



Application for a Water Right Permit

16 OCT 21 AM 50

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

- GROUND WATER SURFACE WATER PERMANENT
 SHORT TERM TEMPORARY

RECEIVED

OCT 26 2016

Dept of Ecology
Central Regional Office

- 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: Karoline Griffin & Lonna Pells		Phone No: 360-920-8425	Other No:
Address: 511 Wilson Av			
City: Bellingham	State: WA	Zip: 98225	
Email Address (if available): pisasterdisaster@hotmail.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: Karoline Griffin & Lonna Pells		Phone No: 360-920-8425	Other No:
Address: 511 Wilson Av			
City: Bellingham	State: WA	Zip: 98225	
Email Address (if available): pisasterdisaster@hotmail.com			

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For Ecology Use	APPLICATION NO: <u>64-35888</u> <u>OCT 21 2016</u> SEPA: Exempt/Not Exempt
	Fee Paid: <u>\$50⁰⁰</u> Check No: <u>1476</u> <u>10-21-2016</u> ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____ Priority Date <u>10-21-2016</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: 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)

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: _____ Department of Ecology OCT 21 2016 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>6inch 263 ft deep</u> Number of proposed points of withdrawal: <u>1</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. <u>BAP-304</u>

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
954557	NW		36	18	17	Kittitas
Lot(s)	Block(s)		Subdivision			
1b			Robinson Canyon SP			

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		36	18	17	Kittitas	954557

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: _____

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: _____

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): 2 party shared well BAP304

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: <u>1</u> Type of connections: <u>Single Family Residence</u> <i>(e.g., home, recreational cabin)</i>	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? <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: _____ _____ _____ _____ <p style="text-align: center;">Department of Ecology</p>	

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Mining/Industrial Use

Describe use, method of supplying and utilizing water: NA

Other Use

NA

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: NA

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: See attached driving directions from Google Maps

Site Address: Robinson canyon Rd Ellensburg

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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.

<u>Karoline Griffin & Lonna Pells</u> Print Name(s) (Applicant or authorized representative)	<u>Karoline Griffin & Lonna Pells</u> Signature	<u>10/13/15</u> Date
<u>Karoline Griffin</u> Print Name (Legal Owner or Part Owner Place of Use)	<u>Karoline Griffin</u> Signature	<u>10/13/11</u> Date
<u>Lonna Pells</u> Print Name (Legal Owner or Part Owner Place of Use)	<u>Lonna Pells</u> Signature	<u>10/13/16</u> Date

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<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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 Water Resources Program

