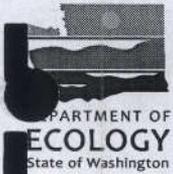


**Water Resources Program
Application for Change/Transfer
of Water Right**



For Ecology Use
(Date Stamp)

RECEIVED

NOV 09 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: See Associated Earth Sciences "Project Summary
Report for Water Rights G1-*01779CWRIS,
G1-*01886CWRIS, and G1-*04978CWRIS"

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	11-9-15
CHECK NO. <u>N/A</u>	FEE \$ <u>N/A</u>
DATE ACCEPTED <u>11/9/15</u>	BY <u>DB</u>
CHANGE NO. <u>CG1-04978C</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.

BEET 11/16/15

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

1. Applicant Information

APPLICANT/BUSINESS NAME <u>Marty Maberry/MDM Properties, LLC</u>	PHONE NO. <u>360-354-2094</u>	FAX NO.
ADDRESS <u>816 Loomis Trail 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 MDM Properties, LLC	PHONE NO. 360-354-2094	FAX NO.
ADDRESS 816 Loomis Trail Road		
CITY Lynden	STATE WA	ZIP CODE 98264

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G1-*04978CWRIS	RECORDED NAME(S) Lorraine Fullner
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-*01779CWRIS, G1-*01886CWRIS, and G1-*04978CWRIS".

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Irrigation Well	21B01	NW	NE	21	39N	04E	390421405503	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Irrigation Well	16L01	NE	SW	16	39N	04E	390416200160	APF 342
Irrigation Well	16L02	NE	SW	16	39N	04E	390416200160	BCB 448
Irrigation Well	16K01	NW	SE	16	39N	04E	390416332216	APS 066
Irrigation Well	08L01	NW	SW	8	39N	04E	390408150211	BHX 528
Irrigation Well	17J01	SE	SE	17	39N	04E	390417052070	BHX 534

Future Irrigation Wells in Sections 7, 8, 16, 17, and 21, Twp. 39 N., Rge. 04 E.

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 Associated Earth Sciences "Project Summary Report for Water Rights G1-*01779CWRIS, G1-*01886CWRIS, and G1-*04978CWRIS".

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	160 GPM	86	April 1 - September 30

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	160 GPM	71.7	April 1 – September 30

5. Place of Use:**A. Existing**

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
SW ¼ SE ¼, except north 15 acres, sec. 16, T. 39 N., R. 4 E.W.M. and that part of NW ¼ NE 1/4, sec. 21, lying northeasterly of railroad right of way, less roads, T. 39 N., R. 4 E.W.M.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	SE	16	39N	04E	Whatcom	390416317046	20.5
SW	SE	16	39N	04E	Whatcom	390416375019	1.2
NW	NE	21	39N	04E	Whatcom	390421405503	20
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: Eric M. and Keri A. Fullner							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
See Figure 1 in the attached "Project Summary Report for Water Rights G1-*01779CWRIS, G1-*01886CWRIS, and G1-*04978CWRIS".							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
Sections 7, 8, 16, 17, and 21			39N	04E	Whatcom	390309332409	275
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: See Associated Earth Sciences "Project Summary Report for Water Rights G1-*01779CWRIS, G1-*01886CWRIS, and G1-*04978CWRIS".							

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-*01779CWRIS, G1-*01886CWRIS, and G1-*04978CWRIS".

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):

6. Remarks and Other Relevant Information:

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.

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.

Marty Maberry
Applicant Printed Name – Title

Marty Maberry
Applicant Signature

11/2/2015
(Date)

Marty Maberry
Water Right Holder Printed Name

Marty Maberry
Water Right Holder Signature

11/2/2015
(Date)

Marty Maberry
Land Owner of Existing Place of Use Printed Name

Marty Maberry
Land Owner of Existing Place of Use Signature

11/2/2015
(Date)

Marty Maberry
Land Owner of Proposed Place of Use Printed Name

Marty Maberry
Land Owner of Proposed Place of Use Signature

11/2/2015
(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:** ____/____/____