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Application

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For Ecology Use
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DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

Water Resources Program
Request for Determination of Water Budget Neutrality

SURFACE WATER GROUND WATER

Section 1. APPLICANT		
Applicant/Business Name: Steven Ford	Phone No: 509-674-1700	Other No:
Address: PO Box 1434		
City: Ronald	State: WA	Zip: 98940
Email Address (optional): fordexcavating@gmail.com		

Contact Name (if different from above): Jessica Kuchan	Phone No: 206-838-7650	Other No:
Relationship to Applicant: Attorney for Seller of Mitigation Water		
Address: 315 Fifth Ave S., Ste 1000		
City: Seattle	State: WA	Zip: 98104
Email Address (optional): kuchan@mentorlaw.com		

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: 64-35525	SBPA: Exempt/Not Exempt
	Fee Paid: <input checked="" type="checkbox"/> Check No: <input checked="" type="checkbox"/>	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date 10/03/11 By WRIA: 39 Katy



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

<p>A.) If Surface Water Source</p> <p><input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake</p> <p><input type="checkbox"/> Other: _____</p> <p>Source Name: _____</p> <p>Tributary to: _____</p> <p>Number of proposed diversion points: _____</p> <p>Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>B.) If Ground Water Source</p> <p>Do you have an existing well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____</p> <p>_____</p> <p>Existing well diameter & depth: _____</p> <p>If available, attach Water Well Report and pump test.</p> <p>Well Tag ID No. _____</p> <p>Number of proposed points of withdrawal: 1</p>
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C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
951442			5	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 _____	Present population to be served water: _____
Type of connections: Residential _____ <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	
<u>Total number of acres requested to be irrigated under this application</u> = 0.011 _____ Acres	
NOTE: Outline the area to be irrigated on your attached map.	



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) <input checked="" type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (if known)	Priority Date
Claim No. 5259	0.5 cfs	64.57	Oct 30, 1884
TOTAL:		64.57	

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) <input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (if known)	Priority Date
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 2, of CALLAWAY SHORT PLAT, Kittitas County Short Plat No. 05-62, as recorded August 29, 2006, in Book I of Short Plats, pages 24 and 25, under Auditor's File No. 200608290026, records of Kittitas County, State of Washington; being a portion of the West Half of Section 5, Township 19 North, Range 15 East, W.M., in the County of Kittitas, State of Washington.

¼	¼	Section	Twp.	Range	County	Parcel No.
		5	19 N	15 E	Kittitas	951442

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>STEVEN FORD</u>	<u>Stev Ford</u>	<u>9-21-11</u>
Print Name (Applicant or authorized representative)	Signature	Date
<u>Steven Ford</u>	<u>Stev Ford</u>	<u>9-21-11</u>
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
15 W. YAKIMA AVE, SUITE 200
YAKIMA, WA 98902-3452