For Ecology Use
(Date Stamp)
DEPT. OF ECOLOGY
MAY 12 2011

DEPARTMENT OF ECOLOGY
State of Washington

Water Resources Program
Application for a Water Right Permit

11 MAY 12 A9:25

☐ SURFACE WATER ☒ GROUND WATER ☒ PERMANENT

DEPT. OF ECOLOGY
FISCAL & BUDGET

☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

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

Section 1. APPLICANT

Applicant/Business Name: **Steve Banham/City of Blaine**	Phone No: **360-332-8820**	Other No:
Address: **1200 Yew**		
City: **Blaine**	State: **WA**	Zip: **98230-9261**
Email Address (optional): **SBANHAM@cityofblaine.com**		

Contact Name (if different from above):	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:	Phone No:	Other No:
Address:		
City:	State:	Zip:
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: **Municipal water supply for the City of Blaine, Birch Bay Water & Sewer District, and Bell Bay Jackson Water Association service areas**

Anticipated length of time to complete your project: **50 years**

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) ☐ Cubic Feet per Second (CFS) ☒ Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Municipal	**1,100**	**850**	**Continuously**
TOTAL:	**1,100**	**850**	

For Ecology Use	
	APPLICATION NO: G1-28692 SEPA: Exempt/Not Exempt
	Fee Paid: 50- Check No: 23206 ECY Coding: 001-001-WR1-0285-000011
Date Returned ____ By ____	Priority Date 5/12/11 By DR WRIA: 1

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
☐ Spring ☐ Creek ☐ River ☐ Lake ☐ Other:_____ Source Name:_____ Tributary to:_____ Number of proposed diversion points:_____ Do you have an existing diversion? ☐ YES ☐ NO	☒Well(s) ☐ Other:_____ _____ Well diameter & depth: **to be determined** Number of proposed points of withdrawal: **6** Do you have an existing well? ☐ YES ☒ NO If available, attach Water Well Report and pump test. Well Tag ID No._____

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
			1	**40N**	**1E**	**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.	¼	¼	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.

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
Provide the owner name(s), address, and phone number: **Precise locations of 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 Department of Ecology.**

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.

City of Blaine, Birch Bay Water & Sewer District, and Bell Bay Jackson Water Association service areas (see attached map).

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¼	¼	Section	Twp.	Range	County	Parcel No.

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: **City of Blaine, Birch Bay Water & Sewer District, and Bell Bay Jackson Water Association service areas.**

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: **see attached table of water rights**

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): **The City of Blaine, Birch Bay Water & Sewer District, and Bell Bay Jackson Water Association provide municipal and residential water to over 4,700 connections from 13 production wells. Details of the City's water system distribution system are presented in their approved Comprehensive Water System Plan.**

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	**B.) Municipal Water Systems only** *(defined under RCW 90.03.015)*
Projected number of connections to be served: _____	Present population to be served water: **13,855**
Type of connections: _____ *(e.g., home, recreational cabin)*	Estimate future population to be served: **18,660** (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 **03/30/2010** Water System Number: **07300U**

Name of water system: **City of Blaine**

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: _____

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Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = **0** ACRES
NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock **None**

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

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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: **Several water storage tanks are part of the City's distribution system. The City's water distribution system and storage tanks are described in detail in the City's approved Comprehensive Water System Plan.**

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: **See attached map**

Site Address:

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
Stephen R. Banham	S. R. B	4/21/11
Print Name (Legal Owner or Part Owner Place of Use)	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:

***Submit your application to:**		
DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	☐ Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	☐ Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	☒ Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	☐ Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

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