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DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE



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

NOTE: THIS FORM IS ONLY TO BE USED FOR THE
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- Lease
- Purchase
- Donation
- Other

Explain: _____

Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE 4.1.11
END DATE 12.31.12

FOR OFFICE USE ONLY	
FILE No. <u>CS4-004675b10</u>	WRIA <u>39</u>
DATE ACCEPTED <u>07.27.11</u>	BY <u>[Signature]</u>
FEE \$ <u>0</u>	REC'D <u>07.19.2011</u>
CHECK No. <u>00</u>	
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>STEVEN C. ROSBACH</u>	PHONE NO. <u>(509) 968-3253</u>	FAX NO. <u>(509) 968-3858</u>
ADDRESS <u>2180 S. FERGUSON RD.</u>		
CITY <u>ELLENSBURG</u>	STATE <u>WA</u>	ZIP CODE <u>98926</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>CS4-00467 CTCL @ 2</u>	RECORDED NAME(S) <u>STEVEN C. ROSBACH</u>
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS	

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.

FOR OFFICE USE ONLY	
WATER RIGHT NO. <u>CS4-004675b10 @ 2</u>	FILE (contract) NO. _____

1873

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

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water user/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input checked="" type="checkbox"/> Alteration in method of water application	<input 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):	

POD
NEW?

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
CARIBOU	1	NE	NE	22	T17N	19E		

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	2.3	200.0	APRIL 1 TO OCTOBER 15

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:		ACRE-FEET/YR
PURPOSE OF USE		
IN STREAM FLOW		200.0

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
NE ¼, NE ¼ SECTION 21 AND N ½ NW ¼ SECTION 22							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		21+22	17N	19E	KITTITAS		99.9
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:							

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

