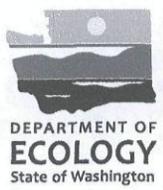


RECEIVED

JUL 13 2010

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE



STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

C64-26270C *CH2A*

FOR OFFICE USE ONLY

CHANGE No. CHC1-10-04 WRIA 46

08-17-2010 DATE ACCEPTED 7, 8, 10 BY jd

1000.00 FEE \$ 1000.00 REC'D 7, 8, 10

1083 CHECK No. 1083 *07-13-2010*

ECY Coding: 001-002-WR10285-000011

SEPA: Exempt Not exempt

(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: modify season of use; change from supplemental to additive right.

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

1. Applicant Information:

APPLICANT/BUSINESS NAME James R. Cannon	PHONE NO. (509) 682-6761	FAX NO. ()
ADDRESS 7940 Entiat River Road		
CITY Entiat	STATE WA	ZIP CODE 98822

CONTACT NAME (IF DIFFERENT FROM ABOVE) Mary McCrea	PHONE NO. (509) 996-4121	FAX NO. ()
ADDRESS P.O. Box 850		
CITY Winthrop	STATE WA	ZIP CODE 98862

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER G4-26270C	RECORDED NAME(S) Randolph N. Cannon
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: The owner of the right is the Estate of Randolph Cannon. James Cannon is the Personal Representative of the estate. A copy of the appointment of James Cannon as Personal Representative is enclosed with this application.	
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.

CHC1-10-04 *C64-26270C*

64-26270GWR15

FOR OFFICE USE ONLY

APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	NW	SE	33	26N	20E	262033420050	none

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	NW	SE	33	26N	20E	262033420050	none
Well	2	NW	NE	33	26N	20E	262033130100	ABX 237

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

EXISTING: YES NO PROPOSED: YES NO – IF NO, PROVIDE OWNER(S) NAME: Estate of Randolph Cannon

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	600 gpm	120	April 15-October 15
Frost protection	600 gpm	10.6	March 15-June 1

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	600 gpm	120	April 1- October 31
Frost protection	600 gpm	10.6	March 15-June 1

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

The SW1/4 NE1/4 lying west of the Entiat River and the NW1/4 SE1/4 lying west of the Entiat River both within Section 33, T. 26 N., R. 20 E.W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	NE	33	26N	20E	Chelan		30

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES NO – IF NO, PROVIDE OWNER(S) NAME: Estate of Randolph Cannon.

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

NE1/4 NW1/4, south of the Entiat River;
 NE1/4 NE1/4 SE1/4 NW1/4;
 W1/2 NE1/4;
 N1/2 SE1/4, west of the Entiat River; and
 E2/3 N2/3 SW1/4, west of the Entiat River

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		33	26N	20E	Chelan		85

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

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): See Exhibit 1 to Attachment A..

6. Remarks and Other Relevant Information:

Location of Well #1: 1800 feet west and 40 feet south of the east quarter corner of Section 33.
Location of Well #2: 2657 feet west and 1032 feet south from the NE corner of Section 33.
See Attachments A and B.
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.

(Applicant)	/ /
<i>See next page</i>	(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):	
<input type="checkbox"/> APPLICATION FEE NOT ENCLOSED	<input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ___/___/___

ESTATE OF RANDOLPH CANNON

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(Applicant) James R. Cannon 6/24/10 (Date)

(Water Right Holder) James R. Cannon (PR) 6/24/10 (Date)
Estate of Randolph N. Cannon

(Land Owner(s) of Existing Place of Use) James R. Cannon (PR) 6/24/10 (Date)
Estate of Randolph N. Cannon

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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: ___/___/___