



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

For Ecology Use
(Date Stamp)
RECEIVED
MAR 24 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: increase irrigation acres

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>3-24-15</u>
CHECK NO.	<u>Cost Reimbursement</u>
DATE ACCEPTED	<u>3/26/15</u> BY <u>AB</u>
CHANGE NO.	<u>01-0515/C</u>
COUNTY	<u>What</u> WRIA <u>1</u>
SPECIAL AREA	
SEPA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
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)****

REET 3/30/15

1. Applicant Information

APPLICANT/BUSINESS NAME CMF Properties Management LLC	PHONE NO. 360-354-4504	FAX NO. 360-354-3906
ADDRESS 697 Loomis Trail Road		
CITY Lynden	STATE WA	ZIP CODE 98264
CONTACT (IF DIFFERENT FROM ABOVE) Tracy Hull	PHONE NO. 360-354-4504	FAX NO. 360-354-3906
ADDRESS 697 Loomis Trail Road		
CITY Lynden	STATE WA	ZIP CODE 98264
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE CMF Properties Management, LLC	PHONE NO. 360-354-4504	FAX NO. 360-354-3906
ADDRESS 697 Loomis Trail Road		
CITY Lynden	STATE WA	ZIP CODE 98264

3/3/15

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G1-05151C	RECORDED NAME(S) Raymond C Bajema
DO YOU OWN THE RIGHT TO BE CHANGED? X 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? X 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 attached AESI report for water right G1-05151C

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	23J01	NE	SE	23	40N	2E	4002233421236	BHN422
Well	23J02	NE	SE	23	40N	2E	400223342236	BHN423

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	23B01	NW	NE	23	40N	2E	400223342459	BHX550
Well	23B02	NW	NE	23	40N	2E	400223342459	BHX508
Well	23G01	SW	NE	23	40N	2E	400223337340	BHN424
Well	23G02	SW	NE	23	40N	2E	400223337340	BHX509
Well	23G03	SW	NE	23	40N	2E	400223337340	BHX511
Well	23G04	SW	NE	23	40N	2E	400223337340	BHX512
Well	23G05	SW	NE	23	40N	2E	400223337340	BHX513
Horizontal Well	23L01	NE	SW	23	40N	2E	400223210199	BIS479
Well	23N01	SW	SW	23	40N	2E	400223117082	BHX515
Well	23R02	SE	SE	23	40N	2E	400223466067	BHN 421
Well	23R03	SE	SE	23	40N	2E	400223466067	BHX514
Infiltration Trench	23P01	SE	SW	23	40N	2E	400223233068	BHX516
Future Wells				23	40N	2E		
Future Wells		E1/2	E1/2	22	40N	2E		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL? EXISTING: X YES <input type="checkbox"/> NO PROPOSED: X 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 to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment. See attached AESI report for water right G1-05151C

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	175	140.0	June to September

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	175	105.7	June to September

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

NW¼ SE¼; N½ NE¼ SE¼; SW¼ NE¼ SE¼, less road, sec. 23, T.40 N., R. 2 E.W.M

See attached AESI report for G1-05151C

¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	23	40N	2E	Whatcom	400223 421236	55.2
	23	40N	2E	Whatcom	400223 200340	10.2

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

IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

See attached AESI report for G1-05151C

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
E1/2	E1/2	22	40N	2E	Whatcom		50.1
		23	40N	2E	Whatcom		374.3

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? X 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. See attached AESI report for water right G1-05151C

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

X YES NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): **See attached AESI report for water right G1-05151C**

6. Remarks and Other Relevant Information:

Increase irrigation acres from 70 to 424 acres

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.

CMF Properties Management LLC

Matthew Maberry, President

Applicant Printed Name – Title

Matthew Maberry

Applicant Signature

1/30/15
(Date)

CMF Farming Properties, LLC, Matthew Maberry

Water Right Holder Printed Name

Matthew Maberry

Water Right Holder Signature

1/30/15
(Date)

CMF Farming Properties, LLC, Matthew Maberry

Land Owner of Existing Place of Use Printed Name

Matthew Maberry

Land Owner of Existing Place of Use Signature

1/30/15
(Date)

CMF Properties Management LLC

Matthew Maberry, President

Land Owner of Proposed Place of Use Printed Name

Matthew Maberry

Land Owner of Proposed Place of Use Signature

1/30/15
(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: ____/____/____