



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 61-21029C"

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	3-2-15
CHECK NO.	COST REIMBURSEMENT
DATE ACCEPTED	3/2/15 BY DK
CHANGE NO.	61-21029C
COUNTY	Whatcom WRIA 1
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.

REC 3/3/15

****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

61-21029C @ 1

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G1-21029CWRIS	RECORDED NAME(S) Paul Roorda
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 G1-21029C".

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Irrigation Well	06B01	NW	NE	6	40N	04E	410406297507	
Irrigation Well	06B02	NW	NE	6	40N	04E	410406297507	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Irrigation Well	01A01	NE	NE	1	40N	03E	400301402485	BHN692
Irrigation Well	01A02	NE	NE	1	40N	03E	400301402485	BHN693
Irrigation Well	01B01	NW	NE	1	40N	03E	400301402485	ALQ533
Future Irrigation Wells		NW	NW	6	40N	04E	400406104471	
Future Irrigation Wells		NE	NW	6	40N	04E	400406250460	
Future Irrigation Wells		NW	NE	6	40N	04E	400406250460	

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 G1-21029C".

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	300 GPM	81.4	June 1 - August 31

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	300 GPM	76.5	June 1 - August 31

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

W3/4 of Gov't Lot 2 together with the E1/2 of Gov't Lot 3 in Sec. 6, T. 40 N., R. 4 E.W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NE	NW	6	40N	4E	Whatcom	400406 198523	4.6
NW	NE	6	40N	4E	Whatcom	400406 250460	35.2
NW	NE	6	40N	4E	Whatcom	400406 235480	0.5
NW	NE	6	40N	4E	Whatcom	400406 297507	7.5

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES NO

IF NO, PROVIDE OWNER(S) NAME: Martin Vande Hoef. See AESI report for G1-21029C

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

See the attached map and Associated Earth Sciences "Project Summary Report for Water Right G1-21029C

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	SW	31	41N	4E	Whatcom	410431019156	5.3
SW	SW	31	41N	4E	Whatcom	410431019090	4.7
SW	SW	31	41N	4E	Whatcom	410431019031	4.5
SW	SW	31	41N	4E	Whatcom	410431086075	35.5
NE	NW	6	40N	4E	Whatcom	400406198523	4.6
NW	NE	6	40N	4E	Whatcom	400406235480	0.5
NW	NE	6	40N	4E	Whatcom	400406250460	35.0
NW	NW	6	40N	4E	Whatcom	400406096537	0.0
NW	NW	6	40N	4E	Whatcom	400406104471	35.4

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES NO

IF NO, PROVIDE OWNER(S) NAME: See Associated Earth Sciences "Project Summary Report for Water Right G1-*02421C".

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. See Associated Earth Sciences "Project Summary Report for Water Right G1-21029C".

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:

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.

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

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 (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 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

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:** ____/____/____