

# Water Resources Program Application for a Water Right Permit



For Ecology Use  
(Date Stamp)

DEPT OF ECOLOGY  
FISCAL & BUDGET

13 JUN 27 18:30

- SURFACE WATER  GROUND WATER  PERMANENT
- TEMPORARY  SHORT TERM  DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

**\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.**

## Section 1. APPLICANT

Applicant/Business Name: Eli Shoval	Phone No: (206) 930-3120	Other No:
Address: c/o Maizel and Assoc., 9311 SE 36th Street #112		
City: Mercer Island	State: WA	Zip: 98040
Email Address (optional): <a href="mailto:greenlake60@gmail.com">greenlake60@gmail.com</a>		

Contact Name (if different from above): Jessica Kuchan Mentor Law Group PLLC	Phone No: 206-838-7650	Other No:
Relationship to Applicant: Attorney representing seller of mitigation water		
Address: 315 Fifth Ave S., Ste 1000		
City: Seattle	State: WA	Zip: 98104
Email Address (optional): <a href="mailto:Kuchan@mentorlaw.com">Kuchan@mentorlaw.com</a>		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Same	Phone No:	Other No:
Address:		
City:	State:	Zip:
Email Address (optional):		

## Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Obtain Water Right Permit based on mitigation from Court Claim No. 05259 (Suncadia, LLC). This application is for the Upper Kittitas County area. Under WAC 173-539A-060, Ecology can expedite the processing of this application.

Anticipated length of time to complete your project: 20 years

For Ecology Use	APPLICATION NO: <u>64-35634</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>50-</u> Check No: <u>2263</u> <u>06-27-2013</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <u>06-27-2013</u> By <u>[Signature]</u> WRIA: <u>39 Kitt</u>

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

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 checked="" type="checkbox"/> Gallons per Minute (GPM)		
Domestic for 1 residence	33 gpm		0.392 (0.12 (CU))	Continuously
Irrigation for 500 s.f.	33 gpm		0.022 (0.019 (CU))	Seasonal
<b>TOTAL:</b>	33 gpm		0.414 (0.137 (CU))	

**Short Term/Temporary Water Use**

Is this a request for a short term project (less than four months and non-recurring)?  YES  NO

Is this request for a temporary permit?  YES  NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_

**Section 3. POINT OF DIVERSION OR WITHDRAWAL**  
(Complete A or B, and C below)

<p><b>A.) If Surface Water Source</b></p> <p><input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake  <input type="checkbox"/> Other: _____</p> <p>Source Name: _____</p> <p>Tributary to: _____</p> <p>Number of proposed diversion points: _____</p> <p>Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><b>B.) If Ground Water Source</b></p> <p><input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____</p> <p>Well diameter &amp; depth: 6"; 124'</p> <p>Number of proposed points of withdrawal: 1</p> <p>Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If available, attach Water Well Report and pump test.</p> <p>Well Tag ID No. APG-193</p>
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**C.) Points of Diversion/Withdrawal – Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
957004	SW	NE	7	19N	15E	Kittitas
Lot(s)	Block(s)		Subdivision			
1			Wedgwood Estates			

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 \_\_\_\_\_.

Parcel No.	¼	¼	Section	Township	Range	County
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 two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located?  YES  NO

For Ecology Use	APPLICATION NO: _____ SEPA: Exempt/Not Exempt Fee Paid: <u>50-</u> Check No: <u>2263</u> ECY Coding: 001-001-WR1-0285-00011
Date Returned _____	By _____ Priority Date _____ By _____ WRIA: _____

If no, do you have legal authority to make this application for use of another's land?  YES  NO  
 Provide the owner name(s), address, and phone number:

**Section 4. 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 1 of WEDGWOOD ESTATES, according to the Plat recorded in volume 12 of Plats at page(s) 12-14, records of Kittitas County, Washington.

¼	¼	Section	Twp.	Range	County	Parcel No.
SW	NE	7	19	15E	Kittitas	957004

Do you own all the lands on which the proposed place of use is located?  YES  NO.

If no, do you have legal authority to make this application for use of another's land?  YES  NO  
 Provide owner name(s), address, and phone number: \_\_\_\_\_

Are there any other water rights or claims associated with this property or water system?  YES  NO

If yes, provide the water right and/or claim numbers: There are other water right use authorizations relating to this water system but not this lot, specifically G\$-35539, G4-35495, and G4-35577.

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 5. WATER SYSTEM DESCRIPTION**

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Group B system.

**Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION**  
 (Complete A or B, and C 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 (as part of a Group B system)</u>	Present population to be served water: _____
Type of connections: <u>Residential</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?  YES  NO

If yes, date plan was approved 2/1/2010 Water System Number: AC434

Name of water system: Wedgwood Estates

Are you within the service area of an existing water system?  YES  NO -- NA

If yes, explain why you are unable to connect to the system: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES**

**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.

**Stockwater**

List number and kind of stock: N/A

Is the proposed project for a dairy farm?  YES  NO

**Other Proposed Farm Uses**

Describe all proposed uses: N/A

**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres?  YES  NO

Do you have a controlling interest in a Family Farm Development Permit?  YES  NO

If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

**Hydropower**

Indicate total feet of head N/A and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: N/A

**Other Use**

N/A

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water?  YES  NO

Are you proposing to store more than 10 acre-feet of water?  YES  NO

Will the water depth be 10 feet or more?  YES  NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a  
ECY 040-1-14 (Rev. 1-6-10) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872.  
Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site:

From I-90: Take Cle Elum exit; Turn left toward 4<sup>th</sup> St./S. Cle Elum Way; Turn left at 4<sup>th</sup> St/S Cle Elum Way; Continue to follow S. Cle Elum Way; Turn right at Madison Ave.; Take the 2<sup>nd</sup> left onto 6<sup>th</sup> St; Turn right at Marie Rd; Continue onto Westside Rd; Left on Woods and Steele Road.

Site Address: Woods and Steele Road, Cle Elum, WA.

**Section 11. 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 application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Allon Shoval  
Print Name  
(Applicant or authorized representative)

  
Signature

6-20-13  
Date

Allon Shoval  
Print Name  
(Legal Owner or Part Owner Place of Use)

  
Signature

6-20-13  
Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

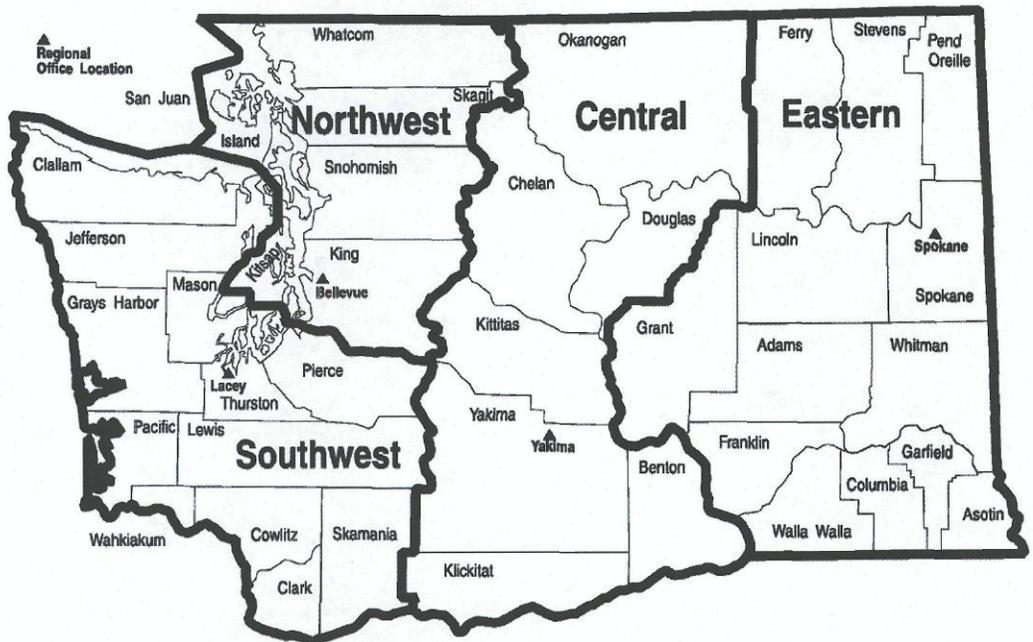
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please check the region in which the project is located:

<p><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



**INSTRUCTIONS for the Application for a Water Right Permit**

Please read these instructions carefully. Be accurate and complete in filling out your application, as the information you provide is very important in processing your application. Be sure to attach your fees, maps, and any additional information related to the water uses you are proposing.

If you need assistance, please contact the regional office in which your project will be located. A map of the Ecology regions is on the back page of the application. If your answers to any questions are longer than the space provided, you may attach additional sheets as necessary.

**Check Boxes**

Check the appropriate box for Surface or Ground Water.  
Check the appropriate box for Permanent, Temporary, or Short Term use (duration of 4 months or less).

**\*Application Fee**

- A minimum fee of \$50.00 is required for each new application for a water right permit.
- No fees are required for applications to be processed under a Cost Reimbursement contract.
- No fees are required for Emergency Drought Applications (only when a drought is declared).

If additional fees are required, Ecology will send you a letter requesting those fees. If you are unsure of the appropriate fee amount, contact your regional office for more information, or visit our website: [http://www.ecy.wa.gov/programs/wr/rights/wr\\_fees.html](http://www.ecy.wa.gov/programs/wr/rights/wr_fees.html).

**Please make checks or money orders payable to the "Department of Ecology." Cash cannot be accepted. ALL FEES ARE NONREFUNDABLE.**

**Section 1. APPLICANT**

Enter the name of the person, organization, or water system for which the water right permit is requested. For instance, if the permit is required for a community water system, enter the name of the system (e.g. Green Acres Water Works). Enter a mailing address, including zip, daytime telephone, an alternate or cell phone number, and an Email address (if you have one).

Provide the name of a contact person (if different from above) to call in case we have questions about the application or proposed project. Describe the relationship of the contact person to the applicant, e.g. "consultant," "water systems engineer," "realtor," "chair of community well organization," etc.