



# WATER RESOURCES

## Application for Change/Transfer of a Water Right

For Ecology Use  
(Date Stamp)



**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: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 07-23-2015  
 CHECK NO. 0 FEE \$ 0  
 DATE ACCEPTED 07-30-2015 BY 0  
 CHANGE NO. C64-29764P  
 COUNTY Klickitat WRIA 30  
 SPECIAL AREA \_\_\_\_\_  
 SEPA:  EXEMPT  NOT EXEMPT KLIC-15-01  
 ECY CODING: 001-002-WR10285-000011  
 APP NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_  
 CERT NO. \_\_\_\_\_ CERT OF CHG NO. \_\_\_\_\_

**No filing fee is required for applications for:**

- Drought
- Cost Reimbursement
- Water Conservancy Board

I have completed a pre-application consultation with Ecology.

### 1. Applicant Information

APPLICANT/BUSINESS NAME <b>Ron Ihrig/PUD No. 1 of Klickitat County</b>	PHONE NO. <b>509-773-7629</b>	FAX NO. <b>509-773-6431</b>
ADDRESS <b>1313 S. Columbus Ave.</b>		
CITY <b>Goldendale</b>	STATE <b>WA</b>	ZIP CODE <b>98620</b>
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE) <b>Russ Patton...</b>	PHONE NO. <b>509-773-7620</b>	FAX NO.
ADDRESS <b>1313 S. Columbus Ave.</b>		
CITY <b>Goldendale</b>	STATE <b>WA</b>	ZIP CODE <b>98620</b>
EMAIL ADDRESS (IF AVAILABLE) <b>rpatton@klickpud.com</b>		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <b>J and A Lands, LLC.</b>	PHONE NO. <b>541.490.5663</b>	FAX NO.
ADDRESS <b>1100 Hwy 141</b>		
CITY <b>White Salmon</b>	STATE <b>WA</b>	ZIP CODE <b>98672</b>
EMAIL ADDRESS (IF AVAILABLE) <b>gorgespirit@gorge.net</b>		

**KLIC-15-01      C64-29764P**

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G4-29764	RECORDED NAME(S) Klickitat Cnty PUD 1
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 #
Upper Well		SE	SE	34	03N	12E	03123444000100	BCF088

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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
A new well to be constructed		NE	SE	34	03N	12E	03123400000700	

### 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): J and A Lands, LLC

- 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
Municipal	400	224	01/01-12/31

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

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

## 5. Place of Use:

### A. Existing

<b>LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:</b>							
The place of use of this water right is the service area described in the most recent Water System Plan/Small Water System Management Program approved by the Washington State Department of Health.							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER NAME(S):							

### B. Proposed (if different than 5.A.)

<b>LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:</b>							
1/4	1/4	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 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:

Existing water right allows for 2 wells in the same 1/4-1/4 section. Due to restrictions from the water right as well as terrain and residential parcels, there is limited space available to place the 2nd well in the existing 1/4-1/4. The owner of the property that is available in said 1/4-1/4 has future plans for the property within the 1/4-1/4. The space that is available for the new well is outside said 1/4-1/4.
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

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.

Ron IHRIG  
Applicant Printed Name – Title

Ron IHRIG  
Applicant Signature

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

Ron IHRIG  
Water Right Holder Printed Name

Ron IHRIG  
Water Right Holder Signature

7/7/15  
(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><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902-3463 (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 <sup>th</sup> 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

**ATTACHMENT FOR  
Application for Change/Transfer of Water Right**

**Point(s) of Diversion/Withdrawal -  Existing  Proposed:**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Upper Well No. 2		NE	SE	34	03N	12E	03123400000700	

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL?  YES  NO  
 IF NO, PROVIDE OWNER NAME(S): J and A Lands LLC

**Purpose(s) of Use -  Existing  Proposed:**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	400	224	01/01-12/31

**Place of Use -  Existing  Proposed:**

LEGAL DESCRIPTION OF LANDS							
The place of use of this water right is the service area described in the most recent Water System Plan/Small Water System Management Program approved by the Washington State Department of Health.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE?  YES  NO  
 IF NO, PROVIDE OWNER NAME(S):

## ATTACHMENT FOR Application for Change/Transfer of Water Right

### 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 the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

<p><u>Ron Hrig</u></p> <input checked="" type="checkbox"/> Applicant Printed Name – Title <input type="checkbox"/> Water Right Holder Printed Name <input type="checkbox"/> Land Owner of Existing Place of Use Printed Name <input type="checkbox"/> Land Owner of Proposed Place of Use Printed Name	<p><u>Ron Hrig</u></p> <input checked="" type="checkbox"/> Applicant Signature <input type="checkbox"/> Water Right Holder Signature <input type="checkbox"/> Land Owner of Existing Place of Use Signature <input type="checkbox"/> Land Owner of Proposed Place of Use Signature	<p><u>7/7/15</u></p> (Date: MM/DD/YR)
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