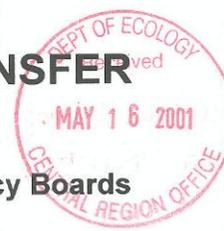


(A)

DROUGHT YEAR CHANGE



STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT



For filing with Ecology or with County Conservancy Boards

A MINIMUM FEE OF \$10.00 PAYABLE TO 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: _____

CHELAN

FOR OFFICE USE ONLY

CHANGE No. CS3-20712C WRIA 40

DATE ACCEPTED 05/16/01 BY SA

FEE \$ 10.00 REC'D 5,16,01

CHECK No. 1155 FM

SEPA: Exempt Not exempt

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

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>V.M. BROCK / BRO-BEN, INC.</u>	PHONE NO. <u>(509) 686-5801</u>	FAX NO. <u>(509) 686-5757</u>
ADDRESS <u>P.O. Box 399</u>		
CITY <u>BRIDGEPORT</u>	STATE <u>WA</u>	ZIP CODE <u>98813-0399</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>Kris G. KAUFFMAN</u>	PHONE NO. <u>(253) 581-9752</u>	FAX NO. <u>(253) 588-1588</u>
ADDRESS <u>12228 NYANZA Rd. SW.</u>		
CITY <u>LAKEWOOD</u>	STATE <u>WA</u>	ZIP CODE <u>98499</u>

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>53-20712C</u>	RECORDED NAME(S) <u>BRO-BEN, INC.</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>(NOW V.M. & PATRICIA R. BROCK)</u>
IF NO, PROVIDE OWNER(S) NAME:	
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.

FOR OFFICE USE ONLY

APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

A

2

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Lake Rufus Woods (Columbia River)	Gov. Lot 2			25	30	26E		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Columbia River		SW	SE	19	22	21E		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME:

APPLICANT PURCHASER

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 (130 ACRES)	2.6	695.5	4/1 - 10/1

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
IRRIGATION (130 ACRES) (WITHIN A DESCRIBED AREA FOR 140 ACRE RIGHT S4-29535 P)	2.0	576*	4/1 - 10/15

* 496 AF. PRIMARY; 64 SUPPLEMENTAL

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
W 1/2 SE 1/4; E 1/2 SW 1/4							

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		25	30N	26. EWM	Douglas		160

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:							
SEE ATTACHED (FROM S4-29535)							

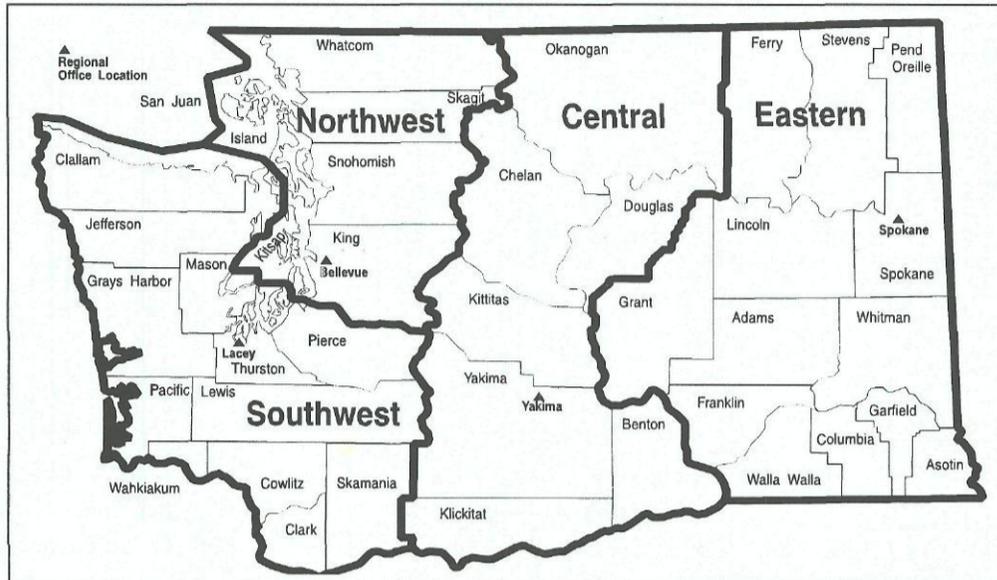
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			21N	21E	CHELAN		309

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES NO - IF NO, PROVIDE OWNER(S) NAME:

SEE LEGAL ATTACHED; SIGNED PURCHASER IS AUTHORIZED REPRESENTATIVE OF THE LOWER STENNET IRRIGATION DISTRICT.

IMPORTANT!

Submit your application to Ecology at the regional office for the area of proposed or existing water use or at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Department of Ecology
Central Regional Office
15 W. Yakima Avenue, Suite 200
Yakima, WA 98902
Telephone: (509) 575-2490

Department of Ecology
Eastern Regional Office
N. 4601 Monroe, Suite 202
Spokane, WA 99205-1295
Telephone: (509) 456-2926

Department of Ecology
Northwest Regional Office
3190 - 160th Avenue SE
Bellevue, WA 98008-5452
Telephone: (425) 649-7000

Department of Ecology
Southwest Regional Office
PO Box 47775
Olympia, WA 98504-7775
Telephone: (360) 407-6300

Persons of disability needing assistance in the application process or those needing this application in an alternate format, may call (360) 407-6607 (voice) or (360) 407-6006 (TDD).

Ecology is an Equal Opportunity and Affirmative Action employer...

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:

COLUMBIA RIVER REG WAC 173-563-050(1)	
IF FOR SEASONAL OR TEMPORARY, START DATE	ASAP
	END DATE 10/15/01

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.

Kyle D. Mathison 5/4/01
(Applicant) (Date)

PARONASER
KYLE MATHISON (LS ID)

V.M. Brock 05/14/01
(Water Right Holder) (APPLICANT) (Date)

V.M. BROCK

Patricia L. Brock 05/14/01
(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: ____/____/____