



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

RECEIVED

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

NOV 16 2011

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>CS4-25639(A)02</u>	WRIA <u>Benton 31</u>
DATE ACCEPTED <u>12/02/2011</u>	BY <u>[Signature]</u>
FEE \$ <u>0</u>	REC'D <u>11/16/2011</u>
CHECK No. <u>[Signature]</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 The Department of Natural Resources	PHONE NO. (509) 925-0935	FAX NO. (509) 925-8522
ADDRESS 713 Bowers Rd		
CITY Ellensburg	STATE WA	ZIP CODE 98926

CONTACT NAME (IF DIFFERENT FROM ABOVE) Chad Unland	PHONE NO. () Same	FAX NO. ()
ADDRESS Same		
CITY Same	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER S4-25639 (A) P	RECORDED NAME(S) State of Washington, Department of Natural Resources
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.

Priority Date 4/22/1977
@1 Change 7/09/2001

BENT-1105 CS4-25639(A)02

FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. <u>3425639(A)</u>	CERT. NO. _____	CERT. OF CHANGE NO. _____

ANGE

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Columbia River		NE	NE	4	4	24E	Need Parcel ID	n/a

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Columbia River	1	NE	NE	4	4	24E	Need Parcel ID	n/a
Columbia River	2	NW	NW	18	5	26	11856000000000	n/a
Columbia River	3	SW	NE	8	5	26	108563000001000	n/a

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
 EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME:
 Existing (No. 1) owned by: **ConAgra Foods Lamb Weston, Inc**
 Proposed (No. 2) owned by: **Columbia Water and Power District & Sunheaven Farms**
 Proposed (No. 3) owned by: **South Slope Irrigation District**
 *See attached document w/signatures of pump station owner approval.

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
Irrigation	72.15	17,375.15	February 1 to November 15

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	72.15	17,375.15	February 1 to November 15

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
W ½ and the NE ¼ of Section 15; Section 16; Section 21; W ½ and the SE ¼ of Section 26; E ½ and the SW ¼ of Section 28; W ½ and the SE ¼ of Section 30; W ½ and the SE ¼ of Section 32; W ½ and the SE ¼ of Section 34; Section 36 all in T. 7 N., R. 25 E. W.M
Section 36, T. 7 N., R. 24 E.W.M.
Section 16; Section 36; NE ¼ of Section 34; SW ¼ of Section 24, T. 6 N., R. 25 E.W.M. ← R24?
All in Benton County, State of Washington

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

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:
W ½ and the NE ¼ of Section 15; Section 16; Section 21; W ½ and the SE ¼ of Section 26; E ½ and the SW ¼ of Section 28; W ½ and the SE ¼ of Section 30; W ½ and the SE ¼ of Section 32; W ½ and the SE ¼ of Section 34; Section 36 all in T. 7 N., R. 25 E. W.M
Section 36, T. 7 N., R. 24 E.W.M.

Section 16; Section 36; NE ¼ of Section 34; SW ¼ of Section 24, T. 6 N., R. 25 E.W.M.
All in Benton County, State of Washington

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

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): G4-24435 and G3-22306, perhaps more.

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.

MAE FOR DNR SESLA 10 / 9 / 11
 (Applicant) (Date)

MAE C. DNR SESLA 10 / 9 / 11
 (Water Right Holder) (Date)

MAE G. DNR SESLA 10 / 9 / 11
 (Land Owner(s) of Existing Place of Use) (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: ____/____/____