



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

FOR OFFICE USE ONLY	
FILE No. <u>64-bwc 07587</u>	WRIA <u>47</u>
DATE ACCEPTED <u>7/11/13</u>	BY <u>[Signature]</u>
FEE \$ <u>50.00</u>	REC'D <u>7/11/13</u>
CHECK No. <u>4909</u>	<u>URG</u>
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

(Check all that apply.)

- Lease
 Purchase
 Donation

Other

Explain: Temporary Trust Donation

Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE: 11/01/2008

END DATE: TBD

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

1. Applicant Information:

APPLICANT/BUSINESS NAME Peregrine Columbia River, LLC		PHONE NO. (206) 452-9400	FAX NO. ()
ADDRESS 999 N. Northlake Way #215			
CITY Seattle, WA		STATE WA	ZIP CODE 98103

CONTACT NAME (IF DIFFERENT FROM ABOVE) Marc Marquis, Peterson & Marquis Law Office		PHONE NO. (509) 679-0337	FAX NO. ()
ADDRESS 1227 First Street			
CITY Wenatchee		STATE WA	ZIP CODE 98801

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Ground Water Certificate 7587-A	RECORDED NAME(S) Kamphaus and Paslay
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 type="checkbox"/> YES <input checked="" 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. <u>64-09977CWR15</u>	FILE (contract) NO. <u>09977</u>
	<u>09540</u>
	<u>07587</u>
64 bwc 07587	

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): NA	

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well				23	28N	23E	282323110065	

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 11.9ac	158.88gpm	46.78af	April 1 st to Nov 1st

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
Irrigation 10.94ac	43.33af
Trust Transfer	3.67af

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
T28N R23EWM Sec 23, W PT Tract D BLA 2010-068, PT Tract C BLA 2009-079							
PT Lot D BLA 2010-068, PT Lot C BLA 2009-079 NW NE GL 2 B/T RR HWY							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	Gov	23	28N	23E	Chelan	282323120050	9.82ac
	Lts 1&2	23	28N	23E		282323110065	7.1ac
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
0.957ac to be fallowed pending future re-development. Trust transfer will provide benefit to Columbia River

7. Remarks and Other Relevant Information:

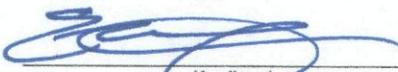
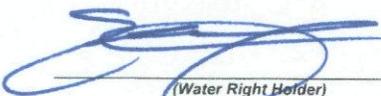
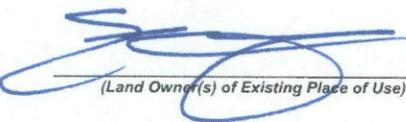
Applicant purchased property formerly owned by Kenneth Otter. Prior to purchase, owners of Lots A, B, C, and D executed an Irrigation System Agreement and Covenant which deeded respective portions of the subject water right among identified property owners and which provided for administration of the irrigation system. The applicant now desires to transfer a Quantity of deeded water to trust pending future re-development of 0.957ac.

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.

 _____ (Applicant)	<u>6/27/13</u> (Date)
 _____ (Water Right Holder)	<u>6/27/13</u> (Date)
 _____ (Land Owner(s) of Existing Place of Use)	<u>6/27/13</u> (Date)

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

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):	
ADDITIONAL SIGNATURES REQUIRED	SECTION _____ IS INCOMPLETE
OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____/____/____