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Department of Ecology  
Eastern Washington Office



# STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

NOTE: THIS FORM IS ONLY TO BE USED FOR THE  
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- Lease
- Purchase
- Donation
- Other

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

Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE 10/1/2014  
END DATE 8/30/2017

FOR OFFICE USE ONLY	
FILE No.	<u>C53-28406J@4</u> WRIA <u>32</u>
DATE ACCEPTED	____/____/____ BY _____
FEE \$	<u>0</u> REC'D <u>9/28/2015</u>
CHECK No.	_____
SEPA:	<input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Not exempt

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

## 1. Applicant Information:

APPLICANT/BUSINESS NAME Gardena Farms Irrigation District #13	PHONE NO. (509) 520-2861	FAX NO. ( )
ADDRESS 539 White Road		
CITY Touchet	STATE WA	ZIP CODE 99360

CONTACT NAME (IF DIFFERENT FROM ABOVE) Chris Hyland, WW Watershed Mngt. Partnership	PHONE NO. (509) 524-5217	FAX NO. (509) 524-5209
ADDRESS 500 Tausick Way		
CITY Walla Walla	STATE WA	ZIP CODE 99362

## 2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER WW Adj. Cert. No. 406	RECORDED NAME(S) Walla Walla Irrigation Company
DO YOU OWN THE RIGHT? <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE 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.

FOR OFFICE USE ONLY	
WATER RIGHT NO. _____	FILE (contract) NO. _____

**3. How is Water to be Made Available for Trust?**

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s): Columbia Basin Water Transactions Program & Dept. of Ecology	

**WATER RIGHT DESCRIPTION \***

**4. Point(s) of Diversion/Withdrawal:**

**A. Existing**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<b>Walla Walla River</b>		<b>SW</b>	<b>SW</b>	<b>3</b>	<b>6</b>	<b>35</b>	<b>350603510025</b>	

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.

**5. Purpose of Use:**

**A. Existing Use of the Water Right**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<b>Irrigation of 7000 acres</b>	<b>93.333</b>		<b>April 1 to July 1</b>
	<b>70.00</b>		<b>July 1 to October 1</b>
	<b>140.00</b>		<b>October 1 to April 1</b>
		<b>35,000</b>	<b>(annual max)</b>

**B. Proposed Purpose of the Trust Water Right:**

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
<b>Instream flow augmentation; variable Qi (1-14 cfs)</b>	<b>Not to exceed 2,500</b>
	<b>annually</b>

**6. Place of Use:**

**A. Existing:**

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
<b>See WW Adj. Cert. No. 406 (attached)</b>							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
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>The District patrons own the land; the District supplies water for irrigation purposes to that land.</b>							

\* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
<b>Walla Walla River, mainstem. From the existing Gardena Farms Irrigation</b>
<b>District No. 13 diversion point (SW<sup>1</sup>/<sub>4</sub>SW<sup>1</sup>/<sub>4</sub> of Sec. 3, T. 6 N., R. 35 E.W.M. - RM)</b>
<b>36.7) downstream to the SW<sup>1</sup>/<sub>4</sub>SW<sup>1</sup>/<sub>4</sub> of Sec. 6, T. 6 N., R. 33 E.W.M. - RM 18)</b>

7. Remarks and Other Relevant Information:

<b>This application requests placement of water into the Trust Water Right Program for the purpose of instream flow. The instantaneous quantities will be variable (see attached agreement between the Partnership and GFID #13), ranging between 1 and 14 cfs. The annual quantity placed into Trust through this application will not exceed 2,500 acre-feet per year, each year.</b>

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.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

8. Signatures:

*I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology 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.*

Chris J. Hyland 5/6/15 <sup>CH</sup>  
 (Applicant) (Date)

Phil Cummins 5/6/15  
 (Water Right Holder) (Date)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Land Owner(s) of Existing Place of Use) (Date)

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

<b>WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):</b>	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____/____/____

