

Attachment for 4B1, 4B2, 4B3, 4C, 4D, 4E & 4F

RECEIVED
DEC 02 2025

Kittitas County CDS



507 N Nanum Street, Suite 102
Ellensburg, WA 98926
T: 509 962 7515 F: 509 962 7581
www.co.kittitas.wa.us/health/

RECEIVED
BY: KCS

FOR OFFICIAL USE ONLY:
Accepted By: KCS
Tracking #: WA-23-00155
Date Processed: 12-9-23

FORM
I/S

ADEQUATE WATER SUPPLY DETERMINATION INDIVIDUAL/SHARED WELLS

RECEIVED
DEC 02 2025

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: Amy Mills (property owner)
Jason Mankus Phone #: (509) 304-8315

Mailing Address: PO BOX 421 Parcel #: 960738

City, State, Zip: Roslyn WA 98941 E-mail: katmills0713@hotmail.com

Project Location: 4640 West Drycreek Rd. Existing Unique Well ID#: BND 260
Ellensburg WA 98926 Mitigation certificate #: WM-23-00059

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 House

*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:**
- Provide a copy of well log, reconstructed well log or 4-hour draw down test (A well log older than 10 years will require a 4-hour draw down test per KCC 13.35.050 (b)(ii)(2).
 - 8 ½ by 11" site plan following the Unified Site Plan Requirements. The Unified Site Plan Requirements can be found at: <https://www.co.kittitas.wa.us/uploads/cds/building/informational-bulletins/Residential%20submittal%20requirements/Unified%20Site%20Plan.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. ***

EH	Version: 3	Supersedes: 2	Date Adopted: 1/1/2023	Modified/Created By: EM	Approval By: Jesse Cox
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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:~~

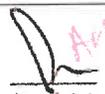
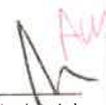
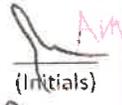
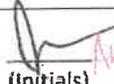
~~Determination of Water Budget Neutrality from Washington State Department of Ecology; OR~~

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

Kittitas County Water Mitigation Certificate **\$4075.00**

*area defined by WAC 173-539A-030

STATEMENTS OF UNDERSTANDING

 (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: <u>Angie Mees</u> Date: <u>8/8/2023</u>	

NOTARIZED STATEMENT

I, Amy Mills (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: Amy Mills Property Owner(s)

Print Name: Amy Mills Property Owner(s)

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

Authorized Agent Signature (if applicable): _____ Print Name: _____

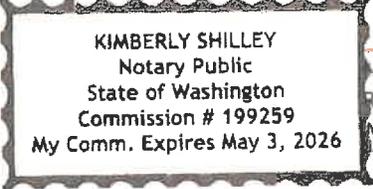
Authorized Agent Authorized Agent

State of Washington)
)ss
County of Kittitas)

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this 8 day of August, 2023, personally appeared before me, _____ who is personally known to me X whose identity I proved on the basis of WAD _____ 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.

Amy Mills 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



Kim Shilley
Notary Public in and for the State of Washington,
Residing in: Kittitas Co
My Commission Expires: May 3, 2026



Cascade Analytical

1008 W. Ahtanum Rd.
Union Gap, WA 98903
(509) 452-7707

ANALYTICAL REPORT

Client: Kelly's Pump Sales
Address: 4121 Fairview Rd
Ellensburg, WA 98926
Attn: Kelly's Pump Sales

Work Order: YDG0648
Project: Y_DW Colilert-Investigative
Reported: 7/21/2023 08:58

System ID#
DOH Source #
Composition: D00 - Coliform
Date Received: 07/19/23 16:00
Reference Number: YDG0648-01
Utility's Name for Source:
Source Type: Well or Well Field
Treatment Type:

System Group Type: Private
County: Kittitas
Type: Post-treatment (Finished)
Collection Date: 07/19/23 11:03

System Name: Kelly's Pump Sales
Sample Name: 4640 Dry Creek Rd
Purpose: O - Other
Collected by: Tyler 509.607.3549

Reference #	Sample Location	Analyte	Result	Sampled	Analyzed	Analyst	Method	Note
YDG0648-01	4640 Dry Creek Rd	Total Coliform	Absent	07/19/23 11:03	07/19/23 17:54	QX3E	SM 9223 B	
		E. coli	Absent	07/19/23 11:03	07/19/23 17:54	QX3E	SM 9223 B	

Authorized Signature,

Kyle Johnson For Kaylee Troth, Chemist

NOTES:

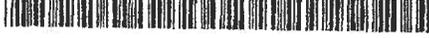
Results shown in this report relate solely to the item submitted for analysis. Any opinions/interpretations expressed on this report are given independent of the laboratory's scope of accreditation. All results are reported on an "As Received" basis unless otherwise stated. Reports shall not be reproduced except in full without written permission from Eurofins Scientific, Inc. All work done in accordance with Eurofins General Terms and Conditions of Sale: www.eurofinsus.com/terms_and_conditions.pdf.

08/07/2023 03:18:49 PM

202308070023

Water Right MILLS
Kittitas County Auditor

Page: 1 of 3



REVIEWED

AUG 07 2023

Return To:
MILLS, MARK L ETUX
4640 W DRY CREEK RD
ELLENSBURG, WA, 98926

KITTITAS COUNTY TREASURER

INITIALS:



Water Mitigation Certificate

THIS CERTIFICATE MUST BE RECORDED WITH THE KITTITAS COUNTY AUDITOR'S OFFICE.

Grantor	Kittitas County
Grantee	MILLS, MARK L ETUX
Map Number	18-18-20054-0001
Site Address	4640 W DRY CREEK RD ELLENSBURG
Unique Well ID#	BND-268

Permit #	WM-23-00059
Trust Water Right #	NGR: CS4-01447sb7@6
Date Issued	August 07, 2023

Abbreviated Legal Description

ACRES 12.68; MILLS SHORT PLAT 18-00002, LOT 5A; SEC 20, TWP 18, RGE 18

This Certificate is issued for an annual average of 275 gallons per day of indoor domestic use only. The daily maximum withdrawal allowed on any given day is 825 gallons per day, as long as the annual average is not exceeded.

This Certificate is for use on the above mentioned parcel only.

An application for a residential building permit must be submitted within two (2) years of issuance of this Mitigation Certificate.

Mitigation for indoor domestic use applies to water for drinking, bathing, sanitary purposes, cooking and laundering. It also includes incidental uses such as washing windows, car washing, cleaning exterior structures, care of household pets, etc.

Water use on this parcel from the groundwater well with the tag number listed above should not exceed the use described in the package chosen.

Issued By

Regulatory Authority

Health Officer

ALL WATER RIGHTS, EVEN SENIOR WATER RIGHTS, MAY BE SUBJECT TO CURTAILMENT. THE PURCHASER IS HEREBY GIVEN NOTICE THAT THE COUNTY'S WATER RIGHTS BACKING THIS MITIGATION CERTIFICATE COULD POTENTIALLY BE SUBJECT TO CURTAILMENT, WHICH WOULD, IN TURN, SUBJECT THE CERTIFICATE HOLDER TO SUCH CURTAILMENT. THE COUNTY MAKES NO GUARANTEE AGAINST SUCH CURTAILMENT.

\$209.50 Agreement MILLS
Kittitas County Auditor



RECORDING REQUESTED BY AND WHEN RECORDED RETURN TO:

Name: Amy Mills
Address: 4640 W. Dry Creek Rd
Ellensburg, wa 98926

REVIEWED

AUG 07 2023

KITTITAS COUNTY TREASURER

INITIALS: (Signature)

(Space above this line is for Recorder's Use)

KITTITAS COUNTY WATER METERING AGREEMENT

This Water Metering Agreement (the "Agreement") is made and entered into by and between Amy Mills (the "Owner") and the County of Kittitas, a municipal corporation of the State of Washington acting by and through the Kittitas County Public Works Department (the "County"), sometimes referred to herein jointly as "Parties" or individually as "Party".

Recitals

WHEREAS, Owner is the owner of, or has an interest in, certain real property (the "Property") located in Kittitas County, Washington, with a parcel number and/or address of:

Parcel Number: 960738
Address: 4640 W. Dry Creek Rd
Ellensburg, wa 98926

and as more fully described on the attached Exhibit "A" and incorporated by this reference; and

WHEREAS, Owner intends to extract groundwater from a mitigated well or wells (the "well") located on the property; and

WHEREAS, the parties desire to provide for the metering of each well through the installation of a water-measurement device or devices (the "water meter") to measure the Owner's mitigated water usage; and

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

- 1. Purchase and Installation.** Owner shall install a water meter in accordance with the County's requirements for the Kittitas County Mitigation and Metering Program, including but not limited to, Kittitas County Code ("KCC") 13.40.030.



KITTITAS COUNTY
PUBLIC HEALTH

Receipt Number: PH23-01487

507 N Nanum St., Suite 102
Ellensburg, WA 98926
509-962-7515 / <https://www.co.kittitas.wa.us/health/>

Payer/Payee: Mankas, Jason
PO Box 421
ROSLYN WA 98941

Cashier: KIM SHILLEY
Payment Type: CHECK (001)

Date: 08/08/2023

WA-23-00155 Adequate Water Supply Determination - 4640 W DRY CREEK RD ELLENSBURG Individual/Shared Well

<u>Fee Description</u>	<u>Fee Amount</u>	<u>Amount Paid</u>	<u>Fee Balance</u>
Adequate Water Supply Determination - Individual/Shared Well	\$455.00	\$455.00	\$0.00
WA-23-00155 TOTALS:	\$455.00	\$455.00	\$0.00
TOTAL PAID:		\$455.00	



[Sign Up](#) or [Log In](#)

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DEC 02 2025

Kittitas County CDS

On Site Sewage



Public Health

Record Number

OS-23-00159 Finaled - Closed

Current Fees

\$0.00

Additional fees may be required

▲ Project Information

Location

4640 W DRY CREEK RD ELLENSBURG Parcel
ELLENSBURG, WA 98926



Created	9/7/2023
Submitted	9/7/2023
Approved	9/21/2023
Issued	10/28/2024
Closed	10/29/2024
Application Expires	10/28/2025

▲ Notes

1 Note

📌 Notes

Begin Date:

9/7/2023

Type:

General Remarks

Text:

PERMIT APP AND DESIGN & ASBUILT

Attachments:

Contact

MANKUS, JASON & KATRINA
katmills0713@hotmail.com
509-899-1700

Role

Submitter of the Application

MANKUS, JASON & KATRINA
katmills0713@hotmail.com
509-304-8831

Owner of Record

▲ Details

OSS System Type

Alternative

Type of Septic Permit

New

Installer

Tank Capacity

500 NuWater

Designer Name

Mike Smith

NUMBER OF BEDROOMS SUPPORTED

2

▲ Submittals

At least 1 file must be uploaded for each submittal requirement

i Additional documentation is needed for your application. At least one document must be uploaded for each requirement for this section to be considered complete. Please check to ensure you've included all the information requested.

* Required for Application

Ⓞ Required before application can be closed

Submittal Name	Received	Version	Status
Permit Application	9/7/2023	1	Approved

▲ Parcels

Parcel Number

Primary Owner

Primary Address

MILLS, MARK L ETUX

4640 W DRY CREEK RD ELLENSBURG ELLENSBURG, WA 98926

▲ Fees

Current Fees \$0.00

i Current fees for your permit are an estimate until the application has been submitted. Final amount due will be calculated upon submission of your completed application.

Fee	Amount	Paid	Balance	Due Now
	Total \$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

▲ Inspections

There are 0 required inspections for this application

i Community Development Services Building Inspections

Inspection Hours

•June - August: 7am to 4pm

•September - May: 8am to 5pm (If our vehicles cannot safely make it to your project due to snow and ice in higher elevations, we will not perform the inspection. Please have all access roads and driveways plowed clear so we can get to the job site. We apologize but we cannot ride in your vehicles, all-terrain vehicles or snowmobiles.)

Inspection	Date	Status
OSS Final (not required)	10/28/2024	Passed

▲ Approval Steps

Follow the approval process

i Follow your application through the approval process.

Step	Status	Date
Public Health Review	Approved	9/21/2023

