DEPARTMENT OF ECOLOGY
State of Washington

Water Resources Program
Application for Change/Transfer of Water Right

For Ecology Use
(Date Stamp)
RECEIVED
AUG 31 2015
Department of Ecology
Eastern Regional Office

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

Explain:_____

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED _____
CHECK NO. _____ FEE $ _____
DATE ACCEPTED 9-1-2015 BY KT
CHANGE NO. CG3-01217C
COUNTY Adams/Grant WRIA 41
SPECIAL AREA Odessa

SEPA: ☐ EXEMPT ☑ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. 7898 PERMIT NO. 7813
CERT NO. G3-01217C CERT OF CHG NO. 6717111

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

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
WHB Trust, Attn: Paul Wollman	509-760-1808	
ADDRESS 1051 W Harder Rd		
CITY Warden	STATE WA	ZIP CODE 98857

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Gene St.Godard, WNR Group	509-953-9395	
ADDRESS PO Box 28755		
CITY Spokane	STATE WA	ZIP CODE 99228

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
WHB Trust		
ADDRESS 1051 W Harder Rd		
CITY Warden	STATE WA	ZIP CODE 98857

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
G3-01217C	Hutterian Brethren

DO YOU OWN THE RIGHT TO BE CHANGED? X YES ☐ 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 ☐ 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	5	NE	NW	18	18N	31E		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater	1	SE	NE	6	18N	31E		
Groundwater	2	NE	SW	11	18N	30E		
Groundwater	3	SE	SW	8	18N	31E		
Groundwater	4	SE	SW	8	18N	31E		
Groundwater	5	NE	NW	18	18N	31E		
Groundwater	6	SW	NE	2	18N	31E		
Groundwater	7	NE	NE	20	18N	31E		
Groundwater	8	SW	NW	7	18N	31E		
Groundwater	9	SE	NW	6	18N	31E		

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

EXISTING: XYES ☐ NO PROPOSED: XYES ☐ 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	1500 gpm	1617	February 1 to December 1

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Same			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

All of Sec. 7 and the N1/2 of Sec. 10, T18N, R31E.W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		7, 10	18N	31E	Adams		950

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? X YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

184.71 acres within the S1/2 Sec.1; 488.3 acres within the Sec. 12; and 120.9 acres within Sec. 13 north of irrigation canal; all within T.18N., R30E.W.M.: AND 26.09 acres in the SW1/4 Sec 6, SE1/4 Sec. 17, W1/2-W1/2 Sec. 18, and Section 21, all within T18N, R31E.W.M., Adams County, WA

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		1,12,13	18N	30E	Adams		793.91
		6,17,18, 21	18N	31E	Adams		26.09

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? X 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?

X YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): See remarks

6. Remarks and Other Relevant Information:

This project encompasses irrigated lands that are covered by eight (8) water rights. These water rights include: No. 587-A, No. 2520-A, No. 2567-A, No. 6060-A, G3-01217C, G3-01541C, G3-01542C, and G3-01172C.

The water rights use numerous wells which are intertied.

See attachments to show which pivots (fields) are being allocated to which specific water right.

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.

Paul Wollman *Applicant Printed Name – Title*	Paul Wollman *Applicant Signature*	8/31/15 *(Date)*
Paul Wollman *Water Right Holder Printed Name*	Paul Wollman *Water Right Holder Signature*	8/31/15 *(Date)*
Paul Wollman *Land Owner of Existing Place of Use Printed Name*	Paul Wollman *Land Owner of Existing Place of Use Signature*	8/31/15 *(Date)*
Paul Wollman *Land Owner of Proposed Place of Use Printed Name*	Paul Wollman *Land Owner of Proposed Place of Use Signature*	8/31/15 *(Date)*

Please check the region in which the project is located:

***Submit your application to:** DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	☐ Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	☐ Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	☐ Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	☐ 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:*** ____/____/____