



Water Resources Program
Application for Change/Transfer
of Water Right

For Ecology Use
(Date Stamp)

**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 the attached Associated Earth Sciences, Inc.,
"Project Summary Report" dated August 8, 2012.

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED _____	
CHECK NO. _____	FEE \$ _____
DATE ACCEPTED _____	BY _____
CHANGE NO. _____	
COUNTY _____	WRIA _____
SPECIAL AREA _____	
SEPA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: 001-002-WR10285-000011	
APP NO. _____	PERMIT NO. _____
CERT NO. _____	CERT OF CHG NO. _____

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

1. Applicant Information

APPLICANT/BUSINESS NAME Andy Enfield/Enfield Farms, Inc.	PHONE NO. 360-354-3019	FAX NO.
ADDRESS 1064 Birch Bay Lynden Road		
CITY Lynden	STATE WA	ZIP CODE 98264
CONTACT (IF DIFFERENT FROM ABOVE) Charles S. Lindsay/Associated Earth Sciences, Inc.	PHONE NO. 425-259-0522	FAX NO. 425-252-3408
ADDRESS 2911 1/2 Hewitt Ave., Suite 2		
CITY Everett	STATE WA	ZIP CODE 98201
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Marvin & Linda Enfield Family LLC; Enfield Family LLC; Enfield Family II LLC	PHONE NO. 360-354-3019	FAX NO.
ADDRESS 1064 Birch Bay Lynden Road		
CITY Lynden	STATE WA	ZIP CODE 98264

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G1-00291CWRIS	RECORDED NAME(S) Richard and Carol Holleman
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.

A detailed discussion of the irrigation operations authorized under water right G1-00291C is included in the attached Associated Earth Sciences "Project Summary Report", dated August 8, 2012.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Irrigation Well	IW-1	NE	SW	6	39N	3E	390306220231	BHE780

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Irrigation Well	IW-1	NE	SW	6	39N	3E	390306220231	BHE780
Irrigation Well	IW-2	NW	SE	6	39N	3E	390306331217	BHE781
Irrigation Well	IW-3	SW	SE	6	39N	3E	390306263130	BHE782
Future Wells		NE	SW	6	39N	3E	390306220166	
Future Wells		SE	SW	6	39N	3E	390306151102	
Future Wells		NE	SW	6	39N	3E	390306169204	
Future Wells		NW	SE	6	39N	3E	390306250235	

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 the attached Associated Earth Sciences "Project Summary Report", dated August 8, 2012.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	150 GPM	11.0	May 1 through September 31

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	150 GPM	11.0	May 1 through September 31

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
E1/2, NE1/4, SW1/4 of Section 6, T39N, R3E							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NE	SW	6	39N	3E	Whatcom	390306220166	5.0
						390306169204	3.0
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: <u>See the attached Associated Earth Sciences "Project Summary Report", dated August 8, 2012.</u>							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
<u>Approximately 81.6 acres located in the south ½ of Section 6, Township 39 North, Range 3 East. See the attached Associated Earth Sciences "Project Summary Report", dated August 8, 2012.</u>							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		6	39N	3E	Whatcom		11.8
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: <u>See the attached Associated Earth Sciences "Project Summary Report", dated August 8, 2012.</u>							

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 the attached Associated Earth Sciences "Project Summary Report", dated August 8, 2012.

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):	<u>See the attached Associated Earth Sciences "Project Summary Report", dated August 8, 2012.</u>

6. Remarks and Other Relevant Information:

Deficit irrigation methods are proposed to increase the irrigation acres (8 acres) permitted under this water right to 11.8 acres. See Associated Earth Sciences "Project Summary Report", dated August 8, 2012 for rational/justification for the proposed increase in irrigation acres.
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.

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.

Andy Enfield _____ / /
Applicant Printed Name – Title *Applicant Signature* (Date)

Marvin Enfield _____ / /
Water Right Holder Printed Name *Water Right Holder Signature* (Date)

Marvin Enfield _____ / /
Land Owner of Existing Place of Use Printed Name *Land Owner of Existing Place of Use Signature* (Date)

Marvin Enfield _____ / /
Land Owner of Proposed Place of Use Printed Name *Land Owner of Proposed Place of Use Signature* (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

<p>WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):</p> <p><input type="checkbox"/> APPLICATION FEE NOT ENCLOSED <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE</p> <p><input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED <input type="checkbox"/> SECTION _____ IS INCOMPLETE</p> <p><input type="checkbox"/> OTHER/EXPLANATION: _____</p> <p style="text-align: center;">STAFF: _____ DATE: ____ / ____ / ____</p>	
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ATTACHMENT FOR
Application for Change/Transfer of Water Right

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 Water Right Holder Printed Name
 Land Owner of Existing Place of Use Printed Name
 Land Owner of Proposed Place of Use Printed Name

Applicant Signature
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