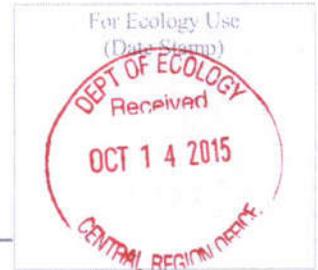


Water Resources Program
Request for Determination of Water Budget Neutrality



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: Deborah Simons Paul, Trustee of the Deborah Simons Paul Trust	Phone No: 206-940-3069	Other No:
Address: 3518 Fremont Ave N., #473		
City: Seattle, WA 98103	State: WA	Zip: 98103
Email Address (optional): debsown@gmail.com		

Contact Name (if different from above): F. Steven Lathrop	Phone No: 509-925-5622	Other No:
Relationship to Applicant: President, SC Aggregate, owner of mitigation water		
Address: 1572 Robinson Canyon Road		
City: Ellensburg	State: WA	Zip: 98926
Email Address (optional): steve@lwhsd.com		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project:

For each of the two properties: To provide up to 250 gallons per day domestic water for future home(s).

Anticipated length of time to complete your project: 25 years

Is this for an existing use, established prior to July 16, 2009? Yes No

If yes, when was the water first regularly and beneficially used? _____

For Ecology Use	APPLICATION NO: <u>64-35800</u> SEPA: Exempt/Not Exempt
	Fee Paid: <u>6</u> Check No: <u>6</u> ECY Coding: 001-001-WRI-0285-000011
Date Returned _____	By _____ Priority Date <u>10-14-2015</u> By <u>AS</u> WRIA: <u>39 Kittitas</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	10		.084 Cu	continuously
Domestic	10		.084 Cu	continuously
TOTAL:	20		.168	

*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/wtrchg.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: Will drill well in conjunction with construction of new residence each lot
 Existing well diameter & depth: n/a
 If available, attach Water Well Report and pump test.
 Well Tag ID No. _____
 Number of proposed points of withdrawal: 1 on 3C

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
565033	NW	SE	3	17	17	Kittitas
Lot(s)	Block(s)		Subdivision			
3C			Survey 26/136			

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).

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)		
TOTAL:				

*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/wtrchg.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: Will drill well in conjunction with construction of new residence each lot
 Existing well diameter & depth: n/a
 If available, attach Water Well Report and pump test.
 Well Tag ID No. _____
 Number of proposed points of withdrawal: 1 on 6

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
14113	NW	SE	3	17	17	Kittitas
Lot(s)	Block(s)		Subdivision			
6			Survey 32/16			

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: 2	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? <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: _____	
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.	
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 = 0 Acres or _____ square feet <i>NOTE: Outline the area to be irrigated on your attached map. (1 acre = 43,560 square feet)</i>	

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 type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
S4-01724CTCLsb7	10		.084 Cu	10/30/1884
S4-01724CTCLsb7	10		.084 Cu	10/30/1884
TOTAL:			.168	

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: .168 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/wtrchg.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.

See attached

Kittitas, State of Washington.

1/4	1/4	Section	Twp.	Range	County	Parcel No.
NW	SE	3	17	17	Kittitas	565033 & 14113

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.

Deborah Simons Paul, Trustee

Print Name
(Applicant or authorized representative)

Deborah Simons Paul

Signature

10/12/15

Date

Print Name

(Land Owner, if seeking to use the ground water exemption)

Signature

Date

Submit this form to:

Department of Ecology
Water Resources Program
Central Regional Office
1250 W Alder Street
Union Gap, WA 98903-0009