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STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT
DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

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. WRIA
DATE ACCEPTED BY
FEE \$ REC'D
CHECK No. GRAN-11-21
ECY Coding: 001-002-WR10285-000011
SEPA: Exempt Not exempt

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

1. Applicant Information:

APPLICANT/BUSINESS NAME: Fancher land Investments, LLC Robert R, Fancher
PHONE NO.: (509) 1565
FAX NO.:
ADDRESS: P.O. Box 1245
CITY: Moses Lake
STATE: WA
ZIP CODE: 98837

CONTACT NAME (IF DIFFERENT FROM ABOVE): Ed Kemp (H2O4U Consulting)
PHONE NO.: (509) 750-1865
FAX NO.:
ADDRESS: 524 N Bluff West Dr.
CITY: Moses Lake
STATE: WA
ZIP CODE: 98837

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER: Certificate 399A
RECORDED NAME(S): Fancher Land Investments, LLC
DO YOU OWN THE RIGHT TO BE CHANGED? YES NO
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? YES 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 #
Well	1	NW	SE	7	19	27	211228000	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	NW	SW	20	19	29	110069478	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME: **Central Terminals LLC**
of which I am a principle

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
Seasonal Irrigation	800.0	311.7	Seasonal

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal and Industrial	800.0	311.7	Continiousl

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
80 Acres in the SW1/4 Section 7							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		7	19	27	Grant	161376001	80.0
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:							
Section 19 Parcels 110069492, 110069477							
Section 20 Parcels 091121631, 091121633, 110069478							
Section 29 Parcels 313143000, 313359000, 313357000, 313360000							
Section 30 Parcel 180244000							
Section 32 Parcel 180255000							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			19	29	GRANT	See above & Exhibit	0
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: Central Terminals of which I am a principal							

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): Currently there are several artificially stored ground water (ASGW) irrigation permits assigned to the proposed area of use; however, some may be converted to Municipal and Industrial use for use in a reverse osmosis facility located in Section 20, T.19N.,R.29E.,W.M.

6. Remarks and Other Relevant Information:

Upon formal transfer of Certificate 399A the ground water will be processed by the reverse osmosis facility for M&I purposes in the proposed area of use .

Exact location of new point of diversion will need to be surveyed in that it is very close to the boundary beteen the NWSW1/4 and the SWSW1/4 of Section 20

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.

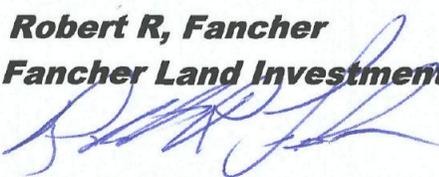
Robert R. Fancher
Fancher Land Investments, LLC


(Applicant) 10/27/11
(Date)

Robert R Fancher
Fancher Land Investments, LLC


(Water Right Holder) 10/27/11
(Date)

Robert R, Fancher
Fancher Land Investments, LLC


10/27/11
(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:** ____ / ____ / ____