



STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT 35

For 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

(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: _____

FOR OFFICE USE ONLY	
CHANGE No. <u>C61-02343C</u>	WRIA <u>1</u>
DATE ACCEPTED <u>12, 28, 10</u>	BY <u>DD</u>
FEE \$ <u>50-</u>	REC'D <u>12 28 10</u>
CHECK No. <u>1282</u>	
ECY Coding: 001-002-WR10285-000011	
SEPA: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

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

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>LOZIER FARMS</u>	PHONE NO. <u>360 354-8052</u>	FAX NO. <u>354-1809</u>
ADDRESS <u>7420 WESTERFIELD RD.</u>		
CITY <u>LYNDEN</u>	STATE <u>WA</u>	ZIP CODE <u>98264</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>DAVID LOZIER</u>	PHONE NO. <u>360 354-8052</u>	FAX NO. <u>354-1809</u>
ADDRESS <u>7420 WESTERFIELD RD</u>		
CITY <u>LYNDEN</u>	STATE <u>WA</u>	ZIP CODE <u>98264</u>

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>2171</u>	RECORDED NAME(S) <u>JOHN F. OLTMAN (Deceased)</u>
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.

Attached

FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. <u>2171</u>	CERT. NO. <u>01378</u>	CERT. OF CHANGE NO. _____
			<u>C61-02343C</u>

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
WELL	1	SW	SE	33	40N	3E.W.M	400333094	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Dickenson Well	2	S	SW	33	40N	3EWM	400333091	1313F635

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	100	60	Continuous

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
IRRIGATION	100	60	Continuous

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:								
Commencing 51 rods West of the NE corner of SW ¼ of SEC. 33; thence Southerly 153 rods, more or less to South line of said Sec. 33; 878 ft. W. of SW corner of SW ¼; thence West 39 rods; thence North 156 rods, more or less, to center line of said Sec. 33; thence								
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES	
SW	SE	33	40N	3EWM	Whatcom	400333094	39	
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 NEW USE IS PROPOSED:								
Same as above (unchanged)								
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES	
S	SW	33	40N	3EWM	Whatcom	400333091	39	
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:								

East 39 rods to beginning, containing 39 acres. LESS ROAD, being within Sec. 33 Twp 40 N, Rge. 3 E.W.M.

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): _____

6. Remarks and Other Relevant Information:

Proposed with drawal point is a more reliable source.
IF FOR SEASONAL OR TEMPORARY, START DATE <u> </u> / <u> </u> / <u> </u> END DATE <u> </u> / <u> </u> / <u> </u>

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.

DAVID LOZIER

(Applicant)

12/21/10
(Date)

(Water Right Holder)

12/21/10
(Date)

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

12/21/10
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

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