

## Kittitas County Interim Water Mitigation Certificate Application Guidelines

- For each Kittitas County Interim Water Mitigation Certificate Application, all components must be present at the time of submittal.
- Please follow the checklists below to ensure you meet the application requirements.
- Please allow up to 10 business days for processing & review.
- **Incomplete applications will not be accepted and will be returned to the applicant. All applicable fees may be non-refundable.**

<input type="checkbox"/>	Complete all parts of application, including notarized statement.
<input type="checkbox"/>	If you need information pertaining to your parcel to assist you with the application, please visit the Kittitas County Assessor's website <a href="http://kittitaswa.taxesifter.com/taxesifter/T-Parcelsearch.asp">http://kittitaswa.taxesifter.com/taxesifter/T-Parcelsearch.asp</a> to conduct a parcel search.
<input type="checkbox"/>	Attach a full legal description of the parcel. Legal descriptions can be found on the property title. You may request copies at the Kittitas County Auditor's office.
<input type="checkbox"/>	Submit completed application to Kittitas County Public Health Department (KCPHD). Payment for applicable fees must be in the form of check or cash. 1 Equivalent Residential Unit (ERU): \$2195.

**When review of the Interim Water Mitigation Certificate Application is complete and approved, KCPHD will issue a Mitigation Certificate for the subject parcel.**

<input type="checkbox"/>	Obtain Mitigation Certificate from the Kittitas County Public Health Department.
<input type="checkbox"/>	Record Mitigation Certificate packet or other proof of mitigation with the Kittitas County Auditor.
<input type="checkbox"/>	Check or cash for applicable fees at Kittitas County Auditor. Recording fees are available at : <a href="http://www.co.kittitas.wa.us/auditor/FeesList.pdf">http://www.co.kittitas.wa.us/auditor/FeesList.pdf</a>

**Once the Mitigation Certificate has been recorded with the Kittitas County Auditor, the applicant may:**

<input type="checkbox"/>	Apply for Adequate Water Supply Determination (AWSD) with the Kittitas County Public Health Department.
<input type="checkbox"/>	Apply for a Building Permit with Kittitas County Community Development Services. (After AWSD is complete)





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

EDEN Tracking #: _____
Certificate ID #: _____
Date Accepted: _____
Accepted By: _____

## Kittitas County Interim Water Mitigation Program Mitigation Certificate Application

INCOMPLETE APPLICATIONS, INCLUDING APPLICATIONS WITHOUT THE PROPER DOCUMENTATION, WILL NOT BE ACCEPTED.

- PLEASE PROVIDE A COPY OF THE PARCEL'S FULL LEGAL DESCRIPTION

LEGAL OWNER NAME: _____  MAILING ADDRESS: _____  CITY, STATE, ZIP: _____  PROJECT LOCATION (ADDRESS): _____	PHONE #: _____  TAX PARCEL #: _____  E-MAIL: _____  UNIQUE WELL TAG ID: _____
IS THE WELL PART OF A PUBLIC WATER SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO  NAME OF PUBLIC WATER SYSTEM: _____  TAX PARCEL NUMBER WHERE WELL IS LOCATED: _____	HAS THE WELL BEEN DRILLED? <input type="checkbox"/> YES <input type="checkbox"/> NO  IF NO, WHEN IS THE WELL EXPECTED TO BE DRILLED: _____
ARE THERE ANY OTHER AVAILABLE SOURCES OF WATER ON THE PROPERTY (IRRIGATION WELL, IRRIGATION COMPANY, ETC.)? IF SO, PLEASE DESCRIBE: _____ _____ _____	
NOTES: _____ _____ _____ _____ _____ _____ _____	
<b>INTERIM WATER MITIGATION PACKAGE : 1 EQUIVALENT RESIDENTIAL UNIT (ERU)- INDOOR DOMESTIC USE AND UP TO 500 SQUARE FEET OF OUTDOOR USE</b>	

STATEMENTS OF UNDERSTANDING

<p align="center">_____ (Initials)</p>	<ol style="list-style-type: none"> <li>1. 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.</li> <li>2. Mitigation is issued for the specified number of domestic units on this parcel only and is not transferable for use at other locations or for any other uses.</li> <li>3. Mitigation for 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, and watering potted plants.</li> <li>4. Water may be used for irrigating up to 500 square feet of outdoor lawn/garden on this parcel.</li> <li>5. The water purchased during the Interim Measures is only mitigated for Total Water Supply Available (TWSA) at Parker Gauge, not for tributary mitigation. This mitigation may not be adequate to protect from a curtailment order in the area of the basin associated with the parcel listed above as the risk may likely be greater than a property owner located within the main stem watershed.</li> <li>6. The water purchased during the interim measures may be backed merely by water leased to the County. While Kittitas County intends to replace that leased water with purchased water, should that purchase not occur, the applicant understands their well could be subject to curtailment in the event of a call by a user senior to the applicant and that Kittitas County cannot be held responsible or liable for any losses to the applicant as a result of such call and curtailment.</li> </ol>
<p align="center">_____ (Initials)</p>	<p align="center">I have read and understand the statements listed above.</p>
<p>Property Owner Signature: _____ Date: _____</p>	



**NOTARIZED STATEMENT**

I, \_\_\_\_\_ (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: \_\_\_\_\_ Property Owner(s)

Print Name: \_\_\_\_\_

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 \_\_\_\_\_ )

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, 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.

\_\_\_\_\_ 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

\_\_\_\_\_  
Notary Public in and for the State of Washington,

Residing in: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**OFFICIAL USE ONLY**

**Review of Application:**

EDEN TRACKING #: \_\_\_\_\_

Application is complete?

Yes  No

Full legal description attached?

Yes  No

Applicant Notified?

Date of Notification: \_\_\_\_\_

Yes  No

Notification method:  Email  Fax  In-Person  Phone

**Evaluation Notes:**

Date: \_\_\_\_\_ Notes: \_\_\_\_\_

Date: \_\_\_\_\_ Notes: \_\_\_\_\_

**FINAL EVALUATION:**

REVIEWER: \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_

**Interim Water Mitigation Package Cost: \$2195**

**Total Fee Due: = \_\_\_\_\_ Receipt #: \_\_\_\_\_**



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[www.co.kittitas.wa.us/health/](http://www.co.kittitas.wa.us/health/)