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

FOR OFFICE USE ONLY WALLAWALLA

FILE No. CS4-01350(A)C@1 **WRIA** 33

DATE ACCEPTED 10 / 17 / 2013 **BY** S

FEE $ 0 **REC'D** 09 / 10 / 2013

CHECK No. 0

SEPA: ☐ **Exempt** ☐ **Not exempt**

(Check all that apply.)
☐ Lease
☐ Purchase
XX Donation
☐ Other
Explain:_____

XX Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE __4_/__1___/ 2014
END DATE __SEE BELOW____

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)
CS4-01350(A)C	Farmland Reserve, Inc.

DO YOU OWN THE RIGHT? XYES ☐ 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.

CS4-01350(A)C CRROE 06-24-2009 BENT-08-06

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

CS4-01350(A)C@1

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 #
Snake River Eureka station		**SW**	**SW**	**36**	**10N**	**32E**	**321036097523**	

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 Snake river until needed elsewhere	76

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
See enclosed map.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? XX 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

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.

RTM
TMG

_____ 07/18/13
(Applicant) *(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:*** ____/____/____