



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

For Ecology Use  
(Date Stamp)

**RECEIVED**

**MAY 11 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. See Associated Earth Sciences  
project summary report for G1-05773C

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	5/11/15
CHECK NO.	FEE \$
DATE ACCEPTED	5/11/15 BY <u>DB</u>
CHANGE NO.	<u>CG 1-05773C</u>
COUNTY	<u>Whatcom</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.

*REC'D 5/12/15*

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

**1. Applicant Information**

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

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G1-05773C	RECORDED NAME(S) Fred G. Shea
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 AESI project summary report for G1-05773C

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

### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Irrigation Well	IW-4R	SE	SW	10	40N	3E	400310207022	BHN688

### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Irrigation Well	IW-1R	SE	SE	9	40N	3E	400309505035	BHN411
Irrigation Well	IW-2R	SW	SW	10	40N	3E	400310070085	BHN412
Irrigation Well	IW-3R	NW	SW	10	40N	3E	400310070169	BHN413
Irrigation Well	IW-4R	SE	SW	10	40N	3E	400310207022	BHN688
Future Irrigation Wells			SE	9	40N	3E		
Future Irrigation Wells			SW	10	40N	3E		

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 AESI project summary report for G1-05773C

## 4. Purpose of Use:

### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	230 gpm	56.0	Irrigation Season

### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	80 gpm	30.5	Irrigation Season
Industrial	150 gpm	25.5	Year round as needed

## 5. Place of Use:

### A. Existing

**LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:**

W $\frac{1}{2}$  SE $\frac{1}{4}$  SW $\frac{1}{4}$  and W $\frac{1}{2}$  E $\frac{1}{2}$  SE $\frac{1}{4}$  SW $\frac{1}{4}$ , less road, Section 10, Township 40N, Range 3 E.W.M.

	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	10	40N	3E	Whatcom	400310187087	19.1
W $\frac{3}{4}$					400310207022	1.6
					400310157018	0.0

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

IF NO, PROVIDE OWNER(S) NAME: **Charles Berendsen – Tax Parcel 400310157018. See AESI report for G1-05773C**

### B. Proposed

**LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:**

**See AESI report for G1-05773C for complete legal descriptions of all tax parcels**

$\frac{1}{4}$	$\frac{1}{4}$	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	SW	10	40N	3E	Whatcom	400310187087	19.1
SE	SW	10				400310207022	1.6
NW	SW	10				400310038225	7.8
NW	SW	10				400310070169	16.8
NW	SW	10				400310105237	8.0
NE	SW	10				400310213195	36.7
NE	SW	10				400310258263	0.4
SW	SW	10				400310070085	24.0
SW	SW	10				400310121045	1.4
SW	SW	10				400310067020	4.0
SW	SW	10				400310024030	4.1
SE	SE	9				400309505035	2.3
SE	SE	9				400309466060	0.7
SE	SE	9				400309475078	1.7
SE	SE	9				400309476112	4.2
	SE	9				400309395110	50.0
SW	SE	9				400309305089	13.5
NE	SE	9				400309441228	9.7
NE	SE	9				400309490232	5.3

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 AESI project summary report for G1-05773C*

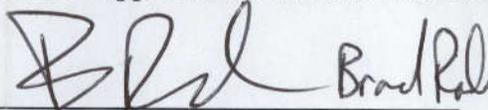
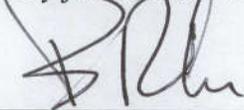
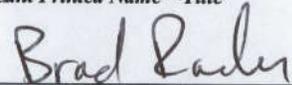
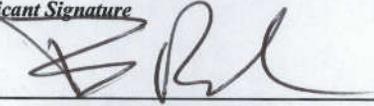
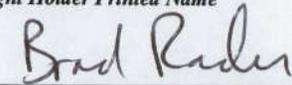
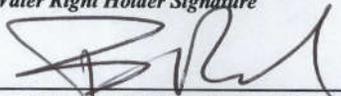
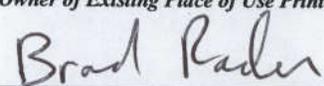
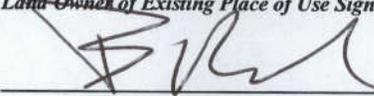
Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

YES  NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): **See AESI project summary report for G1-05773C**



## 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.

 _____ Applicant Printed Name - Title	 _____ Applicant Signature	<u>5/6/15</u> (Date)
 _____ Water Right Holder Printed Name	 _____ Water Right Holder Signature	<u>5/6/15</u> (Date)
 _____ Land Owner of Existing Place of Use Printed Name	 _____ Land Owner of Existing Place of Use Signature	<u>5/6/15</u> (Date)
 _____ Land Owner of Proposed Place of Use Printed Name	 _____ Land Owner of Proposed Place of Use Signature	<u>5/6/15</u> (Date)

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