



Application for a Water Right Permit

For Ecology Use
(Date Stamp)



50.00
ck # 3276
10/6/15
VR2

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION FOR THE FOLLOWING:

- GROUND WATER SURFACE WATER PERMANENT
 SHORT TERM TEMPORARY

NO FEE REQUIRED FOR THE FOLLOWING:

- DROUGHT COST REIMBURSEMENT

Follow the attached instructions. Attach additional sheets as necessary.

Section 1. APPLICANT

- I have participated in a pre-application conference with Ecology.

Applicant/Business Name: Kittitas County		Phone No: 509-962-7508	Other No:
Address: 205 W 5 th Avenue			
City: Ellensburg		State: WA	Zip: 98926
Email Address (if available):			

Contact Name (if different from above): Paul Jewell		Phone No: 509-962-7508	Other No:
Relationship to Applicant: County Commissioner			
Address: 205 W 5 th Avenue Suite 108			
City: Ellensburg		State: WA	Zip: 98926
Email Address (if available): paul.jewell@co.kittitas.wa.us			

Legal Land Owner or Part Owner Name of the Proposed Place of Use: TBD (see attached Exhibit A for map of potential locations as projected by County planning staff)		Phone No:	Other No:
Address:			
City:		State:	Zip:
Email Address (if available):			

For Ecology Use	APPLICATION NO: <u>64-35799</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>50.00</u> Check No: <u>3276</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>10-06-2015</u> By <u>[Signature]</u> WRIA: <u>39 KITTITAS</u>
Pre-application interviewer:		

Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located? YES NO
 If no, do you have legal authority to make this application for use of another's land? YES NO

Briefly describe the purpose of your proposed project: Provide groundwater mitigation certificates to applicants to Kittitas County water bank. Appropriation will be from Trust Water Rights held by Ecology in which Kittitas County holds a beneficial interest: (Williams Trust Water Right, Amerivest Trust Water Right, Roth Trust Water Right and Clennon Trust Water Right)

Anticipated length of time to compete your project: 10 years

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		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)		
<p>Multiple single domestic uses of the following types:</p> <p>Package A: Indoor use only, limited to 275 gallons per day annual average withdrawal.</p> <p>Package A is mandatory for any parcel which has access to irrigation water. This package does allow some incidental outdoor water use for washing windows, washing cars, etc.</p> <p>Package B: Indoor use, limited to 275 gallons per day annual withdrawal, and up to 500 square feet of outdoor use, limited to 25 gallons per day annual withdrawal, for total maximum 300 gallons per day annual withdrawal. Package B is mandatory for any parcel which does not have access to irrigation water.</p>	<p>Proposal requests authorization for up to 262 package A residential connections (@ 275 gpd per connection) and up to 205 package B residential connections (@ 300 gpd per connection).</p>		<p>Up to 149.6 AF/Y (52.5 AF/Y CU)</p>	<p>Year round</p>
TOTAL:	Up to 92.682 gpm		Up to 149.6	

		AF/Y (52.5 AF/Y CU)
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Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? YES NO

Is this request for a temporary permit? YES NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

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	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____ Well diameter & depth: <u>Varies</u> Number of proposed points of withdrawal: <u>Up to 467</u> Do you have an existing well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. _____

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
TBD (all within the existing green zones of the Williams, Amerivest, and Roth/Clennon water banks, maps of which are attached as Exhibit B)						Kittitas
Lot(s)	Block(s)		Subdivision			

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_____.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

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 two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Section 4. 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.

Within the existing "green zones" of the Williams water bank, Amerivest water bank, and Roth-Clennon water banks, maps of which are attached as Exhibit B.

¼	¼	Section	Twp.	Range	County	Parcel No.

Do you own all the lands on which the proposed place of use is located? YES NO.

If no, do you have legal authority to make this application for use of another's land? YES NO

Provide owner name(s), address, and phone number: This application is to authorize new domestic groundwater uses mitigated by trust water rights for building permit applicants from Kittitas County by landowners who are required to seek a water budget neutral determination under the Kittitas County Code. Owners names and parcel numbers will be provided in accordance with reporting to Ecology under Kittitas County groundwater mitigation program.

Are there any other water rights or claims associated with this property or water system? YES NO

If yes, provide the water right and/or claim numbers: No outdoor irrigation use would be authorized by this permit application for any Package A water mitigation certificate issued by Kittitas County, as outdoor irrigation would occur only under a different source of irrigation water supply.

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 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): _____

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C 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: 467 _____	Present population to be served water: _____
Type of connections: <u>Multiple single domestic uses and up to 500 square feet of outdoor irrigation in some instances</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 type="checkbox"/> YES <input checked="" type="checkbox"/> 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain why you are unable to connect to the system: _____ _____ _____ _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? YES NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? YES NO

Do you have a controlling interest in a Family Farm Development Permit? YES NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? YES NO

Are you proposing to store more than 10 acre-feet of water? YES NO

Will the water depth be 10 feet or more? YES NO

If you answered yes to any of the above questions, please describe: _____

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: _____

Site Address: _____

Section 11. 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 application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Paul Jewell
 Print Name
 (Applicant or authorized representative)

[Signature]
 Signature

10/1/2015
 Date

 Print Name
 (Legal Owner or Part Owner Place of Use)

 Signature

 Date

 Print Name
 (Legal Owner or Part Owner Place of Use)

 Signature

 Date

Please check the region in which the project is located:

<p>*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<p><input checked="" type="checkbox"/> Central Regional Office 1250 W. Alder Street Union Gap, WA 98903-0009 (509) 575-2490</p>	<p><input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400</p>
	<p><input type="checkbox"/> Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000</p>	<p><input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300</p>

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

