



Water Resources Program

Application for Change/Transfer of Water Right

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

11 SEP 26 8 56

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

DEPT. OF ECOLOGY
FISCAL & BUDGET

(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: Additional POD for Mar-May use; change--see att.

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	9-26-11
CHECK NO.	3301
FEE \$	50.00
DATE ACCEPTED	10-5-11
BY	KT
CHANGE NO.	CS3-22-8862J 496805
COUNTY	W/W
WRIA	32
SPECIAL AREA	
SEPA: <input checked="" type="checkbox"/> EXEMPT	<input type="checkbox"/> NOT EXEMPT
ECY CODING:	001-002-WR10285-000011
APP. NO.	PERMIT NO.
CERT NO. <u>WVAC 862</u>	CERT OF CHG NO. <u>482</u>

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

1. Applicant Information

APPLICANT/BUSINESS NAME Michael Buckley		PHONE NO. (509)529-2229	FAX NO.
ADDRESS 11537 W Highway 12			
CITY Walla Walla	STATE WA	ZIP CODE 99362	
CONTACT (IF DIFFERENT FROM ABOVE)		PHONE NO.	FAX NO.
ADDRESS			
CITY	STATE	ZIP CODE	
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Michael Buckley		PHONE NO. (509)529-2229	FAX NO.
ADDRESS 11537 W Highway 12			
CITY Walla Walla	STATE WA	ZIP CODE 99362	

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER Certificate 862 with POU change 482	RECORDED NAME(S) Floyd King
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.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Walla Walla River	1	NW	NW	35	7N	34E	340735220002	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Walla Walla River	1	SE	NW	35	7N	34E	340735220002	
Walla Walla River	2	SE	SE	29	7N	34E	340729440005	

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	0.6	150	Oct. 1-Apr. 1
	0.4		Apr. 1-July 1
	0.3		July 1-Oct. 1

B. Proposed

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

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

See attached description

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			7	34	Walla Walla	see attachment	30

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:

See attachment; same as above

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			7	34	Walla Walla	see attachment	30

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): Cet #874, 648, 1748, 7157, 862, G3-27042G

6. Remarks and Other Relevant Information:

The additional POD, No. 2, is downstream of No. 1. POD No. 2 will be used to divert the following amounts in these months: March-0.60 cfs, April-0.40 cfs, May-0.40 cfs. The remainder of the year POD No. 1 will be used. The purpose of the addition is to leave water in the Walla Walla River for a requirement of Old Lowden irrigators. Although the move is permanent, the intent is to change back to using POD No. 1 all year upon the requirement being satisfied with water saved from other projects.

IF FOR SEASONAL OR TEMPORARY, START DATE 03 / 01 / 2012 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. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

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

Michael Buckley
Applicant Printed Name - Title


Applicant Signature (Date) 9/20/2011

Michael Buckley
Water Right Holder Printed Name


Water Right Holder Signature (Date) 9/20/2011

Michael Buckley
Land Owner of Existing Place of Use Printed Name


Land Owner of Existing Place of Use Signature (Date) 9/20/2011

Michael Buckley
Land Owner of Proposed Place of Use Printed Name


Land Owner of Proposed Place of Use Signature (Date) 9/20/2011

Please check the region in which the project is located:

<p>*Submit your application to:</p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

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: _____ / _____ / _____