



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

For Ecology Use  
 (Date Stamp)

**RECEIVED**

**NOV 19 2014**

**DEPT OF ECOLOGY**  
**NWRO - WR**

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: \_\_\_\_\_

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	11-19-14
CHECK NO.	bst koimbi
FEE \$	
DATE ACCEPTED	11/19/14
BY	DB
CHANGE NO.	CG1-02509CE1
COUNTY	Whatcom
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.	
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.
City of Ferndale	360-384-4006	
ADDRESS		
2095 Main Street, PO Box 936		
CITY	STATE	ZIP CODE
Ferndale	WA	98248
CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Mike Olinger	360-384-4607	
ADDRESS		
2095 Main Street, PO Box 936		
CITY	STATE	ZIP CODE
Ferndale	WA	98248
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
City of Ferndale	360-384-4607	
ADDRESS		
2095 Main Street, PO Box 936		
CITY	STATE	ZIP CODE
Ferndale	WA	98248

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G1-*02509C Certificate No. 1513	RECORDED NAME(S) Town of Ferndale
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. See Attachment A

## 3. Point(s) of Diversion/Withdrawal:

### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Douglas Road Well	PW-2	SE	NW	30	39N	2E	390230188340	BCB347

### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Shop Well	PW-1	SW	SE	19	39N	2E	390219409029	AMF090
Douglas Road Well	PW-2	SE	NW	30	39N	2E	390230188340	BCB347
Thornton Road Well	PW-3	NW	NE	24	39N	1E	390124392440	BHX510
Central City Well	PW-4	SW	NW	19	39N	2E	390219010345	AGK343
Future Wells	See Attachment B and Figure 1							

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. The City currently owns PW-1, PW-2, PW-3 and PW-4. See Attachment B and Figure 1

## 4. Purpose of Use:

### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal Water Supply	1,000 gpm	1,615 afy	Continuous

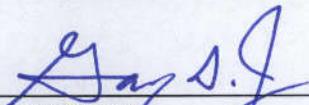
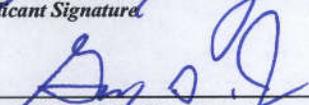
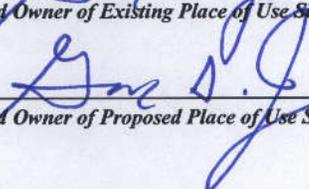
### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal Water Supply	1,000 gpm	1,615 afy	Continuous



**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>GARY S. JENSEN - MAYOR</u> Applicant Printed Name - Title	<u></u> Applicant Signature	<u>11/18/2014</u> (Date)
<u>GARY JENSEN</u> Water Right Holder Printed Name	<u></u> Water Right Holder Signature	<u>11/18/2014</u> (Date)
<u>GARY JENSEN</u> Land Owner of Existing Place of Use Printed Name	<u></u> Land Owner of Existing Place of Use Signature	<u>11/18/2014</u> (Date)
<u>GARY JENSEN</u> Land Owner of Proposed Place of Use Printed Name	<u></u> Land Owner of Proposed Place of Use Signature	<u>11/18/2014</u> (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 - 160th 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

**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:** \_\_\_\_/\_\_\_\_/\_\_\_\_