



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
 OF WATER RIGHT**

RECEIVED
 JUN 07 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>CSI-14860C</u>	WRIA <u>1</u>
DATE ACCEPTED <u>6/7/07</u>	BY <u>mg</u>
FEE \$ <u>50</u>	REC'D <u>6/7/07</u>
CHECK No. <u>25867</u>	
SEPA: <input checked="" type="checkbox"/> Exempt	<input type="checkbox"/> Not exempt
<u>REPT 6/12/2007</u>	

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

1. Applicant Information:

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

CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>Melissa Bedlington</u>	PHONE NO. <u>(360) 354-5264</u>	FAX NO. <u>(360) 354-7619</u>
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>7634 ** see attached</u>	RECORDED NAME(S) <u>Dave & Albert Elsasser</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>Carl Douglas Channel</u> <u>4962 Ferndale Rd. Ferndale, WA 98248</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. <u>7634</u>	CERT. OF CHANGE NO. _____
<u>CSI-14860C</u>			

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Nooksack River	1	W	SE	32	39	2E	390232 291054	0000 *see current Certificate of Surface Water Right

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Nooksack River	1	W	SE	32	39	2E	(SAME AS ABOVE)	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
 EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME: Carl Douglas Channel

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	.55	256	May 1 - Sept. 15 Annually

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	.55	256	May 1 - Sept. 15 Annually

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
N 657 FT OF S 882.7 FT OF GOVT LOT 11 OF SE SW SUBJ TO POWER LI ESMT							
DESC AF 770401-SUBJ TO POWER LI ESMT TO OLYMPIC PIPE LINE CO DESC AF							
1011582-SUBJ TO ESMT							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
W	SE	32	39	2E	Whatcom	3902322910540000	36

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

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
N 1/2 OF GOVT LOT 4-EXC PTN TO STATE FOR HWY 1Z DESC AF 827659							
LESS RD							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	NW	5	38	2E	Whatcom	38002050615120000	12

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

(2 parcels are proposed -- see page 4 for second parcel)

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):

6. Remarks and Other Relevant Information:

We are not changing quantity of use, but we rotate crops among all three parcels annually. We have been farming to Channel's property for the past few years. We own property adjoining Channel's and would like to be irrigating our crops on the two properties that Dick Bedlington Real Estate owns. (See attached map for locations proposed)

IF FOR SEASONAL OR TEMPORARY, START DATE 05 / 01 / END DATE 09 / 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.

Dick Bedley (Applicant) 6/11/07 (Date)

C.D. Channel (Water Right Holder) 6/11/07 (Date)

C.D. Channel (Land Owner(s) of Existing Place of Use) 6/11/07 (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: ____/____/____

