



STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

NOTE: THIS FORM IS ONLY TO BE USED FOR THE
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

\$ 100⁰⁰
ck # 2158
7/20/12
1092
VAG



(Check all that apply.)

- Lease
- Purchase
- Donation
- Other

Explain: 1 Year Donation

Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE May 1, 2012
END DATE October 1, 2012

FOR OFFICE USE ONLY	
FILE No. <u>CS4-WRC138366@5(A)</u>	WRIA <u>48</u>
DATE ACCEPTED <u>07/27/2012</u>	BY <u>[Signature]</u>
FEE \$ <u>100⁰⁰</u>	REC'D <u>07/20/2012</u>
CHECK No. <u>2158</u>	
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 Edward Alkire & Charlotte Olson-Alkire		PHONE NO. (509) 996-2708	FAX NO. ()
ADDRESS 20 Mountain Valley Road			
CITY Winthrop	STATE WA	ZIP CODE 98862	

CONTACT NAME (IF DIFFERENT FROM ABOVE) Jeri Timm-TU Washington Water Project		PHONE NO. (509) 888-0970	FAX NO. (509)888-4352
ADDRESS 103 Palouse, Suite 14			
CITY Wenatchee	STATE WA	ZIP CODE 98801	

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER CS4-WRC138366@5(A)	RECORDED NAME(S) Edward Alkire & Charlotte Olson-Alkire
DO YOU OWN THE RIGHT? <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	
ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS	

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	
WATER RIGHT NO. _____	FILE (contract) NO. _____
CS4 WRC 138366@5(A)	
5356422	

3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s): Donation	

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Ground Water Well		NE	NE	16	35	20	8879200100 8879200200	

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.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	92gpm	20.4AF	May 1 to October 1

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Instream flow	14.4 AF

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
See Attached Legal Description on Report of Examination for Change							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NE	NE	16	35	20E	Okanogan	8879200100 8879200200	9.2
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
This water will benefit flows of the Methow River.

7. Remarks and Other Relevant Information:

<p>This Trust Application seeks to effectuate a transfer of the water right to be used exclusively for instream flows for fish maintenance and enhancement, recreational uses and preservation of environmental and aesthetic values as allowed under RCW Chapters 90.03. 90.42 and 90.58.</p> <p>This project also addresses limiting factors for listed species, therefore, we request expedited processing under WAC 173-152-050(2)(b) and (3)(a).</p>

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.

8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology 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.

El A Altun *Char Olson-Altun* 7 / 3 / 2012
 (Applicant) (Date)

El A Altun *Char Olson-Altun* 7 / 3 / 2012
 (Water Right Holder) (Date)

El A Altun *Char Olson-Altun* 7 / 3 / 2012
 (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):	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____ / ____ / ____