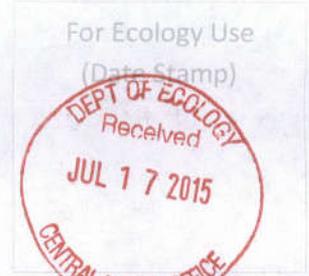




WATER RESOURCES

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	<u>07-17-2015</u>
CHECK NO. <u>8</u>	FEE \$ <u>8</u>
DATE ACCEPTED <u>07-20-2015</u>	BY <u>CS</u>
CHANGE NO. <u>CS4-04590 C@2</u>	
COUNTY <u>CHWAV</u>	WRIA <u>40</u>
SPECIAL AREA	
SEPA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: 001-002-WR10285-000011	
APP NO. <u>01408</u>	PERMIT NO. <u>00053</u>
CERT NO. <u>04590</u>	CERT OF CHG NO. _____

I have completed a pre-application consultation with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME Lower Stemilt Irrigation District	PHONE NO.	FAX NO.
ADDRESS 221 Palouse Street		
CITY Wenatchee	STATE WA	ZIP CODE 98801
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE) Marc Marquis	PHONE NO. (509) 679-0337	FAX NO.
ADDRESS Peterson & Marquis 1227 1st St.		
CITY Wenatchee	STATE WA	ZIP CODE 98801
EMAIL ADDRESS (IF AVAILABLE) marcm@nwi.net		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Same	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

CS4-04590C@2

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER S4-04590C@1	RECORDED NAME(S) Kyle Mathison & Steven Shiflett
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 #
Lake Chelan		SE	SW	8	27N	22E		
N/A TRUST RIGHT		NW	NW	16	27N	22E		

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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Columbia		SE ^{sw}	SE	19	22	21E		

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.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
N/A Trust Transfer pending	0.039cfs	8.2af	May 1 st to October 15th

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

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation 230ac Orchard & 360ac Pasture	7.11cfs	1744af	Seasonal

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

N/A Trust Transfer pending.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

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:

Land served by the Lower Stemilt Irrigation District within the District's boundaries

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

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):

6. Remarks and Other Relevant Information:

LSID's existing Columbia River diversion is located 1400ft west and 1000ft north of the SW corner of Sec 19. Change is requested to offset water shortages due to declared drought conditions within the Stemilt Creek Basin. Requested quantities are for the purposes of supporting currently cultivated areas located within LSID. Due to drought conditions, available water supplies from Stemilt Creek are less than 75% of normal which will result in hardship and loss to existing agricultural operations. Water right authority shall be accommodated via water rights which are owned by the applicant and authorized for irrigation, in-stream flows, and mitigation associated with a pending water right application previously submitted by LSID and currently under review by DOE.

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 Phone (360) 570-3265

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 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.

MARC MARQUIS

Applicant Printed Name – Title

GENERAL COUNSEL

Applicant Signature

7/15/2015
(Date: MM/DD/YYYY)

Water Right Holder Printed Name

Water Right Holder Signature

(Date: MM/DD/YYYY)

Land Owner of Existing Place of Use Printed Name

Land Owner of Existing Place of Use Signature

(Date: MM/DD/YYYY)

Land Owner of Proposed Place of Use Printed Name

Land Owner of Proposed Place of Use Signature

(Date: MM/DD/YYYY)

<p>*Submit your application to:</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 type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 th 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