



**Water Resources Program  
Application for Change/Transfer  
of Water Right**

For Ecology Use  
(Date Stamp)

**RECEIVED**

**MAR 24 2015**

DEPT OF ECOLOGY  
NWRO - WR

For filing with the Department of Ecology or with  
County Water 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: Increase irrigation acres

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>3-24-15</u>
CHECK NO.	<u>Cost reimbursement</u>
DATE ACCEPTED	<u>3/24/15</u> BY <u>DB</u>
CHANGE NO.	<u>CS1-#009290</u>
COUNTY	<u>What</u> WRIA <u>1</u>
SPECIAL AREA	
SEPA: <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING:	001-002-WR10285-000011
APP NO.	PERMIT NO.
CERT NO.	CERT OF CHG NO.

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\*** REET 3/31/15

**1. Applicant Information**

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
<u>Matthew Maberry/CMF Properties Management LLC</u>	<u>360-354-4504</u>	<u>360-354-3906</u>
ADDRESS		
<u>697 Loomis Trail Road</u>		
CITY	STATE	ZIP CODE
<u>Lynden</u>	<u>WA</u>	<u>98264</u>
CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
<u>Tracy Hull</u>	<u>360-354-4504</u>	<u>360-354-3906</u>
ADDRESS		
<u>697 Loomis Trail Road</u>		
CITY	STATE	ZIP CODE
<u>Lynden</u>	<u>WA</u>	<u>98264</u>
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
<u>Matthew Maberry/CMF Properties Management, LLC</u>	<u>360-354-4504</u>	<u>360-354-3906</u>
ADDRESS		
<u>697 Loomis Trail Road</u>		
CITY	STATE	ZIP CODE
<u>Lynden</u>	<u>WA</u>	<u>98264</u>

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G1-*00929C	RECORDED NAME(S) Leonard J. Derr
DO YOU OWN THE RIGHT TO BE CHANGED? X 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? X 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. See attached AESI report for water right G1-00929C*

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

### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	23G01	SW	NE	23	40N	2E	400223337340	BHN424
Well	23G02	SW	NE	23	40N	2E	400223337340	BHX509
Well	23G03	SW	NE	23	40N	2E	400223337340	BHX511
Well	23G04	SW	NE	23	40N	2E	400223337340	BHX512
Well	23G05	SW	NE	23	40N	2E	400223337340	BHX513

### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	23B01	NW	NE	23	40N	2E	400223342459	BHX550
Well	23B02	NW	NE	23	40N	2E	400223342459	BHX508
Well	23J01	NE	SE	23	40N	2E	400223421236	BHN422
Well	23J02	NE	SE	23	40N	2E	400223342236	BHN423
Horizontal Well	23L01	NE	SW	23	40N	2E	400223210199	BIS479
Well	23N01	SW	SW	23	40N	2E	400223117082	BHX515
Infiltration Trench	23P01	SE	SW	23	40N	2E	400223233068	BHX516
Well	23R02	SE	SE	23	40N	2E	400223466067	BHN 421
Well	23R03	SE	SE	23	40N	2E	400223466067	BHX514
Future Wells				23	40N	2E		
Future Wells		E1/2	E1/2	22	40N	2E		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL? EXISTING: X YES <input type="checkbox"/> NO    PROPOSED: X YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: _____
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*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. See attached AESI report for water right G1-00929C*

#### 4. Purpose of Use:

##### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	160	40	June through September

##### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	160	40	June through September

#### 5. Place of Use:

##### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
W $\frac{1}{2}$ , W $\frac{1}{2}$ , E $\frac{1}{2}$ , NW $\frac{1}{4}$ , NE $\frac{1}{4}$ , and SW $\frac{1}{4}$ , NE $\frac{1}{4}$ , excluding the east 477 feet of the north 394 feet, thereof less roads, in Section 23, Township 40 N., Range 2 E.W.M							
See attached AESI report for water right G1-00929C							
$\frac{1}{4}$	$\frac{1}{4}$	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	NE	23	40N	2E	Whatcom	400223 337340	32.0
NW	NE	23	40N	2E	Whatcom	400223 342459	0.0
NW	NE	23	40N	2E	Whatcom	400223 340515	0.0
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: Daniel VanDenTop							

##### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
See attached AESI report for G1-00443C							
$\frac{1}{4}$	$\frac{1}{4}$	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
E1/2	E1/2	22	40N	2E	Whatcom		50.1
		23	40N	2E	Whatcom		374.3
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. See attached AESI report for water right G1-00929C*

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 attached AESI report for water right G1-00929C

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

Increasing irrigation acres from 32.0 acres to 424 acres
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.

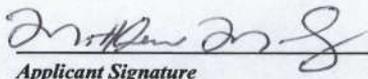
## 7. Signatures:

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 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 preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

CMF Properties Management LLC

Matthew Maberry, President

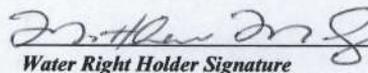
Applicant Printed Name - Title

  
Applicant Signature

1/30/15  
(Date)

CMF Farming Properties, LLC, Matthew Maberry

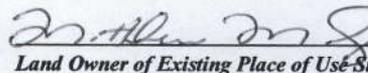
Water Right Holder Printed Name

  
Water Right Holder Signature

1/30/15  
(Date)

CMF Farming Properties, LLC, Matthew Maberry

Land Owner of Existing Place of Use Printed Name

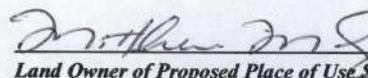
  
Land Owner of Existing Place of Use Signature

1/30/15  
(Date)

CMF Properties Management LLC

Matthew Maberry, President

Land Owner of Proposed Place of Use Printed Name

  
Land Owner of Proposed Place of Use Signature

1/30/15  
(Date)

Please check the region in which the project is located:

<p><b>*Submit your application to:</b></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 type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input checked="" type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

