



## Water Resources Program Request for Determination of Water Budget Neutrality

SURFACE WATER       GROUND WATER

Please ensure that the form is completely filled out.  
Incomplete forms will lead to longer processing times, and may be rejected.

Section 1. APPLICANT		
Applicant/Business Name: Sharon Hart	Phone No:	Other No:
Address: 975 Lake Front Road		
City: Lake Oswego	State: OR	Zip: 97034
Email Address (optional): norahs97@aol.com		

Contact Name (if different from above): Jessica Kuchan	Phone No: 206-838-7650	Other No:
Relationship to Applicant: Attorney for Seller of Mitigation Water		
Address: 315 Fifth Ave S., Ste 1000		
City: Seattle	State: WA	Zip: 98104
Email Address (optional): Kuchan@mentorlaw.com		

Section 2. STATEMENT OF INTENT
Briefly describe the purpose of your proposed project: <u>To drill a new well for a residence.</u>
Anticipated length of time to complete your project: Is this for an existing use, established prior to July 16, 2009? ___ Yes ___ <b>X</b> No If yes, when was the water first regularly and beneficially used? _____

For Ecology Use	APPLICATION NO: <u>64-35748</u> SEPA: Exempt/Not Exempt
	Fee Paid: <u>  </u> Check No: <u>  </u> ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____ Priority Date <u>03-06-2015</u> By <u>  </u> WRIA: _____

**Water Use:** List all proposed uses and the quantity required for each. (For example: domestic, group domestic, lawn or commercial garden, municipal water supply, stock watering or industrial.)

Purpose(s) of Use	Rate (check one box only)		Total Water Use* in 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)		
Domestic	TBD		0.392/ 0.118 (CU)	Continuously
Irrigation	TBD		0.022/ 0.019 (CU)	Seasonal
<b>TOTAL:</b>	TBD		0.414 0.137 (CU)	

**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. \_\_\_\_\_  
 Number of proposed points of withdrawal: 1

**C.) Point of Diversion/Withdrawal – Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
665634			6	19N	15E	Kittitas
Lot(s)	Block(s)		Subdivision			

39  
KITT

If available, GPS (Global Positioning System) device location:

Latitude: \_\_\_\_\_ N    Longitude: \_\_\_\_\_ W

Datum and units (for example NAD83 and decimal degrees, etc): \_\_\_\_\_ (required for all GPS locations)

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. A map identifying the well location within the parcel is required for all existing wells proposed for use under this request (see below).*

**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. Please ensure that the well location and parcel number listed in Section 3 matches the well location on the site map and on the well log. If there are any differences please provide an explanation on a separate sheet of paper. Unclear well locations may cause delays in processing the request.**

#### Section 4. WATER SYSTEM INFORMATION

Complete A or 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> _____  Type of connections: Residential _____ <i>(e.g., home, recreational cabin)</i>	Present population to be served water: _____  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: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D.) On-Site Septic**

Will there be an on-site septic system?  YES  NO

If yes, please provide a copy of the property covenant that restricts or prohibits trees or shrubs over the septic drain field.

**E.) Sanitary Sewer System**

Will domestic wastewater be discharged to a sanitary sewer system?  YES  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 = 0.011 Acres  
NOTE: Outline the area to be irrigated on your attached map. (1 acre = 43,560 square feet)

**Section 5. MITIGATION**

To request a determination of Water Budget Neutrality 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)		
No. 5259	0.5 cfs	64.57	Oct 30, 1884
		<b>TOTAL:</b>	<b>64.57</b>

**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)		
		<b>TOTAL:</b>	

