



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

RECEIVED

MAY 09 2011

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**

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

(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: _____

CS4-29942P

FOR OFFICE USE ONLY

CHANGE No. *DOUG11-01 WRIA 44*

DATE ACCEPTED *05-10-2011* BY *41*

FEE \$ *600⁰⁰* REC'D *4, 11, 11*

CHECK No. *4181* *05-09-2011*

ECY Coding: 001-002-WR10285-000011

SEPA: Exempt Not exempt

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

1. Applicant Information:

APPLICANT/BUSINESS NAME <i>Earl + Kathy Drinkwater</i>	PHONE NO. <i>(509) 682-2057</i>	FAX NO. <i>(509) 784-2057</i>
ADDRESS <i>1 Drinkwater Drive</i>		
CITY <i>Orondo</i>	STATE <i>WA</i>	ZIP CODE <i>98843</i>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <i>Kathy Drinkwater</i>	PHONE NO. <i>509 682 2057</i>	FAX NO. <i>509 784. 2057</i>
ADDRESS		
CITY	STATE	ZIP CODE

LEGAL LAND OWNER or PART OWNER NAME OF PROPOSED PLACE OF USE	PHONE NO. ()	FAX NO. ()
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <i>S4-29942 P</i>	RECORDED NAME(S) <i>Earl + Kathy Drinkwater</i>
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.

34-29942

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

ECY 040-1-97 (Rev. 03/11) 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.

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0046-11-01

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Surface Diversion		Gov Lot 5	8	26	22E			NA

B. Proposed NA

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

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
Frost Protection	2.0	~16	MAR 15 - Jun 1
IRRIGATION	2.0	~340	Apr 15 - Oct 31

B. Proposed NA

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

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Gov Lot 4 (SE 1/4 NW 1/4), Gov Lot 5 (SW 1/4 NE 1/4), Gov Lot 6 (NW 1/4 SE 1/4), SE 1/4 SW 1/4, NE 1/4 SW 1/4, ALL IN SECTION 8, T 26 N, R 22 E W M, Douglas County, Washington							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		8	26	22	Douglas		~70

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:							
Gov Lot 4 (SE 1/4 NW 1/4), Gov Lot 5 (SW 1/4 NW 1/4), Gov Lot 6 (NW 1/4 SE 1/4), SE 1/4 SW 1/4, NE 1/4 SW 1/4 SW 1/4, SW 1/4, NW 1/4, SW 1/4, ALL IN SECTION 8, T 26 N, R 22 E W M, Douglas County, Washington							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		8	26	22	Douglas		~70

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): _____

6. Remarks and Other Relevant Information:

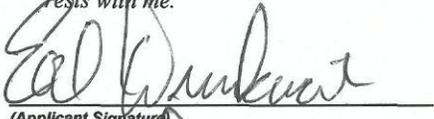
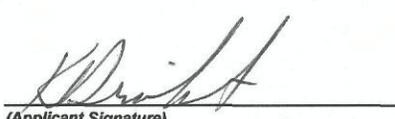
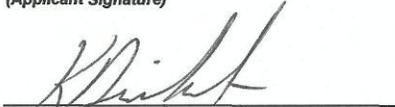
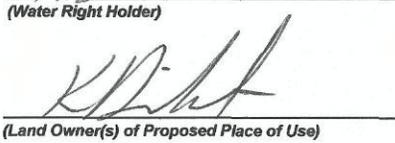
Contact, Tom Perkow, WDOE - Wenatchee with questions 509-462-0512
IF FOR SEASONAL OR TEMPORARY, START DATE <u> </u> / <u> </u> / <u> </u> END DATE <u> </u> / <u> </u> / <u> </u>

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.

 (Applicant Signature)	 (Applicant Signature)	<u>4/6/11</u> (Date)
 (Water Right Holder)	 (Water Right Holder)	<u>4/6/11</u> (Date)
 (Land Owner(s) of Proposed Place of Use)	 (Land Owner(s) of Proposed Place of Use)	<u>4/6/11</u> (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: <u> </u> / <u> </u> / <u> </u>