



WATER RESOURCES

Application for Change/Transfer of a Water Right

For Ecology Use
(Date Stamp)

'15 JUN 24 A7:54

DEPT. OF ECOLOGY
FISCAL & BUDGET

You must include a \$50.00 minimum filing fee with this application for:

(Check all that apply.)

<input type="checkbox"/> Change purpose(s) of use
<input type="checkbox"/> Add purpose(s) of use
<input type="checkbox"/> Change/transfer place of use
<input checked="" type="checkbox"/> Change point(s) of diversion/withdrawal
<input type="checkbox"/> Add point(s) of diversion/withdrawal
<input type="checkbox"/> Other (i.e. consolidation, intertie, trust water)
Explain:

FOR OFFICIAL USE ONLY			
DATE APPLICATION RECEIVED	6/24/15		
CHECK NO.		FEE \$	50.00
DATE ACCEPTED	6/24/15		BY
CHANGE NO.	ESI-*15924C		
COUNTY	Whatcom	WRIA	1
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.	

No filing fee is required for applications for:

- Drought
- Cost Reimbursement
- Water Conservancy Board

I have completed a pre-application consultation with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME Baldev Sangha	PHONE NO. (360) 927-9443	FAX NO. N/A
ADDRESS 6185 Chasteen Road		
CITY Lynden	STATE WA	ZIP CODE 98264
EMAIL ADDRESS (IF AVAILABLE) N/A		

CONTACT (IF DIFFERENT FROM ABOVE) Lesa Starkenburg-Kroontje	PHONE NO. (360) 354-7822	FAX NO. (360) 354-6929
ADDRESS P.O. Box 231		
CITY Lynden	STATE WA	ZIP CODE 98264
EMAIL ADDRESS (IF AVAILABLE) starkenburgkroontje@msn.com		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Parmjit & Baldev Sangha	PHONE NO. (360) 927-9443	FAX NO. N/A
ADDRESS 6185 Chasteen Road		
CITY Lynden	STATE WA	ZIP CODE 98264
EMAIL ADDRESS (IF AVAILABLE) N/A		

JUN 24 2015

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER S1-15924CWRIS	RECORDED NAME(S) Dale C. Van Kooten
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 USED AS AUTHORIZED IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Water Resources Program

- Attach copies of any documentation that shows the historical use of water that has occurred since the right was established.
- If you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Ten Mile Creek		NE	SE	18	39N	3E	390318 454209 0000	

B. Proposed (if different from 3.A.)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well #1		NE	SE	18	39N	3E	390318 454209 0000	BHX 242
Well #2		NE	SE	18	39N	3E	390318 454209 0000	BIS 328

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

EXISTING: YES NO PROPOSED: YES NO – IF NO, PROVIDE OWNER NAME(S): _____

- Include copies of all associated water well reports.
- 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.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
irrigation	0.16 CFS	32.00	irrigation season
	<i>71.81 gpm</i>		

B. Proposed (if different from 4.A.)

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

Department of Revenue
Real Estate Excise Tax
PO Box 47477
Olympia, WA 98504-7477

Phone (360) 570-3265

Department of Ecology

JUN 24 2015

Water Resources Program

JUN 24 2015

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 hereby grant 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.

Baldev Sangha
Applicant Printed Name – Title

Baldev Sangha
Applicant Signature

6/19/15
(Date: MM/DD/YYYY)

Baldev Sangha
Water Right Holder Printed Name

Baldev Sangha
Water Right Holder Signature

6/19/15
(Date: MM/DD/YYYY)

Baldev Sangha
Land Owner of Existing Place of Use Printed Name

Baldev Sangha
Land Owner of Existing Place of Use Signature

6/19/15
(Date: MM/DD/YYYY)

Baldev Sangha
Land Owner of Proposed Place of Use Printed Name

same - Baldev Sangha
Land Owner of Proposed Place of Use Signature

6/19/15
(Date: MM/DD/YYYY)

<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 98902-3463 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (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