



Water Resources Program
Application for a Water Right Permit

For Ecology Use
 (Date Stamp)

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APR 08 2014

**DEPT OF ECOLOGY
 BELLINGHAM FIELD OFFICE**

Follow the attached instructions. Attach additional sheets as necessary.

- GROUND WATER SURFACE WATER
 PERMANENT SHORT TERM TEMPORARY
 DROUGHT

*****TO BE PROCESSED UNDER COST REIMBURSEMENT PROCESS*****

***A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.**

Section 1. APPLICANT

Applicant/Business Name: Ed Blok & Dale Blok	Phone No: 360-815-3169	Other No:
Address: 7327 Heisman Pl		
City: Lynden	State: WA	Zip: 98264
Email Address (optional): ejblok@aol.com		

Contact Name (if different from above): Ed Blok	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: ***see attached***	Phone No:	Other No:
Address:		
City:	State:	Zip:
Email Address (optional):		

Signatures are required. See page 7.

For Ecology Use	APPLICATION NO: 51-28775	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date 4/8/14 By <i>OB</i> WRIA: 1

Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located? YES NO
 If no, do you have legal authority to make this application for use of another's land? YES NO

Briefly describe the purpose of your proposed project:

Irrigation of corn and grass across an estimated XXX acres.

Anticipated length of time to complete your project: 1 yr

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Irrigation	800 GPM	<i>1.78 cfs</i>	1.5 AFY/A	May 1 – Oct 15
TOTAL:	800 GPM			

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? YES NO

Is this request for a temporary permit? YES NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ___/___/___ TO: ___/___/___

Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input checked="" type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: <u>Nooksack River (Mainstem)</u>	Well diameter & depth: _____
Tributary to: <u>Bellingham Bay</u>	Number of proposed points of withdrawal: _____
Number of proposed diversion points: <u>1</u>	Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test.
	Well Tag ID No. _____

C.) Point of Diversion/Withdrawal – Legal Description *See attached map*****

Parcel No.	1/2	1/4	Section	Township	Range	County
400330-194044	S	SW	30	40N	03E	Whatcom
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

_____ Feet (North/ South) and _____ feet (East/ West)
 from the (NW SW NE SE _____) corner of Section_____.

Parcel No.	1/4	1/4	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

_____ feet (North/ South) and _____ feet (East/ West)
 from the (NW SW NE SE _____) corner of Section_____.

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

See attached map showing proposed places of use and attached spreadsheet with parcels listed.

See attached map showing proposed places of use and attached spreadsheet with parcels listed.						
1/4	1/4	Section	Twp.	Range	County	Parcel No.
					Whatcom	

Do you own all the lands on which the proposed place of use is located? YES NO.

If no, do you have legal authority to make this application for use of another's land? YES NO

Provide owner name(s), address, and phone number:

Signatures acquired from other landowners, as required by application; see Section 11 and see attached list of parcels and legal owners.

Are there any other water rights or claims associated with this property or water system? YES NO

If yes, provide the water right and/or claim numbers:

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source):

Use one 100 HP pump and a 8" line to divert from the Nooksack River. Water flows to neighboring properties using an established piping system. Water is not currently stored.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (20 year projection)

C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? YES NO

If yes, date plan was approved ____/____/____ Water System Number: _____

Name of water system: _____

Are you within the service area of an existing water system? YES NO

If yes, explain why you are unable to connect to the system:

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock:

Is the proposed project for a dairy farm? YES NO

Other Proposed Farm Uses

Describe all proposed uses:

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? YES NO

Do you have a controlling interest in a Family Farm Development Permit? YES NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works:

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water:

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? YES NO

Are you proposing to store more than 10 acre-feet of water? YES NO

Will the water depth be 10 feet or more? YES NO

If you answered yes to any of the above questions, please describe:

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site:

Site Address:

Numerous properties around Bylsma & Polinder Rds, Lynden WA (Whatcom Co.).

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

 Print Name
 (Applicant or authorized representative) Signature Date

 Print Name
 (Legal Owner or Part Owner Place of Use) Signature Date

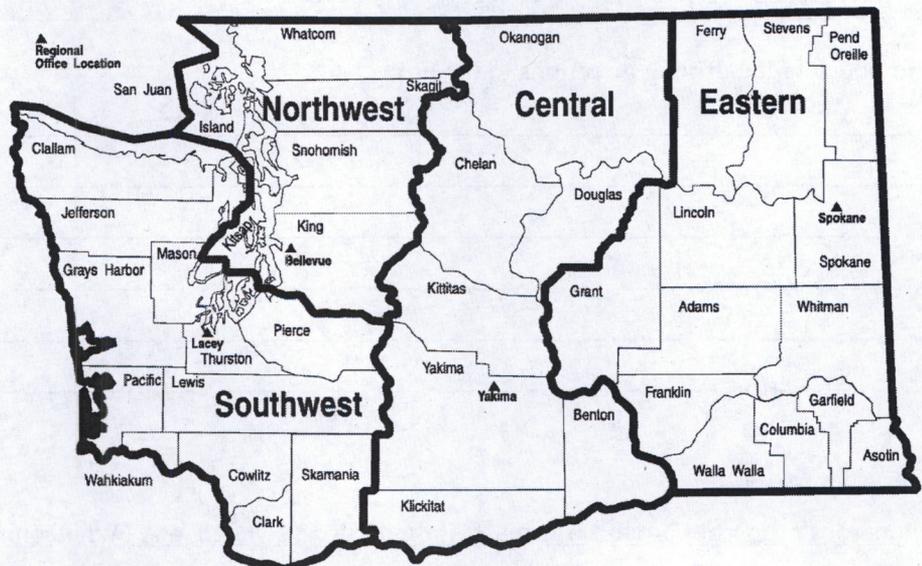
 Print Name
 (Legal Owner or Part Owner Place of Use) Signature Date

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 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

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872.
 Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



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Ed Blok [Signature] 2-18-14
 Print Name Signature Date
 (Applicant or authorized representative)

X Howard Nunnikrova [Signature] 2-18-14
 Print Name Signature Date
 (Legal Owner or Part Owner Place of Use)

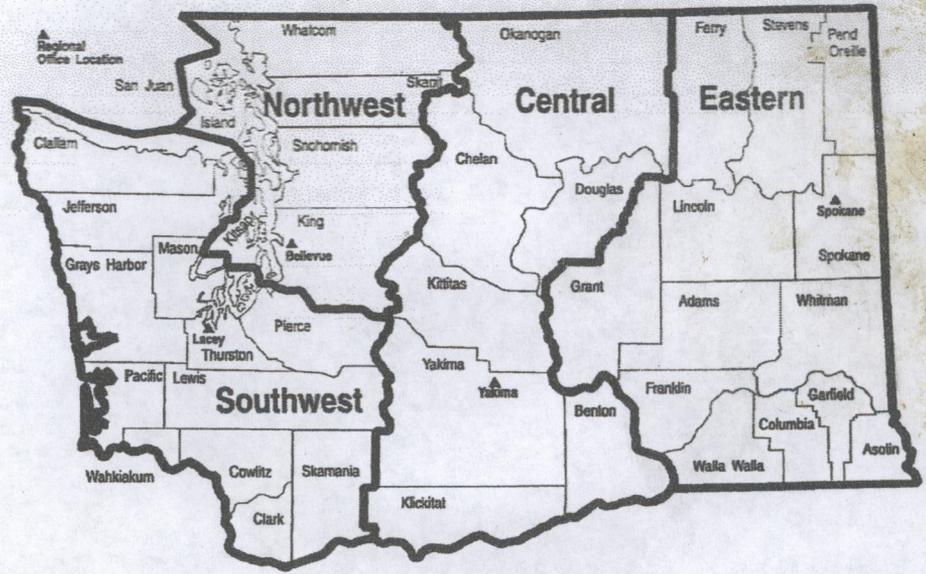
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~~Ed Blok~~ Ed Blok _____ Signature _____ 2-18-14 _____ Date
 (Applicant or authorized representative)

Frank de Boer _____ Signature _____ 2-18 2014 _____ Date
 (Legal Owner or Part Owner Place of Use)

 Print Name Signature Date
 (Legal Owner or Part Owner Place of Use)

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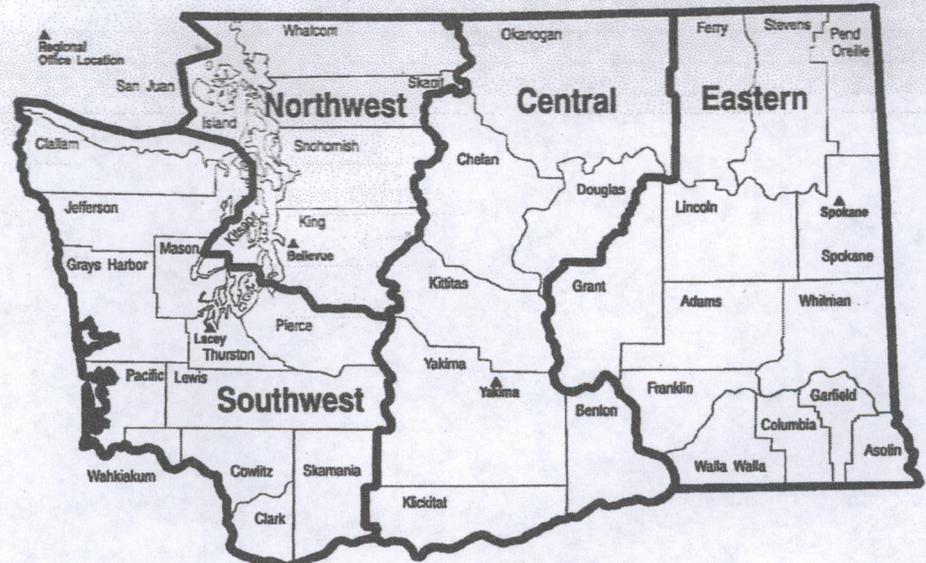
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<u>Ed Blok</u> Print Name (Applicant or authorized representative)	<u>[Signature]</u> Signature	<u>2/13/14</u> Date
<u>John Dykman</u> Print Name (Legal Owner or Part Owner Place of Use)	<u>[Signature]</u> Signature	<u>2-13-14</u> Date
_____ Print Name (Legal Owner or Part Owner Place of Use)	_____ Signature	_____ Date

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