



Water Resources Program
Application for Change/Transfer
of Water Right

For Ecology Use
 (Date Stamp)

RECEIVED

NOV 20 2014

Department of Ecology
 Eastern Regional Office

G3-06152-A

For filing with the Department of Ecology or with
 County Water 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: _____

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>11-20-2014</u>
CHECK NO. <input checked="" type="checkbox"/>	FEE \$ _____
DATE ACCEPTED <u>11-21-2014</u>	BY <u>KT</u>
CHANGE NO. <u>CG3-#07497C</u>	
COUNTY <u>Adams</u>	WRIA <u>41</u>
SPECIAL AREA <u>Odessa</u>	
SEPA: <input type="checkbox"/> EXEMPT	<input checked="" type="checkbox"/> NOT EXEMPT
ECY CODING: 001-002-WR10285-000011	
APP NO. <u>7497</u>	PERMIT NO. <u>7024</u>
CERT NO. <u>6152-A</u>	CERT OF CHG NO. <u>1-3, P163</u> <u>6360245</u>

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

1. Applicant Information

APPLICANT/BUSINESS NAME <u>Schoonover Farms, Attn: Willy Walter</u>	PHONE NO. <u>509-988-1122</u>	FAX NO.
ADDRESS <u>2194 N Schoonover RD</u>		
CITY <u>Odessa</u>	STATE <u>WA</u>	ZIP CODE <u>99159</u>
CONTACT (IF DIFFERENT FROM ABOVE) <u>Gene St. Godard, P.G., L.Hg.</u>	PHONE NO. <u>509-953-9395</u>	FAX NO.
ADDRESS <u>PO Box 28755</u>		
CITY <u>Spokane</u>	STATE <u>WA</u>	ZIP CODE <u>99228</u>
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>Schoonover Farms</u>	PHONE NO.	FAX NO.
ADDRESS <u>2194 N Schoonover Rd</u>		
CITY <u>Odessa</u>	STATE <u>WA</u>	ZIP CODE <u>99159</u>

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER 06152-A (G3-CV1-3P163)	RECORDED NAME(S) Otto Schoonover
DO YOU OWN THE RIGHT TO BE CHANGED? X 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? X 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 #
Groundwater	#2	NE	NE	13	20N	33E	2033130110001	No tag
Groundwater	#3	NE	NE	18	20N	34E	2034180002610	No tag

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater	#2	NE	NE	13	20N	33E	2033130110001	No tag
Groundwater	#3	NE	NE	18	20N	34E	2034180002610	No tag
Groundwater	#1	NE	NE	13	20N	33E	2033130110001	No tag
Groundwater	Dom-1	SW	SW	07	20N	34E	2034070330001	BHT-055
Groundwater	Dom-2	NE	NE	18	20N	34E	2034180002610	No tag
Groundwater	Pond Well	SE	SW	22	20N	33E	2033220100001	No tag
Groundwater (proposed)	#4	SW	SW	23	20N	33E	2033230000002	
Groundwater (proposed)	#5	SW	NW	23	20N	33E	2033230000002	
Groundwater (proposed)	#6		SW	14	20N	33E	2033140300002	

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

EXISTING: X YES NO PROPOSED: X 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	125	137	Seasonal & domestic supply

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	125	137	Seasonal

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
100 acres within the NE1/4 of Sec. 24, T.20N, R.33E.W.M., Adams County, WA							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	NE	24	20N	33E	Adams	2033240100001	100
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? X YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
NE1/4 of Sec. 24, T.20N, R.33E.W.M., Adams County, WA							
Domestic use to be within the N-1/2 Section 18, T20N, R34E.W.M.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	NW	23	20N	33E	Adams	2033230000002	100
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? XYES <input type="checkbox"/> 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? X YES <input type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):_G3-05144-A, G3-06152-A, G3-01500C, G3-01501C, G3-01502C, and G3-23201C
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6. Remarks and Other Relevant Information:

IF FOR SEASONAL OR TEMPORARY, START DATE ___/___/___ END DATE ___/___/___

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. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. 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 am hereby granting 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 preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Willy Watter - farmer
Applicant Printed Name - Title

Willy Watter
Applicant Signature

11/6/14
(Date)

Schoonover Farms
Water Right Holder Printed Name

Willy Watter
Water Right Holder Signature

11/6/14
(Date)

Willy Watter for Schoonover Farms
Land Owner of Existing Place of Use Printed Name

Willy Watter
Land Owner of Existing Place of Use Signature

11/6/14
(Date)

Willy Watter for Schoonover Farms
Land Owner of Proposed Place of Use Printed Name

Willy Watter
Land Owner of Proposed Place of Use Signature

11/6/14
(Date)

Please check the region in which the project is located:

<p>*Submit your application to:</p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

APPLICATION FEE NOT ENCLOSED MAP NOT INCLUDED or INCOMPLETE
 ADDITIONAL SIGNATURES REQUIRED SECTION _____ IS INCOMPLETE
 OTHER/EXPLANATION: _____

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