



Water Resources Program
Request for Determination of Water Budget Neutrality

SURFACE WATER GROUND WATER

AFE-271

Section 1. APPLICANT

Applicant/Business Name: Rob and Diane Hill		17792 and 314136	Phone No: 425-418-5015	Other No:
Address: 2548 S. Camano Dr.				
City: Camano Island		State: WA		Zip: 98292
Email Address (optional): hillshill@wavecable.com				

Contact Name (if different from above): Traci Shallbetter		Phone No: (509) 260-0037	Other No:
Relationship to Applicant: Attorney for SwiftWater Ranch/Agent for Applicant			
Address: 3201 Airport Road			
City: Cle Elum		State: WA	Zip: 98922
Email Address (optional): traci@shallbetterlaw.com			

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: _____

The Hills desire to secure a domestic supply of water to support two single family residences and 1000 sf of irrigated lawn area associated with future development on the following two lots, both of which share a well with Well Tag ID AFE-271

Anticipated length of time to complete your project: 3-5 years

For Ecology Use	APPLICATION NO: <u>64-35571</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>e</u> Check No: <u>e</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>07-11-2012</u> By <u>[Signature]</u> WRIA: <u>39K177</u>

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

1. Single-family residential use with 500 sf irrigation (Parcel 17792)
2. Single-family residential use with 500 sf irrigation (Parcel 314136)

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 type="checkbox"/> Gallons per Minute (GPM)		
Indoor residential			0.392	continuous
Outdoor irrigation			0.022	seasonal
Indoor residential			0.392	continuous
Outdoor irrigation			0.022	seasonal
TOTAL:	4 gpm		0.828	

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: 10x6; 425 ft If available, attach Water Well Report and pump test. Well Tag ID No. AFE 271 Number of proposed points of withdrawal: 1

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
17792	NW	NW	26	20N	16E	KITTITAS
Lot(s)	Block(s)		Subdivision			
A-1			Bear Clan Short Plat			

Parcel 17792 F
SWNW

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: <u>TWO</u>	Present population to be served water: _____
Type of connections: <u>Single family home</u> <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: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input 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 = <u>500sf</u> XXXX	
NOTE: Outline the area to be irrigated on your attached map. _____ per lot for a total of 1000 sf	

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 type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
CS4-YRB03C2255 (A) CTCL@2	<input checked="" type="checkbox"/> 0.286 CFS		25.786	JUNE 30, 1890
TOTAL:			25.786	

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 A-1, Bear Clan SP 05-11, Sec 26/27, T20N, R16E, and

Lot B-1, Hill SP (Amended) 06-12, Sec 26, T20N R, 16E,

¼	¼	Section	Twp.	Range	County	Parcel No.
		26/27	20N	16E	Kittitas	17792
		26	20N	16E	Kittitas	314136

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.

Rob Hill
Print Name Rob Hill
(Applicant or authorized representative)

[Signature]
Signature

6/27/12
Date

Rob Hill
Print Name Rob Hill
(Land Owner, if seeking to use the ground water exemption)

[Signature]
Signature

6/27/12
Date

Submit this form to:

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

Attachments:

- Site Map
- Well Log
- Septic Restrictive Covenant
- Groundwater Mitigation Contracts (SwiftWater Ranch)