



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

RECEIVED

SEP 13 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.	FRAN-10-11 WRIA 33
DATE ACCEPTED	9 / 9 / 10 BY FCWCB
FEE \$	650.00 REC'D _____
CHECK No.	_____
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 Jeffery J. Gordon	PHONE NO. (509) 547-6331	FAX NO. ()
ADDRESS 531 Levey Rd.		
CITY Pasco	STATE WA	ZIP CODE 99301

CONTACT NAME (IF DIFFERENT FROM ABOVE) Above or Darryll Olsen, Ph.D., CSRIA	PHONE NO. (509) 783-1623	FAX NO. ()
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER G3-26504C	RECORDED NAME(S) Jeffery J. Gordon
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. _____

CG3-26504
 4696040

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater Hydro-Connected to Snake River	1 & 2	NW NE	NE NW	8	9	32	(See Attachments)	

B. Proposed

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

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:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation 165 acres	2,170 gpm	660	January 1-December 31

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation Up to 205 acres	Up to 2,170	Up to 660	January 1-December 31

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
All Within: See attached certificate and all within:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		7 & 8	9	32	Franklin	(See Attachments)	165
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:							
All Within: See attached certificate and all within:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		7 & 8	9	32	Franklin	(See Attachments)	Up to 205
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:

The applicant is added additional irrigated acres through management and crop type changes With no expansion to allowed water (acre-ft.) use.
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.

x Jeffrey Gordon (Applicant) 9/18/2010 (Date)

x Jeffrey Gordon (Water Right/Holder) 9/18/2010 (Date)

x Jeffrey Gordon (Land/Owner(s) of Existing Place of Use) 9/18/2010 (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 _____ IS INCOMPLETE
- OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____

KAMIAK VINEYARDS, INC.

531 LEVEY ROAD ~ PASCO, WA 99301

T: (509) 547-6224 F: (509) 547-5496

