



For Ecology Use
(Date Stamp)



Water Resources Program
Request for Determination of Water Budget Neutrality

SURFACE WATER GROUND WATER

Section 1. APPLICANT		
Applicant/Business Name: MVO LLC, a Washington limited liability company	Phone No: (253) 606-1071	Other No:
Address: 6622 112th St. East		
City: Puyallup	State: WA	Zip: 98373
Email Address (optional): steveoobe@comcast.net		

Contact Name (if different from above): Traci Shallbetter	Phone No: (509) 260-0037	Other No:
Relationship to Applicant: Attorney for Trust Water Right Holder/Agent for Applicant		
Address: 3201 Airport Road		
City: Cle Elum	State: WA	Zip: 98922
Email Address (optional): traci@shallbetterlaw.com		

Section 2. STATEMENT OF INTENT
Briefly describe the purpose of your proposed project: _____ The applicant proposes to construct a single family residence on the subject property and seeks to obtain a determination of water budget neutrality to enable use of 350 gpd, plus seasonal irrigation, from an existing well. _____ _____
Anticipated length of time to complete your project: <u>15+ years</u>

For Ecology Use	APPLICATION NO: <u>64-35704</u> SEPA: Exempt/Not Exempt
	Fee Paid: <u>0</u> Check No: <u>0</u> ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____ Priority Date <u>06-19-2014</u> By <u>[Signature]</u> WRIA <u>39</u> <u>KITT</u>

Water Use: List all proposed uses and the quantity required for each.

Single-family residential use (350 gpd)
with 500 square feet of irrigation

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 type="checkbox"/> Gallons per Minute (GPM)		
Indoor residential		0.392	continuous
Outdoor irrigation		0.022	seasonal
TOTAL:		0.414	

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source

Spring Creek River Lake
 Other: _____
 Source Name: _____
 Tributary to: _____
 Number of proposed diversion points: _____
 Do you have an existing diversion? YES NO

B.) If Ground Water Source

Do you have an existing well? YES NO
 Well(s) Other: _____
 Existing well diameter & depth: _____
 If available, attach Water Well Report and pump test.
 Well Tag ID No. ALF 420
 Number of proposed points of withdrawal: 1

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
17665			22	20N	15E	Kittitas
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 one point of diversion/withdrawal, attach additional information on a separate sheet of paper.

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 4. WATER SYSTEM INFORMATION Complete A <u>or</u> B, C, D, E and F 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: <u>1</u> (as part of Group B system)	Present population to be served water: _____
Type of connections: <u>Single family residence</u> <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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved <u>06 / 02 / 2008</u> Water System Number: <u>PWS ID AC0499</u>	
Name of water system: <u>Vistas at Cle Elum</u>	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____ _____ _____ _____ _____ _____	
D.) On-Site Septic	
Will there be an on-site septic system? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please provide a copy of the property covenant that restricts or prohibits trees or shrubs over the septic drain field. <u>Included.</u>	
E.) Sanitary Sewer System	
Will domestic wastewater be discharged to a sanitary sewer system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, please provide a copy of the sewer utility agreement that serves the proposed project.	
F.) Irrigation	
Total number of acres requested to be irrigated under this application = <u>500 sf</u> Acres	
NOTE: Outline the area to be irrigated on your attached map.	

Section 5. MITIGATION

To receive a new water right under Chapter 173-539A WAC, the applicant must identify an existing trust water right or pending application to place a water right in trust. The trust water right(s) must:

- Contribute an equal or greater amount to Yakima River flow during the irrigation season, as measured at Parker.
- Have a priority date earlier than May 10, 1905.
- Be eligible to be used for instream flow protection and mitigation of out-of-priority uses.

A) Existing Trust Water Right

Please identify existing trust water right(s) for use as mitigation.

Water Right No.	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Priority Date
	<input checked="" type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
CS4-YRB03CC2255(A)CTCL@2	0.286 cfs		24.20	June 30, 1890
CS4-YRB03CC2255(B)CTCL@2	0.067 cfs		3.38	June 30, 1890
CS4-YRB03CC2255(C)CTCL@2	0.056 cfs		2.84	June 30, 1890
TOTAL:			30.42 AF/yr	

B) Proposed Trust Water Right Application

Please identify the pending application(s) to place a water right(s) into trust for use as mitigation.

Water Right No.	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Priority Date
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
TOTAL:				

Section 6. 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.

Parcel 7 of that certain Survey as recorded July 2, 2002, in Book 27 of Surveys, pages 205 and 206, under Auditor's File No. 200207020003, records of Kittitas County, Washington; being a portion of the Northeast Quarter of Section 22, Township 20 North, Range 15 East, W.M., in the County of Kittitas, State of Washington

¼	¼	Section	Twp.	Range	County	Parcel No.
NE		22	20N	15E	Kittitas	17655

Section 7. 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 request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsible for the accuracy of the information provided.

TRACI SHALLBETTER, Esq.

Print Name
(Applicant or authorized representative)

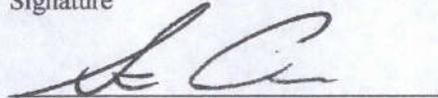


Signature

6/16/14
Date

Steve Olson

Print Name
(Land Owner, if seeking to use the ground water exemption)



Signature

6-16-14
Date

MVO LLC
By Steve Olson, Member

Submit this form to:

DEPARTMENT OF ECOLOGY
WATER RESOURCES PROGRAM
CENTRAL REGIONAL OFFICE
15 W. YAKIMA AVE, SUITE 200
YAKIMA, WA 98902-3452

Attachments:

- Parcel Info
- Vicinity Map
- Restrictive Covenant
- Public Health Approval
- Mitigation Contract with SwiftWater Ranch