



WATER RESOURCES
Application for Change/Transfer of Water Right

For filing with the Department of Ecology or with County 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: Seasonal

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

I have participated in a pre-application conference with Ecology.

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 3/14/16
CHECK NO. FEE \$
DATE ACCEPTED BY
CHANGE NO. C51-#04744C
COUNTY What WRIA 1
SPECIAL AREA
SEPA: o EXEMPT o NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. PERMIT NO.
CERT NO. CERT OF CHG NO.

1. Applicant Information

APPLICANT/BUSINESS NAME Steven G Crockett
PHONE NO. 360 398-8320 (H) FAX NO.
ADDRESS 222 E Laurel Rd
CITY Bellingham STATE WA ZIP CODE 98226-7432
EMAIL ADDRESS (IF AVAILABLE)

CONTACT (IF DIFFERENT FROM ABOVE) John Beliste
PHONE NO. 360-318-7720 (p) FAX NO.
ADDRESS 231 Ten Mile Rd PHONE NO. 360-739-4060 (c)
CITY Lynden STATE WA ZIP CODE 98264
EMAIL ADDRESS (IF AVAILABLE) john@bellewoodfarms.com

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE John Beliste
PHONE NO. 360 318-7720 (p) FAX NO.
ADDRESS 231 Ten Mile Rd PHONE NO. 360 739-4060 (c)
CITY Lynden STATE WA ZIP CODE 98264
EMAIL ADDRESS (IF AVAILABLE) john@bellewoodfarms.com

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2. Water Right Information

Permit No

WATER RIGHT OR CLAIM NUMBER SI-*04744CWRIS 2725	RECORDED NAME(S) Walter Holz
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.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Crystal Brook-Silver Springs-Trib to Ten Mile	1			19	39N	03E	148302	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Ten mile Creek	1			18	39	03	183150	

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 attachments*

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation + Domestic Supply	90	145.3	Year round since Feb, 1939

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Frost Protection Apples	90	145.3	April 1 - May 31, 2016

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5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
 W 251 FT OF E 459.71 FT OF W 1/2 SE NW-EXC N
 620 FT OF W 231 FT OF E 459.71 FT OF W 1/2 SE
 NW- LESS ROADS

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		19	739N	R03E	Whatcom	148302	4.2

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES NO
 IF NO, PROVIDE OWNER(S) NAME: _____

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:
 9 10 ACRES OF NE SW-BEG AT NW COR OF SE SW-TH SLY
 ALG WLT OF SE SW 84 FT TO S SIDE OF TENMILE CREEK-
 TH ELY ALG SD CREEK 30 FT-TH NLY TAP ON N LI OF SE
 SW 36 FT E OF POB-TH W TO POB-E 16 FT OF S 21 RODS OF GOVT LOT 3

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		18	739N	R03E	WHATCOM	390318/83150	10.1700

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. *Map for withdrawal is attached*

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): _____

6. Remarks and Other Relevant Information:

This beneficial use is protection of the blossoms and young fruit by overhead spraying.

IF FOR SEASONAL OR TEMPORARY, START DATE 7/11/16 END DATE 5/31/16

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.

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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.

Steven G Crockett
Applicant Printed Name - Title Owner

Steven G Crockett
Applicant Signature

03/08/2016
(Date: MM/DD/YR)

Steven G Crockett
Water Right Holder Printed Name

Steven G Crockett
Water Right Holder Signature

03/08/2016
(Date: MM/DD/YR)

Steven G. Crockett
Land Owner of Existing Place of Use Printed Name

Steven G Crockett
Land Owner of Existing Place of Use Signature

03/08/2016
(Date: MM/DD/YR)

John Belisle
Land Owner of Proposed Place of Use Printed Name

John Z Belisle
Land Owner of Proposed Place of Use Signature

3/8/16
(Date: MM/DD/YR)

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 98902-3463 (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

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: ___/___/___

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