



Water Resources Program Application for a Water Right Permit

For Ecology Use
(Date Stamp)

MAY 13 2011

SURFACE WATER GROUND WATER PERMANENT

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: <u>Lummi Rock LLC</u>	Phone No: <u>360-966-3641</u>	Other No: <u>EXT # 107</u>
Address: <u>PO BOX 577</u>		
City: <u>SUMAS</u>	State: <u>WA</u>	Zip: <u>98295-0577</u>
Email Address (optional): <u>MVAUGHN@AGGWEST.COM</u>		

Contact Name (if different from above): <u>MATTHEW VAUGHN</u>	Phone No: <u>EXT. 107</u> <u>360-966-3641</u>	Other No: <u>360-410-6268</u>
Relationship to Applicant: <u>GENERAL MANAGER</u>		
Address: <u>PO BOX 577</u>		
City: <u>SUMAS</u>	State: <u>WA</u>	Zip: <u>98295-0577</u>
Email Address (optional): <u>MVAUGHN@AGGWEST.COM</u>		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: <u>Lummi Rock LLC</u>	Phone No: <u>360-966-3641</u>	Other No:
Address: <u>PO BOX 577</u>		
City: <u>SUMAS</u>	State: <u>WA</u>	Zip: <u>98295-0577</u>
Email Address (optional):		

Section 2. STATEMENT OF INTENT

SI-28703 5/13/11

Briefly describe the purpose of your proposed project: DRAW SURFACE WATER FROM STREAM AND TO PROVIDE DUST CONTROL OPERATIONS ON LUMMI ISLAND DURING SUMMER OR DRY SEASONS

Anticipated length of time to complete your project: ON-GOING

6 gpm
OR 0.013 cfs WHEN NEEDED
ESTIMATE USE

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

DUST SUPPRESSION - WHEN USED (SUMMER & DRY SEASON) APPROX 3,000 GAL PER DAY.

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
<input type="checkbox"/> Spring <input checked="" type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: <u>NO NAME - RAIN RUN OFF</u> Source Name: <u>NOVE</u> Tributary to: <u>RUN-OFF TO HALE'S PASSAGE</u> Number of proposed diversion points: <u>1</u> Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____ Well diameter & depth: _____ Number of proposed points of withdrawal: _____ Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> 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
<u>3701241910840000</u>	<u>SW</u>	<u>¼</u>	<u>24</u>	<u>37N</u>	<u>1E</u>	<u>WHATCOM</u>
Lot(s)	Block(s)		Subdivision			
<u>60FT LOT 2/3</u>	<u>—</u>		<u>SMUGGLER'S COVE</u>			

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: _____

Section 4. PLACE OF USE

SAME AS POINT OF DIVERSION

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.

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: _____

N/A

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: _____

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):

1" DIAMETER HOSE DRAWS WATER FROM RUNOFF CREEK AND FEEDS A 12000 GALLON STORAGE TANK VIA GRAVITY WHICH IN TURN SUPPLIES WATER TO PRODUCTION AREA USING GRAVITY AND 1" DIAMETER HOSE SPRAY BARS ARE USED AT CRITICAL POINTS OF DUST CONTROL. THE SYSTEM IS USED AS NEEDED IN SUMMER OR DRY SEASONS

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: _____ / _____	Present population to be served water: _____ N/A _____
Type of connections: WATER TANK FOR DUST SUPPLY <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (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 ____ / ____ / ____ Water System Number: _____

Name of water system: N/A

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: WATER SYSTEM BELONGS TO SCENIC ESTATES AND IS USED FOR PLEASURE PURPOSES - WE ONLY NEED NONPERMANENT DUST CONTROL

Stockwater ← N/A

WATER STORAGE: List number and kind of stock: WE HAVE A HOLDING TANK THAT IS GRAVITY FED WHICH THEN SUPPLIES WATER TO THE PRODUCTION AREA FOR DUST CONTROL AS NEEDED. THE TANK IS A 12,000 GAL HOLDING TANK

Is the proposed project for a dairy farm? YES NO

Other Proposed Farm Uses

Describe all proposed uses: NONE

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 N/A

Do you have a controlling interest in a Family Farm Development Permit? YES NO

If yes, enter Permit No: N/A

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head N/A and proposed capacity in kilowatts: _____

Describe works: N/A

Indicate all uses to which power is to be applied: _____

FERC License No: N/A

Mining/Industrial Use

Describe use, method of supplying and utilizing water: WATER IS FED TO A STORAGE TANK THAT THROUGH GRAVITY THEN FEEDS SPRAY NOZZLES ON CRUSHERS TO PROVIDE DUST CONTROL AS NEEDED

Other Use

DUST CONTROL ONLY

Section 9. WATER STORAGE SEE DESCRIPTION LISTED ABOVE "STOCKWATER"

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: LUMMI FERRY TO LUMMI ISLAND.
SOUTH ON DOBERT. THE DOBERT IS LOCATED AT THE
SOUTHEAST END OF LUMMI ISLAND

Site Address: 1 SMUGGLERS COVE, LUMMI ISLAND, WHATCOM COUNTY

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.

MATHEW VAXLAW
 Print Name
 (Applicant or authorized representative)

[Signature]
 Signature

5-5-11
 Date

DAVID GRANINGER
 Print Name
 (Legal Owner or Part Owner Place of Use)

[Signature]
 Signature

5-5-11
 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:

<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 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

