



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: Jeff Bainter and Kenneth Martin	Phone No: 509-649-2646	Other No:
Address: PO Box 1041		
City: Roslyn	State: WA	Zip: 98941
Email Address (optional): jeffbainter@yahoo.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: <u>Build two residences</u>
Anticipated length of time to complete your project: <u>10-25 years</u>
Is this for an existing use, established prior to July 16, 2009? <u> </u> Yes <u> x </u> No
If yes, when was the water first regularly and beneficially used?

For Ecology Use	APPLICATION NO: <u>64-35626</u> SEPA: Exempt/Not Exempt
	Fee Paid: <u> </u> Check No: <u> </u> ECY Coding: 001-001-WR1-0285-000011
Date Returned	By <u> </u> Priority Date <u>05 22 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)		
Domestic	TBD	0.784/ 0.236 (CU)	Continuously
Irrigation	TBD	0.044/ 0.038 (CU)	Seasonal
TOTAL:	TBD	0.828 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: 1
 (shared well)

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
19648 or 19649	SE		7	20N	16 E, W.M.	Kittitas
Lot(s)	Block(s)		Subdivision			
2 or 3			Lloyd Short Plat			

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

Projected number of connections to be served:
____ 2 (on a shared well) ____

Type of connections: Residential
(e.g., home, recreational cabin)

B.) Municipal Water Systems only (defined under RCW 90.03.015)

Present population to be served water:

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? YES 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? YES 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? YES 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? YES 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 = 0.022 Acres

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 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:	

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: .274 AFY

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/wtrxchng.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.

Lots 2 and 3, of LLOYD SHORT PLAT, Kittitas County Short Plat No. 03-49, as recorded June 23, 2004, in Book G of Short Plats, pages 167 and 168, under Auditor's File No. 200406230003, records of Kittitas County, State of Washington; being a portion of the South Half of the Southeast Quarter of Section 32, Township 20 North, Range 16 East, W.M., in the County of Kittitas, State of Washington.

¼	¼	Section	Twp.	Range	County	Parcel No.
SE		7	20N	16 E, W.M.	Kittitas	19648 and 19649

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 responsibility for the accuracy of the information provided.

JEFF BAINTER
 Print Name
 (Applicant or authorized representative)

Jeff Bainter
 Signature

4-23-13
 Date

JEFF BAINTER
 Print Name
 (Land Owner, if seeking to use the ground water exemption)

Jeff Bainter
 Signature

4-23-13
 Date

Submit this form to:

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