

# RECEIPT

Department of Ecology (4610)  
PO Box 47611  
Olympia, WA 98504-7611  
(360) 407-7095

Receipt Number  
Manual Receipt

13CJ012818

Document Number **461R2454 CJ** Date **01/28/2013** FM 19

Remitter Name **AMERITITLE** Receipt Name

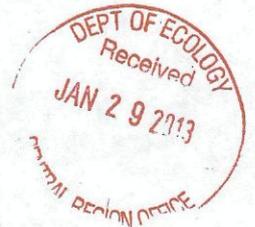
Check/Draw Number **41869**

Document Amount **27.68**

Method of Payment **Check**

Comment Description **WATER RIGHTS G4-35567, G4-35568**

REF NR	DOC NR	REF DOC SFX	INV NR	ID NR	SUB ID NR	T	C	R	FUND	MAJ GRP	MAG SRC	SUB SRC	CNTY	WORK CLS	PIC	AI	ORG	PRJ	SUB PRJ	PRJ PHS	SUB OBJ	SUB OBJ	VAR GL	SUB DR	SUB CR	SID	ALLOC	AMT
						001		001	02	85	000011																	27.68



*Received  
1/25/13*

AMERITITLE - ESCROW TRUST ACCOUNT USB

Escrow No. EA-116658

Check Date: 01/22/2013

Check No. 0041869

To: Department of Ecology

Attached you will find our check in the amount of \*\*\*\*\*27.68\*\*, in payment for:

ECOLOGY/USBR EXCHANGE CONTRACT G4-35567 13.84

ECOLOGY/USBR EXCHANGE CONTRACT G4-35568 13.84



Please feel free to contact us if you have any questions.

BUYER: John C. Jenson

SELLER: Swiftwater Ranch, LLC, a Washington Limited Liability Company

PROPERTY: WATER RIGHTS ONLY / QUAIL VALLEY ROAD

CLE ELUM, WA 98922

CHECK NO.: 0041869

RE: Mark Schuppe, Ya

TITLE NO: 0116658

ESCROW OFFICER: Marla K. Williams

ESCROW NO: EA-116658

13 JAN 25 A8:50

DEPT. OF ECOLOGY  
FISCAL & BUDGET

Water Bank: Mundy

TRS: T20R16534

Applicant name: John Jensen WBN WRTS No. G4-35567

Checklist for Reviewing Requests for Determination of Water Budget Neutrality (RDWBN)  
existing well - parcel 11339

- I. Does the rule apply?
  - Is the well within the mapped Upper Kittitas area? X yes \_\_\_ no
  - Is proposed use either domestic, group domestic, lawn or noncommercial garden, municipal, stock watering, or industrial? (Circle all that apply)

- II. Does the total proposed water use and purpose(s) fall under the limits of the groundwater permit exemption?
  - Is this a group or non group use? (Circle one)
  - If group use, number of parcels 2 of 6 (total # parcels in group)
  - Does the owner have interest in any proximate parcel? X yes \_\_\_ no
  - Does the owner have significant, voluntary joint activity and cooperation with the owner of a proximate parcel? X yes \_\_\_ no
  - Exempt? X yes \_\_\_ no
  - Require Permit? (Check parcel map, County website, Well logs, SEPA documents, etc, as appropriate) \_\_\_ yes X no

- III. Is the necessary information provided in RDWBN per WAC 173-539A-050(2)
  - Mitigation trust water rights identified? X yes \_\_\_ no, TWR No. G54-014670125620
  - Site map provided? X yes \_\_\_ no
  - Area to be irrigated provided: 0.011 acres
  - Soil Report provided (if needed) X yes \_\_\_ no \_\_\_ n/a
  - Provided signed covenant restricting trees/shrubs over drain field OR Sewer Utility agreement? (Circle one) For parcel number: unspecified
  - Is the Request signed? X yes \_\_\_ no
  - GW mitigation agreement provided: X yes \_\_\_ no for 2 residents
  - Other necessary information missing: no suitability map

Group Use Reviewer: CG Date 8-2-12

*\* not yet changed*

- IV. Executed agreement to designate a portion of a TWR provided and signed?
- V. Is the TWR proposed for mitigation suitable for the applicant's proposal?
  - Proposal complies with applicable TWR agreement ✓ yes \_\_\_ no
  - What is the suitability area for the subject Trust Water Right: green, red, or yellow?
    - Is a USBR contract assignment required? ✓ yes \_\_\_ no
    - If yellow and a contract assignment is required, complete the ESA Consultation protocol and take to WTWG. Determine suitability based on HG analysis (check for related HG analysis and contact appropriate HG). If appropriate, fill out "Yellow Area Acquisition, Exchange and Storage Process" letter to send to USBR.
    - If green and a contract assignment is required, fill out "Green Area Acquisition, Exchange and Storage Process" letter to send to USBR. WTWG already discussed green area Suncadia mitigation projects on March 8, 2010, so if this uses Lamb and Anderson mitigation, does not need to go to WTWG again.
  - If other TWR provided by the applicant, is there any potential impact to surface water system upstream of the original TWR POD? If so, USBR contract assignment is required and needs to go to WTWG.

- VI. Is the consumptive use as a result of the total proposed use equal to or less than the quantity of mitigation water offered per WAC 173-539A-060(2)(a)? ✓ yes \_\_\_ no (Use the calculator and CU values from WAC 173-539A unless additional specific information is provided by the applicant)

- VII. Has the RDWBN been provided to the Fish Group? \_\_\_ yes \_\_\_ no ✓ n/a Date ready for fish group: \_\_\_\_\_
  - Create/include a pdf version of 1) the request, 2) a map, 3) draft WBN determination, and 4) draft HGmemo. And place these 4 pdfs in a new folder located in Sharepoint > WBN Templates and Tools > Fish group pdf's
 Fish group response: \_\_\_\_\_

- VIII. Has the RDWBN been taken to WTWG? ✓ yes \_\_\_ no If yes, date: 12-2-12 [date ready for WTWG: \_\_\_\_\_]
 

WTWG#: 213-01; WTWG Response: \_\_\_\_\_

- IX.  Debit TWR (Accounting for \*\_\* mitigation.xlsx) and USBR-Ecology Contract Accounting spreadsheet

Reviewed by [Signature] Recommendation: Approve ✓ Deny \_\_\_ or Reject \_\_\_ Date 12-10-12

**WATER BUDGET NEUTRALITY (WBN)  
REVIEW ROUTER**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> WBN DETERMINATION Letter | <input type="checkbox"/> WBN REPORT OF EXAMINATION                    |
| <input type="checkbox"/> WBN REJECT & RETURN Letter          | <input type="checkbox"/> WBN DENIAL Letter                            |
| <input type="checkbox"/> AMENDED: _____                      | <input checked="" type="checkbox"/> EXCHANGE CONTRACT Assignment Form |
| <input type="checkbox"/> Other: _____                        |   |

File No.: 6.4-35567

Author/Date: KW 12-10-12

SharePoint: >WBN Templates and Tools>

Dates drafted/edited (Admin): \_\_\_\_\_

GWIS Mapping Review (review changes BEFORE final)  
GWIS initials/date: JK 12/11/12  
GWIS remarks & edits (if more room is needed use back of page): \_\_\_\_\_

Melissa Downes  
Operations Sup. (Initial/Date indicate DRAFT ROE is ready to post)

Tom Mackie  
Technical Sup. (Initial/Date indicate DRAFT ROE is ready to post)

Mark Kemner Section Mgr  
(Initial/Date) Indicates DRAFT ROE is ready to post

Email pdf to Chris Anderson, HQ to Post to Net: \_\_\_\_\_

Melissa Downes  
Operations Sup (Initial/Date FINAL ROE is ready for Posting/Mailing)

Tom Mackie JK 12/11/12  
Technical Sup (Initial/Date FINAL ROE is ready for Posting/Mailing)

Mark Kemner Section Mgr MK 12/12/12  
(Initial/Date) FINAL ROE is ready for Posting/Mailing

Email pdf to Chris Anderson, HQ to Post to Net: SS 12/12/12

Date Doc mailed: SS 12/12/12  
(Admn initial/date when doc is finalized & mailed)

Exchange Contract reviewed by: MK 12/12/12  
(Section Manager Initial/Date); Admin: Send to USBR

WRIA: 39 COUNTY: Kittitas

**Remarks, Special Instructions, Related Files:  
Please use Back of Page.**

Certified cc's (Check application signatures):

Trust Water Right Debited: KW 12-10-12  
Permit Writer (Initial and Date)

USBR-Ecology Contract Debited KW 12-10-12

cc's & Protestants (more room on back of page)

- |   |   |
|---|---|
| <input type="checkbox"/> Suncadia, LLC  | <input checked="" type="checkbox"/> Yakama Nation |
| <input type="checkbox"/> Colville Confederated Tribes   |   |
| <input type="checkbox"/> Joe Mentor, Jr. (email: <a href="mailto:mentor@mentorlaw.com">mentor@mentorlaw.com</a> )   |   |
| <input type="checkbox"/> Jessica Kuchan (email: <a href="mailto:Kuchan@mentorlaw.com">Kuchan@mentorlaw.com</a> )  |   |
| <input checked="" type="checkbox"/> James Rivard, Kittitas Co. Health Dept. (1-9 Connections)<br>(email: <a href="mailto:environmentalhealth@co.kittitas.wa.us">environmentalhealth@co.kittitas.wa.us</a> ) |   |
| <input checked="" type="checkbox"/> WA State DOH, Heather Cannon (more than 9 Connections)  |   |

Other: Traci Shallbetter

**Attachments:**

- |   |
|---|
| <input checked="" type="checkbox"/> Your Right to Be Heard                  |
| <input type="checkbox"/> PTO appeal? No Your Right to Be Heard              |
| <input checked="" type="checkbox"/> Water Measurement Requirements & Form 1 |
| <input type="checkbox"/> Focus on Water Right Relinquishment (98-1812-WR)   |
| <input checked="" type="checkbox"/> Advisory Letter (White)                 |
| <input type="checkbox"/> METHANE Advisory Letter (Blue)                     |
| <input type="checkbox"/> Other: _____                                       |

**Comments/Notes may be made on back of page.**

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Mailed  
 Postmark  
 Here  
 12/12/12

Sent To John Jenson  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4 G4-35567 & G4-35568

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><b>JOHN JENSON</b>                      2323 NW 99TH ST                      SEATTLE WA 98117-2526                      WR/ss WBN G4-35567 &amp; G4-35568 12/11/12</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number                  (Transfer from service label)</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>7009 2250 0004 4952 2085</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

Original in G4-35567