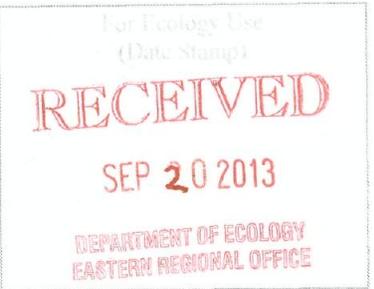




Application for Change/Transfer of Water Right



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

(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)****

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>9-20-2013</u>
CHECK NO. <u>4173</u>	FEE \$ <u>50.00</u>
DATE ACCEPTED <u>10-1-2013</u>	BY <u>KT</u>
CHANGE NO. <u>CG3-#08211C</u>	
COUNTY <u>Grant</u>	WRIA <u>41</u>
SPECIAL AREA <u>Odessa</u>	
SEPA: <input checked="" type="checkbox"/> EXEMPT	<input type="checkbox"/> NOT EXEMPT
ECY CODING: 001-002-WR10285-000011	
APP NO. <u>8211</u>	PERMIT NO. <u>7657</u>
CERT NO. <u>6272-A</u>	CERT OF CHG NO. _____

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

1. Applicant Information

APPLICANT/BUSINESS NAME <u>Kagele-Erickson I, LLC</u>	PHONE NO. <u>509-750-0074</u>	FAX NO.
ADDRESS <u>679 B West Rosenoff Road</u>		
CITY <u>Ritzville</u>	STATE <u>WA</u>	ZIP CODE <u>99169</u>
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE) <u>Christopher F. Ries</u>	PHONE NO. <u>509-765-4437</u>	FAX NO. <u>509-765-4491</u>
ADDRESS <u>Post Office Box 2119, 324 South Ash Street, Suite B</u>		
CITY <u>Moses Lake</u>	STATE <u>WA</u>	ZIP CODE <u>98837</u>
EMAIL ADDRESS (IF AVAILABLE) <u>chrifr@rieslawfirm.com</u>		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>KAGELE-ERICKSON I, LLC</u>	PHONE NO. <u>509-750-0074</u>	FAX NO.
ADDRESS <u>679 B West Rosenoff Road</u>		
CITY <u>Ritzville</u>	STATE <u>WA</u>	ZIP CODE <u>99169</u>
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER <u>Certificate No. 6272-A</u>	RECORDED NAME(S) <u>PAULINE HAASE</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: <u>Faye M. Haase, James Edwin Haase and Colleen June Lobe</u>	
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

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well				2	19N	32E		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well			NW	31	19N	31E		

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

EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME: Existing Faye M. Haase, James E. Haase, Colleen J. Lobe

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	250	266	March 1 to November 1
Domestic		2	Continuous during entire year

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	250	266	March 1 to November 1

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

The W ½ of the NW ¼ of Section 2, Township 19 N, Range 32 E
and the E ½ of the NE ¼ of Section 3, Township 19 N, Range 32 E

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Adams		160

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

IF NO, PROVIDE OWNER(S) NAME: Faye M. Haase, James Edwin Haase and Colleen June Lobe

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

122 acres in the SW ¼ of Section 25, Township 19 N, Range 30 E and
38 acres in the E ½ of the SE ¼ of Section 25, Township 19 N, Range 30 E

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Grant		160

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

IF NO, PROVIDE OWNER(S) NAME: KAGELE-ERICKSON I, LLC

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:

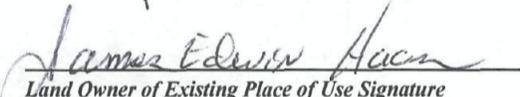
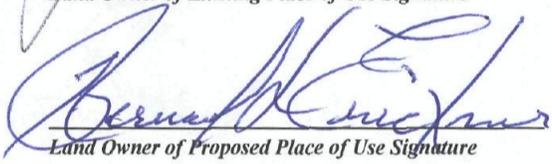
See Index of Attachments

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>Kagele-Erickson I, LLC</u> by <u>Bernard Erickson, Manager</u> <i>Applicant Printed Name – Title</i>	 <i>Applicant Signature</i>	<u>8/30/13</u> <i>(Date)</i>
<u>Faye M. Haase</u> <i>Water Right Holder Printed Name</i>	 <i>Water Right Holder Signature</i>	<u>8/22/13</u> <i>(Date)</i>
<u>James Edwin Haase</u> <i>Land Owner of Existing Place of Use Printed Name</i>	 <i>Land Owner of Existing Place of Use Signature</i>	<u>8/22/13</u> <i>(Date)</i>
<u>Kagele-Erickson I, LLC</u> by <u>Bernard Erickson, Manager</u> <i>Land Owner of Proposed Place of Use Printed Name</i>	 <i>Land Owner of Proposed Place of Use Signature</i>	<u>8/30/13</u> <i>(Date)</i>

Please check the region in which the project is located:

<p>*Submit your application to:</p> DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<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:** ___/___/___

