

Application for a Water Right Permit

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.

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Section 1. APPLICANT

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

Applicant/Business Name: Jay Waddell <i>Fine Finish Specialist</i>		Phone No: 509-929-1209	Other No:
Address: Po Box 778			
City: Ellensburg		State: WA	Zip: 98926
Email Address (if available): jayrwaddell@gmail.com			

Contact Name (if different from above): Erin Moore		Phone No: 509-962-7698	Other No:
Relationship to Applicant: Kittitas County Water Bank Representative			
Address: 507 N Nanum Street , Suite 102			
City: Ellensburg		State: wa	Zip: 98926
Email Address (if available): erin.moore@co.kittitas.wa.us			

Legal Land Owner or Part Owner Name of the Proposed Place of Use:		Phone No:	Other No:
Address:			
City:		State:	Zip:
Email Address (if available):			

For Ecology Use	APPLICATION NO: <i>64-35883</i>	SEPA: Exempt/Not Exempt		
	Fee Paid: <i>50.00</i>	Check No: <i>5735 10-11-16</i>	ECY Coding: 001-001-WR1-0285-000011	
Date Returned	By	Priority Date <i>10-11-2016</i>	By <i>[Signature]</i>	WRIA: <i>39 Kittitas</i>
Pre-application interviewer:				

ECY 040-1-14 (Rev 03-2015) To request ADA accommodation including materials in a format for the visually impaired, call Ecology Water Resources Program at 360-407-6872. Persons with impaired hearing may call Washington Relay Service at 711. Persons with speech disability may call TTY at 877-833-6341.

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: Single Family Residence- Indoor Domestic use only
Amerivest CS4-01968sblla

Anticipated length of time to complete your project: 1 year- 18 months after receiving water right approval

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 type="checkbox"/> Gallons per Minute (GPM)		
Indoor Domestic Use	275 GPD		.092 AF/YR CU	Continuously
TOTAL:	275 GPD		.092 AF/YR CU	

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)

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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	Water Resources Program <input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ Well diameter & depth: <u>6" diameter 132' depth</u> Number of proposed points of withdrawal: <u>1</u> Do you have an existing well? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. <u>APG-912</u>

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
21196	NW		16	18	18	Kittitas
Lot(s)	Block(s)		Subdivision			
8						

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.

See attached						
¼	¼	Section	Twp.	Range	County	Parcel No.
NW		16	18	18	Kittitas	21196

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: _____

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

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If yes, provide the water right and/or claim numbers: _____

Water Resources Program

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.

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Section 5. WATER SYSTEM DESCRIPTION

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

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

<p>A.) Domestic Water Systems only</p>	<p>B.) Municipal Water Systems only (defined under RCW 90.03.015)</p>
<p>Projected number of connections to be served: <u>1</u></p> <p>Type of connections: <u>Single Family Residence</u> (e.g., home, recreational cabin)</p>	<p>Present population to be served water: _____</p> <p>Estimate future population to be served: _____ (20 year projection)</p>
<p>C.) Water System Planning</p>	
<p>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</p> <p>If yes, date plan was approved ____/____/____ Water System Number: _____</p> <p>Name of water system: _____</p> <p>Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If yes, explain why you are unable to connect to the system: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

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Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = 0 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 NA and proposed capacity in kilowatts: _____

Describe works: _____

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

FERC License No: _____ Department of Ecology

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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.

Jay Waddell
 Print Name
 (Applicant or authorized representative)

[Signature]
 Signature

10-6-16
 Date

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

 Signature

 Date

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

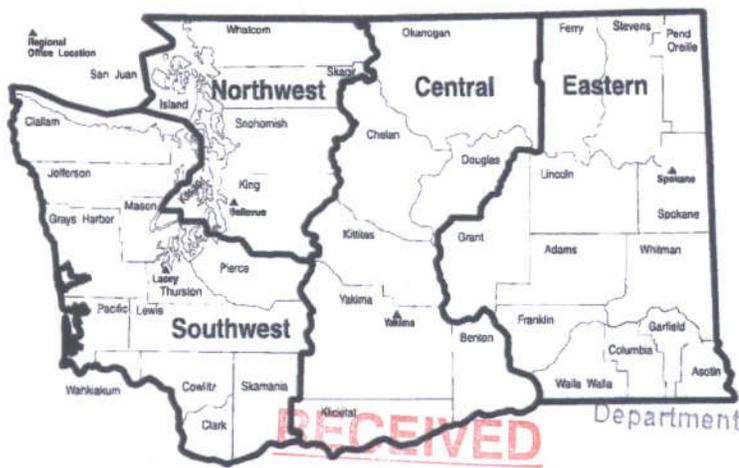
 Signature

 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>	<input checked="" type="checkbox"/> Central Regional Office 1250 W. Alder Street Union Gap, WA 98903-0009 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

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



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