



STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

L2000 ST F509E
03-12-2009

RECEIVED
MAR 16 2009

NOTE: THIS FORM IS ONLY TO BE USED FOR THE ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

(Check all that apply.)

- Lease
- Purchase
- Donation
- Other

Explain: _____

Portion of the identified existing water right

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

FOR OFFICE USE ONLY CHOWAN

FILE No. CS4-SWC 7742e3 WRIA 47

DATE ACCEPTED 03/25/09 BY [Signature]

FEE \$ [Signature] REC'D 03/12/2009

CHECK No. [Signature]

SEPA: Exempt Not exempt

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

1. Applicant Information:

APPLICANT/BUSINESS NAME Michael/Martha Buckingham		PHONE NO. (509) 784-1325	FAX NO. ()
ADDRESS PO Box 384			
CITY Entiat		STATE WA	ZIP CODE 98822-0384
CONTACT NAME (IF DIFFERENT FROM ABOVE)		PHONE NO. ()	FAX NO. ()
ADDRESS			
CITY		STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER CS4-SWC7742	RECORDED NAME(S) Michael & Martha Buckingham
DO YOU OWN THE RIGHT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS (ATTACHED)	

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.

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WATER RIGHT NO. _____ FILE (contract) NO. _____

**14807
12042
07742**

CS4-SWC7742@3

Temp Trust
DONATION

3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s):	

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Columbia River								NO
1000 ft North and 600 ft East of the west ¼ corner of Sec 2, T27N, R23E								

47
below

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.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
IRRIGATION	0.47 cfs	49.46	MAY 1-OCTOBER 1

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
INSTREAM FLOW IN THE COLUMBIA RIVER	49.46

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
PORTIONS OF GL5 SEC 2, AND SE NE OF SEC 3, ALL IN T27N, R23E WM							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					CHELAN	272303140050 272302230050 272302230200 272302230150	17.7
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:							
The ownership of the original place of use has been split and McClellan's Snow Creek Ranches owns the balance of the permitted area. Shown on the attached map. This application has no implications or obligations on their water right.							

* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
COLUMBIA RIVER

7. Remarks and Other Relevant Information:

Attached are maps showing place and extent of use, affidavit on irrigation practice during past 5 years, and quantification of water use based on the Washington Irrigation Guide and pertinent DOE policies and guidelines.

Also attached is the chain of title on the property covering the lands that the Buckingham's now own and were included in the originally permitted place of use, with the exception of lands submerged by the creation of the Rocky Reach pool and Construction of State Highway 97.

Charles McClellan owns the balance of the permitted property and it is shown on the attached map, along with the Buckingham property. McClelland filed for a new ground water right in 1971 under application number 11652 to cover the lands shown on the attached map but it was determined that this property was in fact a portion of the 30 acres originally permitted by James Collins under Water Right SWC7742, so the application was cancelled in 1973. (Source: DOE Files)

8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology 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)	____/____/____ (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):

ADDITIONAL SIGNATURES REQUIRED SECTION _____ IS INCOMPLETE

OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____