



## 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



PRIORITY DATE ↓



(Check all that apply.)

- Lease  
 Purchase  
 Donation  
 Other

Explain: \_\_\_\_\_

Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE 4/1/12  
 END DATE 3/31/13

<b>FOR OFFICE USE ONLY</b> <i>doublets</i>	
FILE No. <u>CS3-23652(D) e1</u>	WRIA <u>44</u>
DATE ACCEPTED <u>06/21/12</u> BY <u>[Signature]</u>	
FEE \$ <u>[Signature]</u>	REC'D <u>03/30/2012</u>
CHECK No. <u>[Signature]</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 PPR River, LLC	PHONE NO. (425) 658-1400	FAX NO.
ADDRESS 550 Kirkland Way, Suite 405		
CITY Kirkland	STATE WA	ZIP CODE 98033
CONTACT NAME (IF DIFFERENT FROM ABOVE) Donald L. Dimmitt, Attorney at Law		
ADDRESS 2600 Chester Kimm Road, P.O. Box 1688		
CITY Wenatchee	STATE WA	ZIP CODE 98807-1688

### 2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <b>S3-23652(D)</b>	RECORDED NAME(S) <b>PPR River, LLC</b>
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS ATTACHED IS THE 12/19/2011 REPORT OF EXAMINATION.</b>	

**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.**

<i>PARENT: CS3-23652(D) WHICH CAME FROM CS3-23652(A) CH ROE 12-19-2011</i>	
<b>FOR OFFICE USE ONLY</b>	
WATER RIGHT NO. _____	FILE (contract) NO. _____
<i>CS3-23652(D) e1</i>	
<i>TEMP DONATION</i>	

**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):	

**WATER RIGHT DESCRIPTION \***

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

T26 | R22E Sec 7

**A. Existing**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<b>Wells in Continuity</b>				<b>12</b>	<b>26N</b>	<b>21E</b>		
<b>w/Columbia River</b>				<b>7</b>	<b>26N</b>	<b>21E</b>		

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
<b>Irrigation</b>	<b>1.75 cfs</b>	<b>111.65</b>	<b>April 1 - October 31</b>

**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
<b>Instream flows</b>	<b>111.65</b>

**6. Place of Use:**

**A. Existing:**

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
<b>Attached</b>							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			<b>26N</b>	<b>21E</b>	<b>Douglas</b>		<b>50</b>
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
Columbia River

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

Portions of the place of use are for sale. Applicant intends to withdraw portions of the water from trust if a buyer desires to also purchase a portion of this water.

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.*

**PPR River, LLC**

By *[Signature]* 3/30/12  
 (Applicant) (Date)

**PPR River, LLC**

By *[Signature]* 3/30/12  
 (Water Right Holder) (Date)

**PPR River, LLC**

By *[Signature]* 3/30/12  
 (Land Owner(s) of Existing Place of Use) (Date)

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

<b>WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):</b>	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____/____/____