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 www.co.kittitas.wa.us/health/

JUL 14 2020

KS

FOR OFFICIAL USE ONLY:
 Accepted By: KS
 Tracking #: WA-20-00179
 Date Processed: 7-14-2020

FORM
I/S

**ADEQUATE WATER SUPPLY DETERMINATION
 INDIVIDUAL/SHARED WELLS**

PH 20-00624

RECEIVED
MAY 08 2026

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.

Kittitas County CDS

Owner of Record: <u>Kelly & Michelle Hill</u>	Phone #: <u>509 260 1121</u>
Mailing Address: <u>Po Box 606</u>	Parcel #: <u>355035 / A780 17778</u>
City, State, Zip: <u>Cle Elum WA 98922</u>	E-mail: <u>alpine valley construction@gmail.com</u>
Project Location: <u>XXXX MASON ROAD</u> <u>Cle Elum WA 98922</u>	Existing Unique Well ID#: <u>ALE 978</u>
	Mitigation certificate #: _____

PROJECT USE:

- New dwelling unit* with potable water
- Remodel that adds fixtures, and creates an additional dwelling unit.*
- Addition that adds fixtures, and creates an additional dwelling unit. *
- Addition of potable water to a dry structure
- Replacement structure with no previous I/S form on file if built after 2008

Please describe project: New single family dwelling

*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."

Does the parcel currently have a structure with plumbing? YES NO

Does the well serve another parcel? YES NO

Please provide the following:

- Well log, reconstructed well log, or 4-hour draw down well test good
- 8 1/2 by 11" site plan following the Unified Site Plan Requirements- The Unified Site Plan Requirements can be found at : http://www.co.kittitas.wa.us/uploads/cds/building/informational-bulletins//Residential_submittal_requirements/B-002 - Unified Site Plan.pdf
- Current passing nitrate (within 3 years) and bacteriological (within 1 year) well water tests
- If shared well, please provide a recorded shared well users agreement
If 100 foot well protection zone overlaps onto adjoining parcel; include the site plan or as-built for the adjoining parcel.
- Recorded Water Budget Neutrality Determination, Kittitas County Water Mitigation Certificate or other proof of mitigation on deed/title with Kittitas County Auditor
- Recorded metering agreement on deed/title with Kittitas County Auditor

***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, or the life of the associated active building permit, whichever is later and has no force or affect thereafter. All applicable fees may be non-refundable. ***

Please check one of the following:

This well has been put to beneficial use for domestic purposes prior to one of the following dates below (as applicable based on parcel location) and I am not required to mitigate:

Upper Kittitas County*: July 16, 2009

Lower Kittitas County (outside the defined Upper Kittitas County area*): June 2, 2014







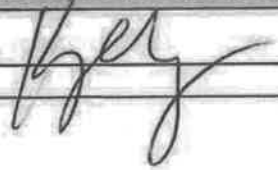
I WILL mitigate for exempt well groundwater use. Please provide the following documentation of mitigation:

Determination of Water Budget Neutrality from Washington State Department of Ecology; OR

A copy of the water right associated with the source of water; OR

Kittitas County Water Mitigation Certificate

*area defined by WAC 173-539A-030

<u>STATEMENTS OF UNDERSTANDING</u>	
 (Initials)	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.
 (Initials)	I understand that Kittitas County Public Health Department (KCPHD) strongly recommends that I consult with the Department of Ecology prior to submitting this application. I also understand that this application is a public record that may be reviewed by the Department of Ecology who may ask me for proof of any assertions I make on the application, and has the ability to enforce WAC 173-539A independent of any Kittitas County actions.
 (Initials)	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.
 (Initials)	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 Washington State Department of Health.
 (Initials)	I certify that I have read and understand the Adequate Water Supply Determination Instructions and Form.
 (Initials)	I understand that by mitigating water usage through a private water bank, I am required to comply with WAC 173-539A-070 and Kittitas County Code Chapter 13.35.027 (7) which requires compliance with the Kittitas County Metering Agreement.
Property Owner Signature:  Date: <u>6-9-20</u>	

NOTARIZED STATEMENT

I, Kelly Hill (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 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, 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 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 choose 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: Kelly Hill Property Owner(s)

I, Kelly Hill (the property owner) appoint, _____ as an authorized agent to represent my interest.

Authorized Agent Signature (if applicable): [Signature] Print Name: Kelly Hill
Authorized Agent Authorized Agent

State of Washington)
County of Kittitas)ss

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this 11th day of June, 2020 personally appeared before me, _____ who is personally known to me whose identity I proved on the basis of DRIVERS LICENSE _____ 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.

Kelly Hill 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



Tanya Malo
Notary Public in and for the State of Washington,
Residing in: Cle Elum
My Commission Expires: 6-26-2021

OFFICIAL USE ONLY	
Review of Application:	TRACKING #: <u>WA-20-00179</u>
Project is proposing to utilize an individual well with 1 connection? IF NO: Is the proposal a 2-party shared well or a group system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the application provide a valid well ID number for the proposed project?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Project is in the Upper Kittitas County boundary as defined by 173-539A WAC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Application materials for the proposed project are attached and complete: • A copy of the well log OR a 4-hour draw down test: • 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 • Site map of adjoining shared well parcel if 100 foot well protection zone overlaps property line	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
A Determination of Water Budget Neutrality or other proof mitigation was provided. <input type="checkbox"/> Determination of Water Budget Neutrality from Washington State Department of Ecology; OR <input type="checkbox"/> A copy of the water right/claim associated with the source of water; OR <input checked="" type="checkbox"/> Kittitas County Water Mitigation Certificate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has proof of mitigation been recorded on Deed/Title with Kittitas County Auditor? Has metering agreement been recorded on Deed/Title with Kittitas County Auditor?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Water Quality Technology/Storage Required: _____	<input checked="" type="checkbox"/> N/A
EVALUATION NOTES:	
DATE: _____ NOTES: _____	
DATE: _____ NOTES: _____	
DATE: _____ NOTES: _____	
FINAL EVALUATION:	
REVIEWER: <u><i>Willy Erdman</i></u> DATE: <u>7-29-20</u>	
Based on the information provided in this application and to the best of my knowledge and ability at this time:	
<input checked="" type="checkbox"/> Requirements for adequate water supply determination appear to be complete and satisfactory*†	
<input type="checkbox"/> The request for adequate water supply determination is not complete or unsatisfactory and therefore has been denied*†	
Notes: _____	
<small>*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.</small>	
INDIVIDUAL/SHARED WELL ADEQUATE WATER SUPPLY DETERMINATION FEE \$455	
Total Fee Due: \$ <u>455-</u>	Receipt #: <u>PH20-00624</u>

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

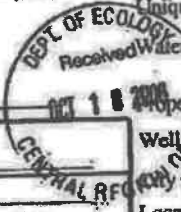
WATER WELL REPORT

Original & 1st copy - Ecology, 2nd copy - owner, 3rd copy - driller
 Construction/Decommission ("X" in circle) 210798

CURRENT Notice of Intent No. -W 227467

Unique Ecology Well ID Tag No. ALF 978

Construction
 Decommission ORIGINAL CONSTRUCTION Notice of Intent Number



Water Right Permit No. _____

Property Owner Name Bill Munday

PROPOSED USE: Domestic Industrial Municipal
 DeWater Irrigation Test Well Other

Well Street Address 401 Cle Elum County: Kittitas

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

Location S10114-1/4 SW1/4 Sec 33 T20N R16E 33 20N R16E 33
 (SAR still REQUIRED) Lat/Long: Lat Deg _____ Lat Min/Sec _____
 Long Deg _____ Long Min/Sec _____

DIMENSIONS: Diameter of well 8 inches, drilled 801 ft.
 Depth of completed well 801 ft.

Tax Parcel No. 20-16-33010-0013 N

CONSTRUCTION DETAILS
 Casing Welded _____ Diam. from 43 ft. to 352 ft.
 Installed: Liner installed _____ Diam. from 352 ft. to 801 ft.
 Threaded _____ Diam. from _____ ft. to _____ ft.

CONSTRUCTION OR DECOMMISSION PROCEDURE
 Formation: Describe by color, character, size of material and structure, and the kind and name of the material in each stratum penetrated, with at least one entry for each change of information. Indicate all water encountered. (USE ADDITIONAL SHEETS IF NECESSARY.)

Perforations Yes No
 Type of perforator used Skillsaw 600
 SIZE of perfor 12 in. by 1/4 in. and no. of perfor 600 from 360 ft. to 801 ft.

MATERIAL	FROM	TO
clay	0	5
clay	5	100
Sand with clay	100	230
Sand	230	350
white sandstone with shale	350	400
white sandstone	400	495
shale	495	535
white sandstone with shale	535	750
white sandstone with	750	801
shale and cob		

Screens: Yes No K-Pac Location _____
 Manufacturer's Name _____ Model No. _____

Type _____ Slot Size _____ from _____ ft. to _____ ft.
 Diam. _____ Slot Size _____ from _____ ft. to _____ ft.

Gravel/Filter packed: Yes No Size of gravel/sand _____
 Materials placed from _____ ft. to _____ ft.

Surface Seal: Yes No To what depth? 20 ft.
 Materials used in seal Portlandite

Did any strata contain unstable water? Yes No
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

PUMP: Manufacturer's Name _____ H.P. _____
 Type: _____

WATER LEVELS: Land-surface elevation above mean sea level _____ ft.
 Static level 75 ft. below top of well Date 8/30/06
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (cap, valve, etc.)

WELL TESTS: Drawdown is ambient 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.
 Yield: _____ gal/min. with _____ ft. drawdown after _____ hrs.
 Yield: _____ gal/min. with _____ ft. drawdown after _____ hrs.

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

Time	Water Level	Time	Water Level	Time	Water Level

Date of test _____
 Bailor test _____ gal/min. with _____ ft. drawdown after _____ hrs.
 Airtest 93 gal/min. with stem set at 780 ft. for 5 hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes No

Start Date	Completed Date
<u>8/8/06</u>	<u>8/30/06</u>



WELL CONSTRUCTION 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.

Driller Engineer Trainee Name (Print) Jeremy Barr
 Driller/Engineer/Trainee Signature _____
 Driller or Trainee License No. 2531

Drilling Company Barr Drilling
 Address 3340 Wilson Creek
 City, State, Zip Ellensburg WA 98926
 Contractor's Registration No. MEK EDC 13307 Date 8/30/06

If trainee, licensed driller's Signature and License no. _____

Ecology is an Equal Opportunity Employer. ECV 050-1-20 (Rev 4/01)

