



**Water Resources Program**  
**Application for a Water Right Permit**

14 A8 58  
DEPT. OF ECOLOGY  
FISCAL & BUDGET

- SURFACE WATER  GROUND WATER  PERMANENT  
 TEMPORARY  SHORT TERM  DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

**Section 1. APPLICANT**

Applicant/Business Name: Suncadia, LLC	Phone No: (509) 649-3914	Other No: (509) 649-3059
Address: 4244 Bull Frog Road, Suite 1		
City: Cle Elum	State: WA	Zip: 98922
Email Address (optional): <a href="mailto:Kuchan@mentorlaw.com">Kuchan@mentorlaw.com</a>		

Contact Name (if different from above): Jessica Kuchan Mentor Law Group PLLC	Phone No: 206-838-7650	Other No:
Relationship to Applicant: Attorney		
Address: 315 Fifth Ave S., Ste 1000		
City: Seattle	State: WA	Zip: 98104
Email Address (optional): <a href="mailto:Kuchan@mentorlaw.com">Kuchan@mentorlaw.com</a>		

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

**Section 2. STATEMENT OF INTENT**

Briefly describe the purpose of your proposed project: Obtain Water Right Permit in order to construct a storage pond for flow augmentation in Tillman Creek. This application is for mitigation for new uses in the Upper Kittitas County area. Under WAC 173-539A-060, Ecology can expedite the processing of this application.

Anticipated length of time to complete your project: 5 years

For Ecology Use	APPLICATION NO: <u>34-35477</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>7500</u>	Check No: <u>2113 04-14-2011</u> ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <u>04-14-2011</u> By <u>[Signature]</u> WRIA: <u>39 KITTITAS</u>

**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 checked="" type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
Instream Flows	0.25 cfs		3 a.f./yr	April 1-July 1
<b>TOTAL:</b>	0.25 cfs		3 a.f./yr	

**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 checked="" type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: Tillman Creek Tributary to: Yakima River Number of proposed diversion points: 1 Do you have an existing diversion? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____ Well diameter & depth: _____ Number of proposed points of withdrawal: Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. _____					
C.) Points of Diversion/Withdrawal – Legal Description							
Parcel No.	¼	¼	Section	Township	Range	County	
951166	SW	NE	9	19N	15E	Kittitas	
Lot(s)	Block(s)		Subdivision				
7			Brown Plat				
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 _____.							
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 ( <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 two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located?  YES  NO

For Ecology Use	APPLICATION NO: _____	SEPA: Exempt/Not Exempt
	Fee Paid: _____	Check No: _____
Date Returned _____		By _____
Priority Date _____		By _____
WRIA: _____		

If no, do you have legal authority to make this application for use of another's land?  YES  NO  
 Not applicable. See RCW 90.03.040.

Provide the owner name(s), address, and phone number:

**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.

From the point of diversion through the Burchak ditch, held within a holding pond in Section 4, T. 19N, R. 15 E.W.M., returned to Tillman Creek near KR Canal, within Tillman Creek to the confluence with the Yakima River.

¼	¼	Section	Twp.	Range	County	Parcel No.
		9 & 4	19N	15E	Kittitas	Various parcels

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 N/A  
 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.

**Section 5. WATER SYSTEM DESCRIPTION**

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): N/A \_\_\_\_\_

**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: N/A _____	Present population to be served water: _____
Type of connections: _____ <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 type="checkbox"/> NO	
If yes, date plan was approved Water System Number: N/A	

Name of water system: N/A

Are you within the service area of an existing water system?  YES  NO N/A

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: N/A  
\_\_\_\_\_  
\_\_\_\_\_

Is the proposed project for a dairy farm?  YES  NO

#### Other Proposed Farm Uses

Describe all proposed uses: N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 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 N/A 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: N/A  
\_\_\_\_\_  
\_\_\_\_\_

#### Other Use

Instream flows \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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: A holding pond will be constructed in Section 4 Township 19N. Range 15E.W.M. to release water during July 1 – September 30.

*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:

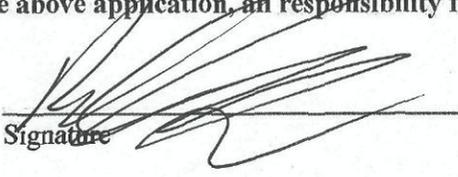
Point of Diversion: From Interstate 90 heading east, take exit 84. Turn right towards Cle Elum. Turn left onto 1<sup>st</sup> Ave; turn left on South Cle Elum Way; Turn Right on Madison Street; turn left onto Westside Road; Turn left on to Mohar Road.

Site Address: Unknown Mohar Road

**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 Eisenberg, Senior Vice President

  
 Signature

4-11-2011  
 Date

Suncadia, LLC  
 (Applicant or authorized representative)

N/A

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

Signature

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 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 <sup>th</sup> 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