



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: KS

FOR OFFICIAL USE ONLY:
Accepted By: KS
Tracking #: WA-21-00155
Date Processed: 3-24-21

PH21-00444

FORM
B

ADEQUATE WATER SUPPLY DETERMINATION GROUP B PUBLIC WATER SYSTEMS

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: <u>Jeremy Malsam, Kevin Davis</u>	Phone #: <u>206-398-6590</u>
Mailing Address: <u>7909 5th PL SE</u>	Parcel #: <u>20344/21-14-34010-0025</u>
City, State, Zip: <u>Lake Stevens, WA 98258</u>	E-mail: <u>j.malsam@dmssupplyllc.com</u>
Project Location: <u>XXXX Larkspur DR Ronald, WA 98940 Lot 22</u>	Public Water System ID Number#: <u>634 AD063m</u>
	Mitigation Certificate # <u>Not Sure?</u>

NAME OF PUBLIC WATER SYSTEM: Private Well # 634 The Crest

PROJECT USE:

- New building 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

Please describe project:

*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."

Please provide the following:

- Current passing nitrate (within 3 years) and bacteriological (within 1 year) well water tests.
- Recorded Water Budget Neutrality Determination, Kittitas County Water Mitigation Certificate or other proof of mitigation on title with Kittitas County Auditor.
- Recorded metering agreement on title with Kittitas County Auditor.

Please check one of the following:

- The proposed project is considered to be part of an existing connection on the water system and total use for this parcel will not exceed one connection, therefore; does not constitute an additional allocated connection on the water system. Purveyor will account for total population on system with Washington State Department of Health (DOH) Water Facilities Inventory (WFI) form.
- The proposed project is considered a new connection to the water system and a connection is available. The above Public Water System is approved for 7 service connections, and currently serves 2 connections. The new connection will be number 3.

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.

Purveyors: Please initial the following statements and sign below.

MA I, the purveyor of this water system, hereby certify that a connection necessitating a building permit that has not been previously allocated is available for use and that it is solely my responsibility for maintaining an accurate count of connections on the abovementioned water system.

MA I understand that adequate water supply determination approval by Kittitas County Public Health Department only verifies that an adequate potable water supply is physically available at the time of approval and that it does not guarantee there is a legal right to ground waters.

PURVEYOR SIGNATURE: Mark Nelson PRINT NAME: MARK NELSON
 DATE: 3/16/21 CONTACT PHONE: 509 304 9062 EMAIL: MARK@EUCORATION.COM

STATEMENTS OF UNDERSTANDING

UTILITIES.COM

<p><u>MA</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>JN</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>JN</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 Kittitas County Public Health Department or Washington State Department of Health.</p>
<p><u>JN</u> (Initials)</p>	<p>I certify that I have read and understand the Adequate Water Supply Determination Instructions and Form.</p>
<p><u>JN</u> (Initials)</p>	<p>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.</p>

Property Owner Signature: [Signature]

Date: 3-18-2021

NOTARIZED STATEMENT

I, Jeremy Malsam (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: Jeremy Malsam Property Owner(s)

I, Jeremy Malsam (the property owner) appoint, Mark Nelson 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 Snohomish)

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this 3 day of March, 2021, 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.

Jeremy Malsam 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



Melissa M. Maffeo

Notary Public in and for the State of Washington,
Residing in: 7907 5th Place SE Lake Stevens, WA 98258
My Commission Expires: 6-24-23

OFFICIAL USE ONLY

Review of Application:

TRACKING #: WA-21-00155

Application materials for the proposed project are attached and complete:

To the best of your knowledge and ability at this time the applicant has signed, initialed, and completed the form in its entirety.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Purveyor has certified that the proposed connection for the water system is available for use.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
A current passing bacteriological test (within 1 year) and passing nitrate test (within 3 years) was provided.	<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 checked="" type="checkbox"/> A copy of the water right/claim associated with the source of water; OR <input 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

EVALUATION NOTES:

DATE: _____ NOTES: _____

DATE: _____ NOTES: _____

DATE: _____ NOTES: _____

FINAL EVALUATION:

REVIEWER: *Wally Edman* DATE: 4-7-21

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.

GROUP B WATER SYSTEM ADEQUATE WATER SUPPLY DETERMINATION FEE \$480

Total Fee Due: \$ 480 Receipt #: PH21-00444



AQUA TEST
INCORPORATED

AQUA TEST INC

COLIFORM BACTERIA ANALYSIS

TYPE OF SAMPLE (select only one type of sample from types 1 through 5 below)

Date Sample Collected: 4 / 23 / 20
 Time Sample Collected: AM PM
 Month: 4 Day: 23 Year: 2020
 County: _____
 Kit/tias: _____

Type of Water System (check only one box)
 Group A Group B Other _____

Group A and Group B System
 ID # A D 0 6 3 M

System Name:
 Crest HOA - Well AGM634

Contact Person:
 MARK NELSON - Evergreen Valley Utilities

Day Phone: (509) 674-9642 Cell Phone: (509) 674-9642
 Eve. Phone: (509) 304-9062 FAX: (509) 304-9062

SAMPLE INFORMATION

Sample collected by (name): MARK NELSON
 Specific location where sample collected: Pumphouse
 Special instructions or comments: _____

1. Routine Distribution Sample (A/P)
 Chlorinated: Yes No
 Chlorine Residual: Total _____ mg/L Free _____ mg/L

2. Repeat Sample (A/P)
 (from distribution system after unsat. routine)
 Unsatisfactory routine lab number: 1 6 2
 Unsatisfactory routine collect date: _____
 Chlorinated: Yes No

3. Ground Water Rule Source Sample
 Triggered (A/P) S 0 1
 Assessment (A/P)

Chlorine Residual: Total _____ mg/L Free _____ mg/L

4. Surface or GMI Raw Source Water Sample (Enumeration)
 E. coli Fecal Filtered Yes No
 Sample Collected for Information Only

Satisfactory

LAB USE ONLY DRINKING WATER RESULTS
 Unsatisfactory Total Coliform Present and
 E. coli present E. coli absent

LAB USE ONLY
 Satisfactory

Bacterial Density Results: Total Coliform _____ /100ml. HPC _____ /100ml. E. coli _____ /100ml.
 Fecal Coliform _____ /100ml.
 Replacement Sample Required: TNTC Sample too old
 Sample Volume Damaged Container _____

Date/Time Received: 4/24/20 11:00 AM PM
 Receipt Temp C°: 4.1
 Date Reported to DOH: 4/27/20
 Lab Reference Number: 162
 Method Code: SM 9223
 Lab Use Only: DOH Lab-Sample # 162: 0 5 9 3 4

DOH Form 8531-320 (effective 6/17)
 If you need this publication in an alternative format, call 800-535-0177 (TDD) or 360-725-1115 and other accessibility options.
www.doh.wa.gov/condocs/forms

“NIT” TEST PANEL
(“NITRATE/NITRITE”)

REPORT OF ANALYSIS

Date Collected: (MM/DD/YY) 04 / 23 / 20	System Group Type: (Circle one) <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> Other: (Specify)
Water System ID Number: AD063M	System Name: Crest HOA Well AGM634
Lab -- Sample Number: 162 -- 05938	County: Kittitas
Sample Location: Pumphouse	Source Number(s): _____, _____, _____, _____, _____ S01
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result) <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify)	Date Received: (MM/DD/YY) 04 / 24 / 20 Date Reported: (MM/DD/YY) 04 / 27 / 20 COMMENTS:
Sample Composition: (Check Appropriate Box) <input checked="" type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> C - Composite (Specify in Comments field) <input type="checkbox"/> D - Distribution sample	Sample Type: (Check one) <input type="checkbox"/> Untreated/Raw <input type="checkbox"/> Post -treatment/ Treated <input checked="" type="checkbox"/> Untreated Sampled By: Mark Nelson Contact Info: 509-304-9062
Send Report to: MARK NELSON-EVERGREEN VALLEY UTILITIES	Bill to: (Client Name)

EPA/STATE REGULATED

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	>MCL? (Check if YES)	Date Analyzed	METHOD/Analyst Initials
0020	Nitrate-N	0.1	mg/L	2	5.0	10.0		4/25/20	SM4500 D NO3 mg/L K.K.
0114	Nitrite-N	-	mg/L	0.2	0.5	1.0		-	
0161	Total Nitrate + Nitrite	-	mg/L	2	--	10.0		-	

NOTES:

SRL (State Reporting Level): The minimum reporting level established by the Washington State Department of Health (DOH)

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact your DOH drinking water regional office for further information.

MCL (maximum contaminant level): If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

NA (Not Analyzed): In the results column, indicates this compound was not included in the current analysis.

ND (Not Detected): In the results column, indicates this compound was analyzed and not detected at a level greater than or equal to the SRL

≤ (0.00X) : The compound was not detected in the sample at or above the concentration indicated (usually the lab MRL).

Upon Recording Return to:
Jon Staenberg
P.O. Box 1648
Bellevue, WA 98009

08/24/2011 03:52:29 PM
\$84.00
Water Right AMT
Kittitas County Auditor

201108240036
Page 1 of 23



RE EXCISE TAX PAID

Amount \$92.21
Date 08-24-2011
Affidavit No. 2011-1270
KITTITAS COUNTY TREASURER
By J Coppock

AUDITORS NOTE Portions of this
document poor quality for imaging

\$84.00
AMT-111779E

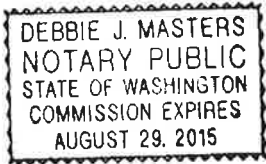
DOCUMENT TITLE:	GROUNDWATER MITIGATION CERTIFICATE
GRANTOR:	SUNCADIA, LLC
GRANTEE:	JON STAENBERG
PARTIAL LEGAL DESCRIPTION:	PARCEL 7, BOOK 30, PAGE 115, PTN OF NE QUARTER OF SECTION 34, TOWNSHIP 21N, RANGE 14 E, W.M.
ASSESSOR'S TAX PARCEL NO.:	20344

GROUNDWATER MITIGATION CERTIFICATE

THE GRANTOR, SUNCADIA, LLC, a Delaware limited liability company, for and in consideration of mutual promises in hand paid, conveys and quit claims to Jon Staenberg, a single man, Grantee, all rights, title and interest the Grantor may have in a portion of the following described water rights, not to exceed 0.137 acre-feet of water annually, arising under or related to Claim No. 05259 as confirmed in the Conditional Final Order Subbasin No. 7 (Reecer Creek) on October 25, 2001, in State of Washington v. Acquavella, et al, Yakima County Superior Court Cause No. 77-2-01484-5, more fully described in Exhibit A attached hereto and incorporated herein by reference. The Groundwater Mitigation Certificate entitles the Grantee to mitigation for water use on the real property situated in the County of Kittitas, State

STATE OF WASHINGTON)
)ss.
COUNTY OF KITTITAS)

On this 29th day of July, 2011, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared **Paul Eisenberg** and **Gary Kittleson**, to me known to be the **Senior Vice President** and **Vice President**, respectively, of SUNCADIA, LLC, a Delaware limited liability company that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act of said company, for the uses and purposes therein mentioned, and on oath stated that they are authorized to execute the said instrument.



Name: Debbie Masters
NOTARY PUBLIC in and for the State of
Washington, residing at Cle Elum WA
My Commission expires: 8-29-15

EXHIBIT B

(Legal Description of Appurtenant Property)

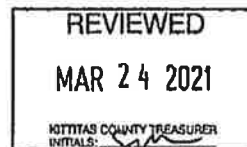
Parcel 7 of that certain Survey as recorded August 12, 2004, in Book 30 of Surveys, page 115, under Auditor's File No. 200408120039, records of Kittitas County, Washington; being a portion of the Northeast Quarter of Section 34, Township 21 North, Range 14 East, W.M., in the County of Kittitas, State of Washington.

\$109.50 Agreement MALSAM
Kittitas County Auditor



**RECORDING REQUESTED BY AND
WHEN RECORDED RETURN TO:**

Name: JEREMY R MALSAM
Address: 7909 5TH PL SE
LAKE STEVENS, WA 98258



(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 JEREMY MALSAM (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: 20344
Address: XXXX LARKSPUR DR
RONALD, WA 98940

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 (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: PH21-00444

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

Payer/Payee: DMS SUPPLY LLC
PO BOX 909
Monroe WA 98272

Cashier: KIM SHILLEY
Payment Type: CHECK (012051)

Date: 03/24/2021

WA-21-00155 Adequate Water Supply Determination - LARKSPUR DR RONALD
Group B Public Water System

<u>Fee Description</u>	<u>Fee Amount</u>	<u>Amount Paid</u>	<u>Fee Balance</u>
Adequate Water Supply Determination - Group B	\$480.00	\$480.00	\$0.00
WA-21-00155 TOTALS:	\$480.00	\$480.00	\$0.00
TOTAL PAID:		\$480.00	