



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: Trust transfer is contingent upon approval of new water right.

Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE
END DATE

FOR OFFICE USE ONLY <i>OKAVO</i>	
FILE No. <u>C64-27775P</u>	WRIA <u>50</u>
DATE ACCEPTED <u>12,24,2013</u>	BY <u>[Signature]</u>
FEE \$ <u>0</u>	REC'D <u>12,09,2013</u>
CHECK No. <u>2</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 The Highland Partnership	PHONE NO. 509-670-6611	FAX NO. ()
ADDRESS P.O. Box 1706		
CITY Wenatchee	STATE WA	ZIP CODE 98807

CONTACT NAME (IF DIFFERENT FROM ABOVE) Mark Peterson	PHONE NO. (509) 264-1882	FAX NO. ()
ADDRESS Peterson & Marquis Law Office 1227 First Street		
CITY Wenatchee	STATE WA	ZIP CODE 98801

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER G4-27775P	RECORDED NAME(S) The Highland Partnership
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 type="checkbox"/> YES <input checked="" 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.

FOR OFFICE USE ONLY	
WATER RIGHT NO. _____	FILE (contract) NO. _____
C64-27775P	

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
Same
Columbia River

7. Remarks and Other Relevant Information:

Trust transfer is for in-stream flow benefit and to mitigate new out of stream uses. Transfer is contingent upon approval of a new water right.

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.

The Highland Partnership
by [Signature] 12.5.13
(Applicant) (Date)

The Highland Partnership
by [Signature] 12.5.13
(Water Right Holder) (Date)

The Highland Partnership
by [Signature] 12.5.13
(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):

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
Same
Columbia River

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_____	____/____/____
(Applicant)	(Date)
_____	____/____/____
(Water Right Holder)	(Date)
_____	____/____/____
(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):	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____/____/____