



# Application for a Water Right Permit

For Ecology Use  
(Date Stamp)



13 JUN 18 8:54

DEPT. OF ECOLOGY  
FISCAL & BUDGET

Follow the attached instructions. Attach additional sheets as necessary.

- GROUND WATER       SURFACE WATER
- PERMANENT             SHORT TERM       TEMPORARY
- DROUGHT

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

## Section 1. APPLICANT

I have participated in a pre-application conference with Ecology.

Applicant/Business Name: Suncadia Environmental Company, LLC		Phone No: (509) 649-3906	Other No:
Address: 4244 Bullfrog Rd., Ste 1			
City: Cle Elum	State: WA	Zip: 98922	
Email Address (if available): cpowers@suncadia.com			

Contact Name (if different from above): Jessica Kuchan, Mentor Law Group, PLLC		Phone No: (206) 755-4364	Other No:
Relationship to Applicant: Attorney			
Address: 315 Fifth Ave S., Ste 1000			
City: Seattle	State: WA	Zip: 98104	
Email Address (if available): Kuchan@mentorlaw.com			

Legal Land Owner or Part Owner Name of the Proposed Place of Use: <i>Multiple Owners – Will be assigned at a later date</i>		Phone No:	Other No:
Address:			
City:	State:	Zip:	
Email Address (if available):			

For Ecology Use	APPLICATION NO: <u>64-35630</u>	SEPA: Exempt/Not Exempt		
	Fee Paid: <u>50.00</u>	Check No: <u>2261 06-18-2013</u>	ECY Coding: 001-001-WR1-0285-000011	
Date Returned	By	Priority Date <u>06-18-2013</u>	By <u>[Signature]</u>	WRIA: <u>39 KUT</u>
Pre-application interviewer:				

## Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located?  YES  NO  
 If no, do you have legal authority to make this application for use of another's land?  YES  NO (the landowner will acknowledge authority at the time the proposed-permit is assigned)

CGG - per email dated 8-15-2013

Briefly describe the purpose of your proposed project: To obtain a groundwater use permit for 15 residences within the area exhibited by the attached map, labeled Exhibit A. The permit will rely on the applicants' State Trust Water Rights transferred into the State Trust Water Right Program to mitigate for the consumptive use for this application and to meet the requirements of Chapter 173-539A WAC.



The permit (or permits if more than one body of public groundwater is identified) would allow the applicant to convey an interest in the permit to property owners, concurrent with conveyance of the mitigation certificate, within the area. Concurrently, if applicable, the applicant would file an additional well affidavit under RCW 90.44.100.

This application can receive priority processing under WAC 173-539A-060.

Anticipated length of time to complete your project: 20 years

**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	<del>150</del> <u>200</u>		5.881	Continuously
Irrigation	<del>150</del> <u>200</u>		0.325	Seasonal
<b>TOTAL:</b>	<del>150</del> <u>200</u>		6.206 (2.057 CU) <u>7.841</u>	

*CG per email dated 8-15-13*  
*2.852(CU) domestic*  
*0.392(CU) irrigation*

**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)

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	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____ Well diameter & depth: _____ Number of proposed points of withdrawal: <u>up to 15</u> Do you have an existing well? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. _____

**C.) Point of Diversion/Withdrawal – Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
<i>See Attached List and Map</i>						
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\_\_\_\_\_.

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.

**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.

Tillman Creek subbasin. See attached list and map						
¼	¼	Section	Twp.	Range	County	Parcel No.

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: The applicant and each landowner purchasing a mitigation certificate will submit an assignment form demonstrating that the landowner intends to be covered by the Permit.

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: \_\_\_\_\_

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): Some of the properties may be served by water systems. Attached as a list of the approved public water systems in the area that may be used under the proposed permit.

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**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: 20 <sup>15</sup> - See attached CG per email 8-15-13	Present population to be served water: _____
Type of connections: <u>Individual, shared and group</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 *See attached*

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: \_\_\_\_\_

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

**Irrigation**

Total number of acres requested to be irrigated under this application = ~~0.172~~ <sup>0.230</sup> <sup>CG</sup> ACRES

NOTE: Outline the area to be irrigated on your attached map.

**Stockwater**

List number and kind of stock: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the proposed project for a dairy farm?  YES  NO

**Other Proposed Farm Uses**

Describe all proposed uses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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** – N/A

Indicate total feet of head \_\_\_\_\_ 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: \_\_\_\_\_  
\_\_\_\_\_

Other Use

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**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: \_\_\_\_\_

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*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 Reservoir and a Dam Construction Permit and Application.*

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: **From Interstate 90 heading east, take exit 84. Turn right towards Cle Elum. Turn left onto 1<sup>st</sup> Ave; turn left on South Cle Elum Way; Turn Right on Madison Street; turn left onto Westside Road (Westside road transects the lower part of Tillman Creek).**

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Site Address: Various (exact addresses to be disclosed when assignment occurs)

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**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.

*Paul Escobedo* *[Signature]* 6-12-11  
 Print Name SVP NewSunrise LLC Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Applicant or authorized representative)

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

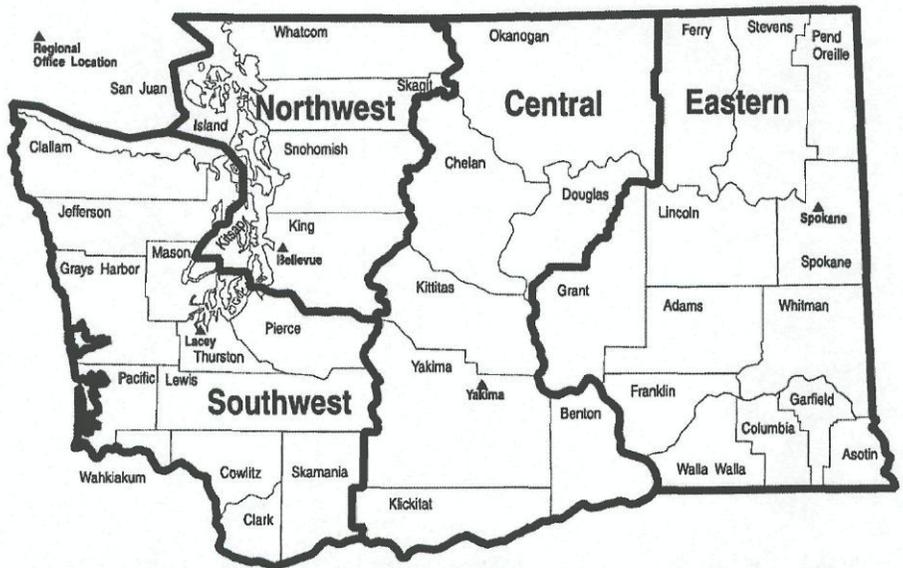
\_\_\_\_\_  
 Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Legal Owner or Part Owner Place of Use)

**Please check the region in which the project is located:**

<p><b>*Submit your application to:</b>                  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 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.

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



We encourage you to contact the Ecology Regional Office in your area to request a **pre-application conference** PRIOR to filing your application. Contacts are listed on the previous page. We will review your project needs and assist you in determining options for obtaining the water you need.

**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**

