



Water Resources Program Application for a Water Right Permit

For Ecology Use
(Date Stamp)

11 JUL 29 P2:48

SURFACE WATER GROUND WATER PERMANENT

TEMPORARY SHORT TERM DROUGHT

DEPT. OF ECOLOGY
FISCAL & BUDGET

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: Kingsbury Farm	Phone No:	Other No:
Address: 5121 Rock Road		
City: Sumas	State: WA	Zip: 98295
Email Address (optional):		

Contact Name (if different from above): Henry Bierlink	Phone No: 360.354.1337	Other No:
Relationship to Applicant: Consultant		
Address: 1796 Front Street		
City: Lynden	State: WA	Zip: 98264
Email Address (optional): hbierlink@wcfarmfriends.com		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: MARY C GREENFIELD	Phone No: 718-965-2463	Other No:
Address: 356 FOURTH Street		
City: BROOKLYN	State: NY	Zip: 11215-2805
Email Address (optional): mary.greenfield@yale.edu		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: crop irrigation, stockwater, frost protection

Anticipated length of time to complete your project: 1 year

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)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
irrigation	300		97.5	seasonal
Stockwatering (dairy)	10			continuously
Frost protection	300		4	seasonal
Domestic	5			continuously
TOTAL:	315		101.5	

For Ecology Use	APPLICATION NO: <u>61-28711</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>50-</u> Check No: <u>12209</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <u>7/29/11</u> By <u>DW</u> WRIA: <u>1</u>

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)

<p>A.) If Surface Water Source</p> <p><input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake</p> <p><input type="checkbox"/> Other: _____</p> <p>Source Name: _____</p> <p>Tributary to: _____</p> <p>Number of proposed diversion points: _____</p> <p>Do you have an existing diversion? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>B.) If Ground Water Source</p> <p><input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____</p> <p>_____</p> <p>Well diameter & depth: 12" 70 feet</p> <p>Number of proposed points of withdrawal: 1</p> <p>Do you have an existing well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If available, attach Water Well Report and pump test.</p> <p>Well Tag ID No. _____</p>
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C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
4005062463630000			06	40N	5E	Whatcom
Lot(s)	Block(s)		Subdivision			
<p>If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:</p> <p><u>330</u> Feet (<input type="checkbox"/> North/<input checked="" type="checkbox"/> South) and <u>2,650</u> feet (<input checked="" type="checkbox"/> East/<input type="checkbox"/> West)</p> <p>from the (<input checked="" type="checkbox"/>NW <input type="checkbox"/>SW <input type="checkbox"/>NE <input type="checkbox"/>SE <input type="checkbox"/>____) corner of Section <u>06</u>.</p>						
Parcel No.	¼	¼	Section	Township	Range	County
4005062463630000			06	40N	5E	Whatcom
Lot(s)	Block(s)		Subdivision			
<p>If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:</p> <p>_____ feet (<input type="checkbox"/> North/<input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/<input type="checkbox"/> West)</p> <p>from the (<input type="checkbox"/>NW <input type="checkbox"/>SW <input type="checkbox"/>NE <input type="checkbox"/>SE <input type="checkbox"/>____) corner of Section _____</p>						

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

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.

W 6 ACRES OF GOVT LOT 2-E 8 ACRES OF GOVT LOT 3-SE NW-EXC W 4 CHAINS OF N 5 CHAINS THEREOF-W 14 ACRES OF SW NE-BEG ABOUT 20 RODS 2 FT W OF NE COR OF GOVT LOT 3-TH S 64 RODS-TH W 24 RODS 16 FT-

Map attached

For Ecology Use	<p>APPLICATION NO: _____ SEPA: Exempt/Not Exempt</p> <p>Fee Paid: _____ Check No: _____ ECY Coding: 001-001-WR1-0285-000011</p>
Date Returned _____	By _____ Priority Date _____ By _____ WRIA: _____

¼	¼	Section	Twp.	Range	County	Parcel No.
		06	40N	5E	Whatcom	4005062463630000

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: _____

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): 30 hp electric pump, 6" mainline, overhead traveling sprinkler

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION
(Complete A or B, and C below)

<p>A.) Domestic Water Systems only</p> <p>Projected number of connections to be served: <u>1</u></p> <p>Type of connections: <u>home</u> <i>(e.g., home, recreational cabin)</i></p>	<p>B.) Municipal Water Systems only <i>(defined under RCW 90.03.015)</i></p> <p>Present population to be served water: _____</p> <p>Estimate future population to be served: _____ (20 year projection)</p>
<p>C.) Water System Planning</p> <p>Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, date plan was approved ____/____/____ Water System Number: _____</p> <p>Name of water system: _____</p> <p>Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, explain why you are unable to connect to the system: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = 65 ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: 360 dairy animals

Is the proposed project for a dairy farm? YES NO

Other Proposed Farm Uses

Describe all proposed uses: land currently associated with a neighboring dairy, other crop irrigation is anticipated in the future. Frost protection is also desired.

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

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: _____

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: from intersection of State Highway 9 and Front Street/Rock Road in Sumas, 2.5 miles east to 5121 Rock Road.

Site Address: 5121 Rock Road, Sumas, WA 98295

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.

Mary C. Greenfield Signature 7/26/2011 Date
 Print Name
 (Applicant or authorized representative)

Mary C. Greenfield Signature 7/26/2011 Date
 Print Name
 (Legal Owner or Part Owner Place of Use)

 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: 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

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

