



STEVENS COUNTY WATER CONSERVANCY BOARD

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

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

FOR OFFICE USE ONLY	
CHANGE No. <u>CS3-CV2P589</u>	WRIA <u>50</u>
DATE ACCEPTED <u>11/08/2011</u>	BY <u>[Signature]</u>
FEE \$ <u>0</u>	REC'D <u>10/17/2011</u>
CHECK No. <u>10</u>	<u>COST REIMBURSEMENT</u>
SEPA: <input type="checkbox"/> Exempt	<input type="checkbox"/> Not exempt

(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: Change Season of Use

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

1. Applicant Information:

APPLICANT/BUSINESS NAME Cass Gebbers	PHONE NO. (509) 689-3424	FAX NO. (509) 689-2997
ADDRESS PO Box 735		
CITY Brewster	STATE WA	ZIP CODE 98812
CONTACT NAME (IF DIFFERENT FROM ABOVE) Tory Wulf – Gebbers Farms	PHONE NO. (509) 449-0101	FAX NO. ()
ADDRESS PO Box 7		
CITY Brewster	STATE WA	ZIP CODE 98812
CONTACT NAME (IF DIFFERENT FROM ABOVE) Gene St. Godard	PHONE NO. (509) 468-4876	FAX NO. ()
ADDRESS PO Box 28755		
CITY Spokane	STATE WA	ZIP CODE 99228

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER No. 1841, Cert. of Change Vol. 2 pp 589	RECORDED NAME(S) Arthur A. Miller
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: Albert H. Johnson and wife, 3756 HGWY 231, Springdale, WA 99173	
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.

CS3-CV2P589

FOR OFFICE USE ONLY			
APP. NO. <u>53-CV2P589 MILLER</u>	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 #
Sheep Creek	1	SW	NW	21	30N	40E	2496200	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Columbia River	1	SW	NE	34	30N	25E	3025340008	

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

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

Albert Johnson, 3756 HGWY 231, Springdale, WA 99173

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
Agricultural Irrigation	1.0 cfs	295.52	Non-defined Irrigation Season (1)

(1) No specific irrigation season is noted on certificate. The WIG indicates an irrigation season from May 15th to October 10th (149 days), which would result in 295.52 AF.

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Non-agricultural Irrigation	1.0 cfs	295.52	April 1 – October 31

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Water is currently used on parcel No. 2496200, that area within the SW1/2 of NE1/4 of Section 21, Township 30N, Range 40 EWM, that area east and west of Sheep Creek, tributary to the Colville River. Water is used to irrigate 60 acres.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
S1/2	NE	21	30N	40E	Stevens	2496200	Appx 60

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

Albert Johnson, 3756 HGWY 231, Springdale, WA 99173

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

That area of 60 acres within the proposed project boundaries in T30N, R25E, Sections 26 and 35.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		26/35	30N	25E	Okanogan	3025260003 & 3025350007	60

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):

Existing: G3-129916CL (domestic, stockwatering, irrigation lawn and garden)

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Sheep Creek	1	SW	NW	21	30N	40E	2496200	

59
STEV

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Columbia River	1	SW	NE	34	30N	25E	3025340008	

50
OKA

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
 EXISTING: YES NO PROPOSED: YES NO – IF NO, PROVIDE OWNER(S) NAME:
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LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
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6. Remarks and Other Relevant Information:

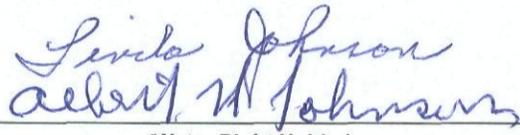
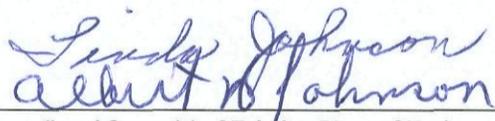
IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

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.

 _____ (Applicant)	10/14/11 _____ (Date)
 _____ (Water Right Holder)	10/10/11 _____ (Date)
 _____ (Land Owner(s) of Existing Place of Use)	10/10/11 _____ (Date)
_____ (Land Owner(s) of Proposed Place of Use)	/ / _____ (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: ____/____/____