



WATER RESOURCES

Application for Change/Transfer of Water Right '14

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Department of Ecology
Eastern Regional Office

DEPT. OF ECOLOGY
FISCAL & BUDGET

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

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	_____
CHECK NO. <input checked="" type="checkbox"/>	FEE \$ <u>50.00</u>
DATE ACCEPTED <u>11-14-2014</u>	BY <u>KT</u>
CHANGE NO. <u>53-004368CL</u>	_____
COUNTY <u>Grant</u>	WRIA <u>42</u>
SPECIAL AREA	_____
SEPA: <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	_____
ECY CODING: 001-002-WR10285-000011	_____
APP NO. _____	PERMIT NO. _____
CERT NO. _____	CERT OF CHG NO. _____
<u>Claim # 53-004368CL</u> <u>6325139</u>	

(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: _____

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

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

1. Applicant Information

APPLICANT/BUSINESS NAME <u>Benchmark Land LLC</u>	PHONE NO. <u>509.750.8712</u>	FAX NO.
ADDRESS <u>29 Road 7 NE</u>		
CITY <u>Ephrata</u>	STATE <u>WA</u>	ZIP CODE <u>98823</u>
EMAIL ADDRESS (IF AVAILABLE) <u>GILBERTHINTZ@GMAIL.COM</u>		

CONTACT (IF DIFFERENT FROM ABOVE) <u>Jack Patrick</u>	PHONE NO. <u>509.750.2100</u>	FAX NO. <u>509.754.5601</u>
ADDRESS <u>14 Basin St SW</u>		
CITY <u>Ephrata</u>	STATE <u>WA</u>	ZIP CODE <u>98823</u>
EMAIL ADDRESS (IF AVAILABLE) <u>JPATRICK@NWI.NET</u>		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>Benchmark Land LLC</u>	PHONE NO. <u>509.750.8712</u>	FAX NO.
ADDRESS <u>29 Rd 7 NE</u>		
CITY <u>Ephrata</u>	STATE <u>WA</u>	ZIP CODE <u>98823</u>
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER <u>May 2671004368</u>	RECORDED NAME(S) <u>Eugene Rosman</u>
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 #
Spring	SW	SW	SW	6	22	27		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Spring								

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
Watering stock and domestic use	CFS	200	April 1st to November 1st

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigated Crops	CFS	200	April 1st to November 1st

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

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:

SENE and NENE

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		6	22	27	Grant		80

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**

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.

Gilbert Hintz
 Applicant Printed Name – Title
 Water Right Holder Printed Name
 Land Owner of Existing Place of Use Printed Name
 Land Owner of Proposed Place of Use Printed Name


 Applicant Signature
 Water Right Holder Signature
 Land Owner of Existing Place of Use Signature
 Land Owner of Proposed Place of Use Signature

____/____/____
 (Date)

Benchmark Land LLC
 Applicant Printed Name – Title
 Water Right Holder Printed Name
 Land Owner of Existing Place of Use Printed Name
 Land Owner of Proposed Place of Use Printed Name

 Applicant Signature
 Water Right Holder Signature
 Land Owner of Existing Place of Use Signature
 Land Owner of Proposed Place of Use Signature

____/____/____
 (Date)

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____/____/____
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____/____/____
 (Date)

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____/____/____
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 Applicant Signature
 Water Right Holder Signature
 Land Owner of Existing Place of Use Signature
 Land Owner of Proposed Place of Use Signature

____/____/____
 (Date)