



For Ecology Use
(Date Stamp)

Water Resources Program
Request for Determination of Water Budget Neutrality

SURFACE WATER GROUND WATER

Section 1. APPLICANT		
Applicant/Business Name: Scatter Creek Properties, Inc.	Phone No: 509-674-6828	Other No:
Address: <i>PO Box 923</i>		
City: <i>Cle Elum</i>	State: <i>WA</i>	Zip: <i>98922</i>
Email Address (optional): <i>brooksideconsulting@gmail.com</i>		

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

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

For Ecology Use	APPLICATION NO: <i>64-35533</i>	SEPA: Exempt/Not Exempt
	Fee Paid: <i>[initials]</i>	Check No: <i>[initials]</i>
	<i>11-15-2011</i>	<i>39 KUTTITAS</i>

Date Returned _____ By _____ Priority Date _____ By _____ WRIA: _____

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

Domestic and Irrigation

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
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	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: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ Existing well diameter & depth: 10" & 163' _____ If available, attach Water Well Report and pump test. Well Tag ID No. ACX-696 Number of proposed points of withdrawal: 1

C.) Point of Diversion/Withdrawal - Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
15496		SW	34	21 N	14 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved 4/1/2002 Water System Number: 08441 _____	
Name of water system: Domerie Bay #1 _____	
Are you within the service area of an existing water system? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: N/A _____	

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	
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
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)		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.

Parcel 1 of that certain Survey as recorded October 31, 2005, in Book 31 of Surveys, page 226, under Auditor's File No. 200510310018, records of Kittitas County, Washington; being a portion of Lot 10 of the Plat of Domerie Bay, in the County of Kittitas, State of Washington, as per plat thereof recorded in Book 8 of Plats, pages 197 through 200, records of said County, all being a portion of the Southwest Quarter of Section 34, Township 21 North, Range 14 East, W.M., in the County of Kittitas, State of Washington.

¼	¼	Section	Twp.	Range	County	Parcel No.
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		34	21 N	14 E	Kittitas	15486
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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>Allison Kimball</u> Print Name (Applicant or authorized representative)	<u>Allison Kimball</u> Signature	<u>10/12/11</u> Date
<u>Sean Northrop</u> Print Name (Land Owner, if seeking to use the ground water exemption)	<u>[Signature]</u> Signature	<u>10/12/11</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