



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

For Ecology Use  
(Date Stamp)

13 MAR 13 A7 56  
DEPT. OF ECOLOGY  
FISCAL & BUDGET

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 Inc. Project  
Summary Report for Water Right G1-03622C.

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	3-13-13
CHECK NO.	ADP 10676 FEE \$ 50
DATE ACCEPTED	3/13/13 BY pb
CHANGE NO.	G1-03622C
COUNTY	What 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. 3354	CERT OF CHG NO.

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

## 1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Marty Maberry/MDM Properties, LLC	360-354-2094	
ADDRESS		
816 Loomis Trail Road		
CITY	STATE	ZIP CODE
Lynden	WA	98264-911
CONTACT (IF DIFFERENT FROM ABOVE)		
Charles S. Lindsay/Associated Earth Sciences, Inc.	425-259-0522	425-252-3408
ADDRESS		
2911 1/2 Hewitt Ave., Suite 2		
CITY	STATE	ZIP CODE
Everett	WA	98201
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE		
Marty Maberry/MDM Properties, LLC	360-354-2094	
ADDRESS		
816 Loomis Trail Road		
CITY	STATE	ZIP CODE
Lynden	WA	98264-911

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G1-03622CWRIS	RECORDED NAME(S) Melvin Cowin
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 #
Irrigation Well	IW-1	SW	SW	14	40N	2E	400214070079	BHN686

### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Irrigation Wells	HW-1	SW	NW	14	40N	2E	400214114260	BHE778
	IW-1	SW	SW	14	40N	2E	400214070079	BHN686
	IW-2	SW	SW	14	40N	2E	400214070079	BHN687
	IW-3	SW	SW	14	40N	2E	400214070079	BHN689
	IW-4	SW	SW	14	40N	2E	400214070079	BHN690
	IW-5	SW	SW	14	40N	2E	400214070079	BHN691
	IW-6	SW	NW	14	40N	2E	400214114260	BHN407
Future Wells		SW	SW	14	40N	2E	400214086014	
		NW	SW	14	40N	2E	400214070173	
		NW	SW	14	40N	2E	400214026217	
		NW	SE	14	40N	2E	400214347240	
		NE	SW	14	40N	2E	400214470244	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?  
 EXISTING:  YES  NO PROPOSED:  YES  NO - IF NO, PROVIDE OWNER(S) NAME: See Associated Earth Sciences Inc.  
 Project Summary Report for Water Right S1-07312C.

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 Inc. Project Summary Report for Water Right G1-03622C.

## 4. Purpose of Use:

### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	72.0 gpm	57.6	April 15 through October 1

**B. Proposed**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	72.0 gpm	57.6	April 15 through October 1

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

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
See Associated Earth Sciences project summary report for G1-03622C							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	SW	14	40N	2E	Whatcom	400214070079	28.00
NW	SW	14	40N	2E	Whatcom	400214070173	19.25
SW	SW	14	40N	2E	Whatcom	400214086014	2.60
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME:							

**B. Proposed**

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
See Associated Earth Sciences project summary report for G1-03622C							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	SW	14	40N	2E	Whatcom	400214070079	28.00
NW	SW	14	40N	2E	Whatcom	400214114260	27.80
NW	SE	14	40N	2E	Whatcom	400214347240	23.25
NW	SW	14	40N	2E	Whatcom	400214070173	19.25
NE	SE	14	40N	2E	Whatcom	400214470244	6.00
SW	SW	14	40N	2E	Whatcom	400214086014	2.60
NW	SW	14	40N	2E	Whatcom	400214026217	3.10
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:							

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 Inc. Project Summary Report for Water Right G1-03622C.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): G1-137156CL, G1-137157CL, G1-26806A, G1-26807A, G1-26874A, and G1-27356A
--

**6. Remarks and Other Relevant Information:**

See AESI project summary report for G1-03622C
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, P.O. Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

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

<u>Marty Maberry/MDM Properties, LLC</u> Applicant Printed Name – Title	<u>Marty Maberry</u> Applicant Signature	<u>3/1/2013</u> (Date)
<u>Marty Maberry/MDM Properties, LLC</u> Water Right Holder Printed Name	<u>Marty Maberry</u> Water Right Holder Signature	<u>3/1/2013</u> (Date)
<u>Marty Maberry/MDM Properties, LLC</u> Land Owner of Existing Place of Use Printed Name	<u>Marty Maberry</u> Land Owner of Existing Place of Use Signature	<u>3/1/2013</u> (Date)
<u>Marty Maberry/MDM Properties, LLC</u> Land Owner of Proposed Place of Use Printed Name	<u>Marty Maberry</u> Land Owner of Proposed Place of Use Signature	<u>3/1/2013</u> (Date)

Please check the region in which the project is located:

<p><b>*Submit your application to:</b></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 <sup>th</sup> 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

<p><b>WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):</b></p>	
<input type="checkbox"/> APPLICATION FEE NOT ENCLOSED	<input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
<p><b>STAFF:</b> _____ <b>DATE:</b> ____/____/____</p>	