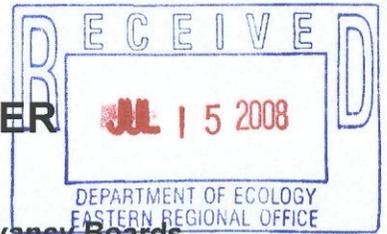




STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
 OF WATER RIGHT**



or 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**

<b>FOR OFFICE USE ONLY</b>	
CHANGE No. <u>Line-08-02</u>	WRIA _____
DATE ACCEPTED _____ / _____ / _____	BY _____
FEE \$ _____	REC'D _____ / _____ / _____
CHECK No. _____	
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 Keith R. Schafer	PHONE NO. (509) 988-0206	FAX NO. (509) 982-2018
ADDRESS PO Box 496		
CITY Odessa	STATE Washington	ZIP CODE 99159

CONTACT NAME (IF DIFFERENT FROM ABOVE) Fred Rajala	PHONE NO. (509) 368-0950	FAX NO. ( )
ADDRESS 6405 N. Moore Street		
CITY Spokane	STATE Washington	ZIP CODE 99208

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER G3-01517C	RECORDED NAME(S) Schafer Farms, Inc.
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: The existing owner of the water right is identified upon Attachment 2 and has signed this application.	
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.**

<b>FOR OFFICE USE ONLY</b>			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

C63-01517C  
452.0036

**3. Point(s) of Diversion/Withdrawal:**

**A. Existing**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
A well	5	NE	NW	27	21N	32E		
A well	2	SE	SW	22	21N	32E		
A well	4	SE	NW	23	21N	32E		

**B. Proposed**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
A well	1	SE	SW	21	21N	32E		
A well	2	SE	SW	22	21N	32E		
A well	3	SW¼		22	21N	32E		AHP778
A well	4	SE	NW	23	21N	32E		
A well	5	NE	NW	27	21N	32E		

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

EXISTING:  YES  NO      PROPOSED:  YES  NO - IF NO, PROVIDE OWNER(S) NAME:

The existing owner and multiple owners of the proposed points of withdrawal are identified upon Attachment 2

*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	2000	1050	April 1 to October 31

**B. Proposed**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	2000	1050	February 1 to November 31

**5. Place of Use:**

**A. Existing**

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
SW¼ of Section 14; NE¼ and S½ of Section 22; W½ of Section 23; and N½ of Section 27							
All within:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			21N	32E	Lincoln		420
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							
The owner of the existing place of use is identified upon Attachment 2							

**B. Proposed**

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
SW¼ Section 14; Section 15 south of state highway No. 28; S½SE¼ Section 17; NE¼, S½ Section 20; all of Section 21; all of Section 22; W½ Section 23; W½ Section 26; all of Section 27; N½ Section 28;							
All within:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			21N	32E	Lincoln		420
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							
The multiple owners of the proposed place of use are identified upon Attachment 2							

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):  
See Attachment 3, a list of other water rights within the proposed place of use

**6. Remarks and Other Relevant Information:**

The purpose of this and two companion applications is to add place of use so that each water right certificate describes a single consolidated place of use and to add existing sources of water withdrawal identified in each of three water right certificates to the other two certificates so that each water right certificate authorizes water withdrawal from four existing wells.

There will be no increase in the number of acres irrigated under any water right as a result of this proposal

These three proposals will enhance farm water management, allow rotation in the acres irrigated and water use efficiency.

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.*

Kent R. Schuler  
(Applicant)

7 / 10 / 08  
(Date)

Jerry O. Schuler  
(Water Right Holder)

7 / 10 / 08  
(Date)

Jerry O. Schuler  
(Land Owner(s) of Existing Place of Use)

7 / 10 / 08  
(Date)

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

/ /  
(Date)

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

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

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

/ /  
(Date)

\_\_\_\_\_  
(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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_