



*** SEASONAL ***

* please see question #6 *

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

RECEIVED

APR 15 2013

DEPT OF ECOLOGY
WRO - WR

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**

| FOR OFFICE USE ONLY | |
|---|--------------------|
| CHANGE No. <u>CSI-809858C</u> | WRIA <u>1</u> |
| DATE ACCEPTED <u>4 / 15 / 13</u> | BY <u>DB</u> |
| FEE \$ <u>50.00</u> | REC'D <u>1 / 1</u> |
| CHECK No. _____ | |
| ECY Coding: 001-002-WR10285-000011 | |
| SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt | |

(Check all that apply.)

- Change purpose(s) of use - Irrigation only, no domestic
- Add purpose(s) of use - domestic
- 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: Expand number of irrigated acres from 20 acres to 40 acres
* seasonal change application *

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

1. Applicant Information:

| | | |
|--|------------------------------------|--------------------------|
| APPLICANT/BUSINESS NAME <u>Sidhu Berry Farm Inc.</u> | PHONE NO. () | FAX NO. () |
| ADDRESS <u>221 E. Hemmi Rd</u> | | |
| CITY <u>Lynden</u> | STATE <u>Wa</u> | ZIP CODE <u>98264</u> |
| CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>Manjit Gill</u> | PHONE NO. <u>(360) 319-9655</u> | FAX NO. () |
| ADDRESS <u>360-306-6086</u> | | |
| CITY | STATE | ZIP CODE |

2. Water Right Information:

| | |
|--|------------------|
| WATER RIGHT OR CLAIM NUMBER <u>S1-04858C</u> | RECORDED NAME(S) |
| 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.

This Certificate of Water Right has been used every year on this 40 Ac parcel since Aug 27 1943 for irrigation and/or for domestic supply

| FOR OFFICE USE ONLY | | | |
|---------------------|------------------|-----------------------|--|
| APP. NO. _____ | PERMIT NO. _____ | CERT. NO. <u>1952</u> | CERT. OF CHANGE NO. <u>CSI-809858C@1</u> |

3. Point(s) of Diversion/Withdrawal:

A. Existing

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|------------------------------------|-----|----|----|------|------|------|---------------|------------------|
| Silver Springs Cr. Ten Mile Cr. | | NE | NW | 19 | 39N | 3E | 390319 180460 | Permit # 2927 |

B. Proposed

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|--------|-----|---|---|------|------|------|----------|------------|
| | | | | | | | | |

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.

4. Purpose of Use:

A. Existing

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|-----------------------|------------------------|------------|---------------|
| Irrigation & domestic | .25 foot per second | Cubic | May Thru Sept |

B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|---------------|
| Irrigation | .25 cfs | | May thru Sept |

5. Place of Use:

A. Existing

| LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED: | | | | | | | |
|---|----|------|------|------|---------|---------------|------------|
| 1/2 of the below mentioned Parcel # | | | | | | | |
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| NE | NW | 19 | 39N | 3E | Whatcom | 390319 180460 | 20 |

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: | | | | | | | |
|---|----|------|------|------|---------|---------------|------------|
| all of the below mentioned Parcel # 390319 180460 | | | | | | | |
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| NE | NW | 19 | 39N | 3E | Whatcom | 390319 180460 | 40 |

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.

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:

raspberry
 Now the irrigation will be using the drip system instead of larger methods of sprinkling on pasture & hay ground so adding acreage will still decrease the amount of water being used
 Please process as seasonal change application for next irrigation season
 IF FOR SEASONAL OR TEMPORARY, START DATE 4/1/11 END DATE 10/1/11 and each year here after

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:

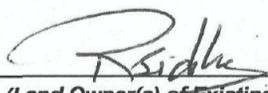
I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.



 (Applicant) 29/06/12
(Date)



 (Water Right Holder) 29/06/12
(Date)



 (Land Owner(s) of Existing Place of Use) 29/06/12
(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: ____/____/____

IMPORTANT!

085
18 April

Submit your application to Ecology at: DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 5128
LACEY WA 98509-5128

Alternatively, you may submit your application at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Please check the regional office in which your project is located.

Central Regional Office
15 W Yakima Avenue, Suite 200
Yakima, WA 98902
(509) 575-2490

Eastern Regional Office
4601 N. Monroe
Spokane, WA 99205-1295
(509) 329-3400

Northwest Regional Office
3190 - 160th Avenue SE
Bellevue, WA 98008-5452
(425) 649-7000

Southwest Regional Office
PO Box 47775
Olympia, WA 98504-7775
(360) 407-6300

If you need this document in an alternate format, please call the Water Resource Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

You must indicate whether you own the lands associated with the proposed change. If not, provide the landowner's name.

Map: In addition to describing the point(s) of diversion/withdrawal and place(s) of water use on the application, attach a detailed map. The map **must** have reference to the Township, Range and Section of the area illustrated. Indicate on the map: a) the lands upon which water is used for each purpose of water use; b) the points from which water is taken from the water source; c) any lands to which the water use is proposed to be changed; d) any new points from which water is proposed to be taken d) show a reference point such as a section corner e) show the location of structures, the water system and other features relevant to your proposed change/transfer. It is recommended that you base your map on a published map of your area. If your place of use is platted property, you **must** include a certified copy of the plat.

B. Proposed Place of Use: If you are proposing to add place of use or change/transfer place of use then you **must** complete Part 5B. of the application. Follow the instructions for Part 5A. to describe the new lands that you propose is associated with your water right.

Other rights: Below Part 5B. in a separate border is the following question:

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):

Example No. 7

If you are aware of other rights associated with any of the property you have describe on the application, please indicate so by marking the "yes" box provided and provide the identifying document number.

6. Remarks and Other Relevant Information: Your application will be reviewed by several interested agencies and is available to the public for inspection. You may use this space to provide additional information or an explanation for your change proposal. Your remarks or explanation may include any information that you believe should be considered in the review of your application. You may also explain the reasons that you are proposing the change/transfer, for example, that you are updating your water distribution system or relocating a water well.

Please note: If your application is being submitted for a seasonal or temporary change in water right, whether or not in conjunction with a permanent change or transfer, you **must** indicate the date that you desire the change/transfer to be effective and the date that you desire the change/transfer to terminate. It is recommended that you submit your application as far in advance of the date you wish the change/transfer to be effective as possible.

7. Signature and Date: The applicant must sign and date the application. In addition, the owner of the water right and the owner of the existing place of use must sign and date the application if different than the applicant.

If you need this document in an alternate format, please call the Water Resource Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.