



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)****

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

1. Applicant Information

APPLICANT/BUSINESS NAME US Golden Eagle Farms, LP, Attn: John Negrin	PHONE NO. (604) 687-8813	FAX NO. (604) 682-6183
ADDRESS 2 nd Floor, 510 W Hastings Street		
CITY Vancouver, Canada	STATE BC	ZIP CODE 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)		

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	5-29-15
CHECK NO.	Cost Reimbursement
DATE ACCEPTED	BY D.G.
CHANGE NO.	CG1-#03204C.1
COUNTY	Snohomish
WRIA	3
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.

REET 6/4/15

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE US Golden Eagle Farms, LP, Attn: John Negrin	PHONE NO. (604) 687-8813	FAX NO. (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 1848 (copy attached)	RECORDED NAME(S) PHILIPS, C. G.
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> 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? <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	13	SE	NE	16	35N	6E	P41308	

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 - 50 acres	180 GPM	100	Seasonal

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	180 GPM	100	Seasonal

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 Squilini CEO
Applicant Printed Name - Title

[Signature]
Applicant Signature

03/16/2015
(Date: MM/DD/YYYY)

Luigi Squilini
Water Right Holder Printed Name

[Signature]
Water Right Holder Signature

03/16/2015
(Date: MM/DD/YYYY)

Luigi Squilini
Land Owner of Existing Place of Use Printed Name

[Signature]
Land Owner of Existing Place of Use Signature

03/16/2015
(Date: MM/DD/YYYY)

Luigi Squilini
Land Owner of Proposed Place of Use Printed Name

[Signature]
Land Owner of Proposed Place of Use Signature

03/16/2015
(Date: MM/DD/YYYY)

Please check the region in which the project is located:

<p>*Submit your application to:</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 98902-3463 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (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

<p>WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):</p> <p><input type="checkbox"/> APPLICATION FEE NOT ENCLOSED <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE</p> <p><input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED <input type="checkbox"/> SECTION _____ IS INCOMPLETE</p> <p><input type="checkbox"/> OTHER/EXPLANATION: _____</p> <p>STAFF: _____ DATE: ____/____/____</p>
