For Ecology Use
(Date Stamp)

DEPARTMENT OF
ECOLOGY
State of Washington

DEPT OF ECOLOGY
Received
JUN 22 2015
CENTRAL REGION OFFICE

Water Resources Program
Request for Determination of Water Budget Neutrality

☐ SURFACE WATER X 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: RENEE LYNN PEARE	Phone No: 509-260-0545	Other No:
Address: P.O. Box 422		
City: Easton	State: Washington	Zip: 98925
Email Address (optional):		

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 4th 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: domestic residential 350 gpd & 500 sq. ft. garden area _

Anticipated length of time to complete your project: 10 years
Is this for an existing use, established prior to July 16, 2009? ___Yes __X_No
If yes, when was the water first regularly and beneficially used? _____

For Ecology Use	APPLICATION NO: 64-35767 SEPA: Exempt/Not Exempt Fee Paid: Ø Check No: Ø ECY Coding: 001-001-WR1-0285-000011
Date Returned _____ By _____	Priority Date 06-22-2015 By _____ WRIA: 39 KITT

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.)
domestic

Purpose(s) of Use	**Rate (check one box only)** ☐ Cubic Feet per Second (CFS) ☒ Gallons per Minute (GPM)	**Total Water Use* in Acre-Feet per Year** (AF/YR) (If known)	**Period of Use** (Continuously or Seasonal)
Domestic indoor	35	0.392 afy	Continual
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/wtrxchng.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 X 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:_____

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
952175	SW	NW	26 & 35	20N	16E WM	Kittitas

Lot(s)	Block(s)	Subdivision
4		Stevens Short Plat

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** *(defined under RCW 90.03.015)*
Projected number of connections to be served: one_____	Present population to be served water: _____
Type of connections: home *(e.g., home, recreational cabin)*	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) ☒ Cubic Feet per Second (CFS) ☐ Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
CS4-01467@11sb3a(A)	0.325	36.77 afy	June 30, 1883
	TOTAL:	36.77	

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) ☐ Cubic Feet per Second (CFS) ☐ Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
	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 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/wtrxchng.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 4, Stevens Short Plat, SP 06-50, recorded January 9, 2007, in Book 1 of short Plats, pages 101 & 102, recording No. 200701090031; being a portion of the SW ¼ of Sec. 26 and a portion of the NW ¼ of Sec. 35, all in TWP 20N, R 16E, WM, Kittitas County, Washington

¼	¼	Section	Twp.	Range	County	Parcel No.
		35	20N	16E,WM	Kittitas	952175

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.

Renee Lynn Peare

Print Name (Applicant or authorized representative) | Signature | Date

Peare

Print Name (Land Owner, if seeking to use the ground water exemption) | Signature | Date 6/15/15

Submit this form to:

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