



Water Resources Program

Request for Determination of Water Budget Neutrality



SURFACE WATER GROUND WATER

Please ensure that the form is completely filled out.
Incomplete forms will lead to longer processing times, and may be rejected.

| Section 1. APPLICANT | | |
|--|---------------------------|------------|
| Applicant/Business Name: Amerivest Development LLC | Phone No: 509-962-8558 | Other No: |
| Address: c/o Mitch and Julie Williams, PO Box 1702 | | |
| City: Ellensburg | State: WA | Zip: 98926 |
| Email Address (optional): | | |

| | | |
|---|---------------------------|------------|
| Contact Name (if different from above): Jeff Slothower | Phone No: 509-925-6916 | Other No: |
| Relationship to Applicant: Attorney for Aqua Mitigation LLC and Amerivest Development LLC | | |
| Address: PO Box 1088, 201 West 7 th Avenue | | |
| City: Ellensburg | State: WA | Zip: 98926 |
| Email Address (optional): jslothower@lwhsd.com | | |

| Section 2. STATEMENT OF INTENT |
|---|
| <p>Briefly describe the purpose of your proposed project: <u>The applicant proposes to offset the 0.154 a-f/yr of consumptive use for the project (one residential connection and 500 square feet of lawn and garden on Lot 8 of the Midfield LLC Plat as depicted on the survey maps attached as Exhibit A) with 0.154 a-f/yr of mitigation water acquired from Trust Water Right No. CS4-01968sb11a. The proposed well for the new use is to be located in a "green" area as noted on the Amerivest Water Bank suitability map.</u></p> <p>Anticipated length of time to complete your project: <u>90 Days</u></p> <p>Is this for an existing use, established prior to July 16, 2009? ___ Yes <u>X</u> No</p> <p>If yes, when was the water first regularly and beneficially used? _____</p> |

| | |
|---------------------|--|
| For Ecology Use | APPLICATION NO: <u>64-35609</u> SEPA: Exempt/Not Exempt Fee Paid: <u>Ⓟ</u> Check No: <u>Ⓟ</u> ECY Coding: 001-001-WR1-0285-000011 |
| Date Returned _____ | By _____ Priority Date <u>04-16-2013</u> By <u>Ⓟ</u> WRIA: <u>39 Kitt</u> |

Water Use: List all proposed uses and the quantity required for each. (For example: domestic, group domestic, lawn or commercial garden, municipal water supply, stock watering or industrial.)

| Purpose(s) of Use | Rate (check one box only) | | Total Water Use* in 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) | | |
| Indoor potable water for 1 home | Up to 50 gpm | | 0.392 0.118 (consumptive) | Continuously |
| Irrigation of 0.011 acres (500 ft ²) | Up to 50 gpm | | 0.040 0.036 (consumptive) | April 1 through October 31 |
| | | | | |
| | | | | |
| TOTAL: | | | 0.432 | |

* Total water use is the total quantity of water required for each use. (1 acre-foot = 325,851 gallons). For example calculations, located at: <http://www.ecy.wa.gov/programs/wr/cro/wtrchng.html>

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: <u>6-inch, 244 feet</u> If available, attach Water Well Report and pump test. Well Tag ID No. <u>APT579</u> Number of proposed points of withdrawal: <u>1</u> |

C.) Point of Diversion/Withdrawal – Legal Description

| Parcel No. | ¼ | ¼ | Section | Township | Range | County |
|------------------|----------|----|-------------|----------|-------|----------|
| 17-18-08000-0083 | NE | SE | 08 | 17 | 18 | Kittitas |
| Lot(s) | Block(s) | | Subdivision | | | |
| | | | | | | |

Well log has well in SE ¼ SW ¼

If available, GPS (Global Positioning System) device location:

Latitude: _____ N Longitude: _____ W

Datum and units (for example NAD83 and decimal degrees, etc): _____ (required for all GPS locations)

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. A map identifying the well location within the parcel is required for all existing wells proposed for use under this request (see below).

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. Please ensure that the well location and parcel number listed in Section 3 matches the well location on the site map and on the well log. If there are any differences please provide an explanation on a separate sheet of paper. Unclear well locations may cause delays in processing the request.

| 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>1</u> | Present population to be served water: _____ |
| Type of connections: <u>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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| If yes, date plan was approved <u>10/18/2010</u> Water System Number: <u>TWS ID# AC409E; DOH # 10-0306</u> | |
| Name of water system: <u>Midfield Water System</u> | |
| 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: <u>The lot for which a Determination of Water Budget Neutrality is sought is part of the above-described water system but has not yet had a residence constructed on the lot.</u> | |
| _____ | |
| _____ | |
| _____ | |
| 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 or 500 square feet
NOTE: Outline the area to be irrigated on your attached map. (1 acre = 43,560 square feet)

Section 5. MITIGATION

To request a determination of Water Budget Neutrality 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 checked="" type="checkbox"/> Gallons per Minute (GPM) | | |
| CS4-01968sb11a | Up to 50 gpm | 0.392 0.118 (consumptive) | June 30, 1874 |
| | | | |
| | | TOTAL: 0.392 | |

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: | |

C) Quantity of Trust Water Right(s) listed in Section 5 (A) and (B) Acquired for Mitigation

Please list the specific quantity in AFY of Trust Water Right(s) listed in Sections 5(A & B) that have been acquired to offset consumptive use associated with this proposed new use of groundwater: 0.392, 0.118 (consumptive) AFY for potable water for 1 home; and 0.040, 0.0036 (consumptive) AFY for Irrigation of 0.011 acres (500 square feet) of lawn and garden

Note: You may wish to refer to the online water use calculator for example consumptive use calculations:

<http://www.ecy.wa.gov/programs/wr/cro/wtrchgng.html>

Additional information regarding consumptive use can be found in Chapter 173-539(A)-050(3) WAC.

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 8, Midfield LLC Plat, in the County of Kittitas, State of Washington, as per plat thereof recorded in Book 11 of plats, pages 161 and 162, records of said county.

| 1/4 | 1/4 | Section | Twp. | Range | County | Parcel No. |
|-----|-----|---------|------|-------|----------|------------|
| | SW | 8 | 17 N | 18 E | Kittitas | 954943 |

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.

| | | |
|--|--|---|
| <p><u>Mitch Williams, Manager</u> Print Name <u>Amerivest Development LLC</u> (Applicant or authorized representative)</p> | <p><u>[Signature]</u> Signature</p> | <p><u>4-11-2013</u> Date</p> |
| <p><u>Mitch Williams, Manager</u> Print Name <u>Amerivest Development LLC</u> (Land Owner, if seeking to use the ground water exemption)</p> | <p><u>[Signature]</u> Signature</p> | <p><u>4-11-2013</u> Date</p> |

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