



Water Resources Program
Application for Change/Transfer
of Water Right

For Ecology Use
 (Date Stamp)

14 JUL 14 8:59

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: Adding two Meadowdale Water Association wells.

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>7/14/14</u>
CHECK NO. _____	FEE \$ <u>95.46</u>
DATE ACCEPTED <u>7/14/14</u>	BY <u>DKL</u>
CHANGE NO. <u>CAL-26398C@1</u>	
COUNTY <u>Whatcom</u>	WRIA <u>1</u>
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. _____	CERT OF CHG NO. _____

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

1. Applicant Information

APPLICANT/BUSINESS NAME <u>City of Sumas</u>	PHONE NO. <u>(360) 988-5711</u>	FAX NO. <u>(360) 988-8855</u>
ADDRESS <u>433 Cherry Street</u>		
CITY <u>Sumas</u>	STATE <u>WA</u>	ZIP CODE <u>98295</u>
CONTACT (IF DIFFERENT FROM ABOVE) <u>Rod Fadden/rfadden@cityofsumas.com</u>	PHONE NO. <u>(360) 988-5711</u>	FAX NO. <u>(360) 988-8855</u>
ADDRESS <u>433 Cherry Street</u>		
CITY <u>City of Sumas</u>	STATE <u>WA</u>	ZIP CODE <u>98295</u>
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>City of Sumas</u>	PHONE NO. <u>(360) 988-5711</u>	FAX NO. <u>(360) 988-8855</u>
ADDRESS <u>433 Cherry Street</u>		
CITY <u>Sumas</u>	STATE <u>WA</u>	ZIP CODE <u>98295</u>

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G1-26398C	RECORDED NAME(S) City of Sumas
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 #
Kneuman Rd. Well Field	1	NE	NE	33	41N	4E	410433 441293 0000	AGK347
Kneuman Rd. Well Field	2	NE	NE	33	41N	4E	410433 441293 0000	AGK373
Kneuman Rd. Well Field	3	NE	NE	33	41N	4E	410433 441293 0000	AGK313
Kneuman Rd. Well Field	4	NE	NE	33	41N	4E	410433 441293 0000	ACR785
Kneuman Rd. Well Field	5	NE	NE	33	41N	4E	410433 441293 0000	AGK361
Kneuman Rd. Well Field	10	NE	NE	33	41N	4E	410433 441293 0000	NO TAG #
May Road Well Field	1	SW	SW	33	41N	4E	410433 106108 0000	AGK351
May Road Well Field	2	SW	SW	33	41N	4E	410433 106108 0000	AGF270
May Road Well Field	3	SW	SW	33	41N	4E	410433 106108 0000	AGK357

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Kneuman Rd. Well Field	1	NE	NE	33	41N	4E	410433 441293 0000	AGK347
Kneuman Rd. Well Field	2	NE	NE	33	41N	4E	410433 441293 0000	AGK373
Kneuman Rd. Well Field	3	NE	NE	33	41N	4E	410433 441293 0000	AGK313
Kneuman Rd. Well Field	4	NE	NE	33	41N	4E	410433 441293 0000	ACR785
Kneuman Rd. Well Field	5	NE	NE	33	41N	4E	410433 441293 0000	AGK361
Kneuman Rd. Well Field	10	NE	NE	33	41N	4E	410433 441293 0000	NO TAG #
May Road Well Field	1	SW	SW	33	41N	4E	410433 106108 0000	AGK351
May Road Well Field	2	SW	SW	33	41N	4E	410433 106108 0000	AGF270
May Road Well Field	3	SW	SW	33	41N	4E	410433 106108 0000	AGK357
Van Buren Rd. Well 2	S02	SE	NE	7	40N	4E	400407 494362 0000	ABO392
Van Buren Rd. Well 3	S03	SE	NE	7	40N	4E	400407 494362 0000	AGO439

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME: Existing POWs are owned by the City of Sumas. Proposed Van Buren Rd. Additional POWs are owned by Meadowdale Water Association

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
Municipal Supply and Mitigation	860	1,376	Continuous

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal Supply and Mitigation	860	1,376	Continuous

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
City of Sumas Service Area. See attached map.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Whatcom		
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: <u>City of Sumas Service Area</u>							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
City of Sumas Service Area. See attached map.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Whatcom		
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>City of Sumas Service Area</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.

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): <u>See attached Sumas Service Area Map and Water Rights</u>

6. Remarks and Other Relevant Information:

The proposed change application for an additional point of withdrawal will allow the City to provide water to the community in its service area where the ground water has been contaminated with high concentrations of nitrate that exceed the primary Maximum Contaminant Level of 10 mg/L. Water systems in the area have signed compliance agreements with DOH directing them to lower the nitrate concentration in their drinking water. The City has been cooperating Whatcom County PUD No. 1 and other water associations in the area to address this high priority drinking water quality problem. After multiple feasibility studies and pursuing various alternatives the community believes that obtaining water from the City of Sumas is the only remaining viable course of action to respond to the high concentrations of nitrate in their drinking water.
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.

Rod Fadden – Public Works Director
Applicant Printed Name – Title

Applicant Signature

____ / ____ / ____
(Date)

Rod Fadden – Public Works Director
Water Right Holder Printed Name

Water Right Holder Signature

____ / ____ / ____
(Date)

Rod Fadden – Public Works Director
Land Owner of Existing Place of Use Printed Name

Land Owner of Existing Place of Use Signature

____ / ____ / ____
(Date)

Rod Fadden – Public Works Director
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>STAFF: _____ DATE: ____ / ____ / ____</p>	
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