

Water Resources Program
Request for Determination of Water Budget Neutrality

SURFACE WATER GROUND WATER

Section 1. APPLICANT		
Applicant/Business Name: Joseph and Nita Stockwell	Phone No: (253) 265-6648	Other No:
Address: 6518 Ray Nash Drive NW		
City: Gig Harbor	State: WA	Zip: 98335
Email Address (optional): honker@centurytel.net		

Contact Name (if different from above): Traci Shallbetter, Esq.	Phone No: (509) 260-0037	Other No:
Relationship to Applicant: Attorney for SwiftWater Ranch Water Bank/Trust Water Right		
Address: 2497 200th Ave SE		
City: Sammamish	State: WA	Zip: 98075
Email Address (optional): traci@shallbetterlaw.com		

Section 2. STATEMENT OF INTENT
Briefly describe the purpose of your proposed project: <u>The applicant proposes to construct a single family residence on the subject property, utilizing up to 350 gallons per day for single family domestic use, and associated irrigation water for up to 500 square feet of lawn or garden.</u> <u>The applicant proposed to mitigate all new uses with water rights from the SwiftWater Ranch Water Bank, such that the total usage is water budget neutral.</u>
Anticipated length of time to complete your project: <u>15+ years</u>

For Ecology Use	APPLICATION NO: <u>64-35778</u> SEPA: Exempt/Not Exempt
	Fee Paid: <u>8</u> Check No: <u>8</u> ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____ Priority Date <u>08-06-2015</u> By <u>OK</u> WRIA: <u>39 Kittitas</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) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Indoor residential	<25 gpm	0.392	continuous
Outdoor irrigation	<25 gpm	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	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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: Group B _____ Vistas at Cle Elum, PWS ACO499 Existing well diameter & depth: 8" 580 ft If available, attach Water Well Report and pump test. Well Tag ID No. ALF420 Number of proposed points of withdrawal: 1 of 9

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
853034	NE		22	20N	15E	Kittitas
Lot(s)	Block(s)		Subdivision			
Lot 1 of Survey as recorded July 2, 2002, in Book 27 of Surveys, pages 205 and 206, under Auditor's File No. 200207020003.						
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ Feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) 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 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> _____	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 / 04 / 2008</u> Water System Number: <u>PWSID ACO499</u>	
Name of water system: <u>Vistas At Cle Elum</u>	
Are you within the service area of an existing water system? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____ <u>Proposing to connect to existing Group B System for the Vistas At Cle Elum once we purchase mitigation</u> <u>water from SwiftWater Ranch Water Bank to enable water budget neutrality.</u> _____ _____ _____ _____	
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

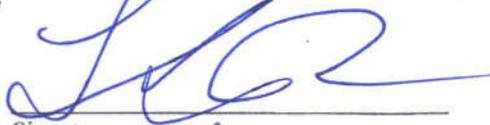
Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Parcel 4 of that certain Survey as recorded February 3, 2003 in Book 28 of Surveys, pages 177 and 178, under Auditor's File Number 200302030013, 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	17662

Section 7. REQUIRED SIGNATURES

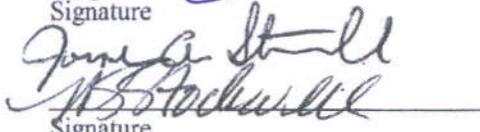
I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department 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

7/27/15
Date

JOSEPH AND NITA STOCKWELL
Print Name
(Land Owner, if seeking to use the ground water exemption)


Signature

7/27/15
Date

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

- Attachments:
Legal Description
Vicinity Map
Restrictive Covenant
Water System Approval for Vistas at Lake Cle Elum
Water Facilities Inventory Form
Mitigation Contract with SwiftWater Ranch