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APR 27 2011

Water Resources Program
Request for Determination of Water Budget Neutrality

SURFACE WATER GROUND WATER

Section 1. APPLICANT		
Applicant/Business Name: Kern and Janet Kenrud	Phone No: 206-363-9197	Other No:
Address: 2027 NE Northgate Way		
City: Seattle	State: WA	Zip: 98125-6646
Email Address (optional): kenrud@earthlink.net		

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		

Section 2. STATEMENT OF INTENT
Briefly describe the purpose of your proposed project: Build one residence _____ _____ _____ _____
Anticipated length of time to complete your project: Unknown -- 7 to 10 years _____

For Ecology Use	APPLICATION NO: 64-35480	SEPA: Exempt/Not Exempt		
	Fee Paid: <input checked="" type="checkbox"/>	Check No: 5	ECY Coding: 001-001-WR1-0285-000011	
Date Returned	By	Priority Date 04-27-2011	By	WRIA: 39 Kittmas

Water Use: List all proposed uses and the quantity required for each.
 Domestic and Irrigation

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)		
Domestic	TBD		0.392/ 0.118 (CU)	Continuously
Irrigation	TBD		0.022/ 0.019 (CU)	Seasonal
TOTAL:	TBD		0.414/ 0.137 (CU)	

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: _____
 Existing well diameter & depth: 6" x 280' _____
 If available, attach Water Well Report and pump test.
 Well Tag ID No. ALF-779
 Number of proposed points of withdrawal: 1

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
815734	NW	SE	8	19 N	15 E	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_____.

NOTE: If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper.

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 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: One _____ Type of connections: Residential _____ <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: _____ _____ _____ _____ _____ _____	
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 = 0.011 _____ Acres <i>NOTE: Outline the area to be irrigated on your attached map.</i>	

Section 5. MITIGATION

To receive a new water right 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 checked="" type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
Claim No. 5259	0.5 cfs	57.5	Oct 30, 1884
TOTAL:		57.5	

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:			

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.

Lot 4, TIMBER MOUNTAIN PLAT, in the County of Kittitas, State of Washington, as per plat thereof recorded in Book 7 of Plats, pages 70 and 71, records of said County.

¼	¼	Section	Twp.	Range	County	Parcel No.
NW	SE	8	19 N	15 E	Kittitas	815734

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.

<u>KERN KENRUD</u> Print Name (Applicant or authorized representative)	<u>[Signature]</u> Signature	<u>4/19/11</u> Date
<u>JANET E. KENRUD</u> Print Name (Land Owner, if seeking to use the ground water exemption)	<u>[Signature]</u> Signature	<u>4/19/11</u> Date

Submit this form to:
DEPARTMENT OF ECOLOGY
WATER RESOURCES PROGRAM
CENTRAL REGIONAL OFFICE
15 W. YAKIMA AVE, SUITE 200
YAKIMA, WA 98902-3452