



For Ecology Use
(Date Stamp)



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: Donald L. & Karen K. Bosnick	253-265-3381	253-830-4114
P.O. Box 1177		
Gig Harbor	WA	98335
donb@bosnickroofing.com		

Contact Name (if different from above): Suzanne Blakeney Project Manager, Washington Water Trust	Phone No: 509.929.2822	Other No: 509.925.5601
Relationship to Applicant: Consultant to the Estate of Harry Masterson		
Address: 103 East 4 th Avenue, Ste 203		
City: Ellensburg	State: WA	Zip: 98926
Email Address (optional): suzanne@washingtonwatertrust.org		

Section 2. STATEMENT OF INTENT
Briefly describe the purpose of your proposed project: <u>domestic residential 350 gpd & 500 sq ft garden area</u>
Anticipated length of time to complete your project: 10 yrs _____
Is this for an existing use, established prior to July 16, 2009? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when was the water first regularly and beneficially used? <u>September, 2001</u>

For Ecology Use	APPLICATION NO: <u>64-35758</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>05-04-2015</u> By <u>○</u> WRIA: <u>39 KITT</u>

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 indoor	35	0.392 AFY	Continuous
outdoor	35	0.022 AFY	seasonal
TOTAL:		0.414 AFY	

*Total water use is the total quantity of water required for each use. (1 acre-foot = 325,851 gallons). For example calculations, located at:
<http://www.ecy.wa.gov/programs/wr/cro/wtrxchg.html>

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: 260 ft - 10'6" dia
 If available, attach Water Well Report and pump test.
 Well Tag ID No. AFH675
 Number of proposed points of withdrawal: one

C.) Point of Diversion/Withdrawal - Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
949675	SW		7	21N	13EWM	Kittitas County, WA
Lot(s)	Block(s)		Subdivision			
Lot 6A			Snider Short Plat SP 05-61			

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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: one _____	Present population to be served water: _____
Type of connections: <u>home</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? YES x 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 x 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? x 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? x 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 or 500 _____ square feet

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)		
CS4-01467@11sb3a(A)	0.325	36.77 afy	June 30, 1883
TOTAL:		36.77 afy	

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:			

C) Quantity of Trust Water Right(s) listed in Section 5 (A) and (B) Acquired for Mitigation

Please list the specific quantity in AFY of Trust Water Right(s) listed in Sections 5(A & B) that have been

ECY 070-371 (Revised 07/2011) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872.

Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

acquired to offset consumptive use associated with this proposed new use of groundwater: 0.137 AFY
 Note: You may wish to refer to the online water use calculator for example consumptive use calculations:
<http://www.ecy.wa.gov/programs/wr/cro/wtrxchg.html>
 Additional information regarding consumptive use can be found in Chapter 173-539(A)-050(3) WAC.

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.

Lot 6A of Snider Short Plat No. SP 05-61, recorded November 10, 2005, in Book H of Short Plats at Pages 147-148, under recording No. 200511100050, being a portion of the Southwest quarter of Section 7, Township 21 North, Range 13 East, W.M., records of Kittitas County, WA

¼	¼	Section	Twp.	Range	County	Parcel No.
SW		7	21N	13EW M	Kittitas	949675

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 responsibility for the accuracy of the information provided.

Donald L. Bosnick _____
 Print Name
 (Applicant or authorized representative)

4/20/15 
 Date Signature

Karen K. Bosnick _____
 Print Name
 (Land Owner, if seeking to use the ground water exemption)

Karen K. Bosnick
 Date 4-20-15 Signature

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