



For Ecology Use
(Date Stamp)



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: Edmund Connelly and Pauline Kanwetz	Phone No: 702-525-7995	Other No:
Address: 7232 Silver Valley Street		
City: Las Vegas	State: NV	Zip: 89149
Email Address (optional): ppklv@aol.com		

Contact Name (if different from above): Jeff Slothower	Phone No: 509-925-6916	Other No:
Relationship to Applicant: Attorney for Seller, Aqua Mitigation LLC		
Address: P.O. Box 1088		
City: Ellensburg	State: WA	Zip: 98926
Email Address (optional): jslothower@lwhsd.com		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: The applicant proposes to offset the 0.137 a-f/yr (0.118 for "Domestic Single" and 0.019 for "Irrigation") of consumptive use for the project (one residential connection and 500 square feet of lawn and garden on Lot 13, as depicted on the map attached as Exhibit A) with 0.137 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.

Anticipated length of time to complete your project: _____

Is this for an existing use, established prior to July 16, 2009? ___ Yes X No

If yes, when was the water first regularly and beneficially used? _____

For Ecology Use	APPLICATION NO: <u>84-35641</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>0</u> Check No: <u>0</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>08-09-2013</u> By <u>[Signature]</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)		
In-house Use with an On-site Septic System (1 home)	Up to 10 gpm (Additive)	0.392 0.118 (consumptive)	Continuously
Irrigation of 0.011 acres (500 ft ²)	Up to 10 gpm (Non-Additive)	0.022 0.019 (consumptive)	April 1 through October 31
TOTAL:		0.414 0.137 (consumptive)	

* 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/wtrxchng.html>

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: _____
[SEE WATER WELL REPORT ATTACHED AS EXHIBIT B]
 Existing well diameter & depth: 6" diam, 220' depth
 If available, attach Water Well Report and pump test.
 Well Tag ID No. ALC697
 Number of proposed points of withdrawal: 1

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
19387		SW	8	17 N	18 E	Kittitas
Lot(s)	Block(s)		Subdivision			

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: _____	Present population to be served water: _____
Type of connections: _____ <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 checked="" 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 = .011 (500 sq. ft.)	

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 10 gpm	0.392 0.118 (consumptive)	June 30, 1874
CS4-01968sb11a	Up to 10 gpm (non-additive)	0.022 0.019 (consumptive)	June 30, 1874
TOTAL:		0.414 0.137 (consumptive)	

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 in-house use with an on-site septic system for 1 home; and 0.022, 0.019 (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/wtrchg.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.

Parcel 13 of that certain Survey as recorded December 4, 2003, in Book 29 of Surveys, page 174, under Auditor's File No. 200312040048, records of Kittitas County, Washington; being a portion of the Southwest Quarter of Section 8, Township 17 North, Range 18 East, W.M., in the County of Kittitas, State of Washington

¼	¼	Section	Twp.	Range	County	Parcel No.
	SW	8	17 N	18 E	Kittitas	19387

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.

Pauline Kanwetz _____
Print Name
(Applicant or authorized representative)

_____ [SEE ATTACHED] _____
Signature

Date

Pauline Kanwetz _____
Print Name
(Land Owner, if seeking to use the ground water exemption)

_____ [SEE ATTACHED] _____
Signature

Date

Submit this form to:

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

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Pauline Kanwet z
 Print Name
 (Applicant or authorized representative)


 Signature

7/30/13
 Date

Pauline Kanwet z
 Print Name
 (Land Owner, if seeking to use the ground water exemption)


 Signature

7/30/13
 Date

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

ECY 070-371 (Revised 07/2011) 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.