



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

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

12 APR 30 A9:04

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
 ECOLOGY MUST ACCOMPANY THIS APPLICATION**

DEPT. OF ECOLOGY
 FISCAL & BUDGET

(Check all that apply.)

- Change purpose(s) of use
- Add purpose(s) of use FROST + TRUST
- Change point(s) of diversion/withdrawal
- Add point(s) of diversion/withdrawal
- Change/transfer place of use
- Other (i.e. consolidation, intertie, trust water)

TEMPORARILY Explain: TRANSFER ~ 10 ACRES IRRIGATION
 TO HARVEY ESTEP AND PLACE
 REMAINDER INTO TRUST.

FOR OFFICE USE ONLY	
CHANGE No. <u>CS4-061144CL</u>	WRIA <u>48 OKANOGAN 47 COLUMBIA</u>
DATE ACCEPTED <u>05/18/12</u>	BY <u>S</u>
FEE \$ <u>50.00</u>	REC'D <u>4/30/12</u>
CHECK No. <u>3863</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 <u>BERT STENNES</u>	PHONE NO. <u>(509) 679-5355</u>	FAX NO. ()
ADDRESS <u>P.O. Box 38</u>		
CITY <u>PATEROS</u>	STATE <u>WA</u>	ZIP CODE <u>98846</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>MARK C. MILLER</u>	PHONE NO. <u>(509) 689-3610</u>	FAX NO. () <u>689-2903</u>
ADDRESS <u>P.O. Box 1635</u> <u>733-1127 CELL</u>		
CITY <u>BREWSTER</u>	STATE <u>WA</u>	ZIP CODE <u>98812</u>

LEGAL LAND OWNER or PART OWNER NAME OF PROPOSED PLACE OF USE <u>HARVEY ESTEP</u>	PHONE NO. <u>(509) 670-6628</u>	FAX NO. ()
ADDRESS <u>P.O. Box 4481</u>		
CITY <u>WENATCHEE</u>	STATE <u>WA</u>	ZIP CODE <u>98801</u>

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>54-061144CL</u>	RECORDED NAME(S) <u>BERT STENNES</u>
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 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. <u>54-061144CL</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 #
SQUAW CREEK				24	30	22E		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
A WELL		SW	NW	9	26	22	262209515180	

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

EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME: HARVEY ESTEP

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		56	APRIL - OCTOBER

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
IRRIGATION, FROST NO CHANGE CONTROL, AND TRUST		56	APRIL - OCTOBER

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

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:

LOTS 3 & 4 OF CHELAN BUTTE ORCHARDS BLOCK

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	NW	9	26	22	CHELAN	262209515180	10

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

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): S4 - A06568 CWRIS
 AKA SW602663

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
SQUAW CREEK				24	30	22E		

48 OKW

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
A WELL		SW	NW	9	26	22	262209515180	

44 DOUG OR
47 Chelan

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

EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME: HARVEY ESTEP

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 YES NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): 54 - *06568 CW RIS
 AKA SW602663

6. Remarks and Other Relevant Information:

TEMPORARILY TRANSFER ~10 ACRES IRRIGATION TO HARVEY ESTEP AND PLACE REMAINDER INTO TRUST.	
CONTACT THOMAS PERKOW FOR MORE INFO/ANY QUESTIONS.	
IF FOR SEASONAL OR TEMPORARY, START DATE <u>4/1/11</u>	END DATE <u>10/31/12</u>

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.

X [Signature] [Signature] 7/10/2011
 (Applicant Signature) (Applicant Signature) (Date)

X [Signature] [Signature] 7/10/2011
 (Water Right Holder) (Water Right Holder) (Date)

[Signature] [Signature] 09/16/2012
 (Land Owner(s) of Proposed Place of Use) (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: ____/____/____

