

# Application for Change/Transfer of Water Right

For Ecology Use  
(Date Stamp)  
Department of Ecology

APR 07 2014

Water Resources Program

'14

DEPT. OF ECOLOGY  
FISCAL & BUDGET

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: \_\_\_\_\_

**\*\*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 <b>Roger Blok</b>	PHONE NO. <b>360-398-2954</b>	FAX NO.
ADDRESS <b>687 Beard Rd</b>		
CITY <b>Lynden</b>	STATE <b>WA</b>	ZIP CODE <b>98264-9013</b>
EMAIL ADDRESS (IF AVAILABLE)		

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 <b>N/A - No change to place of use; see question #2</b>	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER <b>S1-*12322CWRIS</b>	RECORDED NAME(S) <b>Strickland, Ira</b>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES – Own one parcel within POU <input checked="" type="checkbox"/> NO – Three additional parcels/owners within POU	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: <u>Ty Neevel: 6871 Northwest Dr, Ferndale WA 98248-9425</u> <u>Kathleen Strickland: 7057 Northwest Dr, Ferndale WA 98248-9425</u> <u>Burl Strickland: 7105 Ritter Rd, Ferndale WA 98248-9422</u>	
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.*

**Point(s) of Diversion/Withdrawal:**

**A. Existing**

SOURCE	NO.	¼¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Nooksack River				03	39N	02E	Gov't Lot 6	

**B. Proposed**

SOURCE	NO.	½	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Nooksack River				03	39N	02E	Gov't Lot 6	
Nooksack River				03	39N	02E	Gov't Lot 7	

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.*

**3. Purpose of Use:**

**A. Existing**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	0.80 cfs		Irrigation Season

**B. Proposed**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<b>**Same**</b>	<b>**Same**</b>		<b>**Same**</b>

**4. Place of Use:**

**A. Existing**

**LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:**  
 Lots 3 & 6 and SW ¼ of NE ¼ and that part of E ½ of NW ¼ of SE ¼ lying northwesterly of County Road, less road, in Section 3, Twp 39 N, Range 02E.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		03	39N	02E	Whatcom		

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE?  YES  NO  
 IF NO, PROVIDE OWNER(S) NAME: Ty Neevel, Kathleen Strickland, Burl Strickland

**B. Proposed**

**LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:**  
**\*\*Same\*\***

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

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): G1-111217 CL, G1-111216 CL

**5. Remarks and Other Relevant Information:**

Want to permanently add one additional point of diversion, downstream from existing point of diversion. No other changes to water right requested.

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.

**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 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.

<u>Roger Blok</u> Applicant Printed Name - Title	<u>Roger Blok</u> Applicant Signature	<u>4/2/14</u> (Date)
<u>Roger Blok</u> Water Right Holder Printed Name	<u>Roger Blok</u> Water Right Holder Signature	<u>4/2/14</u> (Date)
<u>Roger Blok</u> Land Owner of Existing Place of Use Printed Name	<u>Roger Blok</u> Land Owner of Existing Place of Use Signature	<u>4/2/14</u> (Date)
<u>Roger Blok</u> Land Owner of Proposed Place of Use Printed Name	<u>Roger Blok</u> Land Owner of Proposed Place of Use Signature	<u>4/2/14</u> (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: \_\_\_/\_\_\_/\_\_\_

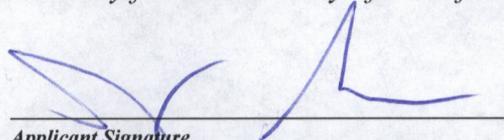
**ATTACHMENT FOR  
Application for Change/Transfer of Water Right**

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

Ty Neevel

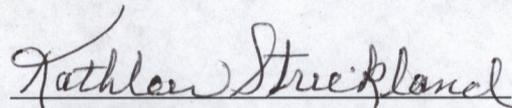
- Applicant Printed Name – Title
- Water Right Holder Printed Name
- Land Owner of Existing Place of Use Printed Name
- Land Owner of Proposed Place of Use Printed Name

  
 Applicant Signature  
 Water Right Holder Signature  
 Land Owner of Existing Place of Use Signature  
 Land Owner of Proposed Place of Use Signature

4/21/14  
 (Date)

Kathleen Strickland

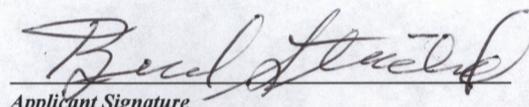
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- Land Owner of Existing Place of Use Printed Name
- Land Owner of Proposed Place of Use Printed Name

  
 Applicant Signature  
 Water Right Holder Signature  
 Land Owner of Existing Place of Use Signature  
 Land Owner of Proposed Place of Use Signature

3/31/14  
 (Date)

Burl Strickland

- Applicant Printed Name – Title
- Water Right Holder Printed Name
- Land Owner of Existing Place of Use Printed Name
- Land Owner of Proposed Place of Use Printed Name

  
 Applicant Signature  
 Water Right Holder Signature  
 Land Owner of Existing Place of Use Signature  
 Land Owner of Proposed Place of Use Signature

3-31-2014  
 (Date)

- Applicant Printed Name – Title
- Water Right Holder Printed Name
- Land Owner of Existing Place of Use Printed Name
- Land Owner of Proposed Place of Use Printed Name

\_\_\_\_\_  
 Applicant Signature  
 Water Right Holder Signature  
 Land Owner of Existing Place of Use Signature  
 Land Owner of Proposed Place of Use Signature

/ /  
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 Water Right Holder Signature  
 Land Owner of Existing Place of Use Signature  
 Land Owner of Proposed Place of Use Signature

/ /  
 (Date)

