



Application for Change/Transfer of Water Right

RECEIVED

SEP 25 2013

DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

For filing with the Department of Ecology *or* with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- Change purpose(s) of use
- Add purpose(s) of use
- Change point(s) of diversion/withdrawal
- Add point(s) of diversion/withdrawal
- Change/transfer place of use
- Other (i.e. consolidation, intertie, trust water)

Explain: integrate wells in QGWMS ASGW

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

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED _____	
CHECK NO. _____ FEE \$ _____ DATE _____	
ACCEPTED _____ BY _____	
CHANGE NO. _____	
COUNTY _____ WRIA _____	
SPECIAL AREA _____	
SEPA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: 001-002-WR10285-000011	
APP NO. _____ PERMIT NO. _____	
CERT NO. _____ CERT OF CHG NO. _____	

I have participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME Jeff Cochran & Terry Cochran	PHONE NO. 509-346-2588	FAX NO. 509-346-2320
ADDRESS 5314 Rd 13.9 SW		
CITY Royal City	STATE WA	ZIP CODE 99357
EMAIL ADDRESS (IF AVAILABLE) jeff@norwestingredients.com & terry@norwestingredients.com		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Same as above	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER QB-320	RECORDED NAME(S)
DO YOU OWN THE RIGHT TO BE CHANGED? <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	

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.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
wells	1	NE	SE	27	28	25	151686000	BPH711
	2	SW	NW	26	18	25	151681000	BPH712
	3	NE	SW	23	18	25	151664000	BPH713
	4	NE	SE	14	18	25	151627000	BPH714
	5	NE	SE	14	18	25	151627000	BPH715
	6	NE	SE	14	18	25	151627000	BPH716
	7	SW	SW	24	18	25	151673000	BPH717

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
See attached								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME: _____

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.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
irrigation			no change

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
No change			No change

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
No change

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

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

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:
No change

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES NO
IF NO, PROVIDE OWNER(S) NAME: _____

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
 YES NO IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

**ATTACHMENT FOR
Application for Change/Transfer of Water Right**

Point(s) of Diversion/Withdrawal - Existing Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #	
Wells	1	NE	SE	27	28	25	151686000	BPH711	
	2	SW	NW	26	18	25	151681000	BPH712	
	3	NE	SW	23	18	25	151664000	BPH713	
	4	NE	SE	14	18	25	151627000	BPH714	
	5	NE	SE	14	18	25	151627000	BPH715	
	6	NE	SE	14	18	25	151627000	BPH716	
	7	NW	SW	24	18	25	151673000	BPH717	
	8	SE	NW	NE	NW	14	13	151627000	BBH054
	9	SE	NW	NE	NW	14	13	151627000	BBH061
	10	SE	NW	24	18	25	151672000	BBH062	

*Per Joanne telecon 10/2/2013
- Jmax*

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? YES NO
IF NO, PROVIDE OWNER(S) NAME: _____

Purpose(s) of Use - Existing Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
No change			

Place of Use - Existing Proposed:

LEGAL DESCRIPTION OF LANDS							
No change							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? YES NO
IF NO, PROVIDE OWNER(S) NAME: _____

*Per Joanne telecon 10/24/2013
Add Well #11 NW¼SW¼ Sec 23 T18N R25E 151666000 BBH073*

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Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board 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.

<p>Jeff Cochran</p> <hr/> <input checked="" type="checkbox"/> Applicant Printed Name – Title <input checked="" type="checkbox"/> Water Right Holder Printed Name <input checked="" type="checkbox"/> Land Owner of Existing Place of Use Printed Name <input checked="" type="checkbox"/> Land Owner of Proposed Place of Use Printed Name	 <hr/> Applicant Signature Water Right Holder Signature Land Owner of Existing Place of Use Signature Land Owner of Proposed Place of Use Signature	<p>9/20/13</p> <hr/> (Date)
<hr/> <input type="checkbox"/> Applicant Printed Name – Title <input type="checkbox"/> Water Right Holder Printed Name <input type="checkbox"/> Land Owner of Existing Place of Use Printed Name <input type="checkbox"/> Land Owner of Proposed Place of Use Printed Name	<hr/> Applicant Signature Water Right Holder Signature Land Owner of Existing Place of Use Signature Land Owner of Proposed Place of Use Signature	<hr/> (Date)
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