DEPARTMENT OF ECOLOGY
State of Washington

WATER RESOURCES
Application for Change/Transfer of Water Right

For Ecology Use
(Date Stamp)

RECEIVED
MAY 29 2015
DEPT OF ECOLOGY
NWRO - WR

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: Expand Place of Use; Efficient irrigation method allows for more acres to be irrigated

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

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 5-29-15
CHECK NO. Cost Reimbursement FEE $ _____
DATE ACCEPTED _____ BY DR
CHANGE NO CG1-096365CLe1
COUNTY Skagit WRIA 3
SPECIAL AREA _____

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

REET 6/4/15

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

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
US Golden Eagle Farms, LP, Attn: John Negrin	(604) 687-8813	(604) 682-6183
ADDRESS		
2nd Floor, 510 W Hastings Street		
CITY	STATE	ZIP CODE
Vancouver, Canada	BC	V6B-1L8
EMAIL ADDRESS (IF AVAILABLE)		
john.negrin@aquilini.com		

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	PHONE NO.	FAX NO.
US Golden Eagle Farms, LP, Attn: John Negrin	(604) 687-8813	(604) 682-6183
ADDRESS 2nd Floor, 510 W Hastings Street		
CITY Vancouver, Canada	STATE BC	ZIP CODE V6B-1L8
EMAIL ADDRESS (IF AVAILABLE) john.negrin@aquilini.com		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
G1-096365CL (copy attached)	LIPSEY, RUTH
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.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	14	SW	NW	15	35N	6E	P41238	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	SE	NW	22	35N	6E	P41829	
Well	4	SE	NW	22	35N	6E	P41852	
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 - 30 acres	150 GPM	60	Seasonal

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	150 GPM	60	Seasonal

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
SE 1/4, NW 1/4, Sec. 15, T. 35N, R. 6							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	NW	15	35N	6E	Skagit	P41230, PP41238	30

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:							
US Golden Eagle Farm, Cockreham Island Fields 1 - 14. See attached maps and complete list of parcel numbers.							
SW 1/4 and the NW 1/4 of Section 15, the S 1/2 and the SE 1/4 NE 1/4 and the SE 1/4 NW 1/4 of Section 16, the N 1/2 of Section 21, the N 1/2 of Section 22 all in T35N, R6E in Skagit County.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	PTN PTN PTN PTN	15 16 21 22	35N	6E	Skagit	See attached list.	TBD

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): GWC1848, GWC2677, SWC11032A

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. 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.

Luigi Aquilini CEO *Applicant Printed Name – Title*	 *Applicant Signature*	03/17/2015 *(Date: MM/DD/YRYR)*
Luigi Aquilini *Water Right Holder Printed Name*	 *Water Right Holder Signature*	03/17/2015 *(Date: MM/DD/YRYR)*
Luigi Aquilini *Land Owner of Existing Place of Use Printed Name*	 *Land Owner of Existing Place of Use Signature*	03/17/2015 *(Date: MM/DD/YRYR)*
Luigi Aquilini *Land Owner of Proposed Place of Use Printed Name*	 *Land Owner of Proposed Place of Use Signature*	03/17/2015 *(Date: MM/DD/YRYR)*

Please check the region in which the project is located:

***Submit your application to:**	☐ Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902-3463 (509) 575-2490	☐ Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	☐ Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	☐ 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:*** ____/____/____

ATTACHMENT FOR
Application for Change/Transfer of Water Right

Point(s) of Diversion/Withdrawal - ☐ Existing ☒ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	6	SE	SW	16	35N	6E	P41254	
Well	10	NW	SE	16	35N	6E	P41309	
Well	13	SE	NE	16	35N	6E	P41308	
Well	14	SE	NW	15	35N	6E	P41238	

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

Purpose(s) of Use - ☐ Existing ☐ Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

Place of Use - ☐ Existing ☐ Proposed:

LEGAL DESCRIPTION OF LANDS

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

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

IF NO, PROVIDE OWNER(S) NAME: _____