

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: Floyd Walker & Jolene C. Haneca	425-8295629	Other No:
Address: 12504 N.E. 199 th Street		
City: Bothell	State: Washington	Zip: 98011
Email Address (optional): emailwalker@yahoo.com		

Contact Name (if different from above): Suzanne Blakeney Project Manager, Washington Water Trust	Phone No: 509.929.2822	Other No: <i>sb</i> 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: Domestic residential 350 gpm & 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: <u>64-35777</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>0</u>	Check No: <u>8</u>

08-03-2015 39 Kitt

Date Returned _____ By _____ Priority Date _____ By _____ 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.) Domestic & outdoor lawn or garden

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 type="checkbox"/> Gallons per Minute (GPM)		
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/wtrxchg.html>

Section 3. POINT OF DIVERSION OR WITHDRAWAL
 Complete A or B, and C below

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: _____ Tributary to: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have an existing well? X YES NO Well(s) <input type="checkbox"/> Other: _____ Existing well diameter & depth: 6" 275' If available, attach Water Well Report and pump test. Well Tag ID No. <u>APF 674</u> Number of proposed points of withdrawal: <u>One</u>

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
956961 951932 951928 sb	SE	SE	26	20N		Kittitas
Lot(s)	Block(s)		Subdivision			
Parcel 4 sb			Survey 6-16-2006			

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

Projected number of connections to be served:
one

Type of connections: Home
(e.g., home, recreational cabin)

B.) Municipal Water Systems only

(defined under RCW 90.03.015)

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 02/12/09 Water System Number: AC208K

Name of water system: St. Andrews

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 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	

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 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

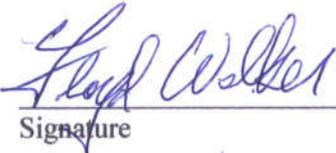
Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Parcel 8 of that certain Survey recorded June 16, 2006, in Book 32 of Surveys, Pages 205 through 212, under Auditor's File No. 202606160014, being a portion of the Southeast Quarter of Section 26 and the Northeast Quarter of Section 35, Township 20 North, Range 14 East, W.M., Kittitas County, Washington

¼	¼	Section	Twp.	Range	County	Parcel No.
SE		26 &	20N	14EW	Kittitas	956961 & 951932
NE		35		M		

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.

_____ Floyd Walker Print Name (Applicant or authorized representative)	 _____ Signature	_____ 7-29-15 Date
_____ Jolene C. Haneca Print Name (Land Owner, if seeking to use the ground water exemption)	 _____ Signature	_____ 7/24/15 Date

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