



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

DEPT OF ECOLOGY
 Received
 OCT 31 2011
 CENTRAL REGION OFFICE

10/21/11
 Check # 39074
 #50.00
 (MR)

DEPT. OF ECOLOGY
 FISCAL & BUDGET
 Received
 OCT 21 2011
 CENTRAL REGION 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)

Explain: _____

FOR OFFICE USE ONLY	
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)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Shore Properties Inc	PHONE NO. (509) 457-6177	FAX NO. (509) 457-6175
ADDRESS P.O. Box 1588		
CITY Yakima	STATE WA	ZIP CODE 98907

CONTACT NAME (IF DIFFERENT FROM ABOVE) Clifford Plath	PHONE NO. (509) 457-6177	FAX NO. (509) 457-6175
ADDRESS P.O. Box 1588		
CITY Yakima	STATE WA	ZIP CODE 98907

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER G4-2601C in conjunction with G4-26464C & G4-31006P	RECORDED NAME(S) Shore Properties Inc
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DO YOU OWN THE RIGHT TO BE CHANGED? YES NO

PROVIDE OWNER(S) NAME and ADDRESS:



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

10/11
 Check # 39074
 \$50.00
 (mr)



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- Change/transfer place of use
- Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY	
CHANGE No. <u>C64-26018C@8</u>	WRIA <u>31</u>
DATE ACCEPTED <u>11, 08, 11</u>	BY <u>[Signature]</u>
FEE \$ <u>50.00</u>	REC'D <u>10, 21, 2011</u>
CHECK No. <u>39074</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 Shore Properties Inc		PHONE NO. (509) 457-6177	FAX NO. (509) 457-6175
ADDRESS P.O. Box 1588			
CITY Yakima		STATE WA	ZIP CODE 98907
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ADDRESS P.O. Box 1588			
CITY Yakima		STATE WA	ZIP CODE 98907

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER G4-2601C in conjunction with G4-26464C & G4-31006P	RECORDED NAME(S) Shore Properties 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.

C64-26018C@8

Columbia River

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

*JOASARK
CHANGE*

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Wells			SW	11	5N	27E	1157100-0000-000	None

This is wrong - Again - it is probably Sec 15 + 5 R27

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #
Columbia River John Day Pool		SW		28	6N	27E	
		NW		33	6N	27E	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
 EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME: Agri-Northwest

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: Irrigation

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Agricultural Seasonal for 110 Ac	1108	440	April 1 to Oct 31

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Agricultural Seasonal for 110 acres	1108	440	April 1 to Oct 31

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
 All of section 11, TWP 5N, R 27E lying north of Christy Rd with exceptions for Williams Gas Plant and 30.3 acres planted to apples
 See area color coded brown on attached map

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		11	5N	27E	Benton	1157100-0000-000	110

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

wrong again I think they mean Parcel # 11571000001000 The one they list does not exist

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:
 As described above and outlined in orange on the attached map

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		28&33	6N	27E	Benton		110

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

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.

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.

ATTACHMENT FOR APPLICATION FOR CHANGE

Point(s) of Diversion/Withdrawal - Existing Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1		S	10	5N	27E		None
Well	2		SW	11	5N	27E		None
Well	3		SE	10	5N	27E		None
Wells	4,5		SE	11	5N	27E		None
Wells	6,7		SE	11	5N	27E		None

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? YES NO – IF NO, PROVIDE OWNER(S) NAME:

Purpose(s) of Use - Existing Proposed:

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

Place of Use - Existing Proposed:

LEGAL DESCRIPTION OF LANDS							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

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

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): G4-26464C & G4-31006P

6. Remarks and Other Relevant Information:

This transfer request is acre for acre seasonal transfer
The water right G4-26018C is used in conjunction with G4-26464C and G4-31006P for irrigation and the transfer in only a portion of the total rights.
This transfer is for water from wells that are in direct hydraulic continuity with the Columbia River per previous Ecology review

IF FOR SEASONAL OR TEMPORARY, START DATE 4/1/2012 END DATE 10/31/2012

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.

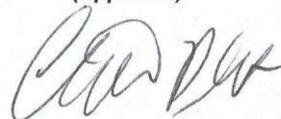
7. Signatures:

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)

10/14/11
(Date)



(Water Right Holder)

10/14/11
(Date)



(Land Owner(s) of Existing Place of Use)

10/14/11
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- APPLICATION FEE NOT ENCLOSED MAP NOT INCLUDED or INCOMPLETE
- ADDITIONAL SIGNATURES REQUIRED SECTION _____ IS INCOMPLETE
- OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____