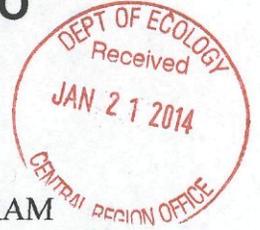




STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM



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

FOR OFFICE USE ONLY <i>CHELAN</i>	
FILE No. <u>CS4-SWC253201</u>	WRIA <u>47</u>
DATE ACCEPTED <u>01/22/2014</u>	BY <u>[Signature]</u>
FEE \$ <u>0</u>	REC'D <u>01/21/2014</u>
CHECK No. <u>0</u>	
SEPA: <input type="checkbox"/> Exempt	<input type="checkbox"/> Not exempt

(Check all that apply.)

- Lease
- Purchase
- Donation

Other
Explain: Mitigated Trust Transfer for in-stream flow benefit and New out-of-stream uses. Transfer is contingent upon approval of new downstream water right.

Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE:
END DATE:

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

1. Applicant Information:

APPLICANT/BUSINESS NAME Tom Burnett		PHONE NO 509 687-3246	FAX NO. ()
ADDRESS 19626 South Lakeshore Rd			
CITY Chelan	STATE WA	ZIP CODE 98816	

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 SWC #2532	RECORDED NAME(S) Hale, Ayres, Berke, & Lindsley
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		<i>00695 APP 00342 PERMIT 02532 CERT</i>
WATER RIGHT NO. _____	FILE (contract) NO. _____	
CS4-SWC253201		

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 #
25 Mile Creek		SW	SW	36	29N	20E		

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 and domestic	4.0cfs		Continuous domestic
			Seasonal Irrigation

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 and domestic	93.05af
Trust transfer for in-stream benefit and to mitigate new downstream uses	152.53af

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Portions of Sec. 25, T29N, R20 and Sec. 19, 20, and 30, T29N, R21E all in Chelan County WA.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	NE	25	29N	20E	Chelan	Multiple	
NE	SE	25	29N	20E			
	Lt 2&3	30	29N	21E			
SE	NW	30	29N	21E			
NE	NW	30	29N	21E			
NW	NE	30	29N	21E			
NE	NE	30	29N	21E			
	Lt 3	20	29N	21E			
	Lt 1	19	29N	21E			
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES X NO - IF NO, PROVIDE OWNER(S) NAME: Water Certificate has administratively separated by DOE pursuant to report of examination prepared for CS4-SWC 4325 (CHEL-06-04). Applicant's trust transfer is limited to Burnett portions of the subject certificate.							

* 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
Same (non-Burnett portions of certificate) AND
LAKE CHELAN WHICH IS TRIBUTARY TO THE COLUMBIA RIVER (Burnett portions of cert only).

7. Remarks and Other Relevant Information:

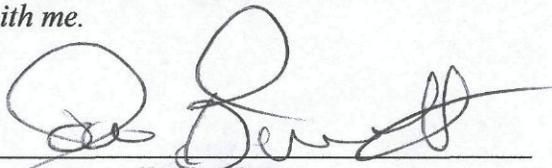
Proposed trust transfer is intended to serve as a component of a transfer for in-stream benefit and to mitigate new downstream uses. Transfer is contingent upon issuance of a new downstream water right for the Lower Stemilt Irrigation District located in Malaga Washington.

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>1, 13, 14</u>
(Applicant)	(Date)
	<u>1, 13, 14</u>
(Water Right Holder)	(Date)
	<u>1, 13, 14</u>
(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: ___/___/___