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DEC 19 2011

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-10-10</u>	WRIA _____
DATE ACCEPTED <u>11/17/11</u>	BY _____
FEE \$ <u>500.00</u>	REC'D <u>11/17/11</u>
CHECK No. <u>7228</u>	
ECY Coding: 001-002-WR10285-000011	
SEPA:	<input 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 Douglas B. Saturno	PHONE NO. (509) 522-0285	FAX NO. ()
ADDRESS 330 Craig St.		
CITY Walla Walla	STATE Washington	ZIP CODE 99362
CONTACT NAME (IF DIFFERENT FROM ABOVE) Bill Neve - Water Right Solutions	PHONE NO. (509) 540-4474	FAX NO. ()
ADDRESS PO Box 511		
CITY Walla Walla	STATE Washington	ZIP CODE 99362

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Ground Water Certificate No. 4956-A	RECORDED NAME(S) John Newton & Anna H. Gose
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.

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FOR OFFICE USE ONLY			
CG3-06830C			
5042659			
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			33	8	37E	370833310004	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
No change proposed								

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 Proposed

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of 171 acres	1060	684	Irrigation season
Single domestic supply	"	5.6	Continuous
Stockwater	"	"	Continuous

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
No change proposed			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
See attached Cert. No. 4956-A							
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:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
See attached "Proposed Legal Description"							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		33	8	37 E.	Walla Walla	370833310004 & 370833230005	

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): Dry Cr. Adj. Cert. No. 37 (stock and domestic)

6. Remarks and Other Relevant Information:

This application proposes to transfer 62.5 acres of active irrigation from lands south of State Highway 12 to lands north of Highway 12. The land the water will come from consists of 26 acres of irrigated land that have been enrolled in the USDA Conservation Reserve Enhancement Program (CREP). The land the water is to go to includes 2 new center pivots, one to cover 24.81 acres, the other 33.66 acres. There will also be a small 4 acre field that will be irrigated by means of handline and/or drip.

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.

(Applicant) *Douglas Aturno* 12/7/11 (Date)

(Water Right Holder) *Douglas Aturno* 12/7/11 (Date)

(Land Owner(s) of Existing Place of Use) *Douglas Aturno* 12/7/11 (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: ___/___/___