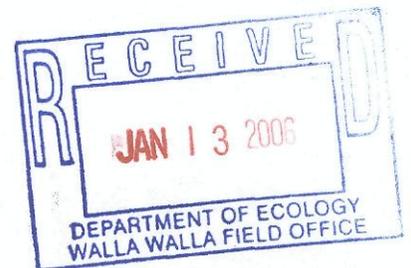




STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
 OF WATER RIGHT**



For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(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 OFFICE USE ONLY	
CHANGE No.	<u>S3-#28090J</u> WRIA <u>32</u>
DATE ACCEPTED	<u>1 / 26 / 05</u> BY <u>RT</u>
FEE \$	<u>50.00</u> REC'D <u>01 / 17 / 2006</u>
CHECK No.	<u>3747</u>
SEPA:	<input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Not exempt <u>Walla Walla</u>

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

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>Pat Beard</u>	PHONE NO. <u>(509) 529 0994</u>	FAX NO. <u>()</u>
ADDRESS <u>76 Lower Dry Creek Road</u>		
CITY <u>Walla Walla</u>	STATE <u>WA</u>	ZIP CODE <u>99362</u>
CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
	<u>()</u>	<u>()</u>
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>WW RW. CERT. NO. 90</u>	RECORDED NAME(S) <u>E.A. LOOS</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO <u>PARTIAL</u>	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: <u>Pat Beard 76 Lower Dry Creek Walla Walla, WA 99362</u>	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> 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.

FOR OFFICE USE ONLY			
APP. NO.	PERMIT NO.	CERT. NO. <u>S3-#28090J</u>	CERT. OF CHANGE NO.
<u>S3-#28090JWRIS</u>			

cc: WDFW tribe
 wnatilla
 WWFO

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
WALLA WALLA RIVER		NE	NE	33	7	34		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
NO CHANGE								

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

EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME: OLD LOWDEN PITCH CO.

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 OF 7 ACRES	0.093		4/1 - 7/1
	0.070		7/1 - 10/1
	0.140		10/1 - 4/1

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
NO CHANGE			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
SEE WW ADJ. CERT NO. 90 (ATTACHED)							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES NO - IF NO, PROVIDE OWNER(S) NAME: PARTIAL MIKE DUNHAM

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
TRACTS 1, 2 & 3 OF SHOOT PLAT IN BOOK 3, PAGE 179, RECORDED APRIL 10, 1998 UNDER AUDITOR'S FILE NO. 9803841							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES NO - IF NO, PROVIDE OWNER(S) NAME: PARTIAL MIKE DUNHAM

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?
 YES NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):
 SW CRT NO. 1837 w/Chg 207 WNW ADJ. CRT. NOS 859 & 865 (No use on these lands)

6. Remarks and Other Relevant Information:

CHANGE THE PLACE OF USE TO REFLECT HISTORICAL USE OF WATER ON THESE LANDS UNDER THIS RIGHT (DE-FACTO CHANGE)

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.

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.

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

 _____ (Applicant) 12/15/05 (Date)
 _____ (Water Right Holder) 12/15/05 (Date)
 _____ (Land Owner(s) of Existing Place of Use) 12/15/05 (Date)

1/9/06
 Jon A. Stober 12/28/05
 4/9/06
 Jon A. Stober 12/28/05

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

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: ___/___/___

