DEPT OF ECOLOGY
Received
DEC 0 9 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
- ☐ Donation
- X 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 OKANOGAN
FILE No. CS3-21014P WRIA 50
DATE ACCEPTED 12 / 24 / 2013 BY
FEE $ 0 REC'D 12 / 09 / 2013
CHECK No. 0
SEPA: ☐ Exempt ☐ Not exempt

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

1. Applicant Information:

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
The Highland Partnership	509-670-6611	( )
ADDRESS: P.O. Box 1706		
CITY: Wenatchee	STATE: WA	ZIP CODE: 98807

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

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
S3-21014P	The Highland Partnership

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? ☐ YES X 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. _____

CS3-21014P

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

☐ Alteration in method of diversion	☐ 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
☐ Alteration in type of crop	☐ Other, Explain below:
Name of funding source(s): NA	

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well Field	1	SE	SW	26	30N	26E		
	2		Gov Lots 1 & 2	34	30N	26E		
	3	NE	NW	35	30N	26E		
	4	NW	NW	35	30N	26E		
	5		Gov Lots 2 & 3	35	30N	26E		

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
800ac Irrigation	5983gpm	3400af	Irrigation 4/1 to 10/31
			Frost Protection as Req.

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
Irrigation	2289.9af
Trust transfer for in-stream benefit and to mitigate new out of stream uses	1110.1af

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

S1/2 of Sec.22; Portion of NE Sec. 28; S1/2SW of Sec. 23; W1/2 Sec. 26; Portion of Sec. 27; Portions of SE of Sec. 28 and NE of Sec. 33; Gov Lots 1 & 2 and a Portion of Gov Lot 3, NESW, NE, E1/2NW, and Portion of W1/2NW of Sec. 34; N1/2NW and Gov Lots 2&3 Sec. 35 ALL IN T30N, R26EWM Okanogan County

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	S1/2	22	30N	R26E	Okanogan		
	NE	28					
S1/2	SW	23					
	W1/2	26					
		27					
	SE	28					

* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

	NE Gov Lts 1,2,3	33 34					
NE	SW	34					
	NE	34					
E1/2	NW	34					
W1/2	NW	34					
N1/2	NW	34					
	Gov Lts 2&3	35					

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? X YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

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 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 _____ 12,5,13
(Applicant) (Date)

The Highland Partnership
by _____ 12,5,13
(Water Right Holder) (Date)

The Highland Partnership
by _____ 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
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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):

☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE

☐ OTHER/EXPLANATION:_____

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