



STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
 OF WATER RIGHT

RECEIVED

DEC 04 2007

DEPT. OF ECOLOGY

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

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(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: _____

FOR OFFICE USE ONLY	
CHANGE No.	<u>C61-#01295C</u> WRIA <u>1</u>
DATE ACCEPTED	<u>12/4/07</u> BY <u>DBZ</u>
FEE \$	<u>50-</u> REC'D <u>12/4/07</u>
CHECK No.	<u>26400</u>
SEPA:	<input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Not exempt
	<u>REET 12/6/07</u>

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

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>Dick Bedlington Farms</u>	PHONE NO. <u>(360) 354-5264</u>	FAX NO. <u>(360) 354-7619</u>
ADDRESS <u>8497 Guide Meridian</u>		
CITY <u>Lynden</u>	STATE <u>Washington</u>	ZIP CODE <u>98264</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>Melissa Bedlington</u>	PHONE NO. <u>()</u>	FAX NO. <u>()</u>
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>G1-#01295CWRIS</u>	RECORDED NAME(S) <u>Will Richards</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: <u>Don and Shirley Nielsen</u> <u>6287 Siper Rd. Everson, WA 98247</u>	
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.

FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. <u>C61-#01295C</u>

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	NW	SE	16	39	4E	3904163322160000	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	NW	SE	16	39	4E	3904163322160000	

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

EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME:
Don and Shirley Nielsen

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.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	140	19	5/01-9/15 Annually

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	140	19	5/01-9/15 Annually

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
The North 15 acres of the SW $\frac{1}{4}$ of the SE $\frac{1}{4}$ of Sec. 16, TWP. 39N, RGE. 4 E.W.N.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	SE	16	39N	4E	Whatcom	3904163322160000	5
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: Don and Shirley Nielsen							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
The North 15 acres of the SW $\frac{1}{4}$ of the SE $\frac{1}{4}$ of Sec. 16, TWP. 39N, RGE. 4 E.W.N.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	SE	16	39N	4E	Whatcom	3904163322160000	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: Don and Shirley Nielsen							

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.

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): G1-*01886CWRIS

6. Remarks and Other Relevant Information:

We are not changing Quantity of use, but we will rotate crops among the Nielsen's 45 acres. We rotate irrigated and non-irrigated crops annually.

IF FOR SEASONAL OR TEMPORARY, START DATE 5 / 01 / _____ END DATE 9 / 15 / _____ Annually

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.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

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 the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Mit Beddy (Applicant) 12 / 1 / 07 (Date)

Ronald P Nielsen
Shirley G Nielsen (Water Right Holder) Nov 27 / 2007 (Date)

Ronald P Nielsen
Shirley G Nielsen (Land Owner(s) of Existing Place of Use) Nov 27 / 2007 (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

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: ____ / ____ / ____