



**Water Resources Program  
Application for Change/Transfer  
of Water Right**

For Ecology Use  
(Date Stamp)

**RECEIVED**

**MAR 02 2015**

**DEPT OF ECOLOGY  
NWRO - WR**

**For filing with the Department of Ecology or with  
County Water 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: See Associated Earth Sciences "Project Summary  
Report for Water Right G1-11317C

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	3-2-15
CHECK NO.	COST REIMBURSEMENT
FEE \$	
DATE ACCEPTED	3/2/15 BY DAK
CHANGE NO.	CG1-11317C
COUNTY	Whatcom
WRIA	1
SPECIAL AREA	
SEPA: <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	10/16/70
ECY CODING:	001-002-WR10285-000011
APP NO.	PERMIT NO.
CERT NO.	CERT OF CHG NO.

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

**1. Applicant Information**

APPLICANT/BUSINESS NAME Brad Rader/Rader Farms	PHONE NO. 360-354-6574	FAX NO.
ADDRESS 1270 E. Badger Road		
CITY Lynden	STATE WA	ZIP CODE 98264
CONTACT (IF DIFFERENT FROM ABOVE) Charles S. Lindsay/Associated Earth Sciences, Inc.	PHONE NO. 425-259-0522	FAX NO. 425-252-3408
ADDRESS 2911 1/2 Hewitt Ave., Suite 2		
CITY Everett	STATE WA	ZIP CODE 98201
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Uptrail Group LLC	PHONE NO.	FAX NO.
ADDRESS 1311 Uptrail Lane		
CITY Camano Island	STATE WA	ZIP CODE 98282-7258

CG1-11317C

RECY 3/3/15

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G1-11317CWRIS	RECORDED NAME(S) John Ramerman
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.

See Associated Earth Sciences "Project Summary Report for Water Right G1-11317C".

## 3. Point(s) of Diversion/Withdrawal:

### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	04B01	NW	NE	4	40N	03E	400304344458	

### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Irrigation Well	33F01	SE	NW	33	41N	03E	410333205232	AER130
Infiltration Trench		SE	NW	33	41N	03E	410333205232	
Future Irrigation Wells		NE	SW	33	41N	03E	410333205232	
Future Irrigation Wells		NE	NW	4	40N	03E	400304209456	
Future Irrigation Wells		NW	NE	4	40N	03E	400304344458	

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. See Associated Earth Sciences "Project Summary Report for Water Right G1-11317C".

## 4. Purpose of Use:

### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	360 GPM	49.0	Irrigation season

### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	360 GPM	49.0	Irrigation season



## 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 preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>Brad Rader</u>	<u>[Signature]</u>	<u>2,19,15</u>
<i>Applicant Printed Name - Title</i>	<i>Applicant Signature</i>	<i>(Date)</i>
<u>Brad Rader</u>	<u>[Signature]</u>	<u>2,19,15</u>
<i>Water Right Holder Printed Name</i>	<i>Water Right Holder Signature</i>	<i>(Date)</i>
<u>Brad Rader</u>	<u>[Signature]</u>	<u>2,19,15</u>
<i>Land Owner of Existing Place of Use Printed Name</i>	<i>Land Owner of Existing Place of Use Signature</i>	<i>(Date)</i>
<u>Brad Rader</u>	<u>[Signature]</u>	<u>2,19,15</u>
<i>Land Owner of Proposed Place of Use Printed Name</i>	<i>Land Owner of Proposed Place of Use Signature</i>	<i>(Date)</i>

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: \_\_\_\_/\_\_\_\_/\_\_\_\_