



WATER RESOURCES

Application for Change/Transfer of Water Right

For Ecology Use (Date Stamp)

RECEIVED

MAY 07 2015

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:

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

Form for Applicant Information: APPLICANT/BUSINESS NAME, PHONE NO., FAX NO., ADDRESS, CITY, STATE, ZIP CODE, EMAIL ADDRESS.

Form for Contact Information: CONTACT (IF DIFFERENT FROM ABOVE), PHONE NO., FAX NO., ADDRESS, CITY, STATE, ZIP CODE, EMAIL ADDRESS.

Form for Legal Land Owner Information: LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE, PHONE NO., FAX NO., ADDRESS, CITY, STATE, ZIP CODE, EMAIL ADDRESS.

2. Water Right Information

Form for Water Right Information: WATER RIGHT OR CLAIM NUMBER, RECORDED NAME(S), DO YOU OWN THE RIGHT TO BE CHANGED?, IF NO, PROVIDE OWNER(S) NAME and ADDRESS, HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) 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.

3. Point(s) of Diversion/Withdrawal:

A. Existing

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

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
A well (basalt aquifer)	1	E½	SE	4	10	33	331004410002	
A well	2	SW	NW	3	10	33	331003110002	

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 of 32 acres	1696 gpm	160	February 1 to November 30

B. Proposed

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

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
 Section 17 and the S½S½ of Sec. 8, ALL WITHIN T. 10 N., R. 33 E.W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		8 & 17	10	33 E	Walla Walla	Various	32

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

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:
 The East 1056 feet of the SE¼SW¼ of Sec. 2, T. 10 N., R. 33 E.W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	SW	2	10	33 E.	Walla Walla	331002210004	32

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

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): **G3-27932; G3-27933**

6. Remarks and Other Relevant Information:

This application is a part of a project that involves (1) a New Water Budget Neutral Application, (2) a permanent transfer to Trust for 32 acres of G3-2793Z to mitigate for the quantities requested in (1); and (3) an assignment of 32 acres of Ground Water Permit No. G3-29364P to Ralph Broetje. These 32 acres are the subject water right for this application, which are being transferred to fill in for the 32 acres being transferred Trust under (2), above.

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

<u>Ralph Broetje</u> Applicant Printed Name - Title	<u>Ralph Broetje</u> Applicant Signature	<u>1/28/15</u> (Date)
<u>Ralph Broetje</u> Water Right Holder Printed Name	<u>Ralph Broetje</u> Water Right Holder Signature	<u>1/28/15</u> (Date)
<u>Ralph Broetje</u> Land Owner of Existing Place of Use Printed Name	<u>Ralph Broetje</u> Land Owner of Existing Place of Use Signature	<u>1/28/15</u> (Date)
_____ Land Owner of Proposed Place of Use Printed Name	_____ Land Owner of Proposed Place of Use Signature	<u> / /</u> (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 98902-3463 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (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:** ___/___/___

