



STATE OF WASHINGTON
**SEASONAL CHANGE
 APPLICATION**

GROUND WATER SURFACE WATER (OFFICIAL USE)WRIA _____

**A NON-REFUNDABLE \$50.00 FILING FEE PAYABLE TO THE DEPARTMENT OF ECOLOGY
 MUST ACCOMPANY THIS APPLICATION**

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

1. APPLICANT INFORMATION:

APPLICANT/BUSINESS NAME Samson Farms, Inc.	PHONE NUMBER (360) 815-6323	FAX NUMBER ()
ADDRESS 722 Vine Street		
CITY Lynden	STATE WA	ZIP CODE 98264

CONTACT NAME (IF DIFFERENT FROM ABOVE) Lesla Starkenburg-Kroontje	PHONE NUMBER (360) 354-7822	FAX NUMBER (360) 354-6929
ADDRESS 313 4 th Street – P.O. Box 231		
CITY Lynden	STATE WA	ZIP CODE 98264

2. WATER RIGHT INFORMATION: (One water right per application)

WATER RIGHT OR CLAIM NUMBER G1-00212CWRIS	RECORDED NAME(S) Chilton, A.J.
DO YOU HOLD LEGAL TITLE TO THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME:	

Department of Ecology
 JAN 28 2013

Water Resources Program

3. POINT(S) OF DIVERSION/WITHDRAWAL:

A. EXISTING

SOURCE	#	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
WELL		NE	SE	34	40	3E	429/195	Not legible
WELL		NE	SE	34	40	3E	429/195	unknown

B. PROPOSED

SOURCE	#	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Same								

DO YOU OWN THE EXISTING AND/OR PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL? EXISTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PROPOSED <input checked="" type="checkbox"/> 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 for the above point(s) of diversion/withdrawal, please include an attachment.

4. PLACE OF USE:

A. EXISTING

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:						
58.14 Acres within the Northeast Quarter of the Southeast Quarter and the East Half and the Northwest Quarter of the Southeast Quarter Section 34, Township 40 North, Range 3 E.						
¼	¼	SEC.	TWP.	RGE.	COUNTY	TOTAL # OF IRRIGATED ACRES
		34	40 N	3 E	Whatcom	60
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:						

B. PROPOSED

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PROPOSED TO BE USED:						
34.14 Acres within the Northeast Quarter of the Southeast Quarter and the East Half and the Northwest Quarter of the Southeast Quarter Section 34, Township 40 North, Range 3 E.						
24 Acres within the Northwest Quarter of the Southwest Quarter Township 40 North Range 3 E.						
¼	¼	SEC.	TWP.	RGE.	COUNTY	TOTAL # OF IRRIGATED ACRES
					Whatcom	60
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:						
Sam & Sons L.P. and Evergreen Farms 2000, LLC (both are related entities to the applicant)						

Attach a detailed map of your proposed seasonal change. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. Also, for irrigation purposes, you must indicate on the map those lands that will not be irrigated within the original place of use.

ARE THERE ANY PENDING APPLICATIONS, WATER RIGHTS OR CLAIMS RELATED TO THE SAME PROPERTY AS THE ONE PROPOSED FOR CHANGE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF YES, PROVIDE THE NUMBER(S):
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Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. This may be included in your irrigation plan.

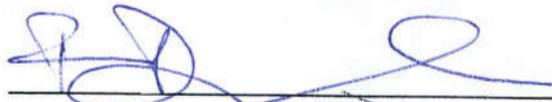
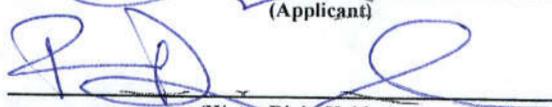
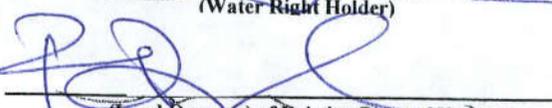
JAN 28 2016

5. REMARKS AND OTHER RELEVANT INFORMATION:

The irrigation water of the 175 gallons permit at 90 acre feet per year will be evenly split for the upcoming two seasons between the 60 acres proposed to account for the current crop location.
A 1.86 acre portion of the original right remained with a separately owned parcel.

6. 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 grant staff from the Department of Ecology 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.

 _____ (Applicant)	1 25 16 _____ (Date)
 _____ (Water Right Holder)	1 25 16 _____ (Date)
 _____ (Land Owner(s) of Existing Place of Use)	1 25 16 _____ (Date)