DEPT OF ECOLOGY
Received
SEP 10 2013
CENTRAL REGION OFFICE

WASHINGTON STATE DEPARTMENT OF ECOLOGY

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
- X Donation
- ☐ Other

Explain:_____

☐ Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE __4_/__1__/_2014_
END DATE ___see below_____

FOR OFFICE USE ONLY

FILE No. CS4-CV1-4P246@3 WRIA 31 BENT

DATE ACCEPTED 10 / 28 / 2013 BY S

FEE $ 0 REC'D 09 / 10 / 2013

CHECK No. 0

SEPA: ☐ Exempt ☐ Not exempt

Water may be removed from trust water program at any time by Farmland Reserve, 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	PHONE NO.	FAX NO.
Farmland Reserve, Inc.	(509) 734-1195	(509) 734-1092
ADDRESS 7404 West Hood Place		
CITY Kennewick	STATE WA	ZIP CODE 99336

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

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
S4-01249C	Farmland Reserve, Inc. successor to Prior Land Company

DO YOU OWN THE RIGHT? X YES ☐ NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:

HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? X YES ☐ NO
ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? X YES ☐ 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.

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WATER RIGHT NO. _____ FILE (contract) NO. _____

19622
16639
S4-01249C
S4-CV1-4P246

CS4-CV1-4P246@3

S4-CV1-4P246

3. How is Water to be Made Available for Trust?

☐ Alteration in method of diversion	X Alteration in water use/ irrigated acreage
☐ Alteration in method of delivery/conveyance	☐ Nonuse of one or more points of diversion
☐ Alteration in method of water application	X Nonuse of all or a portion of the named water right
X Alteration in type of crop	☐ 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 #
Prior River Station		**NW**	**NW**	**15**	**5N**	**27E**		

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
Agricultural crops			**April 1 – October 31**

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	10,528

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

See attached map and water right

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Benton		***5,527***

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? X YES ☐ 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:

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.

RM Ing

_____ (Applicant) 6 / 25 / 2013 (Date)

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.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE

☐ OTHER/EXPLANATION:_____

STAFF: _____ ***DATE:*** ____/____/____