



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
 OF WATER RIGHT**

RECEIVED

MAR 22 2013

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. <u>WALL-13-01</u>	WRIA _____
DATE ACCEPTED <u>3/13/13</u>	BY <u>AK</u>
FEE \$ <u>500.00</u>	REC'D <u>3/13/13</u>
CHECK No. <u>1099</u>	
ECY Coding: 001-002-WR10285-000011	
SEPA: <input checked="" type="checkbox"/> Exempt	<input type="checkbox"/> Not exempt

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

1. Applicant Information:

APPLICANT/BUSINESS NAME Walla Walla River Estates, LLC c/o Jerry Gardner	PHONE NO. (509) 386-2155	FAX NO. ()
ADDRESS PO Box 537		
CITY Walla Walla	STATE WA	ZIP CODE 99362

CONTACT NAME (IF DIFFERENT FROM ABOVE) Bill Neve (Water Right Solutions)	PHONE NO. () 540-4474	FAX NO. ()
ADDRESS PO Box 511		
CITY Walla Walla	STATE WA	ZIP CODE 99362

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER GW Cert. No. 6265-A	RECORDED NAME(S) Inez P. Loney
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. <u>6265-A</u>	CERT. OF CHANGE NO. _____
<u>CG3-#07928C@1</u>		<u>5682242</u>	

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
A well (basalt aquifer)	1	NW	NE	31	7	35		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Basalt Well (corrected)	1	SW	SE	30	7	35	350730110006	
Basalt Well	2	N½	S½	30	7	35	350730110006	

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 412 acres	800	1200	Irrigation season

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:
See Ground Water Cert. No. 6265-A (attached)

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		30/31	7	35 E.	Walla Walla	Various	

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:
Add the following to the currently authorized place of use:
The South 975 feet of the S½S½ of Sec. 19, T. 7 N., R. 35 E.W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
S½	S½	19	7	35 E	Walla Walla	Various	

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES NO - IF NO, PROVIDE OWNER(S) NAME:
WDOT owns the right-of-way for the new West Highway 12 and Frenchtown road that cut through property (Parcel No. 350730320025). David Hansen and Onie Bloomberg own small parcels in the SW corner of the existing pou.

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.

6. Remarks and Other Relevant Information:

See attached letter.

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)

2/19/13
(Date)


(Water Right Holder)

2/19/13
(Date)


(Land Owner(s) of Existing Place of Use)

2/19/13
(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: ___/___/___