KITTITAS CO CDS RECEIVED 02/02/2024

Public Health

507 N. Nanum Street, Suite 182 Eilensburg, WA 98926

T: 509.962.7515 F: 509.962.7581 www.co.kittitas.wa.us/health/



FOR OFFICIAL USE ONLY:
Accepted By:

Tracking #: WA - 24 - 20071

Date Processed: 5 · 2 · 24

PH24-00624

FORM I/S

ADEQUATE WATER SUPPLY DETERMINATION INDIVIDUAL/SHARED WELLS

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: STEVEN MARTIN HENKE	206-947-3861 Phone #: 206-947-4701	
Mailing Address: 1/651-23RD AVE.5-W.	Turcer my	691234
City, State, Zip: BURIEN, WASHINGTON 98146	KARI HENKE @COMCAST.NET E-mail: STEVEN HENKE @COMCAST.NET	
Project Location: 644 \$ 646 TRON MOWNTAIN ROAD	Existing Unique Well ID#: BQH 668	
ROAD CLE ELVM, WASHINGTON 98922	Mitigation certificate #: WM-74-0007	•
PROJECT USE:		
New dwelling unit* with potable water		
Remodel that adds fixtures, and creates an additional dwelling u	ınit.*	
☐ Addition that adds fixtures, and creates an additional dwelling up	nit, *	
☐ Addition of potable water to a dry structure		
☐ Replacement structure with no previous I/S form on file if built a	after 2008	
DETACHED	115	
Please describe project: A-D.U. LIVING ARGA # GAR.	HOE	
*A dwelling unit is defined as: "A single unit providing complete, in	dependent living facilities for one or more	
persons, including permanent provisions for living, sleeping, eating		
Does the parcel currently have a structure with plumbing? XYES D	J NO	
Does the well serve another parcel? 🔼 YES 🗆 NO		
Please provide the following:		
 Provide a copy of well log, reconstructed well log or 4-hou will require a 4-hour draw down test per KCC 13.35.050 (b 		
8½ by 11" site plan following the Unified Site Plan Require		
be found at: https://www.co.kittitas.wa.us/uploads/cds/b	Transcription of the control of the	
bulletins//Residential%20submittal%20requirements/Unit		
Current passing nitrate (within 3 years) and bacteriologica		_
If shared well, please provide a recorded shared well users	, , ,	
If 100 foot well protection zone overlaps onto adjoining p	-	
adjoining parcel.		
 Recorded Water Budget Neutrality Determination, Kittitas 	s County Water Mitigation Certificate or other	
proof of mitigation on deed/title with Kittitas County Audi	, -	
Recorded metering agreement on deed/title with Kittitas	**	
		t.r

***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. ***

Individual/Shared Well AWSD Page 1 of 5

EH	Version: 4	Supersedes: 3	Date Adopted: 1/1/2024	Modified/Created By: EM	Approval By: Jesse Cox

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

	STATEMENTS OF UNDERSTANDING
SMA (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.
LMI) (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.
LMH (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.
LANS (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.

		NOT	ARIZED STATEME	NT	·
of Washington ag ordinances in regacquiring any right benefit of each or project description (KCPHD) and that all risk in its entire officials, employed including reasonal in value of proper or in part by a negam legally and fin supply systems arounderstand that a ensure that suffice	ards to water use it, title, or interest wher thereof. I ce in should change it the department rest, and agents, he ble attorney's feety including the logigent act or omis ancially responsible engineered, detail applicable fees ient and adequate	th all sections of the covenary that the interest in this land derify that the interest in this land derify that it is my responsive defendemnify defendemnify defenders from an es, for any bodiles of use results of the covenary be non-refered water supply in the covenary be non-refered.	(the undersigned this document, fed its and agreements scribed herein or are formation provided consibility to informerent and/or additional dand hold Kittitas (dagainst any and a printer, directors, and estimate is a legal right structed in accordational dable and that K available for use a	applicant) under penalty leral, state, and local provishall be binding on all party part hereof and it shall is true and accurate and Kittitas County Public Heronal requirements. As the County, its departments, all claims, damages, losses sease, or death, or any dischare alleged or provention and its to the water to be used, ince with federal, state and CPHD may have additional and I shall comply with all	visions, codes, and rties having or pass to and be for the I understand that if the ealth Department e applicant, I assume elected and appointed s and expenses, amage to or reduction to be caused in whole int, I understand that I and that all water id local requirements. I al requirements to requests made by
			use and appoint an ent sign this notari:	authorized agent to repre	esent my interest, I
,,		Soft	The Market of the Court of the		
Signed:		Meven	111-1	lenke	Property Owner(s)
Print Name:	STEV	EN M.	HENKE		Property Owner(s)
1,				(the property o	wner) appoint,
			as an au	thorized agent to represe	ent my interest.
Authorized Agent	Signature (if appl	licable):	as an au	thorized agent to represe	ent my interest.
Authorized Agent	Signature (if app			Print Name:	44-4-4
			as an au	Print Name:	ent my interest. norized Agent
State of Washing				Print Name:	44-4-4
State of Washingt	on titas))ss)	Authorized Agent	Print Name:Auth	norized Agent
State of Washings County of	titas))ss) in and for the a	Authorized Agent bove named Count	Print Name:Auth	norized Agent
County of	titas d, a Notary Public))ss) in and for the a 20	Authorized Agent bove named Count rsonally appeared b	Print Name: Auth y and State, do hereby ce before me,	norized Agent
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OFFICIAL USE ONLY	
Review of Application: M. JChumaier TRACKING #: WA - 24-	15000
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?	Yes No No N/A
Does the application provide a valid well ID number for the proposed project?	✓Yes □ No □ N/A
Project is in the Upper Kittitas County boundary as defined by 173-539A WAC:	Yes 🛘 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: 	☑Yes ☐ No
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	☑Yes □ No
A Determination of Water Budget Neutrality or other proof mitigation was provided.	Yes No N/A
Determination of Water Budget Neutrality from Washington State Department of Ecology; OR A copy of the water right/claim associated with the source of water; OR Kittitas County Water Mitigation Certificate	
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?	Yes O No O N/A Yes O No O N/A
Water Quality Technology/Storage Required:	⊠ N/A
EVALUATION NOTES:	ØN/A
	Ø N/A
EVALUATION NOTES: DATE: NOTES: DATE: NOTES:	Ø N/A
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EVALUATION NOTES: DATE:NOTES: DATE:NOTES: DATE:NOTES: FINAL EVALUATION: REVIEWER:	ability at this time: sfactory*† and therefore has 173-539A nor does KCPHD

05/02/2024 10:58:57 AM

202405020012 Page:1 of 4

REVIEWED

STEVEN HENKE 11651-23RD AVE. J.W. BURIEN, WASHINGTON 98146

MAY 02 2024

KITTITAS COUNTY TREASURER

INITIALS:

TWO PARTY SHARED WELL WATER USERS AGREEMENT

Well ID Number:	BQH-668	
_	nber: 691236	-
Lot Number:	of	Subdivision
Physical Address:	644 IRON MOUNTAIN RD, C	CLE ELUM, WA 98922
AND		
Parcel Number:	<u>891236</u>	
Lot Number:	of	Subdivision
Physical Address:	646 IRON MOUNTAIN RD, C	CLE ELUM, WA 98922

Ownership of the Well and Waterworks

It is agreed by the parties that each of said parties shall be and is hereby granted an undivided one-half Interest in and to the use of the well and water system to be constructed. Each party shall be entitled to receive a supply of water for one residential dwelling and shall be furnished a reasonable supply of potable and healthful water for domestic purposes.

Cost of Water System Construction

Both parties herein agree to share equally in the cost incurred in well site approval, well construction, and construction and/or installation of the waterworks equipment, the pump house and water distribution pipes, and initial well water quality tests.

Cost of Maintenance of Water System

Each party hereto covenants and agrees that they shall equally share the maintenance and operational costs of the well and water system herein described.

It is further agreed by the parties hereto that they shall not furnish water from the well and water system herein above described to any other persons, properties, or dwelling without prior consent of both property owners and written approval from the Kittitas County Public Health Department.

Restriction on Water Use

Use restrictions	are set at the t	ime of water budget neutral determina	tion and associated with the
parcel. The am	ount of water a	llowed is recorded on the deed of the p	parcel and may be monitored and
	_	arce of the water rights. Water use for	
agreement are	0.092 GO	acre feet/year for parcel # 691236	and
0.092 CU	acre feet	/year for parce! # <u>691236</u>	(Include indoor and outdoor
use restrictions)		

Termination of this Agreement

This agreement may be revoked at any time; however, it may not be revoked without each property obtaining a sufficient acceptable potable water source and prior consent of both property owners. Termination of this agreement shall require the property owners to provide: 1) proof of a notarized revocation of this agreement and 2) proof of the potable water source for each property to the Kittitas County Health Department for review and approval. After, review and approval by the health department the property owners shall then file: 1) the notarized revocation of this agreement and 2) proof of the potable water source approved by the health department for each property at the Kittitas County Auditor's Office as a recorded document that runs with the title of the land.

Heirs, Successors, and Assigns

These covenants and agreements shall run with the land and 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.

2 Party Shared Well Users Agreement Page 3 of 4

WATER WELL REPORT

License No. 2536

Sponsor's Signature

IF TRAINEE: Sponsor's License No.



Type of Work: State of Washington	Unique Ecology Well ID Tag No. BQH668		
■ Construction	Site Well Name (if more than one well):		
☐ Decommission	151 - 151 (- 15) (- 15)		
Proposed Use:	Property Owner Name STEVEN HENKE		
☐ Dewalering ☐ Irrigation ☐ Test Well ☐ (Hher	Well Street Address 644 IRON MOUNTAIN R	040	
Construction Type: Method:			
■ New well □ Alteration □ Driven □ Jeffed □ Cable Tool	City CLE ELUM County KITT	ITAS	
□ Deepening □ Other □ □ Dug ■ Air- □ Mud-Rotary	Tax Parcel No. 691236		
Dimensions: Diameter of boring 6 in., to 143 ft. Depth of completed well 141 ft.	Was a variance approved for this well? Yes	■ No	
Construction Details: Wall	If yes, what was the variance for?		
Casing Liner Diameter From To Thickness Steel PVC Welded Thread			
□ C 6 in. +3 140 .250 in. □ C □	Location (see instructions on page 2):	□ www o	
	SE 1/4-1/4 of the NW 1/4; Section 1 To	ownship <u>19</u> Ra	nge <u>15</u>
0 Cinin. 0 0 0	Latitude (Example: 47.12345) 47.170631		
	Longitude (Example: -120.12345) -120.91218	4	
Perforations: Yes No. of perforations Size of perforations in. by in.	Driller's Log/Construction or Deco	mmission Procedu	ITE
Perforated fromfL tofL below ground surface	Formation: Describe by color, character, size of materia	I and structure, and the	e kind and
Streens: TYes INo TK-Packer Depth iL	nature of the material in each layer penetrated, with at h information. Use additional sheets if necessary.	east one entry for each	change of
Manufacturer's Name	Material		
Type Model No		From	То
Diameter in Slot size in from 1 to 1	TOPSOIL	0	7
Diameter in. Slot size in. from fl. to fl.	CLAY	7	20
Sand/Filter pack: [1] Yes 19 No Size of pack materialin.	GRAVEL	20	30
Materials placed from ft. to ft.	CLAY/GRAVEL	30	35
Surface Seel: 10 Yes D No To what depth? 18 ft	GRAVEL	35	80
Material used in seal BENTONITE Did up control control procedure 2 To No. 17	O. O. O.	80	143
Did uny strata contain unusable water?			
Method of scaling strata off		-	
Pump: Manufacturer's NameType:			
H.P. Pump intake depth: ft. Designed flow rate: gpn1			
Water Levels: Land-surface elevation above mean sea leveltl. Stick-up of top of well casing ft. above ground surface			
Static water level 117 ft. below top of well casing Date 4/9/24			
Artesian pressure lbs. per square inch Date			
Artesian water is controlled by(cap, valve, etc.)			
Well Tests:			
Was a pumping test performed? ■ No □ Yes ⇒ by whom?			
Yield gpm with ft. drawdown after has.			
Vieldgpm_withft. drawdown after hrs. Vieldgpm_withft. drawdown after hrs.			
Recovery data (time = zero when pamp is turned off - water level measured from well			
top to water level)			
Time Water Level Time Water Level Time Water Level			
		-	
Date of pumping test			
Bailer testgpm withft. drawdown afterhrs.		_	
Air test 9-10 gpm with stem set at 135 ft. for 1 hrs Date 4/8/24 Artesian flow gpm		-	
Temperature of water * F Was a chemical analysis made? ☐ Yes @ No	TOUS OF CASSASS		
	Start Date 4/8/24 Completed Da		
WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept re	sponsibility for construction of this well, and its com	pliance with all Wa	shington well
construction standards. Materials used and the information reported above are tru	ic to my best knowledge and belief.		
■ Driller □ Trainee □ PE - Print Name JEREMY BACH	Delling Comments BACH DDILLING CO		
Signature >	Drilling Company BACH DRILLING CO		
Distributes .	Address 3340 WILSON CREEK ROAD		

Notice of Intent No. WE55912

在1000年10日,中国1000年10日

ECY 050-1-20 (Rev 08/19) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

Contractor's

City, State, Zip ELLENSBURG WA 98926

Date 4/8/24

Registration No. MIKEBBD788RM

From: stevenhenke@comcast.net

Subject: Fwd: water labs

Date: Apr 29, 2024 at 9:33:40 AM

To: Kari Henke karihenke@comcast.net

Sent from my iPhone

Begin forwarded message:

From: Mike B < bachpump@gmail.com >

Date: April 24, 2024 at 9:05:30 AM PDT

To: stevenhenke@comcast.net

Subject: water labs

Following labs for Iron Mountain site. Thanks, Mike

LabTest

LabTest

201 East D Street Yakima, WA 98901 (509) 469 - TEST

Nitrate/Bacteria Pkg

Labicot	Titti att/Dactel la 1 kg
Date Collected: 04/19/24	
Lab/Sample No: 23015362	County: KITTITAS
Sample Location: Well Head	
	Date Received: 04/19/24
	Date Reported: 04/22/24
	Sample Collected By: MG Bach
Send Report To:	SAMPLE COMMENTS Matrix: Water
Bach Pump Company	Iron Mountain
2091 Orchard Rd	
Ellensburg, WA 98926	

DOH#	Analytes	Results	Units	MRL	Trigger	MCL	Method	Analyzed	Analyst
	BACTERIA TEST RES	SULTS							
	Total Coliforms	ABSENT	P/A				SM 9223B	04/19/24	GEH
	E. coli	ABSENT	P/A				SM 9223B	04/19/24	GEH
20	Nitrate as N	ND	mg/L	0.5		10	EPA 353.2	04/19/24	GEH

		f		

MRL (Method Reporting Level): Indicates the minimum reporting level required and obtained by the laboratory (MDL<MRL<SRL)

Trigger: DOH Drinking Water response level, Public Systems in excess of this level must take additional samples, Recommended range on packages.

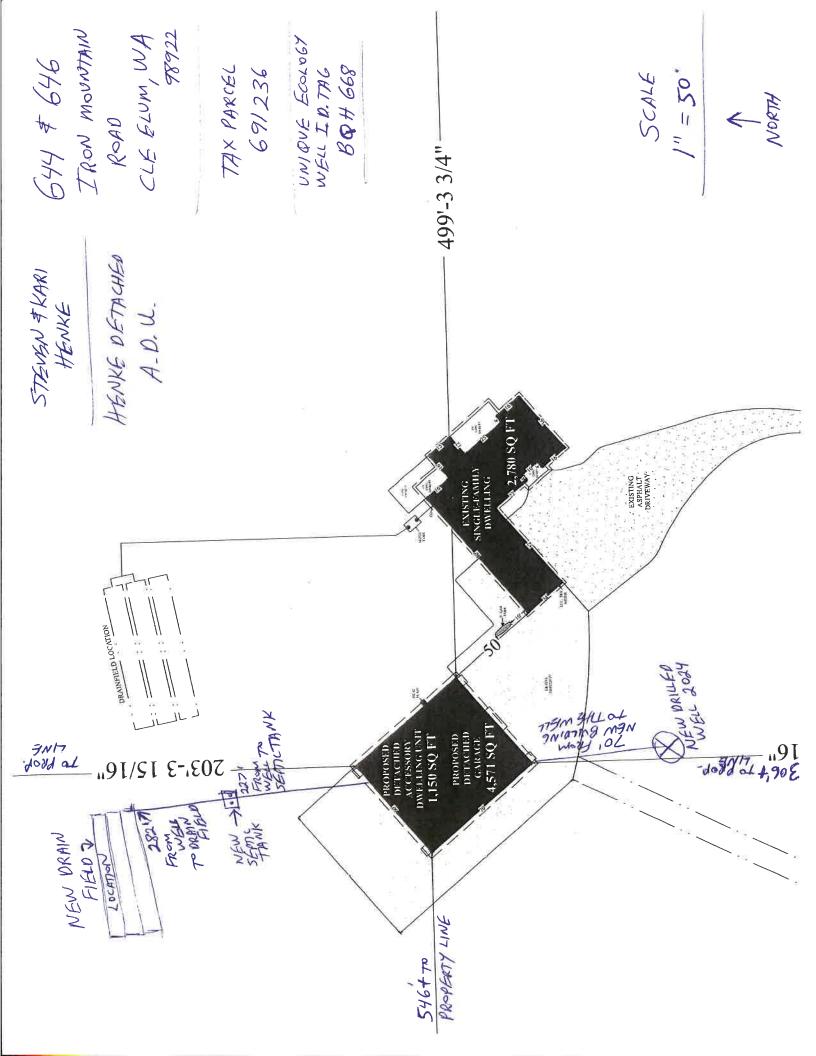
MCL (maximum contaminant level): Highest level recommended by the federal government for public water systems.

ND (Not Detected): Indicates this compound was analyzed and not detected at a level greater than or equal to the MRL or SRL.

Approved By:

15362-no3pa

201 East D Street, Yakima, WA 98901 (509) 469 - TEST



05/02/2024 10:58:57 AM

HENKE Aud I t 202405020014

rage, C

RECORDING REQUESTED BY AND WHEN RECORDED RETURN TO:

Name:

STEVEN & KARI HENKE

REVIEWED

Address:

11651 23RD AVE SW

BURIEN, WA 98146

MAY 02 2024

KITTITAS COUNTY TREASURER

INITIALS:

(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 STEVEN & KARI HENKE (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:

691236

Address:

646 IRON MOUNTAIN RD

CLE ELUM, WA 98922

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:

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.

05/02/2024 10:58:57 AM

202405020013 Page:1 of 3

3305.50 Hater Right Henke Page Kittias County Auditor

REVIEWED

Return To: HENKE, STEVEN MARTIN & KARI ANN 11651 23RD AVE SW BURIEN, WA, 98146 MAY 0.2 2024

KITTITAS COUNTY TREASURER

INITIALS

Kittitas County

Water Mitigation Certificate

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

Grantor

Kittitas County

Permit #

Grantee

HENKE, STEVEN MARTIN & KARI AN

WM-24-00027

Site Address

Trust Water Right #

Map Number 19-15-01000-0034

LIGGE MATEL VIBILE #

644 IRON MOUNTAIN RD, CLE ELUM

NGR: CS4-01447sb7@6

Unique Well ID# BQH-668

Date Issued May 02, 2024

Abbreviated Legal Description

PTN NW1/4 (PARCEL 2, B42/P66); SEC 1, TWP 19, RGE 15

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

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Realth 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.



KITTITAS COUNTY PUBLIC HEALTH

Receipt Number: PH24-00624

Ellensburg, WA 98926

509-962-7515 / https://www.co.kittitas.wa.us/health//

Payer/Payee: KARI & STEVEN HENKE

11651 23RD AVE SW BURIEN WA 98146

Cashier: NICOLE PAXTON

Payment Type: CHECK (2818)

Date: 05/02/2024

WA-24-00071	Adequate Water Supply Determination - SWIFTWATER Individual/Shared Well	R DR, CLE ELUI	M 98922	
Fee Desc	ription	Fee Amount	Amount Paid	Fee Balance
Adequate	Water Supply Determination - Individual/Shared Well	\$450.00	\$450.00	\$0.00
	WA-24-00071 TOTALS:	\$450.00	\$450.00	\$0.00
	TOTAL PAID:		\$450.00	