



Application for Change/Transfer of Water Right

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

DEPT. OF ECOLOGY
FISCAL & BUDGET

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

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 3-28-2013
 CHECK NO. _____ FEE \$ _____
 DATE ACCEPTED 4-2-2013 BY KT
 CHANGE NO. CG3-064963 CL
 COUNTY Grant WRIA 42
 SPECIAL AREA Quincy Basin

SEPA: EXEMPT NOT EXEMPT
 ECY CODING: 001-002-WR10285-000011
 APP NO. _____ PERMIT NO. _____
 CERT NO. _____ CERT OF CHG NO. _____

(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)****

I have participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME Wayne M. Olsen	PHONE NO. 509-754-4543	FAX NO.
ADDRESS 16383 Frey Road N		
CITY Ephrata	STATE WA	ZIP CODE 98823
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Wayne M. Olsen	PHONE NO. 509-754-4543	FAX NO.
ADDRESS 16383 Frey Road N		
CITY Ephrata	STATE WA	ZIP CODE 98823
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER 077587 (064963 R)	RECORDED NAME(S) Keith H. Olsen
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

Per phone conv. 4/2 KT

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
WELL		NW	SW	10	21N	26E	13-1611-000	
		NE						

B. Proposed

Per phone conv. 4/2 KT

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
WELL		SW	NW	10	21N	26E	13-1621-000	
		NE	SW					

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
Domestic, irrigation, stock	17.5	28	12 months (year-round)

B. Proposed

Same

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Domestic, irrigation, stock	17.5	28	12 months (year-round)

5. Place of Use:

A. Existing

No change - per phone conv. 4/2 KT

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
 All of Tract 7, Block 4, Ephrata Irrigation Company's Orchard Tracts, according to the plat recorded in Acreage Plats, page 9, records of Grant County, Washington, and all of Tract 6, Block 4, EXCEPT the South 270.71 feet of said Tract 6 and also EXCEPT the East 103.83 feet of the North 59.76 feet of said Tract 6, Block 4, Ephrata Irrigation Company's Orchard Tracts, according to the plat recorded in Acreage Plats, page 9, records of Grant County, Washington.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	SW	10	21N	26E	GRANT	13-1611-000	.76

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

IF NO, PROVIDE OWNER(S) NAME: _____

B. Proposed

- Same per phone conv. 4/2 KT

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:
 All of Tract 7, Block 4, Ephrata Irrigation Company's Orchard Tracts, according to the plat recorded in Acreage Plats, page 9, records of Grant County, Washington,

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	NW	10	21N	26E	GRANT	13-1621-000	4.9

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?

ES NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

6. Remarks and Other Relevant Information:

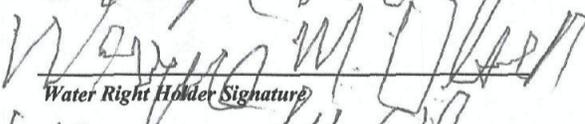
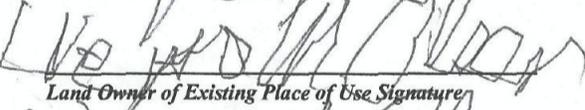
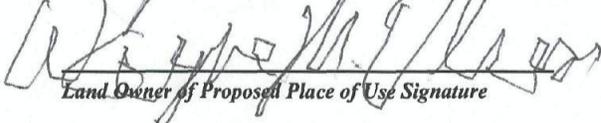
Applicant owns both the parcel on which the existing well is situated and the parcel upon which applicant proposes to drill a new well. The well has been serving both parcels and will continue to serve both parcels. The proposed well will serve parcel # 3-1621-000

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 hereby grant 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.

<u>Wayne M. Olsen, Owner</u> Applicant Printed Name - Title	 Applicant Signature	<u>3/29/13</u> (Date)
<u>Wayne M. Olsen</u> Water Right Holder Printed Name	 Water Right Holder Signature	<u>3/23/13</u> (Date)
<u>Wayne M. Olsen</u> Land Owner of Existing Place of Use Printed Name	 Land Owner of Existing Place of Use Signature	<u>3/23/13</u> (Date)
<u>Wayne M. Olsen</u> Land Owner of Proposed Place of Use Printed Name	 Land Owner of Proposed Place of Use Signature	<u>3/23/13</u> (Date)

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: ___/___/___