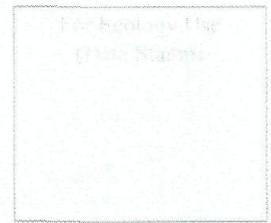




Water Resources Program

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 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

RECEIVED

NOV 28 2011

DEPARTMENT OF ECOLOGY
EMMETT REGIONAL OFFICE

(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 OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED _____	
CHECK NO. _____	FEE \$ _____
DATE ACCEPTED _____	BY _____
CHANGE NO. _____	
COUNTY _____	WRIA _____
SPECIAL AREA	<u>GRAN-11-22</u>
SEPA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: 001-002-WR10285-000011	
APP NO. _____	PERMIT NO. _____
CERT NO. _____	CERT OF CHG NO. _____

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

1. Applicant Information

APPLICANT/BUSINESS NAME Segale Properties LLC, Attn: Jacek Pawlicki		PHONE NO. 206-575-2000	FAX NO. 206-575-1837
ADDRESS P.O. Box 88028			
CITY Tukwila	STATE Washington	ZIP CODE 98138	

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		PHONE NO.	FAX NO.
ADDRESS			
CITY	STATE	ZIP CODE	

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G3-28949C	RECORDED NAME(S) Randy Talstad and Riley J. Cissne
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 (retain for supply to portion of water right not being transferred)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Two Wells	1	NE	NW	26	21N	24E	15-1222-002	183829
	2	SE	NW	26	21N	24E	15-1222-000	183828

B. Proposed (add for supply to portion of water right being transferred)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Three Wells	3	SE	NE	20	17N	28E	170034000	#AAP544
(continued – see attached)	4	NE	NW	20	17N	28E	170034000	#AAP796

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 of 80 acres	800 gpm	280	Seasonal

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
(a) Irrigation of 45 acres (retain current)	450 gpm	157.5	Seasonal
(b) Irrigation of 35 acres (for transfer)	350 gpm	122.5	Seasonal

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

80 acres within the E1/2NW1/4 of Sec. 26, T21N, R24 E.W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NE&SE	NW	26	21N	24E	Grant	15-1222-000; 15-1222-002	80

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES NO

IF NO, PROVIDE OWNER(S) NAME: Peter A. Beaumont and Mary Catherine Beaumont

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

With regard to (a), said water right shall remain on the existing property.

With regard to (b), said water rights shall be relocated to the following property:

The north half and the north 165 feet of the south half of the NE1/4 of Sec. 19, T17N, R28 E.W.M.,

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
Ptn.	NE	19	17N	28E	Grant	17-0033-000	90

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): Permit G3-29381(A)

6. Remarks and Other Relevant Information:

Applicant is irrigating the NE1/4 of Sec. 19, T17N, R28 E.W.M. under the existing authority of Permit No. G3-29381(A). Applicant desires to increase the amount of land under irrigation in this area by 35 acres, which will result in the need of the same amount of additional water rights to be transferred to existing irrigation located in the NE1/4 of Sec. 19, T17N, R28 E.W.M. Applicant desires to move a portion of Water Certificate G3-28949C to this area to address that need, and the remaining portion of Water Certificate G3-28949C, 45 acres, 157.5 acre-feet and 450 gpm, shall remain on the existing property.

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. 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.

M.A. Segale, President of the Manager
Applicant Printed Name - Title

Applicant Signature ___/___/___
(Date)

M.A. Segale, President of the Manager
Water Right Holder Printed Name

Water Right Holder Signature ___/___/___
(Date)

Peter A. Beaumont
Land Owner of Existing Place of Use Printed Name


Land Owner of Existing Place of Use Signature 10/4/01
(Date)

M.A. Segale, President of the Manager
Land Owner of Proposed Place of Use Printed Name

Land Owner of Proposed Place of Use Signature ___/___/___
(Date)

Please check the region in which the project is located:

<p>*Submit your application to: 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: ___/___/___