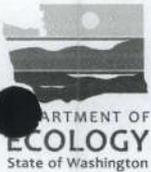


**Water Resources Program**  
**Application for Change/Transfer**  
**of Water Right**



For filing with the Department of Ecology or with  
 County Water Conservancy Boards

For Ecology Use  
 (Date Stamp)

**RECEIVED**  
**MAY 26 2015**  
 DEPT OF ECOLOGY  
 NWRO - WR

**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 Rights G1-\*01815C/G1-\*11929C and G1-\*10608C"

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>5/26/15</u>
CHECK NO.	FEE \$ <u>NA</u>
DATE ACCEPTED	<u>5/26/15</u> BY <u>DB</u>
CHANGE NO.	<u>CG1-10608C e1</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. _____

*RET 6/3/15*

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

**1. Applicant Information**

APPLICANT/BUSINESS NAME <u>John E. VanderVeen/TJ VeenAcre Farms, Inc.</u>	PHONE NO. <u>360-988-5924</u>	FAX NO.
ADDRESS <u>9501 Van Buren 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 John E. and Kristi L. VanderVeen	PHONE NO. 360-988-5924	FAX NO.
ADDRESS 9501 Van Buren Road		
CITY Lynden	STATE WA	ZIP CODE 98264

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G1-*10608C	RECORDED NAME(S) Ted VanderVeen
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 Rights G1-\*01815C/G1-\*11929C and G1-\*10608C".

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

### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Infiltration Trench	06F03	SE	NW	6	40N	04E	400406 303263	

### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Irrigation Well	06A02	NE	NE	6	40N	04E	400406 426472	BHX533
Irrigation Well	06F01	SE	NW	6	40N	04E	400406 303263	BHX532
Irrigation Well	06F02	SE	NW	6	40N	04E	400406 303263	BHX535
Infiltration Trench	06F03	SE	NW	6	40N	04E	400406 303263	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL? EXISTING: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PROPOSED: <input checked="" type="checkbox"/> 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 Associated Earth Sciences "Project Summary Report for Water Rights G1-\*01815C/G1-\*11929C and G1-\*10608C".

## 4. Purpose of Use:

### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	240 GPM	98.0	June 1 - September 30

### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	240 GPM	87.2	April 15 - October 1

## 5. Place of Use:

### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
E 1/2 SE 1/4 NW 1/4; SW 1/4 NE 1/4 all in Sec. 6 T. 40 N. R. 4 E.W.M.; less road							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW SE	NE NW	6	40N	4E	Whatcom	400406 303263	70.0
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME:							

### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
See the attached map and Associated Earth Sciences "Project Summary Report for Water Rights G1-*01815C/G1-*11929C and G1-*10608C".							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW NE	NE	6	40N	4E	Whatcom	400406 426472	45.0
SE	NE	6	40N	4E	Whatcom	400406 468376	3.2
SE	NE	6	40N	4E	Whatcom	400406 406330	27.5
SE	NE	6	40N	4E	Whatcom	400406 471317	3.0
NW NE	SE	6	40N	4E	Whatcom	400406 435238	8.0
NW NE	SE	6	40N	4E	Whatcom	400406 434178	21.0
NW	SE	6	40N	4E	Whatcom	400406 335151	4.5
NW	SE	6	40N	4E	Whatcom	400406 264151	4.5
NE	SW	6	40N	4E	Whatcom	400406 225199	9.5
NE	SW	6	40N	4E	Whatcom	400406 186199	14.5
SW SE	NE NW	6	40N	4E	Whatcom	400406 303263	70.0
SE	NW	6	40N	4E	Whatcom	400406 147340	20.4
NE	NW	5	40N	4E	Whatcom	400405 194466	7.4
SE	SE	31	41N	4E	Whatcom	410431 479028	9.5
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME: See Associated Earth Sciences "Project Summary Report for Water Rights G1-*01815C/G1-*11929C and G1-*10608C".							

*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 Rights G1-\*01815C/G1-\*11929C and G1-\*10608C".*

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):
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**5. Remarks and Other Relevant Information:**

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____
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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.

**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.

John Vanderveen  
Applicant Printed Name - Title

[Signature]  
Applicant Signature

4/13/15  
(Date)

John Vanderveen  
Water Right Holder Printed Name

[Signature]  
Water Right Holder Signature

4/13/15  
(Date)

John Vanderveen  
Land Owner of Existing Place of Use Printed Name

[Signature]  
Land Owner of Existing Place of Use Signature

4/13/15  
(Date)

John Vanderveen  
Land Owner of Proposed Place of Use Printed Name

[Signature]  
Land Owner of Proposed Place of Use Signature

4/13/15  
(Date)

Please check the region in which the project is located:

<p><b>*Submit your application to:</b> 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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_