

From B to E #2

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AUG 02 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

39 YAK

- (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: _____

See #6 (REMARKS) for quantities to change

FOR OFFICE USE ONLY	
CHANGE NO. <u>CS4-008045615</u> WRIA <u>39</u>	YAK
DATE ACCEPTED <u>03/10/11</u> BY <u>[Signature]</u>	
FEE \$ <u>50.00</u> REC'D <u>B</u> / <u>2</u> / <u>2010</u>	
CHECK No. <u>1976</u> <u>XMM</u>	
ECY Coding: 001-002-WR10285-000011	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

Rept # 207004

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

1. Applicant Information:

C 509 | 480 - 8101

APPLICANT/BUSINESS NAME <u>Charles Douglas Mayo</u>	PHONE NO. <u>(509) 697-7633</u>	FAX NO. ()
ADDRESS <u>2741 S. Wenas Rd</u>		
CITY <u>Selah</u>	STATE <u>WA</u>	ZIP CODE <u>98942</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO. ()	FAX NO. ()
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>804 804</u>	RECORDED NAME(S) <u>Charles Douglas + John S Mayo</u>
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 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.

COVER CLAIM <u>00804</u>	
SUBSIS WRIGHTS	
<u>07-10-1872</u>	
APP. NO. _____	PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

ECY 040-1-97 (Rev. 07/08) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

CS4-008045615

PARCEL B → E

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
N/A								

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
N/A								
no change								

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

EXISTING: YES NO PROPOSED: YES NO – IF NO, PROVIDE OWNER(S) NAME:

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
no change			

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
No change			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
PARCEL B on ATTACHED Map and legal description							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	NE	9	14	18	YAKIMA	11001	24.65
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:							
PARCEL E on attached Map and legal description							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	SE	4	14	18	YAKIMA	43003	24.65
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:							

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?	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): <u>425D</u> <u>G 3214576</u> Ground Water

6. Remarks and Other Relevant Information:

This change is for in place of use	
24.65 AC	
0.49 cfs	
98.6 Acft/yr	
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.

John Danks Mayo
(Applicant)

8/2/10
(Date)

John Danks Mayo
(Water Right Holder)

8/2/10
(Date)

dba Haywire Outfit, Inc.
(Land Owner(s) of Existing Place of Use)

8/2/10
(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: ___/___/___