

KITTTAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926

CDS@CO.KITTTAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

LONG PLAT APPLICATION

(To divide lot into 5 or more lots)

KITTTAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CALL THE DEPARTMENT IF YOU WOULD LIKE TO SET UP A MEETING TO DISCUSS YOUR PROJECT. INCOMPLETE APPLICATIONS WILL **NOT** BE ACCEPTED.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. THE FOLLOWING ITEMS MUST BE ATTACHED TO THIS APPLICATION PACKET:

REQUIRED ATTACHMENTS

- Ten large copies of plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision Code for plat drawing requirements) and one small 8.5" x 11" copy
- Address list of all landowners within 300 feet of the site's tax parcel. If adjoining parcels are owned by the applicant, the 300 feet extends from the farthest parcel. If the parcel is within a subdivision with a Homeowners or Road Association, please include the address of the association.
- SEPA Checklist (Only required if your subdivision consists of 9 lots or more.
Please pick up a copy of the Checklist if required)

OPTIONAL ATTACHMENTS

(Optional at preliminary submittal, but required at the time of final submittal)

- Certificate of Title (Title Report)
- Computer lot closures

FEES:

\$200 plus \$10 per lot for Public Works Department;
 \$625 plus \$75 per hour over 12.5 hours for Environmental Health Department;
 \$1500 for Community Development Services Department, **PLUS** \$225 if SEPA Checklist is required
 *One check made payable to KCCDS

FOR STAFF USE ONLY

APPLICATION RECEIVED BY:

SIGNATURE:

Lisa M Iwenig

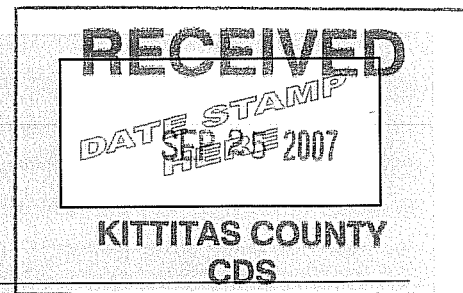
DATE:

9-25-07

RECEIPT #

053713

NOTES:



DARRYL PIERCY, DIRECTOR

ALLISON KIMBALL, ASSISTANT DIRECTOR

COMMUNITY PLANNING BUILDING INSPECTION PLAN REVIEW ADMINISTRATION PERMIT SERVICES CODE ENFORCEMENT FIRE INVESTIGATION

1. Name, mailing address and day phone of land owner(s) of record:

Name: MILT KUOLT
Mailing Address: 903 WEIHL ROAD
City/State/ZIP: CLE ELUM WA 98922
Day Time Phone: (509) 674-1551 (509) 304-4321
Email Address: _____

2. Name, mailing address and day phone of authorized agent (if different from land owner of record):

Agent Name: _____
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
Email Address: _____

3. Contact person for application (select one):

Owner of record Authorized agent

All verbal and written contact regarding this application will be made only with the contact person.

4. Street address of property:

Address: 903 WEIHL ROAD
City/State/ZIP: CLE ELUM WA 98922

5. Legal description of property:

PARCEL D OF SURVEY BOOK 24, PAGES 97 THROUGH 99, SECTIONS 23 & 26, TOWNSHIP 20 NORTH, RANGE 16 EAST 20-16-23000-0017 & 20-16-26000-0075

6. Tax parcel number(s): 14726 & 14730

7. Property size: 19.85 & .15 (acres)

8. Narrative project description: Please include the following information in your description: describe project size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description (be specific, attach additional sheets as necessary):

6 LOT PLAT, ZONE: RURAL 3 (R-3), WATER: INDIVIDUAL WELLS, SEWER: SEPTIC/ DRAINFIELD

9. Are Forest Service roads/easements involved with accessing your development? Yes No (Circle)
If yes, explain: _____

10. What County maintained road(s) will the development be accessing from? WEIHL ROAD

11. Application is hereby made for permit(s) to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the agencies to which this application is made, the right to enter the above-described location to inspect the proposed and or completed work.

12. Are there any other pending applications associated with the property associated with this application?
 Yes No

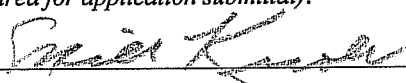
Signature of Authorized Agent:

Date:

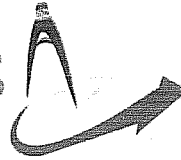
X _____

Signature of Land Owner of Record
(Required for application submittal):

Date:

X 

9/29/07



**MILAGRO PLAT
PROJECT OVERVIEW**

OVERVIEW:

The attached proposal is to Plat Parcel D of Survey Book 24, Pages 97 through 99 which consists of 20.00 acres into 6 lots consisting of three to four plus acres in size. The property is located within the R-3 zoning of Kittitas County.

UTILITIES:

The project's proposed sewer shall be individual septic and drainfield and proposed water will be individual wells.

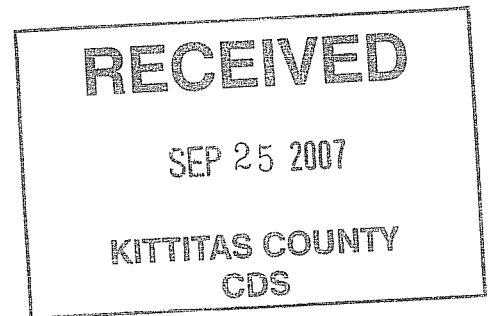
TRANSPORTATION:

Access will be onto Weihl Road via private access easements.

COMMENTS:

Attached are copies of the proposed plat for your review and comment.

**PLEASE SEND A COPY OF ALL CORRESPONDENCE TO ENCOMPASS
ENGINEERING AND SURVEYING**



WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W39230

UNIQUE WELL I.D. # _____

Water Right Permit No. _____

(1) OWNER: Name Bob Mundy Address RT1, Box 45, Ellensburg, WA 98926
 (2) LOCATION OF WELL: County N.H.H. S 1/4 SW 1/4 Sec 23 T. 20 N. R. 16 W.M.
 (2a) STREET ADDRESS OF WELL (or nearest address) S. Masters Rd, Cle Elum, WA 98922

(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 _____ inches.
 Drilled 400 feet. Depth of completed well 400 ft.

(6) CONSTRUCTION DETAILS:
 Casing installed: 6" Diam. from 0 ft. to 40 ft.
 Welded 4" Diam. from 0 ft. to 400 ft.
 Liner installed Threaded Diam. from _____ ft. to _____ ft.

Perforations: Yes No Perforated Liner
 Type of perforator used _____
 SIZE of perforations _____ in. by _____ in.
 _____ perforations from _____ ft. to _____ 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? _____ 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 _____
 Type: _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation above-mean sea level _____
 Static level 53 ft. below top of well Date JUNE 1994
 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.

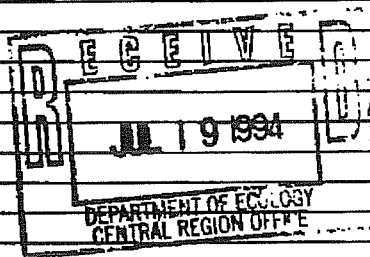
Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)					
Time	Water Level	Time	Water Level	Time	Water Level

Date of test _____
 Boiler test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Airtest 10 gal./min. with stem set at 400 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
SANDY SOIL	0	5
Yellow CLAY	5	40
Grey SANDY CLAY	40	58
SOFT SANDY CLAY WITH WATER	58	62
Med Grey SANDY CLAY	62	164
SOFT SANDY CLAY WITH WATER	164	168
Med Grey SANDY CLAY	168	360
Grey SANDY CLAY WITH WATER	360	385
Grey SANDY CLAY	385	400



Work Started MAY 26 19. Completed JUNE 1 1994

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 _____ (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address _____

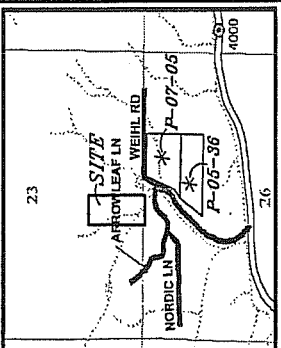
(Signed) Bill Boland License No. 0997
 (WELL DRILLER)

Contractor's Registration No. _____ Date _____ 19 ____

(USE ADDITIONAL SHEETS IF NECESSARY)

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

MILAGRO PLAT
PORTION OF SEC. 23 & 26, TWN. 20N., RGE. 16E., W.M.
KITITAS COUNTY, STATE OF WASHINGTON



VICINITY MAP

APPROVALS

KITITAS COUNTY DEPARTMENT OF PUBLIC WORKS
EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D., 200__

KITITAS COUNTY ENGINEER _____

KITITAS COUNTY HEALTH DEPARTMENT
I HEREBY CERTIFY THAT THE MILAGRO PLAT HAS BEEN EXAMINED BY ME AND I FIND THAT THE SEWAGE AND WATER SYSTEM HEREIN SHOWN DOES MEET AND COMPLY WITH ALL REQUIREMENTS OF THE COUNTY HEALTH DEPARTMENT.
DATED THIS _____ DAY OF _____ A.D., 200__

KITITAS COUNTY HEALTH OFFICER _____

CERTIFICATE OF COUNTY PLANNING DIRECTOR
I HEREBY CERTIFY THAT THE MILAGRO PLAT HAS BEEN EXAMINED BY ME AND I FIND THAT IT CONFORMS TO THE COMPREHENSIVE PLAN OF THE KITITAS COUNTY PLANNING COMMISSION.
DATED THIS _____ DAY OF _____ A.D., 200__

KITITAS COUNTY PLANNING DIRECTOR _____

CERTIFICATE OF KITITAS COUNTY TREASURER
I HEREBY CERTIFY THAT THE TAXES AND ASSESSMENTS ARE PAID FOR THE PRECEDING YEARS AND FOR THIS YEAR IN WHICH THE PLAT IS NOW TO BE FILED.
PARCEL NOS. 20-16-23000-0017 (14726) & 20-16-26000-0075 (14730)
DATED THIS _____ DAY OF _____ A.D., 200__

KITITAS COUNTY ASSESSOR _____

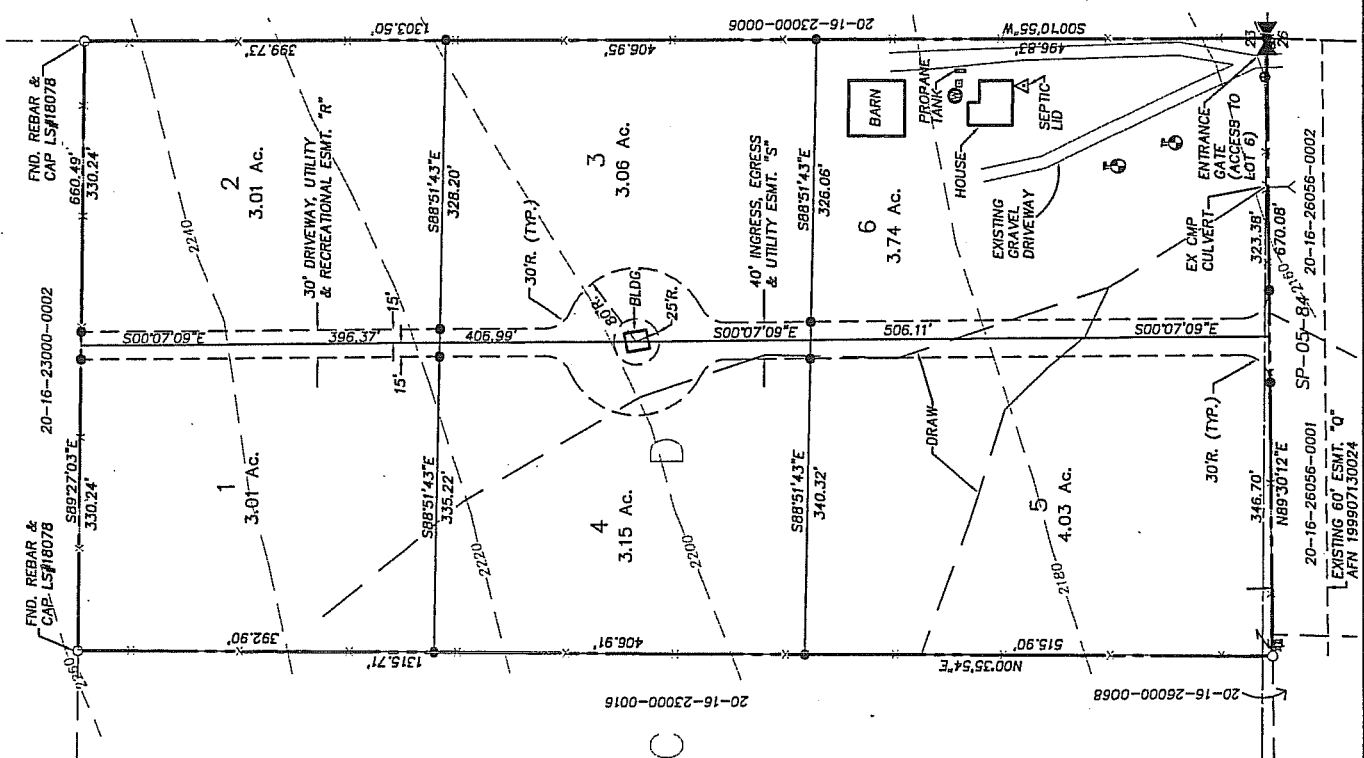
CERTIFICATE OF KITITAS COUNTY ASSESSOR
I HEREBY CERTIFY THAT THE MILAGRO PLAT HAS BEEN EXAMINED BY ME AND I FIND THE PROPERTY TO BE IN AN ACCEPTABLE CONDITION FOR PLATTING.
PARCEL NOS. 20-16-23000-0017 (14726) & 20-16-26000-0075 (14730)
DATED THIS _____ DAY OF _____ A.D., 200__

KITITAS COUNTY BOARD OF COMMISSIONERS
EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D., 200__

BOARD OF COUNTY COMMISSIONERS
KITITAS COUNTY, WASHINGTON

BY: _____ CHAIRMAN
ATTEST: _____ CLERK OF THE BOARD

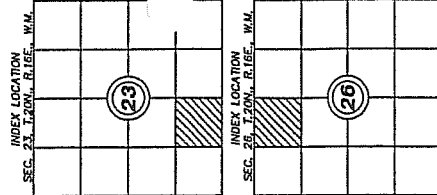
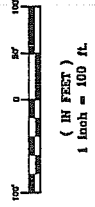
NOTICE: THE APPROVAL OF THIS PLAT IS NOT A GUARANTEE THAT FUTURE PERMITS WILL BE GRANTED.



LEGEND

- SECTION CORNER
- A QUARTER CORNER
- FIND REBAR
- SET 1/2" REBAR LSF #8092
- WELL
- TRANSFORMER
- FENCE
- TELEPHONE PEDESTAL
- TEST PITS

GRAPHIC SCALE



RECORDER'S CERTIFICATE
Filed for record this _____ day of _____, 20__ at _____ M
in book _____ of _____ at page _____ at the request of
DAVID P. NELSON
Surveyor's Name
County Auditor _____ Deputy County Auditor _____

SURVEYOR'S CERTIFICATE
This map correctly represents a survey made by me or under my direction in conformance with the requirements of the Survey Recording Act with the request of DAVID P. NELSON
in _____ 200__.
DAVID P. NELSON DATE
Certificate No. 18092



ENGINEERING & SURVEYING
108 EAST 2ND STREET
CLE ELUM, WA 98922
PHONE: (509) 674-7433
FAX: (509) 674-7419

MILAGRO PLAT
PORTION OF SEC. 23 & 26, TWN. 20N., RGE. 16E., W.M.
KITITAS COUNTY, STATE OF WASHINGTON

DWN BY	DATE	JOB NO.
G. WEISER	09/07	07155
CHD BY	SCALE	SHEET
D. NELSON	1"=100'	1 of 2

