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DEPARTMENT OF ECOLOGY  
EASTERN REGIONAL OFFICE



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**

FOR OFFICE USE ONLY	
CHANGE No. <u>WALL-11-08</u>	WRIA _____
DATE ACCEPTED <u>9, 7, 11</u>	BY <u>AK</u>
FEE \$ <u>500.00</u>	REC'D <u>9, 7, 11</u>
CHECK No. <u>1070</u>	
ECY Coding: 001-002-WR10285-000011	
SEPA: <input checked="" type="checkbox"/> Exempt	<input type="checkbox"/> Not exempt

(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: \_\_\_\_\_

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

**1. Applicant Information:**

APPLICANT/BUSINESS NAME Hydro Irrigation District No. 9 c/o Robert Berger	PHONE NO. (509) 522-2676	FAX NO. ( )
ADDRESS 15 N. Gose Street		
CITY Walla Walla	STATE Washington	ZIP CODE 99362
CONTACT NAME (IF DIFFERENT FROM ABOVE) Water Right Solutions - Attn: Bill Neve	PHONE NO. (509) 540-4474	FAX NO. ( )
ADDRESS PO Box 511		
CITY Walla	STATE Washington	ZIP CODE 99362

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER G3-24503C	RECORDED NAME(S) Hydro Irrigation District #9
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:**

**A. Existing**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
A well (basalt aquifer)	1		SE	23	7	35	350723520530	

**B. Proposed**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
A well (basalt aquifer)	2	NE	SE	23	7 N	35	350723520456	

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**

**A. Existing**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal supply	100	160	Continuous

**B. Proposed**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

**5. Place of Use:**

**A. Existing**

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Block 1, 4, 5, 6, 7, 10, 11 and 12 of the Plat of Blalock Orchards within the S½ of Sec. 23 and N½ of Sec. 26, T. 7 N., R. 35 E.W.M.							
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:

Provide domestic water supply to private lands within the District's service area

**B. Proposed**

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
The place of use of this water right is the service area described in the most recent Water System Plan approved by the Washington State Department of Health, so long as the water system is and remains in compliance with the criteria contained within RCW 90.03.386(2). RCW 90.03.386 may have the effect of revising the place of use of this water right.							
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:

Provide domestic water supply to private lands within the District's service area

*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): Ground Water Dec. Cert. No. 813-D

**6. Remarks and Other Relevant Information:**

Hydro Irrigation District No. 9 is applying to add a well to their water right. Said well, if approved, would be the second well authorized under the subject water right for their municipal water supply system. This well is necessary for the District to meet Department of Health standards for reliability outlined in WAC 246-290-420. Companion change being requested for Ground Water Dec. Cert. No. 813-D.

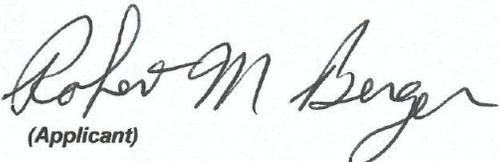
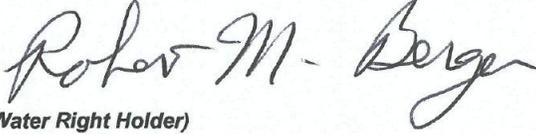
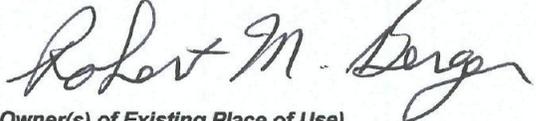
IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_/\_\_\_/\_\_\_ END DATE \_\_\_/\_\_\_/\_\_\_

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.*

chairperson Board of Directors	 (Applicant)	/ / (Date)
	 (Water Right Holder)	/ / (Date)
	 (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 \_\_\_\_\_ IS INCOMPLETE  
 OTHER/EXPLANATION: \_\_\_\_\_

**STAFF:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_