



**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>3/24/15</u> BY <u>PK</u> |
| CHANGE NO. | <u>CS1-12412C</u> |
| COUNTY | <u>What</u> WRIA <u>1</u> |
| 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. |

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

REET 3/31/15

1. Applicant Information

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

2. Water Right Information

| | |
|--|-------------------------------|
| WATER RIGHT OR CLAIM NUMBER S1-*12412C | RECORDED NAME(S) W.E. Holt |
| 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 S1-12412C

3. Point(s) of Diversion/Withdrawal:

A. Existing

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|-----------------------------|-------|----|----|------|------|------|--------------|------------|
| Tributary to Bertrand Creek | 22S01 | SE | NE | 22 | 40N | 2E | 400222460378 | NA |

B. Proposed

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|-----------------------------|-------|----|----|------|------|------|--------------|------------|
| Tributary to Bertrand Creek | 22S01 | SE | NE | 22 | 40N | 2E | 400222460378 | NA |

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: X YES NO PROPOSED: X 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 attached AESI report for water right S1-12412C

Purpose of Use:

A. Existing

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|------------------|
| Irrigation | 0.18 CFS | 32.9 | April to October |

B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|------------------|
| Irrigation | 0.18 CFS | 29.0 | April to October |

4. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

The E½ of NE¼ of Sec. 22, Twp. 40N., Rge. 2 E.W.M., excepting the 15 acres more or less deeded to N.E. McQinnis by deed recorded in Vol. 132, Page 170, Deed Records of Whatcom County, Washington

See attached AESI report for water right S1-12412C

| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|----|----|------|------|------|---------|---------------|------------|
| | NE | 22 | 40N | 2E | Whatcom | 400222 460378 | 15.0 |
| NE | NE | 22 | 40N | 2E | Whatcom | 400222 484507 | 3.0 |
| SE | NE | 22 | 40N | 2E | Whatcom | 400222 527340 | 0.0 |
| NE | NE | 22 | 40N | 2E | Whatcom | 400222 522514 | 0.0 |

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

IF NO, PROVIDE OWNER(S) NAME: Jordan Ekdahl and Maranda Maberry and Christopher Costanti and Angela Costanti

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:**See attached AESI report for S1-12412C**

| 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? 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 S1-12412C

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 S1-12412C**

5. Remarks and Other Relevant Information:

Increasing irrigation acres from 18.0 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

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: ____/____/____

