



**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, transfer to ground water

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 3-24-15
 CHECK NO. Cost Reimbursement FEE \$ _____
 DATE ACCEPTED 3/24/15 BY AKB
 CHANGE NO. CS1-#07323C
 COUNTY What WRIA 1
 SPECIAL AREA _____

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

7/15/16

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER S1-*07323C	RECORDED NAME(S) Alva F. Kelly
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 G1-07323C

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Bertrand Creek	23S01	NE	NW	23	40N	2E	400223152498	NA
Bertrand Creek	23S01	NE	NW	23	40N	2E	400223185490	NA

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
Well	23J01	NE	SE	23	40N	2E	400223421236	BHN422
Well	23J02	NE	SE	23	40N	2E	400223342236	BHN423
Horizontal Well	23L01	NE	SW	23	40N	2E	400223210199	BIS479
Well	23N01	SW	SW	23	40N	2E	400223117082	BHX515
Infiltration Trench	23P01	SE	SW	23	40N	2E	400223233068	BHX516
Well	23R02	SE	SE	23	40N	2E	400223466067	BHN 421
Well	23R03	SE	SE	23	40N	2E	400223466067	BHX514
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 G1-07323C

Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	0.25 CFS	45.8	June through September

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	112 GPM	40.3	June through September

4. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

E $\frac{1}{2}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$, and E $\frac{1}{2}$, SE $\frac{1}{4}$, NW $\frac{1}{4}$ Sec. 23, Township 40 N., Range 2 E.W.M

See attached AESI report for water right G1-07323C

$\frac{1}{4}$	$\frac{1}{4}$	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	NW	23	40N	2E	Whatcom	400223200340	15.0
NE	NW	23	40N	2E	Whatcom	400223155430	10.0
NE	NW	23	40N	2E	Whatcom	400223234482	0.0
NE	NW	23	40N	2E	Whatcom	400223257485	0.0
NE	NW	23	40N	2E	Whatcom	400223235500	0.0
NE	NW	23	40N	2E	Whatcom	400223258511	0.0

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

IF NO, PROVIDE OWNER(S) NAME: John Gilliam

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

See attached AESI report for G1-07323C

$\frac{1}{4}$	$\frac{1}{4}$	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? 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 G1-07323C

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): **See attached AESI report for water right G1-07323C**

5. Remarks and Other Relevant Information:

Increasing irrigation acres from 25.0 acres 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.

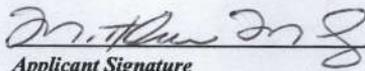
6. Signatures:

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 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



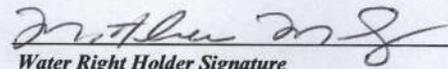
Applicant Signature

1/30/15

(Date)

CMF Farming Properties, LLC, Matthew Maberry

Water Right Holder Printed Name



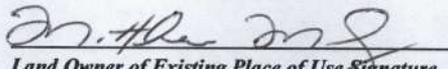
Water Right Holder Signature

1/30/15

(Date)

CMF Farming Properties, LLC, Matthew Maberry

Land Owner of Existing Place of Use Printed Name



Land Owner of Existing Place of Use Signature

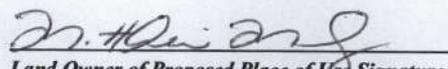
1/30/15

(Date)

CMF Properties Management LLC

Matthew Maberry, President

Land Owner of Proposed Place of Use Printed Name



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: ____/____/____

