



# 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

(Check all that apply.)

- Lease
- Purchase
- Donation
- Other

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

Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE 4/1/2013  
END DATE see Below

<b>FOR OFFICE USE ONLY</b>	
FILE No. <u>CS4-13134C@4(A)</u>	WRIA <u>31</u>
DATE ACCEPTED <u>10/28/2013</u>	BY <u>[Signature]</u>
FEE \$ <u>[Signature]</u>	REC'D <u>09/10/2013</u>
CHECK No. <u>[Signature]</u>	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

Water may be removed from trust water program at any time by AgReserves, Inc. with prior notification to Washington State Department of Ecology.

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

## 1. Applicant Information:

APPLICANT/BUSINESS NAME AgReserves, Inc.	PHONE NO. (509) 734-1195	FAX NO. (509) 734-1092
ADDRESS c/o AgriNorthwest, 7404 West Hood Place		
CITY Kennewick	STATE WA	ZIP CODE 99336

CONTACT NAME (IF DIFFERENT FROM ABOVE) R. Thomas Mackay	PHONE NO. ( )	FAX NO. ( )
ADDRESS		
CITY	STATE	ZIP CODE

## 2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER S4-13134(A)C	RECORDED NAME(S) AgReserves, Inc.
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	
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.

<b>FOR OFFICE USE ONLY</b>	
WATER RIGHT NO. _____	FILE (contract) NO. _____
<u>CS4-13134C@4(A)</u>	

**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:**

**A. Existing**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<b>Prior River Station</b>		<b>NW</b>	<b>NW</b>	<b>15</b>	<b>5N</b>	<b>27E</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>Agricultural industrial use</b>			<b>January 1 - December 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
Remain in Columbia River until needed elsewhere	1,050

**6. Place of Use:**

**A. Existing:**

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
<b>Section 1 &amp; Section 12, T5N, R27E (parcel # 101571000001000 &amp; 101571000002000)</b>							
<b>Section 5 &amp; Section 6, T5N, R28E (parcel # 105581000001001 &amp; 106582000001002)</b>							
<b>Section 31, T6N, R28E (parcel # 131680000000000)</b>							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					<b>Benton</b>		<b>435</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 – John Day Pool

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

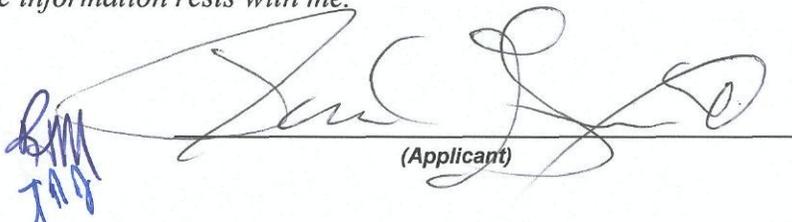
Existing place of use will be fallowed and water will not be seasonally transferred or used by water right holder.

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.*


6 / 25 / 2013  
(Date)  
(Applicant)

same
/ /  
(Water Right Holder)
(Date)

same
/ /  
(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: ____ / ____ / ____