



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
 OF WATER RIGHT**

RECEIVED
 MAR 04 2011

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

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**

(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)

Explanation: this is a temporary transfer

FOR OFFICE USE ONLY	
CHANGE No. <u>CS4-26684C@1</u>	WRIA <u>50</u>
DATE ACCEPTED <u>04/04/11</u>	BY <u>[Signature]</u>
FEE \$ <u>50.00</u>	REC'D <u>03/02/2011</u>
CHECK No. _____	
ECY Coding: 001-002-WR10285-000011	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

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

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>MARY K. BAILEY</u>	PHONE NO. <u>(509) 923-2466</u>	FAX NO. <u>(509) 923-1923</u>
ADDRESS <u>62 BAILEY WAY</u>		
CITY <u>BREWSTER</u>	STATE <u>WA</u>	ZIP CODE <u>98812</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>MARK C. MILLER</u>	PHONE NO. <u>(509) 689-3610</u>	FAX NO. <u>(509) 689-2963</u>
ADDRESS <u>PO Box 1635</u>		
CITY <u>BREWSTER</u>	STATE <u>WA</u>	ZIP CODE <u>98812</u>

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>SEE ATTACHED 5426684C</u>	RECORDED NAME(S) <u>VICTOR C. BAILEY</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: <u>N/A</u>	
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.

684C

CS4-26684C@1

FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

54-26684C

3. Point(s) of Diversion/Withdrawal:

A. Existing Refer to S4 26684C

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Sec Above								

B. Proposed Refer to S4 26372C

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Sec Above								

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 Refer to S4 26684C

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

B. Proposed Refer to S4 26372C

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

5. Place of Use:

A. Existing Refer to S4 26684C

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

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(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

PT. NE ¼ OF NE ¼ SEC 1 TWP 29 N RGE 23 E
 PT N ½ OF NW ¼ ¼ & NW ¼ OF NE ¼ SEC 6 TWP 29 N
 Excepting any parcels of land owned by BANRAC RAG 24 E
 DOUGLAS COUNTY

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(S) NAME:
 Ralph Dobson

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): S4-29264C
 SS-00481C

6. Remarks and Other Relevant Information:

I intend all periods of use & all purposes of use to be fully exercised by Ralph Dabson	
IF FOR SEASONAL OR <u>TEMPORARY</u>	START DATE <u>1,1,11</u> END DATE <u>12,31,12</u>

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.

VICTOR C. BAILEY (DECEASED)
 BY MARY K. BAILEY (WIFE) 2/23/11
(Applicant) (Date)

VICTOR C. BAILEY (DECEASED)
 BY MARY K. BAILEY (WIFE) 2/23/11
(Water Right Holder) (Date)

VICTOR C. BAILEY (DECEASED)
 BY MARY K. BAILEY (WIFE) 2/23/11
(Land Owner(s) of Existing Place of Use) (Date)

Mary K. Bailey

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: ____/____/____

54-26684C
ATTACHMENT FOR
APPLICATION FOR CHANGE

Additional Signatures:

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

MARY K BAILEY
Print Name
Check all that apply
 Applicant or authorized representative
 Water Right Holder

Mary K. Bailey 2-23-11
Signature Date
 Legal Owner ~~Existing~~ Existing Place of Use
 Legal Owner or Part Owner Proposed Place of Use

Ralph Dobson
Print Name
Check all that apply
 Applicant or authorized representative
 Water Right Holder

Ralph D. Dobson 2-23-11
Signature Date
 Legal Owner or Part Owner Existing Place of Use
 Legal Owner ~~Proposed~~ Proposed Place of Use

Print Name
Check all that apply
 Applicant or authorized representative
 Water Right Holder

Signature Date
 Legal Owner or Part Owner Existing Place of Use
 Legal Owner or Part Owner Proposed Place of Use

Print Name
Check all that apply
 Applicant or authorized representative
 Water Right Holder

Signature Date
 Legal Owner or Part Owner Existing Place of Use
 Legal Owner or Part Owner Proposed Place of Use

Print Name
Check all that apply
 Applicant or authorized representative
 Water Right Holder

Signature Date
 Legal Owner or Part Owner Existing Place of Use
 Legal Owner or Part Owner Proposed Place of Use

Print Name
Check all that apply
 Applicant or authorized representative
 Water Right Holder

Signature Date
 Legal Owner or Part Owner Existing Place of Use
 Legal Owner or Part Owner Proposed Place of Use

Print Name
Check all that apply
 Applicant or authorized representative
 Water Right Holder

Signature Date
 Legal Owner or Part Owner Existing Place of Use
 Legal Owner or Part Owner Proposed Place of Use

Print Name
Check all that apply
 Applicant or authorized representative
 Water Right Holder

Signature Date
 Legal Owner or Part Owner Existing Place of Use
 Legal Owner or Part Owner Proposed Place of Use

Print Name
Check all that apply
 Applicant or authorized representative
 Water Right Holder

Signature Date
 Legal Owner or Part Owner Existing Place of Use
 Legal Owner or Part Owner Proposed Place of Use