



For Ecology Use  
(Date Stamp)

**RECEIVED**  
**OCT 11 2011**

**Water Resources Program**  
**Request for Determination of Water Budget Neutrality**

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

SURFACE WATER       GROUND WATER

**Section 1. APPLICANT**

Applicant/Business Name: David and Adrienne Kuhn		Phone No: 503-957-3234	Other No:
Address: 1712 Skyline Ridge Lane, S.W.			
City: Tumwater	State: WA	Zip: 98512	
Email Address (optional): kuhndavid@hotmail.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 two residences \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated length of time to complete your project: 10 years \_\_\_\_\_

For Ecology Use	APPLICATION NO: <u>64 35527</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>0</u> Check No: <u>0</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>10-11-2011</u> By <u>[Signature]</u> WRIA: <u>39 KITT</u>

**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		0.784/ 0.235 (CU)	Continuously
Irrigation	TBD		0.043/ 0.039 (CU)	Seasonal
<b>TOTAL:</b>	TBD		0.827 0.274 (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: \_\_\_\_\_  
 If available, attach Water Well Report and pump test.  
 Well Tag ID No. \_\_\_\_\_  
 Number of proposed points of withdrawal: up to 2

**C.) Point of Diversion/Withdrawal – Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
20500	NW	NW	25	20 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.

<b>Section 4. WATER SYSTEM INFORMATION</b> Complete A or B, C, D, E and F below	
<b>A.) Domestic Water Systems only</b>	<b>B.) Municipal Water Systems only</b> <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: Two _____	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)
<b>C.) Water System Planning</b>	
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: _____	
_____	
_____	
_____	
_____	
_____	
<b>D.) On-Site Septic</b>	
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.	
<b>E.) Sanitary Sewer System</b>	
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.	
<b>F.) Irrigation</b>	
Total number of acres requested to be irrigated under this application = 0.023 _____ 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)	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	64.57	Oct 30, 1884
<b>TOTAL:</b>		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)	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)		
<b>TOTAL:</b>			

## 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 SKY RIDGE SHORT PLAT, Kittitas County Short Plat No. SP-2004-19, as recorded January 26, 2005, in Book G of Short Plats, page 240, under Auditor's File No. 200501260008, records of Kittitas County, State of Washington; being a portion of the Northwest Quarter of the Northwest Quarter of Section 25, Township 20 North, Range 15 East, W.M., in the County of Kittitas, State of Washington.

¼	¼	Section	Twp.	Range	County	Parcel No.
NW	NW	25	20 N	15 E	Kittitas	20500

**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.

David Kohn  
\_\_\_\_\_  
Print Name  
(Applicant or authorized representative)

  
\_\_\_\_\_  
Signature

9/30/11  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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

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David Kuhn  
Print Name  
(Applicant or authorized representative)

  
Signature

9/30/11  
Date

David Kuhn  
Print Name  
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