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DEPT. OF ECOLOGY

For Ecology Use
Fee Paid $50.00
Date 2/21/07 MS

State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name: City of Blaine Home Tel:(____)____-____

Mailing Address 1200 Yew Work Tel:(360) 332 - 8820

City: Blaine State WA Zip+4 98230-9261 FAX:(360) 332 - 7124

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name: Robert Petersen Home Tel:(____)____-____

Mailing Address: 1200 Yew Work Tel:(360) 332 - 8820

City: Blaine State WA Zip+4 98230-9261 FAX:(360) 332 - 7124

Relationship to applicant: Assistant Public Works Director

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 1,100 (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of Municipal Supply. **ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE.** (See instructions.) *NOTE: A tax parcel number or a plat number is not sufficient.*

City of Blaine, Birch Bay Water & Sewer District, and Bell Bay Jackson Water Association water service areas. See attached map.

Estimate a maximum annual quantity to be used in acre-feet per year: 850

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ___/___/___ to ___/___/___

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: ____	A permit is desired for 6 well(s).
Source flows into (name of body of water):	Size & depth of well(s): **To be determined**

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
		8	40 North	1 East	Whatcom			

For Ecology Use Date Received: 2/21/07 Priority Date: 2/21/07

SEPA: Exempt/Not Exempt FERC License # ____ Dept. Of Health # ____

Date Accepted As Complete ____ By ____ Date Returned ____ By ____ WRIA: 1

ECY 040-1-14 **APPLICATION**
Rev. 7/97 ** f

Appl. No.: G1-28483

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: City of Blaine Water System, ID No 07300U

B. Briefly describe your proposed water system. (See instructions.)
Municipal water supply for City of Blaine, Birch Bay Water & Sewer District, and Bell Bay Jackson Water Association water service areas

C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
PROVIDE DOCUMENTATION.
See attached water right summary data table. This application is for water rights in addition to water right applications, permits, certificates, and claims listed on the attached table.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

A. Number of "connections" requested: 4,700 Type of connection Municipal and residential
(Homes, Apartment, Recreational, etc.)

B. Are you within the area of an approved water system? ☒ YES ☐ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*
Water to be used in the City of Blaine, Birch Bay Water & Sewer District, and Bell Bay Jackson service areas (see attached map).

Complete C. and D. only if the proposed water system will have fifteen or more connections.

C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☒ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
The City is in the process of updating their current water system plan.

D. Do you have an approved conservation plan? ☒ YES ☐ NO
If yes, when was it approved? 1995 Please attach the current approved version of your plan.
The City has an internal water conservation plan (see attached copy).

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
(Complete for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: _____

B. List total number of acres for other specified agricultural uses:
Use_____ Acres_____
Use_____ Acres_____
Use_____ Acres_____

C. Total number of acres to be covered by this application: _____

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
Add up 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;
- ‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 6000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
   If yes, enter permit no:_____

E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

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

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 apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.
I-5N to Exit 274, L on Peace Portal Drive to bridge over Dakota Creek. Approximate center of Section 8 about 0.5 miles Dakota Creek upstream from bridge. See attached map.

Section 10. REQUIRED MAP

A. Attach a map of the project. (**See instructions.**)
See attached map of project area.

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☐ YES ☒ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):
The water will be used within the City of Blaine's, Birch Bay Water & Sewer District's, and Bell Bay Jackson Water Association's respective water service areas.

B. Does the applicant own the land on which the water source is located? ☐ YES ☒ NO
If no, submit a copy of agreement:
The precise locations of wells have not been determined at this time. Exact locations and property ownership issues will be addressed prior to requesting a Permission to Drill and Test letter from the Washington State Department of Ecology.

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 grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative) — Date: 2007-01-30

-SAME-
Landowner for place of use (if same as applicant, write "same") — Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ *(date).*	

Ecology staff_____ Date_____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

APPLICATION