



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
- 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	_____
CHECK NO.	_____ FEE \$ _____
DATE ACCEPTED	<u>9-1-2015</u> BY <u>KJ</u>
CHANGE NO.	<u>CG3-#02590C</u>
COUNTY	<u>Adams/Grant</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>2590</u> PERMIT NO. <u>2373</u>
CERT NO.	<u>2520-A</u> CERT OF CHG NO. <u>6717231</u>

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

1. Applicant Information

APPLICANT/BUSINESS NAME WHB Trust, Attn: Paul Wollman	PHONE NO. 509-760-1808	FAX NO.
ADDRESS 1051 W Harder Rd		
CITY Warden	STATE WA	ZIP CODE 98857
CONTACT (IF DIFFERENT FROM ABOVE) Gene St. Godard, WNR Group	PHONE NO. 509-953-9395	FAX NO.
ADDRESS PO Box 28755		
CITY Spokane	STATE WA	ZIP CODE 99228
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE WHB Trust	PHONE NO.	FAX NO.
ADDRESS 1051 W Harder Rd		
CITY Warden	STATE WA	ZIP CODE 98857

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER No. 02520--A	RECORDED NAME(S) Jacob Rennick
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	SW	11	18N	30E		

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 and Domestic Supply	1225 gpm	160	

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:							
NE1/4 and W1/2 Sec. 11, T18N, R30E.W.M.							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		11	18N	30E	Adams		80
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
80 acres within the SE1/4 Section 17, T18N, R31E.W.M.							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	SE	17	18N	31E	Adams		80
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(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): <u>See remarks</u>
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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 intertiered.
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.

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

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<p>WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):</p> <p> <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED <input type="checkbox"/> SECTION _____ IS INCOMPLETE <input type="checkbox"/> OTHER/EXPLANATION: _____ </p> <p> STAFF: _____ DATE: ____/____/____ </p>	
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