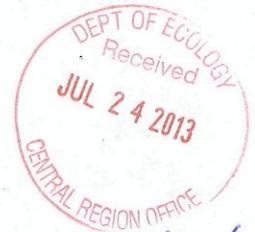




STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM



*7/24/13
Check # 4910
550 -
emp*

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

(Check all that apply.)

- Lease
 Purchase
 Donation
 Other

Explain: Temporary Donation

Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE 4/1/2013

END DATE 4/1/2019

| | |
|---|--|
| FOR OFFICE USE ONLY <i>Chelan</i> | |
| FILE No. <u>CS4-137898CL02</u> WRIA <u>45</u> | |
| DATE ACCEPTED <u>08, 12, 2013</u> BY <u>S</u> | |
| FEE \$ <u>500</u> REC'D <u>07, 124, 2013</u> | |
| CHECK No. <u>4910</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 Janine A. Dawson | | PHONE NO. (425) 218-8002 | FAX NO. () |
| ADDRESS P.O. Box 487 | | | |
| CITY Monroe, WA | STATE WA | ZIP CODE 98272 | |
| 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 Water Right Claim #137898 | RECORDED NAME(S) Alpine Acres Inc. |
| 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>54-137898CL</u> | FILE (contract) NO. <u>CS4-137898CL02</u> |

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 | | SW | SE | 12 | 26N | 17E | 2621712430175 | |
| | | | | | | | | |

Parcel #
2621712430175
That #
is wrong

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 | 36gpm | 14.3af | April 1 st to October 31 st |
| | | | |

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 | 2.30af |
| Trust Transfer for In-stream flow to Beaver Creek | 11.9af |

6. Place of Use:

A. Existing:

| | | | | | | | |
|--|----|------|------|------|--------|---------------|------------|
| LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED: | | | | | | | |
| Lot C as delineated on Bauman Short Plat No. 3290, Chelan County, WA recorded July 11, 1995 in Book SP-12 of Short Plats, page 95 | | | | | | | |
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| SW | SE | 12 | 26N | 17E | Chelan | 2621712430175 | 3.38ac |
| 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 |
| 1.9ac to be fallowed pending future re-development. Trust transfer will provide benefit to Beaver Creek. |
| |
| |

7. Remarks and Other Relevant Information:

| |
|---|
| The P.C. Newell Water Association has executed a resolution and recorded a deed for the Purpose of dividing ownership of the claim among parcel owners located within the Place of use. The Association has subsequently filed an Administrative Division Request form to complete division of the water right. The applicant intends to fallow approximately 1.9ac for future redevelopment and transfer 11.9af for in-stream flow to Beaver Creek. 2.3af are retained for continued irrigation. |
|---|

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.

| | |
|--|----------------------------|
| <u><i>Janie Dawson</i></u> (Applicant) | <u>7, 10, 13</u> (Date) |
| <u><i>Janie Dawson</i></u> (Water Right Holder) | <u>7, 10, 13</u> (Date) |
| <u><i>Janie Dawson</i></u> (Land Owner(s) of Existing Place of Use) | <u>7, 10, 13</u> (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: ____/____/____ |