



**WATER RESOURCES**  
**Application for Change/Transfer of a Water Right**

**RECEIVED**

(Date Stamp)

**JUL 27 2015**

DEPARTMENT OF ECOLOGY  
 EASTERN REGIONAL OFFICE

**You must include a \$50.00 minimum filing fee with this application for:**

(Check all that apply.)

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

Explain: \_\_\_\_\_  
 \_\_\_\_\_

**No filing fee is required for applications for:**

- Drought
- Cost Reimbursement
- Water Conservancy Board

I have completed a pre-application consultation with Ecology.

GRAN-15-06

**1. Applicant Information**

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED _____	
CHECK NO. _____	FEE \$ _____
DATE ACCEPTED _____	BY _____
CHANGE NO. <b>CG3-28949C@3</b>	
COUNTY _____	WRIA <b>41</b>
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. _____
<b>6680.367</b>	

APPLICANT/BUSINESS NAME <b>Segale Properties LLC</b>	PHONE NO. <b>(206) 575-2000</b>	FAX NO. <b>(206) 575-1837</b>
ADDRESS <b>P.O. Box 88028</b>		
CITY <b>Tukwila</b>	STATE <b>WA</b>	ZIP CODE <b>98138</b>
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE) <b>Mark Segale</b>	PHONE NO. <b>same</b>	FAX NO. <b>same</b>
ADDRESS <b>same</b>		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <b>same</b>	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER Permit No. CG3-28949C@2 (as modified by Ecology order dated 5/1/2013)	RECORDED NAME(S) Segale Properties LLC
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 USED AS AUTHORIZED IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

- Attach copies of any documentation that shows the historical use of water that has occurred since the right was established.
- 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 #
Three Wells								
See attachment.								

### B. Proposed (if different from 3.A.)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
no change								

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

EXISTING:  YES  NO PROPOSED:  YES  NO – IF NO, PROVIDE OWNER NAME(S): n/a.

- Include copies of all associated water well reports.
- 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 35 acres	350 gpm	122,5 af/yr	seasonal

### B. Proposed (if different from 4.A.)

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

**5. Place of Use:**

**A. Existing**

<b>LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:</b>							
N1/2NE1/4 and North 165 feet of S1/2NE1/4 of Sec. 19, T. 17 N., R. 28 E.W.M.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER NAME(S):							

**B. Proposed (if different than 5.A.)**

<b>LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:</b>							
35 acres of irrigation within the N1/2NW1/4 Section 27, T. 17 N., R. 27 E.W.M.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER NAME(S):							

- 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.

**D. 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): Some overlap in place of use with CG3-25083C@2 is requested where the water rights are adding to each other within the same fields.

**6. Remarks and Other Relevant Information:**

Four applications are being filed to change the places of use only, so the places of use for each match to cropping and acres without federal contract. For example CG3-25081C@2 and CG3-25083C@2 are best suited to lower duty crops, while G3-29381(A) and CG3-28949C@2 are best suited to higher duty crops. Also more land has been acquired and some of the permits need to have a change in place of use to the new ground. The same three wells supply all four permits and no changes to the well sources are requested.
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                      Phone (360) 570-3265  
 Real Estate Excise Tax

## 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.

Segale Properties LLC by  
Mark A. Segale, VP of its Manager  
Applicant Printed Name – Title

  
Applicant Signature

7/20/2015  
(Date: MM/DD/YYYY)

Segale Properties LLC by  
Mark A. Segale, VP of its Manager  
Water Right Holder Printed Name

  
Water Right Holder Signature

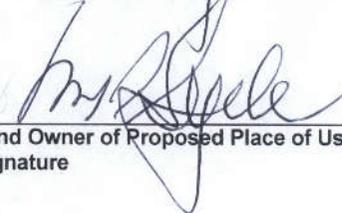
7/20/2015  
(Date: MM/DD/YYYY)

Segale Properties LLC by  
Mark A. Segale, VP of its Manager  
Land Owner of Existing Place of Use Printed Name

  
Land Owner of Existing Place of Use Signature

7/20/2015  
(Date: MM/DD/YYYY)

Segale Properties LLC by  
Mark A. Segale, VP of its Manager  
Land Owner of Proposed Place of Use Printed Name

  
Land Owner of Proposed Place of Use Signature

7/20/2015  
(Date: MM/DD/YYYY)

<p><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 1250 W. Alder Street Union Gap, WA 98903-0009 (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 <sup>th</sup> 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