



**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. <u>Dist Permit</u>	FEE \$ <u>50.00</u>
DATE ACCEPTED <u>11/19/14</u>	BY <u>DL</u>
CHANGE NO. <u>CG1-#838990</u>	
COUNTY <u>Whatcom</u>	WRIA <u>1</u>
SPECIAL AREA	<u>2/28/55</u>
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 <u>City of Ferndale</u>	PHONE NO. <u>360-384-4006</u>	FAX NO.
ADDRESS <u>2095 Main Street, PO Box 936</u>		
CITY <u>Ferndale</u>	STATE <u>WA</u>	ZIP CODE <u>98248</u>
CONTACT (IF DIFFERENT FROM ABOVE) <u>Mike Olinger</u>	PHONE NO. <u>360-384-4607</u>	FAX NO.
ADDRESS <u>2095 Main Street, PO Box 936</u>		
CITY <u>Ferndale</u>	STATE <u>WA</u>	ZIP CODE <u>98248</u>
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>City of Ferndale</u>	PHONE NO. <u>360-384-4607</u>	FAX NO.
ADDRESS <u>2095 Main Street, PO Box 936</u>		
CITY <u>Ferndale</u>	STATE <u>WA</u>	ZIP CODE <u>98248</u>

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G1-*03899C Certificate No. 3058	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 #
Shop Well	PW-1	SW	SE	19	39N	2E	390219409029	AMF090

### 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	870 gpm	440 afy	Continuous

### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal Water Supply	870 gpm	440 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>[Signature]</u> Applicant Signature	<u>11/18/2014</u> (Date)
<u>GARY JENSEN</u> Water Right Holder Printed Name	<u>[Signature]</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>[Signature]</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>[Signature]</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><b>*Submit your application to:</b></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 <sup>th</sup> 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_