



WATER RESOURCES

Application for Change/Transfer of a Water Right

For Ecology Use
(Date Stamp)

15 OCT 19 18:13

Department of Ecology

OCT 19 2015

DEPT. OF ECOLOGY
FISCAL YEAR

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 *(CORRECT LEGAL DESCRIPTION)*
- 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

| FOR OFFICIAL USE ONLY | |
|--|-------------------------------------|
| DATE APPLICATION RECEIVED | 10-19-2015 |
| CHECK NO. | FEE \$ 50.00 |
| DATE ACCEPTED | 10-27-15 BY KT |
| CHANGE NO. | C53-28594C |
| COUNTY | Stevens WRIA 61 |
| SPECIAL AREA | |
| SEPA: <input checked="" type="checkbox"/> EXEMPT | <input type="checkbox"/> NOT EXEMPT |
| ECY CODING: | 001-002-WR10285-000011 |
| APP NO. | PERMIT NO. |
| CERT NO. S3-28594C | CERT OF CHG NO. 6751439 |

I have completed a pre-application consultation with Ecology.

1. Applicant Information

CELL: 509.954.4242

| | | | |
|--|--------------------|----------------------------------|--------------|
| APPLICANT/BUSINESS NAME MELANIE J. BELL | | PHONE NO. 509.685.0788 | FAX NO. — |
| ADDRESS 2105 HOFMEISTER WAY #10 | | | |
| CITY EVANS, WA 99126 | STATE WA | ZIP CODE 99126 | |
| EMAIL ADDRESS (IF AVAILABLE) MBELL4242@COMCAST.NET | | | |

| | | | |
|--|--------------------|----------------------------------|---------|
| CONTACT (IF DIFFERENT FROM ABOVE) William R. SAW | | PHONE NO. 509.684.7921 | FAX NO. |
| ADDRESS 2081 HOFMEISTER WAY #10 | | | |
| CITY EVANS | STATE WA | ZIP CODE 99126 | |
| EMAIL ADDRESS (IF AVAILABLE) JANSAW15@GMAIL.COM | | | |

| | | | |
|---|--------------------|----------------------------------|---------|
| LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE MELANIE J. BELL | | PHONE NO. 509.954.4242 | FAX NO. |
| ADDRESS 2105 HOFMEISTER WAY | | | |
| CITY EVANS | STATE WA | ZIP CODE 99126 | |
| EMAIL ADDRESS (IF AVAILABLE) MBELL4242@COMCAST.NET | | | |

2. Water Right Information

| | |
|---|---|
| WATER RIGHT OR CLAIM NUMBER S3-28594C | RECORDED NAME(S) ROBERT W. AND ELIZABETH A. PRICE |
| 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.

Department of Ecology

OCT 19 2015

3. Point(s) of Diversion/Withdrawal:

A. Existing

Water Resources Program

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|----------------|-----|-------|--------|------|------|------|----------|------------|
| COLUMBIA RIVER | 1 | S 1/2 | SW 1/4 | 9 | 37 | 38 | 1961000 | |

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

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|--------|-----|---|---|------|------|------|----------|------------|
| | | | | | | | | |
| | | | | | | | | |

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): _____

- 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 |
|---|------------|------------|----------------------|
| 0.10 CUBIC FEET PER SECOND, 16 ACRE FEET PER YEAR, FROM APRIL 1 TO OCTOBER 1, EACH YEAR, FOR IRRIGATION OF 5 ACRES | 0.10 | 16 | APRIL 1 TO OCTOBER 1 |

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

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|------------------|
| "A" SAN | .05 | 8 | IRR OF 2.5 ACRES |
| "B" BELL | .05 | 8 | IRR OF 2.5 ACRES |

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
REFER TO ATTACHED "CERTIFICATE OF WATER RIGHT"

| 1/4 | 1/4 | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|-----|-----|------|------|------|--------|----------|------------|
| | | | | | | | <i>5</i> |

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES NO
 IF NO, PROVIDE OWNER NAME(S): *SPLIT -> (A) SAW: PARCEL # 1961100 (B) BELL: PARCEL # 1961000*

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

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:
REFER TO ATTACHED MAPS FOR BELL AND SAW

PROPOSE TO SPLIT A AND B PORTION A TO SAW; PORTION B TO BELL

| 1/4 | 1/4 | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|-----|-----|------|------|------|--------|----------|------------|
| | | | | | | | <i>5</i> |

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES 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. Department of Ecology
- If platted property, please include a certified copy of the plat map. OCT 19 2015

D. Are there any additional water rights or claims related to the same property as the one proposed for change/transfer? Water Resources Program

YES NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

- 1. ORIGINAL LEGAL DESCRIPTION WAS INCORRECT AND DID NOT INCLUDE BELL PROPERTY, ALTHOUGH PREVIOUS OWNERS ROBERT AND ELIZABETH PRICE OWNED BOTH PORTION A AND PORTION B AT TIME OF OBTAINING ORIGINAL CERTIFICATE IN 1989.*
- 2. MET WITH GENE DRURY OCTOBER 1, 2015 AND HE PROPOSED TO CORRECT LEGAL DESCRIPTION AND SPLIT BETWEEN SAW AND BELL.*
- 3. WILL CONTINUE TO SHARE EXISTING POINT OF DIVERSION.*

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
 PO Box 47477
 Olympia, WA 98504-7477

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.

William R. Saw
MELANIE J. BELL
Applicant Printed Name - Title

William R. Saw
Melanie J. Bell
Applicant Signature

10.12.15
10.12.15
(Date: MM/DD/YYYY)

MELANIE J. BELL
Water Right Holder Printed Name

Melanie J. Bell
Water Right Holder Signature

10.12.15
(Date: MM/DD/YYYY)

MELANIE J. BELL
Land Owner of Existing Place of Use Printed Name

Melanie J. Bell
Land Owner of Existing Place of Use Signature

10.12.15
(Date: MM/DD/YYYY)

William R. Saw
MELANIE J. BELL
Land Owner of Proposed Place of Use Printed Name

William R. Saw
Melanie J. Bell
Land Owner of Proposed Place of Use Signature

10-12-15
10.12.15
(Date: MM/DD/YYYY)

| | | |
|--|---|--|
| <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 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 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 |

Department of Ecology

OCT 19 2015

Water Resources Program

RECEIVED

Department of Ecology

ATTACHMENT FOR

OCT 19 2015

OCT 22 2015

Application for Change/Transfer of Water Right

Water Resources Program

Department of Ecology
Eastern Washington Office

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

MELANIE J. BELL

Melanie J. Bell

10.12.15

- Applicant Printed Name - Title
- Water Right Holder Printed Name
- Land Owner of Existing Place of Use Printed Name
- Land Owner of Proposed Place of Use Printed Name

- Applicant Signature
- Water Right Holder Signature
- Land Owner of Existing Place of Use Signature
- Land Owner of Proposed Place of Use Signature

(Date: MM/DD/YR)

PREFACE
SPECIAL USE PERMIT - BELL
CERTIFICATE OF WATER RIGHT

MAPS OF PROPERTIES - SAW AND BELL
PLACED WATER RIGHT AGREEMENT - BELL AND SAW
STATUTORY WARRANTY, DEC 15 - BELL AND SAW
PHOTOS

- Applicant Printed Name - Title
- Water Right Holder Printed Name
- Land Owner of Existing Place of Use Printed Name
- Land Owner of Proposed Place of Use Printed Name

- Applicant Signature
- Water Right Holder Signature
- Land Owner of Existing Place of Use Signature
- Land Owner of Proposed Place of Use Signature

(Date: MM/DD/YR)

William R Saw

William R Saw

10-12-15

- Applicant Printed Name - Title
- Water Right Holder Printed Name
- Land Owner of Existing Place of Use Printed Name
- Land Owner of Proposed Place of Use Printed Name

- Applicant Signature
- Water Right Holder Signature
- Land Owner of Existing Place of Use Signature
- Land Owner of Proposed Place of Use Signature

(Date: MM/DD/YR)

SEE ADDITIONS ABOVE

- Applicant Printed Name - Title
- Water Right Holder Printed Name
- Land Owner of Existing Place of Use Printed Name
- Land Owner of Proposed Place of Use Printed Name

- Applicant Signature
- Water Right Holder Signature
- Land Owner of Existing Place of Use Signature
- Land Owner of Proposed Place of Use Signature

(Date: MM/DD/YR)

- Applicant Printed Name - Title
- Water Right Holder Printed Name
- Land Owner of Existing Place of Use Printed Name
- Land Owner of Proposed Place of Use Printed Name

- Applicant Signature
- Water Right Holder Signature
- Land Owner of Existing Place of Use Signature
- Land Owner of Proposed Place of Use Signature

(Date: MM/DD/YR)

- Applicant Printed Name - Title
- Water Right Holder Printed Name
- Land Owner of Existing Place of Use Printed Name
- Land Owner of Proposed Place of Use Printed Name

- Applicant Signature
- Water Right Holder Signature
- Land Owner of Existing Place of Use Signature
- Land Owner of Proposed Place of Use Signature

(Date: MM/DD/YR)

- Applicant Printed Name - Title
- Water Right Holder Printed Name
- Land Owner of Existing Place of Use Printed Name
- Land Owner of Proposed Place of Use Printed Name

- Applicant Signature
- Water Right Holder Signature
- Land Owner of Existing Place of Use Signature
- Land Owner of Proposed Place of Use Signature

(Date: MM/DD/YR)