



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

TDR Comm
6.24-11

Revisions to
Application
RECEIVED

JUL 26 2011

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

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

**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)

Explain: _____

FOR OFFICE USE ONLY	
CHANGE No. <u>CS4-13134C@3(A)</u>	WRIA <u>31</u>
DATE ACCEPTED <u>09/07/11</u>	BY <u>[Signature]</u>
FEE \$ <u>0</u>	REC'D <u>07/26/2011</u>
CHECK No. <u>0</u>	
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 AgReserves, Inc.	PHONE NO. (509) 734-1195	FAX NO. (509) 734-1092
ADDRESS c/o AgriNorthwest, P.O. Box 2308		
CITY Tri-Cities	STATE WA	ZIP CODE 99302

CONTACT NAME (IF DIFFERENT FROM ABOVE) Tom Mackay - AgriNorthwest	PHONE NO. () same	FAX NO. () same
ADDRESS same		
CITY	STATE	ZIP CODE

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

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER S4-13134(A)C under change No. <u>CS4-13134P@2(A)</u>	RECORDED NAME(S) AgReserves, Inc.
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.

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

BENT-11-03

CS4-13134C@3(A)

WRSA # 4924220

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
See attached water right <i>Columbia River</i>		NW	NW	15	5N	27E	115572000001001	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Current diversion &		NW	NW	15	5N	27E	115572000001001	
Well-200 ft south and 1400 feet east of the northwest corner of section 12.		NW <i>1/4</i>	NW <i>1/4</i>	12	5N	27E	112572012982001	G4-26529C

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

EXISTING: XX YES NO PROPOSED: XX 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
<i>Commercial and</i>	4.5 cfs	1,050	Year around

B. Proposed

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

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
See attached water right S4-13134(A)C and Ecology 10/26/2007 order on (S4-13134)P@ 2(A), both same description.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

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

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
same							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? XX 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? XX YES NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): G4-26529C



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(Check all that apply.)

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- Other (i.e. consolidation, intertie, trust water)

Explain: _____

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CHANGE No. _____	WRIA _____
DATE ACCEPTED ____/____/____	BY _____
FEE \$ _____	REC'D ____/____/____
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)

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2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER S4-13134(A)C	RECORDED NAME(S) AgReserves, Inc.
DO YOU OWN THE RIGHT TO BE CHANGED? XX 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? X 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.

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 #
See attached water right							115571000001000	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Current diversion &							115571000001000	
Well-200 ft south and 1400 feet east of the northwest quarter corner of section 12.	NW 1/4	NW 1/4	NW 1/4	12	5N	27E	112572012982001	G4-26529C

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

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4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Industrial		1,050	Year around

B. Proposed

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

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
See attached water right S4-13134(A)C							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

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

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
same							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

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

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Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
 XX YES NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): G4-26529C

6. Remarks and Other Relevant Information:

Water right # S4-13134(A)C allows 1,050 acre feet or 342,140,400 gallons per year.
Water right # G4-26529C allows 121 acre feet or 39,427,608 gallons per year.
No expansion of the water rights will occur. No more than 379,568,008 gallons or 1,171 acre feet will be used.
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.

<p><u>Don M. Slight</u> (Applicant Signature)</p>	<p>_____ (Applicant Signature)</p>	<p><u>6/17/11</u> (Date)</p>
<p><u>Same</u> (Water Right Holder)</p>	<p>_____ (Water Right Holder)</p>	<p><u>6/17/11</u> (Date)</p>
<p><u>Same</u> (Land Owner(s) of Proposed Place of Use)</p>	<p>_____ (Land Owner(s) of Proposed Place of Use)</p>	<p><u>6/17/11</u> (Date)</p>

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: ___/___/___	