



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

RECEIVED
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 APR 29 2010

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

DEPARTMENT OF ECOLOGY
 EASTERN REGIONAL OFFICE

**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>CG3-#02202C(A)@1</u>	WRIA <u>34</u>
DATE ACCEPTED <u>5/5/2010</u>	BY <u>KT</u>
FEE \$ <u>114.33</u>	REC'D <u>4/12/2010</u>
CHECK No. <u>8369 50.00 4-12-2010</u>	<u>8376 64.33 4-29-2010</u>
ECY Coding: 001-002-WR10285-000011	
SEPA: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

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

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>Jerry Maley/Union Cattle Company</u>	PHONE NO. <u>(509) 657-3927</u>	FAX NO. <u>(509) 657-3926</u>
ADDRESS <u>P.O. Box 48</u>		
CITY <u>Lacrosse</u>	STATE <u>WA</u>	ZIP CODE <u>99143</u>
CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>Shane Berquist/Union Cattle Company</u>	PHONE NO. <u>(509) 549-3123</u>	FAX NO. <u>()</u>
ADDRESS <u>Same as Above</u>		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>Certificate No. 1412-A(A)</u>	RECORDED NAME(S) <u>J.H. Robinette</u>
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 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. _____	CERT. OF CHANGE NO. _____

3. Point(s) of Diversion/Withdrawal: - No change *KT*

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	SE	SW	13	16N	39E		154291(log #)

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	SE	SW	13	16N	39E		154291(log #)

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: Irrigation of 89.3 acres - No change *KT*

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	1,029gpm	291	April 1 st - September 30 th

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	1,029gpm	291	April 1 st - September 30 th

5. Place of Use: Sections 13 and 24, T. 16 N., R. 39 E.W.M.

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Seasonal irrigation of 89.3 acres in the E 1/2 of the SW 1/4 of Section 13, T. 16 N, R. 39 E.W.M. and the E 1/2 of the NW 1/4 of Section 24, T. 16 N., R. 39 E.W.M. (See map attached)							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Whitman		89.3
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Seasonal irrigation of 89.3 acres in the E 1/2 of the SW 1/4, the SE 1/4 of the NW 1/4, and the SW 1/4 of the SW 1/4 all of Section 13, T. 16 N, R. 39 E.W.M. and the NE 1/4 of the SW 1/4 of Section 24, T. 16 N. R. 39 E.W.M. (See map attached)							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Whitman		89.3
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?
 YES NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

On October 5, 2007 a partial change to water right certificate no. 1412-A was approved by Keith Stoffel from Ecology's Eastern Regional Office. The water right was divided into an "A" and "B" portion. Jerry Maley of Union Cattle Company retained the "A" portion. However, the legal Place of Use was different from the actual Place of Use due to center pivots being installed during the 1990's. The change application did not correct the slight differences in the actual vs. legal Place of Use. This change application corrects the discrepancy. There are no changes in Point of Withdrawal, use of water, season of use, or amount of land irrigated.

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) *Jerry Maley* ' ' / / (Date) *april 23 / 10*

(Water Right Holder) *Jerry Maley* ' ' / / (Date) *april 23 / 10*

(Land Owner(s) of Existing Place of Use) *Jerry Maley* ' ' / / (Date) *april 23 / 10*

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: ___/___/___