



To Protect and Promote the Health and the Environment of Kittitas County

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Tracking #: WA-18-00040 Date Accepted: 2/9/18 Accepted By: KS

FORM L

ADEQUATE WATER SUPPLY DETERMINATION FOR BUILDING PERMITS: LIMITED REVIEW

Incomplete applications, including applications without the proper documentation, will not be accepted. KCPHD will return incomplete applications to the applicant. All applicable fees may be non-refundable.

OWNER OF RECORD: Swauk Valley Ranch LLC PHONE #: 206763-5403 MAILING ADDRESS: P.O. Box 24567 PARCEL #: 717734/19-17-17000-0001 CITY, STATE, ZIP: Seattle, WA 98124 E-MAIL: acordas@mckinstry.com PROJECT LOCATION: 18511 Hwy 10, Ellensburg, WA 98926 EXISTING UNIQUE WELL ID#: _____

Project Use: [X] Creation of a structure that adds additional fixtures and has a pre-existing water source... [] Replacement of a structure... [] Remodel of a structure... [X] Creation of a structure that has a pre-existing water source and does include creating a dwelling unit Please describe project: outbuilding cabana *A dwelling unit is defined as: "A single unit providing complete, independent living facilities for one or more persons, including permanent provisions for living, sleeping, eating, cooking and sanitation."

Date when regular use of water began: 1998 The structure will be served by (please check one of the following options): [] Individual Well [] 2 Party Shared Well [] Group A Water System... [X] Group B Water System... Name of Water System: Swauk Valley Ranch AC733E

- Please provide the following : • Well log, if available (Individual/Shared well only) • 8 1/2" by 11" site plan following the Unified Site Plan Requirements. • Current passing nitrate (within 3 years) and bacteriological (within 1 year) well water tests (Individual, Shared, Group B well only) • If shared well, please provide a recorded shared well users agreement • Current operating permit from the Washington State Department of Health that is in green or yellow status. (Group A, Group A NTNC and A-TNC Water Systems Only)

***The adequate water supply determination approval remains valid only if the facts asserted and governing law do not change, and expires within 1 year of issuance. All applicable fees may be non-refundable. *** revised 05.2017

STATEMENTS OF UNDERSTANDING

<p><u>AC</u> (Initials)</p>	<p>I hereby certify that the information provided is accurate and I understand that if the project description should change that it is my responsibility to inform Kittitas County. I understand that if the project changes it may require different and/or additional requirements.</p>
<p><u>AC</u> (Initials)</p>	<p>I understand that approval by Kittitas County only verifies my intent and that it does not guarantee that there is a legal right to waters of the state, or that the pre-existing water source meets state or local requirements for potability and /or quantity for the proposed use, or that WAC 173-539A does not apply to the pre-existing water source. As the applicant, I assume all risk in its entirety and agree to indemnify defend and hold Kittitas County, its departments, elected and appointed officials, employees, and agents, harmless from and against any and all claims, damages, losses and expenses, including reasonable attorney's fees, for any bodily injury, sickness, disease, or death, or any damage to or reduction in value of property including the loss of use resulting therefrom which are alleged or proven to be caused in whole or in part by a negligent act or omission of its officers, directors, and employees. As the applicant, I understand that the purpose of this application has been made with the intention of seeking issuance of a building permit; I understand that I am legally and financially responsible for ensuring there is a legal right to the water to be used, and that all water supply systems are engineered, designed, constructed and maintained in accordance with federal, state and local requirements.</p>
<p><u>AC</u> (Initials)</p>	<p>I agree to comply with all sections of this document, federal, state, and local provisions, codes, and ordinances in regards to water use. I certify that the information provided is true and accurate and I understand that if the project description should change that it is my responsibility to inform Kittitas County Public Health Department (KCPHD) and that the department may require different and/or additional requirements. I also wholly understand that approval of this application does not warrant any guarantee of potable water or the legal right to use waters of the state and that I alone assume the calculated risk of developing a potable water supply. I understand that all applicable fees may be non-refundable and that KCPHD may have additional requirements to ensure that sufficient and adequate water supply is available for use and I shall comply with all requests made by KCPHD.</p>
<p><u>AC</u> (Initials)</p>	<p>I understand that the federal, state and local water quality requirements are a minimum requirement for water quality testing, and that local conditions may result in contaminants that are not detected by these tests. As the applicant, I assume all risk in its entirety and agree to indemnify, defend and hold Kittitas County, its departments, elected and appointed officials, employees, and agents, harmless from and against any and all claims, damages, losses and expenses, including reasonable attorney's fees, for any bodily injury, sickness, disease, or death, or any damage to or reduction in value of property including the loss of use resulting therefrom which are alleged or proven to be caused in whole or in part by a negligent act or omission of its officers, directors, and employees.</p>
<p><u>AC</u> (Initials)</p>	<p>I understand that adding a 2nd and/or additional residential connections to an individual well, including accessory dwelling units, categorizes the well as a Public or Shared Water System which requires submittal of a Public or Shared Water System application and approval by KCPHD or WA State Dept. of Health.</p>
<p><u>AC</u> (Initials)</p>	<p>I certify that I have read and understand the Adequate Water Supply Determination Instructions and Form.</p>

Property Owner Signature: Alex Cordas Date: 2-8-18
 Alex Cordas owners representative/agent

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NOTARIZED STATEMENT

I, Alex Cordas (the undersigned applicant) under penalty of perjury in the State of Washington agree to comply with all sections of this document, federal, state, and local provisions, codes, and ordinances in regards to water use. These covenants and agreements and shall be binding on all parties having or acquiring any right, title, or interest in this land described herein or any part hereof and it shall pass to and be for the benefit of each owner thereof. I certify that the information provided is true and accurate and I understand that if the project description should change that it is my responsibility to inform Kittitas County Public Health Department (KCPHD) and that the department may require different and/or additional requirements. As the applicant, I assume all risk in its entirety and agree to indemnify defend and hold Kittitas County, its departments, elected and appointed officials, employees, and agents, harmless from and against any and all claims, damages, losses and expenses, including reasonable attorney's fees, for any bodily injury, sickness, disease, or death, or any damage to or reduction in value of property including the loss of use resulting there from which are alleged or proven to be caused in whole or in part by a negligent act or omission of its officers, directors, and employees. As the applicant for a building permit, I understand that I am legally and financially responsible for ensuring there is a legal right to the water to be used, and that all water supply systems are engineered, designed, and constructed in accordance with federal, state and local requirements. I also wholly understand that approval of this application does not warrant any guarantee of potable water or the legal right to use waters of the state and that I alone assume the calculated risk of developing a potable water supply. I understand that all applicable fees may be non-refundable and that KCPHD may have additional requirements to ensure that sufficient and adequate water supply is available for use and I shall comply with all requests made by KCPHD. Should I as the property owner chose to use and appoint an authorized agent to represent my interest, I may do so, by having myself and the authorized agent sign this notarized statement.

Signed: [Signature] Property Owner(s)

Print Name: Alex Cordas

I, Sunrise Valley Ranch LLC Property Owner(s)
(the property owner) appoint,

Alex Cordas as an authorized agent to represent my interest.

Authorized Agent Signature (if applicable): [Signature] Print Name: Alex Cordas
Authorized Agent Authorized Agent

State of Washington)
)ss
County of King)

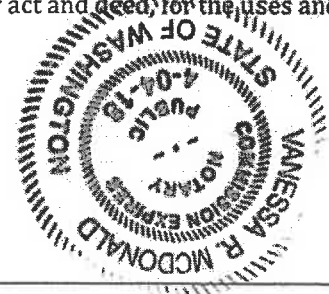
I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this 9th day of February 2018 personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a creditable witness to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

Alex Cordas to me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed

Vanessa R McDonald
Notary Public in and for the State of Washington,
Residing in: Newcastle
My Commission Expires: 4-4-18



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OFFICIAL USE ONLY

Review of Application:

TRACKING #: WA-18-00040

Proposed project will maintain well or septic system setback requirements

Yes No

Proposed project qualifies under the limited review AWSD process

Yes No

Application materials for the proposed project are attached and complete:

- A copy of the well log.
- A current passing (within ≤ 1 year) bacteriological and nitrate (within ≤ 3 years) well water test.
- Site map identifying the location of the proposed project and well location.
- Current operating permit from the Washington State Department of Health that is in green or yellow status.

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

EVALUATION NOTES:

DATE: _____ NOTES: _____

DATE: _____ NOTES: _____

DATE: _____ NOTES: _____

FINAL EVALUATION:

REVIEWER: *[Signature]*

DATE: 2-14-18

Based on the information provided in this application and to the best of my knowledge and ability at this time:

Requirements for adequate water supply determination appear to be complete and satisfactory*[†]

The request for adequate water supply determination is not complete or unsatisfactory and therefore has been denied*[†]

Notes: _____

*The Building Official makes the final determination on the issuance of a building permit per RCW 19.27.097

† KCPHD does not make determinations regarding an applicant's legal right to ground water or the validity of WAC 173-539A nor does KCPHD have the authority to perform such actions.

ADEQUATE WATER SUPPLY DETERMINATION LIMITED REVIEW FEE \$145

Total Fee Due: = 145⁻

Receipt #: PH18-00110

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LabTest

201 East D Street
Yakima, WA 98901
(509) 469 - TEST
Fax: (509) 352 - 1313

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Yakima, WA 98901
(509) 469 - TEST
Fax: (509) 352 - 1313



LabTest

Date Sample Collected 01/31/18 Month / Day / Year	Time Collected 10:00 AM	County KITTITAS
Type of Water System Group B Public Water Facilities Inventory (WFI)		
ID# AC733E	System name: Swauk Valley Ranch	
Contact Person: Alex Cordas	Day Phone: 800-669-6223 Cell:	
Eve. Phone:	Fax:	
Send results to: Swauk Valley Ranch PO Box 24567 Seattle, WA 98124		
SAMPLE INFORMATION		
Sample collected by: Eric Morris		
Specific location: Well Head		
Comments: 18511 Hwy 10		
Type of Sample		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: N Chlorine Residual: N/A	2. <input type="checkbox"/> Repeat Sample Unsatis. Lab #	
3. <input type="checkbox"/> Raw Water Source Sample Source Number:	Unsatis. Collect date	
4. <input type="checkbox"/> Sample Collected for Information Only		
Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other <input type="checkbox"/>		
DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> UNSATISFACTORY Total Coliform Bacteria Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> SATISFACTORY Total Coliform Absent
<input type="checkbox"/> Replacement sample required		
Bacterial Density: Plate Count _____ / 100mL	Total Coliform Fecal Coliform E. coli _____ / 100 mL _____ / 100mL _____ / 100mL	
Method Code: MICR - 2720	Date Received: 01/31/18	Time Received: 4:00 PM
Date Analyzed/Reported: 01/31/18	02/01/18	
Sample Number: 230-03101		

LabTest

Date Sample Collected 01/31/18 Month / Day / Year	Time Collected 10:00 AM	County KITTITAS
Type of Water System Group B Public Water Facilities Inventory (WFI)		
ID# AC733E	System name: Swauk Valley Ranch	
Contact Person: Alex Cordas	Day Phone: 800-669-6223 Cell:	
Eve. Phone:	Fax:	
Send results to: Swauk Valley Ranch PO Box 24567 Seattle, WA 98124		
SAMPLE INFORMATION		
Sample collected by: Eric Morris		
Specific location: Well Head		
Comments: 18511 Hwy 10		
Type of Sample		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: N Chlorine Residual: N/A	2. <input type="checkbox"/> Repeat Sample Unsatis. Lab #	
3. <input type="checkbox"/> Raw Water Source Sample Source Number:	Unsatis. Collect date	
4. <input type="checkbox"/> Sample Collected for Information Only		
Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other <input type="checkbox"/>		
DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> UNSATISFACTORY Total Coliform Bacteria Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> SATISFACTORY Total Coliform Absent
<input type="checkbox"/> Replacement sample required		
Bacterial Density: Plate Count _____ / 100mL	Total Coliform Fecal Coliform E. coli _____ / 100 mL _____ / 100mL _____ / 100mL	
Method Code: MICR - 2720	Date Received: 01/31/18	Time Received: 4:00 PM
Date Analyzed/Reported: 01/31/18	02/01/18	
Sample Number: 230-03101		

LabTest

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. _____

UNIQUE WELL I.D.# _____

Water Right Permit No. _____

(1) OWNER: Name Swank Creek Address _____

(2) LOCATION OF WELL: County Kittitas 1/4 _____ 1/4 Sec _____ T. _____ N. R. _____ W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) _____

(3) PROPOSED USE: Domestic Industrial Municipal
 Irrigation Test Well Other
 DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
Abandoned New well Method: Dug Bored
Deepened Cable Driven
Reconditioned Rotary Jetted

(5) DIMENSIONS: Diameter of well 8 inches.
Drilled 255 feet. Depth of completed well 255 ft.

(6) CONSTRUCTION DETAILS:
Casing installed 6 ft. Diam. from 2 ft to 255 ft.
Welded Diam. from _____ ft to _____ ft.
Liner installed Diam. from _____ ft to _____ ft.
Threaded Diam. from _____ ft to _____ ft.

Perforations: Yes No
Type of perforator used Touch
SIZE of perforations 18 in. by 6" in.
100 perforations from 210 ft. to 240 ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ from _____ ft to _____ ft.
Diam. _____ Slot size _____ from _____ ft to _____ ft.

Gravel packed: Yes No Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes No To what depth? 20 ft.
Material used in seal BENTONITE
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____ H.P. _____
Type: _____

(8) WATER LEVELS: Land surface elevation _____ ft.
Static level 20 ft. below top of well Date _____
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Time	Water Level	Time	Water Level	Time	Water Level

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Date of test _____
Boiler test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artest 25 gal./min. with stem set at 255 ft. for 1 hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes No

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information:

MATERIAL	FROM	TO
Dirt - cobbles	0	5
MEDIUM BASALT	5	130
SANDSTONE	130	180
MEDIUM BASALT	180	210
SANDSTONE	210	245
MEDIUM BASALT	245	255

Work Started 12-1 19. Completed 12-5 1978

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME BACH Drilling Co
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

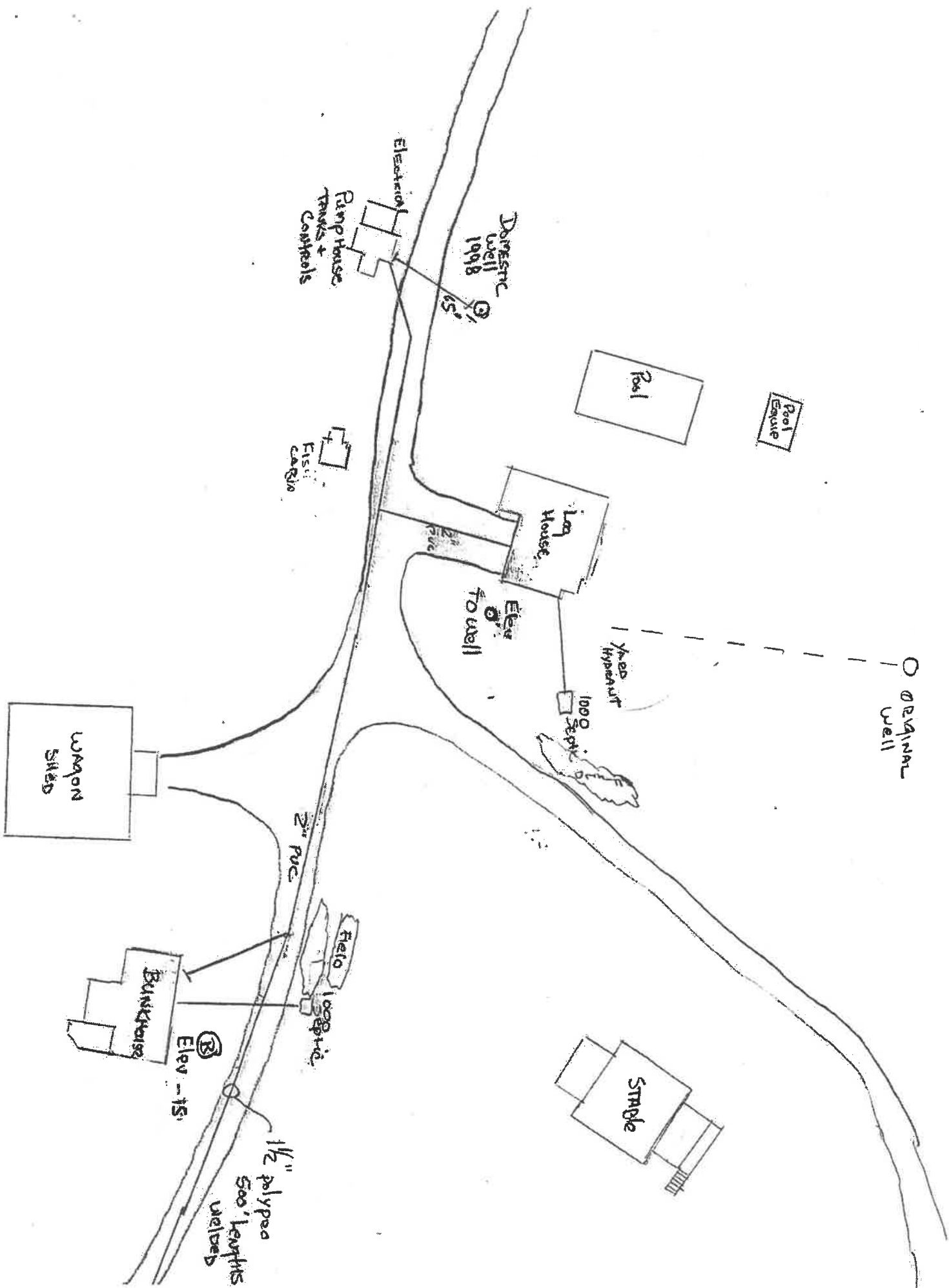
Address 3340 WILSON C.R. Rd. Ellensburg

(Signed) Wielo Bach License No. 27
(WELL DRILLER)

Contractor's Registration No. MIKEDBC12314 Date 12-5 1978

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6600. The TDD number is (206) 407-6006.



○ ORIGINAL Well

Pool Square

Pool

Domestic Well 1998

Electrical

Pump House
Trunks +
Controls

Log House

Elev
to well

Head
Hydrant

1000 Septic

Fish
cabin

WAGON
SHED

2" PUC

Field
1000 Septic

Bunkhouse

ⓑ
Elev - 15'

Stable

1/2" polypoa
500' lengths
welded