



Request for Determination Of Water Budget Neutrality

SURFACE WATER GROUNDWATER

Section 1. APPLICANT		
Applicant/Business Name: Murphy at Loch Kachess LLC	Phone No: 206-799-2293 cell	Other No: 206-323-6738 office
Address: 3121 Broadway East,		
City: Seattle	State: WA	Zip: 98102
Email Address (optional): brianmurphy@comcast.net		

Contact Name (if different from above): Brian E. Murphy	Phone No: 206-799-2293	Other No: 206-323-6738
Relationship to Applicant: Owner		
Address: 3121 Broadway East		
City: Seattle	State: WA	Zip: 98102
Email Address (optional): brianmurphy@comcast.net		

Section 2. STATEMENT OF INTENT
Briefly describe the purpose of your proposed project: <u>Applicant proposes to drill a well for a Group B water system to supply 3 to 8 home sites. The applicant owns 3 contiguous parcels totaling 177 acres with plans to create 8 home sites. The home sites are for seasonal residences or cabins. Additionally, covenants would include limiting irrigation to a area no greater than 2500 SQ FT per lo.</u>
Anticipated length of time to complete your project: <u>3 years</u>

64-35588



Water Use List all proposed uses and the 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 type="checkbox"/> Gallons per Minute (GPM)		
TOTAL:			

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

<p>A.) If Surface Water Source</p> <p><input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake</p> <p><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.) If Groundwater Source</p> <p>Do you have an existing well? <input type="checkbox"/> YES X NO</p> <p><input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____</p> <p>Existing well diameter & depth: _____</p> <p>If available, attach Water Well Report and pump test.</p> <p>Well Tag ID No. _____</p> <p>Number of proposed points of withdrawal: <u>one</u></p>
---	--

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
951720,306835,146835	NW	NE	27	21 N	13 E	Kittitas
Lot(s)	Block(s)		Subdivision			
1,2,5						

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
1400 Feet (North/ South) and 2700 feet (East/ West)
 from the (NW SW NE SE _____) corner of Section 27.

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.

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 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:
3 to 8 _____

Type of connections: **Recreational cabin** _____
(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. The layout is not yet designed, all septic systems will be subject to Kittitas septic codes.

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 = .5 ACRES

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

If 8 building lots, covenants will restrict lawns and shrubs (irrigation) to 2500 Sq Ft per lot

Section 5. MITIGATION

To receive a new water right 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 type="checkbox"/> Gallons per Minute (GPM)		
	<input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
	<input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
	<input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
TOTAL:			

B) Proposed Trust Water Right Application

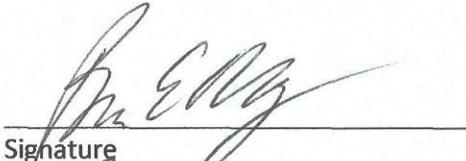
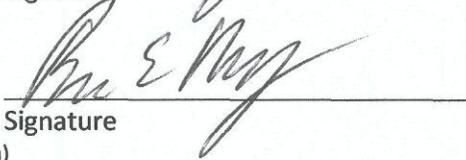
Please identify the pending application(s) to place a water right(s) into trust for use as mitigation.

Water Right No.	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
Suncadia	<input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	163	Senior right, date unknown

	<input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
	<input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
	<input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
	TOTAL:		

Section 6. 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.

<u>BRIAN E. MURPHY</u> Print Name (Applicant or authorized representative)	 Signature	<u>2-25-10</u> Date
<u>BRIAN E. MURPHY</u> Print Name (Land Owner, if seeking to use the groundwater exemption)	 Signature	<u>2/25/2010</u> Date

Submit this form to:

DEPARTMENT OF ECOLOGY
 WATER RESOURCES PROGRAM
 CENTRAL REGIONAL OFFICE
 15 W. YAKIMA AVE, SUITE 200
 YAKIMA, WA 98901