DEPT. OF ECOLOGY Received APR 2 0 2006 CENTRAL REGION OFFICE

WASHINGTON STATE DEPARTMENT OF ECOLOGY

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

(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:_____

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Fees OK-EG 111.11- 4/20/06 OKANOGAN

FOR OFFICE USE ONLY

CHANGE No. C64-24490C@1 WRIA 49

DATE ACCEPTED 05/09/06 BY [illegible]

FEE $ 50.00 REC'D 4/20/06

61.11 rec'd 4-20-06

CHECK No. 001061

SEPA: ☒ Exempt ☐ Not exempt

FM

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

1. Applicant Information:

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Zaser & Longston, Inc.	(425)562-7997	(425)562-4785
ADDRESS 1802 136th Place N.E.		
CITY Bellevue	STATE Washington	ZIP CODE 98005-2319

CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Greg D. Zaser	(425)562-7997	( )
ADDRESS 1802 136th Place. N.E.		
CITY Bellevue	STATE Washington	ZIP CODE 98005-2319

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
G4-24490C	Zaser & Longston, Inc.
DO YOU OWN THE RIGHT TO BE CHANGED? ☒ YES ☐ NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? ☒ YES ☐ 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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APP. NO._____ PERMIT NO. _____ CERT. NO._____ CERT. OF CHANGE NO._____

C64-24490C @1

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well		SE	NE	5	35 N.	27 E.		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well		SE	NE	5	35 N.	27 E.		
Okanogan River		SW	NE	5	35 N.	27 E.		

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 125 acres	1000	638	April 1 to October 1

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of 125 acres	1000	638	April 1 to October 1

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

The W½W½SW¼NW¼ and the NW¼NW¼SW¼ of Section 4; and all of Section 5 except both the S½ and the NE¼ of Government Lot 4. All within T. 35 N., R. 27 E.W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		4 & 5	35 N.	27 E.	Okanogan		

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:

"Same as existing above described"
The W½W½SW¼NW¼ and the NW¼NW¼SW¼ of Section 4; and all of Section 5 except both the S½ and the NE¼ of Government Lot 4. All within T. 35 N., R. 27 E.W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		4 & 5	35 N.	27 E.	Okanogan		

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): Water Right Claim 069705 S4-28272P and S4-28273P

6. Remarks and Other Relevant Information:

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.

ZASER & LONGSTON, INC.

Guy D. Zaser, President — 4 / 6 / 06
(Applicant) *(Date)*

ZASER & LONGSTON, INC.

Guy D. Zaser, President — 4 / 6 / 06
(Water Right Holder) *(Date)*

ZASER & LONGSTON, INC.

Guy D. Zaser, President — 4 / 6 / 06
(Land Owner(s) of Existing Place of Use) *(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:*** ____/____/____