



Application for Change/Transfer of Water Right

50.00
CHK# 6212
11/22/13
WRG



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

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION IF FILED WITH THE DEPARTMENT OF ECOLOGY

(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: _____

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

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 11-22-2013
 CHECK NO. 6212 FEE \$ 50.00
 DATE ACCEPTED 01-14-2014 BY 5
 CHANGE NO. CS4-005855b3101
 COUNTY BENTON WRIA 37
 SPECIAL AREA 34-83843-J
 SEPA: EXEMPT NOT EXEMPT
 ECY CODING: 001-002-WR10285-000011
 APP NO. _____ PERMIT NO. _____
 CERT NO. _____ CERT OF CHG NO. _____

I have participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME <u>Ray & Lynn McElroy</u> (Thacker)		PHONE NO. <u>509 947-2009</u>	FAX NO.
ADDRESS <u>44810 N Demoss Rd</u>			
CITY <u>Benton City</u>	STATE <u>WA</u>	ZIP CODE <u>99320</u>	
EMAIL ADDRESS (IF AVAILABLE)			

CONTACT (IF DIFFERENT FROM ABOVE) <u>Same</u>	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>Same</u>	PHONE NO.	FAX NO.
ADDRESS <u>Same</u>		
CITY <u>Same</u>	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE) <u>LMThacker@clearwire.net</u>		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER <u>54-83843-J</u>	RECORDED NAME(S) <u>Krause, Hansen, Thacker</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 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.

CS4-005855b3101

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Yakima River				7	9	27	#	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Yakima River				7	9	27	107974010805007	

-See Map

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

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

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	0-2500 0.16	44	March 1 to Oct. 31

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Same			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Lots 2 and 3 of Short Plat No. 805, Benton County, being within the south 200 ft. Government Lot 3, the north 400 feet of Government Lot 4, section 7 and the portion of the south 200 ft of Gov. lot 2 section 8 west of the County Road.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		7-8	9	27	Benton		

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:

Same - 4.4 acres within authorized place of use

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): S4-83841-J

6. Remarks and Other Relevant Information:

Blank

The existing pump is on Dale & Teresa Anderson's property, she is not letting us use it as of Spring 2011, so we need to put in our own pump.

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. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

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 hereby grant 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 preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Applicant Printed Name - Title

Applicant Signature

 / /
(Date)

Water Right Holder Printed Name

Water Right Holder Signature

 / /
(Date)

Land Owner of Existing Place of Use Printed Name

Land Owner of Existing Place of Use Signature

 / /
(Date)

Land Owner of Proposed Place of Use Printed Name

Land Owner of Proposed Place of Use Signature

 / /
(Date)

See Attached

Please check the region in which the project is located:

<p>*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

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: / /

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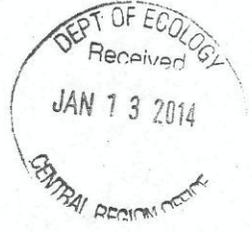
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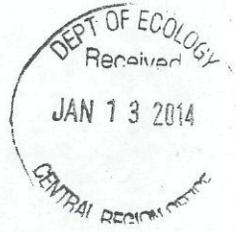
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<u>TERESA ANDERSON</u>	<u>Teresa</u>	<u>01/06/14</u> ^{MA}
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<u>Terri Hansen</u>	<u>Terri Hansen</u>	<u>12/26/13</u>
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<u>J.D. KRAUS</u>	<u>J.D. Kraus</u>	<u>12/20/13</u>
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<u>Lynn M McElroy</u>	<u>Lynn M McElroy</u>	<u>11/22/13</u>
<input type="checkbox"/> Applicant Printed Name - Title	Applicant Signature	(Date)
<input checked="" type="checkbox"/> Water Right Holder Printed Name	Water Right Holder Signature	
<input type="checkbox"/> Land Owner of Existing Place of Use Printed Name	Land Owner of Existing Place of Use Signature	
<input type="checkbox"/> Land Owner of Proposed Place of Use Printed Name	Land Owner of Proposed Place of Use Signature	

<u>RAY K. MCELROY</u>	<u>Ray K. McElroy</u>	<u>11/22/13</u>
<input type="checkbox"/> Applicant Printed Name - Title	Applicant Signature	(Date)
<input type="checkbox"/> Water Right Holder Printed Name	Water Right Holder Signature	
<input checked="" type="checkbox"/> Land Owner of Existing Place of Use Printed Name	Land Owner of Existing Place of Use Signature	
<input type="checkbox"/> Land Owner of Proposed Place of Use Printed Name	Land Owner of Proposed Place of Use Signature	

<u>Jo Ann Kraus</u>	<u>Jo Ann Kraus</u>	<u>12/20/13</u>
<input type="checkbox"/> Applicant Printed Name - Title	Applicant Signature	(Date)
<input checked="" type="checkbox"/> Water Right Holder Printed Name	Water Right Holder Signature	
<input type="checkbox"/> Land Owner of Existing Place of Use Printed Name	Land Owner of Existing Place of Use Signature	
<input type="checkbox"/> Land Owner of Proposed Place of Use Printed Name	Land Owner of Proposed Place of Use Signature	

<u>Jo Ann Kraus</u>	<u>Jo Ann Kraus</u>	<u>12/20/13</u>
<input type="checkbox"/> Applicant Printed Name - Title	Applicant Signature	(Date)
<input type="checkbox"/> Water Right Holder Printed Name	Water Right Holder Signature	
<input checked="" type="checkbox"/> Land Owner of Existing Place of Use Printed Name	Land Owner of Existing Place of Use Signature	
<input type="checkbox"/> Land Owner of Proposed Place of Use Printed Name	Land Owner of Proposed Place of Use Signature	