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DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE
STATE OF WASHINGTON

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EASTERN REGIONAL OFFICE



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. S3-28293J WRIA 32
 DATE ACCEPTED 1/05/06 BY KT
 FEE \$ 50.00 REC'D 12/6/05
 CHECK No. 11949
 SEPA: Exempt Not exempt
Walla Walla Co

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

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>Frederick J. Palumbo</u>	PHONE NO. <u>(509) 529-6892</u>	FAX NO. <u>()</u>
ADDRESS <u>2862 S. 3rd Ave</u>		
CITY <u>Walla Walla</u>	STATE <u>WA</u>	ZIP CODE <u>99362-8797</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO. <u>()</u>	FAX NO. <u>()</u>
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>Cert. 293 w/Chg 203</u>	RECORDED NAME(S) <u>William Pfeiffer</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>(Partial - Own 2.06 acres of right)</u>	
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	

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.

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APP. NO. _____ PERMIT NO. _____ CERT. NO. ADJ 293 CERT. OF CHANGE NO. 203

S3-*CVIP203 Cert of chg Al Pfeiffer
S3-*28293J Adj. Cert w. Pfeiffer

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3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Yellowhawk Creek		SW	SE	32	7N	36E		
Caldwell Creek		(Block 33 RC		PER	DLC)			

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well		NE	NW	5	6N	36		135

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
 EXISTING: YES NO PROPOSED: YES 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: * [No Change - Sec Cert. 293 Attached]

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	.146		April 1st to July 1st
Irrigation	.220		July 1st to October 1st
Irrigation		55.0	October 1st to April 1st

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	25		Year Round

5. Place of Use: * [See attached Cert. 293 - No change]

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
[Redacted]							
05 06 36				360605514207 1.05			
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NE	NW	05	06	36		360605514206	1.01

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

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Same as above							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
							2.06

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? 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?
 YES NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

I hope to benefit the environment by switching from Surface ^{water} rights to ground water rights.

I want to add my well as a point of withdrawal To Cert. 293

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.

Fredenick J. Palumbo 11 1 031 2005
 (Applicant) (Date)

Fredenick J. Palumbo 11 1 031 2005
 (Water Right Holder) (Date)

Fredenick J. Palumbo 11 1 031 2005
 (Land Owner(s) of Existing Place of Use) (Date)

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 3,4,5 IS INCOMPLETE

OTHER/EXPLANATION: see level

STAFF: Kauferschied DATE: 11 / 18 / 2005

