



STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
 OF WATER RIGHT**

**RECEIVED**  
**SEP 30 2009**

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

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(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: \_\_\_\_\_

FOR OFFICE USE ONLY	
CHANGE No. <u>CS4-25639(HH)</u>	WRIA <u>31</u>
DATE ACCEPTED <u>12/10/09</u>	BY <u>[Signature]</u>
FEE \$ <u>0</u>	REC'D <u>09/30/2009</u>
CHECK No. <u>0</u>	
ECY Coding: 001-002-WR10285-000011	
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 <b>Rob Mercer</b>	PHONE NO. <b>509-894-4773</b>	FAX NO. <b>( )</b>
ADDRESS <b>Attention: Mr. Rob Mercer, Mercer Canyons</b>		
CITY <b>46 Sonova Rd., Prosser</b>	STATE <b>WA</b>	ZIP CODE <b>99350</b>
CONTACT NAME (IF DIFFERENT FROM ABOVE) <b>Same as above</b>	PHONE NO. <b>( )</b>	FAX NO. <b>( )</b>
ADDRESS		
CITY	STATE	ZIP CODE

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <b>S4-25639(P)P NOTE: Under Assignment, Rob Mercer Assignment Portion Only</b>	RECORDED NAME(S) <b>Pre-assignment: Patsy J. Mercer New Assignment: Rob Mercer</b>
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.*

54-25639 (P)  
54-25639 (HH)

FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

**CS4-25639 (HH) P**

**BENT-09-03**

**3. Point(s) of Diversion/Withdrawal:**

**A. Existing**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Columbia River Surface Station	1	NE	NE	6	4	24 EWM	See attachment	

**B. Proposed**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Same								

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-90 Acres	1.48 cfs	356	Feb. 1 to Nov. 15

**B. Proposed**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation-200 Acres	1.48 cfs	356	Feb. 1 to Nov. 15

**5. Place of Use:**

**A. Existing**

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
All within: W1/2 of Section 28, T.5N, R.24 EWM							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

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:							
All within: N1/2 of Section 21 and the NW 1/4 of Section 20, T.5N, R.23 EWM							
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):

**6. Remarks and Other Relevant Information:**

The applicant seeks to take the perfected portion of their water right and move the right to lands that are capable of producing higher value crops. The water right Qa will not be expanded but the number of irrigated acres will increase consistent with the provisions of RCW 90.03.380.

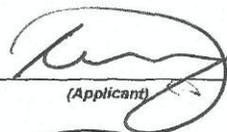
IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

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.

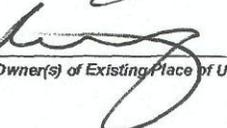
Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

**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 am hereby granting 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 the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.*

X  \_\_\_\_\_ 7, 17, 09  
(Applicant) (Date)

X  \_\_\_\_\_ 7, 17, 09  
(Water Right Holder) (Date)

X  \_\_\_\_\_ 7, 17, 09  
(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):**

- APPLICATION FEE NOT ENCLOSED       MAP NOT INCLUDED or INCOMPLETE  
 ADDITIONAL SIGNATURES REQUIRED       SECTION \_\_\_\_\_ IS INCOMPLETE  
 OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_