



507 N. Nanum Street, Suite 102
Ellensburg, WA 98926
T: 509.962.7515 F: 509.962.7581
www.co.kittitas.wa.us/health/



FOR OFFICIAL USE ONLY:
Accepted By: NP
Tracking #: WA-24-00071
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: <u>KARI ANN HENKE STEVEN MARTIN HENKE</u>	Phone #: <u>206-947-3861 206-947-4701</u>
Mailing Address: <u>11651-23RD AVE. S.W.</u>	Parcel #: <u>691234</u> <u>90003000</u>
City, State, Zip: <u>BURIEN, WASHINGTON 98146</u>	E-mail: <u>KARI HENKE@COMCAST.NET STEVEN HENKE@COMCAST.NET</u>
Project Location: <u>644 & 646 IRON MOUNTAIN ROAD CLE ELUM, WASHINGTON 98922</u>	Existing Unique Well ID#: <u>BQH 668</u>
Mitigation certificate #: <u>WM-24-00071</u>	
PROJECT USE: <input checked="" type="checkbox"/> New dwelling unit* with potable water <input type="checkbox"/> Remodel that adds fixtures, and creates an additional dwelling unit.* <input type="checkbox"/> Addition that adds fixtures, and creates an additional dwelling unit.* <input type="checkbox"/> Addition of potable water to a dry structure <input type="checkbox"/> Replacement structure with no previous I/S form on file if built after 2008 Please describe project: <u>DETACHED A-D.U., LIVING AREA & GARAGE</u>	
*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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Does the well serve another parcel? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Please provide the following: <ul style="list-style-type: none">• 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 1/2 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	




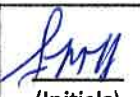



***The adequate water supply determination approval remains valid only if the facts asserted and governing law do not change, and expires within (1) year of issuance, or the life of the associated active building permit, whichever is later and has no force or affect thereafter. All applicable fees may be non-refundable. ***

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

 (Initials)	<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>
 (Initials)	<p>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.</p>
 (Initials)	<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>
 (Initials)	<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 KCPHD or Washington State Department of Health.</p>
 (Initials)	<p>I certify that I have read and understand the Adequate Water Supply Determination Instructions and Form.</p>
 (Initials)	<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>
<p>Property Owner Signature:  Date: <u>5-2-2024</u></p>	

NOTARIZED STATEMENT

1, STEVEN HENKE (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: Steven M. Henke Property Owner(s)
Print Name: STEVEN M. HENKE 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 2 day of May, 2024, personally appeared before me,

_____ who is personally known to me

x whose identity I proved on the basis of WA license

____ 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.

Steven Henke 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: Kittitas Co.

My Commission Expires: 6-1-25

OFFICIAL USE ONLY

Review of Application: M. Schumaier TRACKING #: WA-24-00071

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the application provide a valid well ID number for the proposed project?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Project is in the Upper Kittitas County boundary as defined by 173-539A WAC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: • 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <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 type="checkbox"/> A copy of the water right/claim associated with the source of water; OR <input checked="" 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
Water Quality Technology/Storage Required: _____	<input checked="" type="checkbox"/> N/A

EVALUATION NOTES:

DATE: _____ NOTES: _____
DATE: _____ NOTES: _____
DATE: _____ NOTES: _____

FINAL EVALUATION:

REVIEWER: Melinda Schumaier DATE: 5/9/24

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.

INDIVIDUAL/SHARED WELL ADEQUATE WATER SUPPLY DETERMINATION FEE \$450.

Total Fee Due: \$ _____ Receipt #: PH24-00624

05/02/2024 10:58:57 AM

\$306.50
Agreement HENKE
Kittitas County Auditor

202405020012
Page: 1 of 4



REVIEWED

MAY 02 2024

KITTITAS COUNTY TREASURER

INITIALS: 

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

TWO PARTY SHARED WELL WATER USERS AGREEMENT

BQH-668

Well ID Number: _____

Serves Parcel Number: 691236

Lot Number: _____ of _____ Subdivision

Physical Address: 644 IRON MOUNTAIN RD, CLE ELUM, WA 98922

AND

Parcel Number: 691236

Lot Number: _____ of _____ Subdivision

Physical Address: 646 IRON MOUNTAIN RD, 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 time of water budget neutral determination and associated with the parcel. The amount of water allowed is recorded on the deed of the parcel and may be monitored and recorded depending on the source of the water rights. Water use for the lots referenced within this agreement are 0.092 CU acre feet/year for parcel # 691236 and 0.092 CU acre feet/year for parcel # 691236. (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.



DEPARTMENT OF
ECOLOGY
State of Washington

☐ Decommission \Rightarrow Original installation NOI No.

Completed Date 4/8/24

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

Nitrate/Bacteria Pkg

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 2091 Orchard Rd Ellensburg, WA 98926		Iron Mountain	

Nitrate/Bacteria Pkg

DOH#	Analytes	Results	Units	MRL	Trigger	MCL	Method	Analyzed	Analyst
	BACTERIA TEST RESULTS								
	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

[illegible]

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

STEVEN & KARI
HENKE

HENKE DETACHED

A.D.U.

644 & 646

IRON MOUNTAIN

ROAD

CLE ELUM, WA

98922

TAX PARCEL

691236

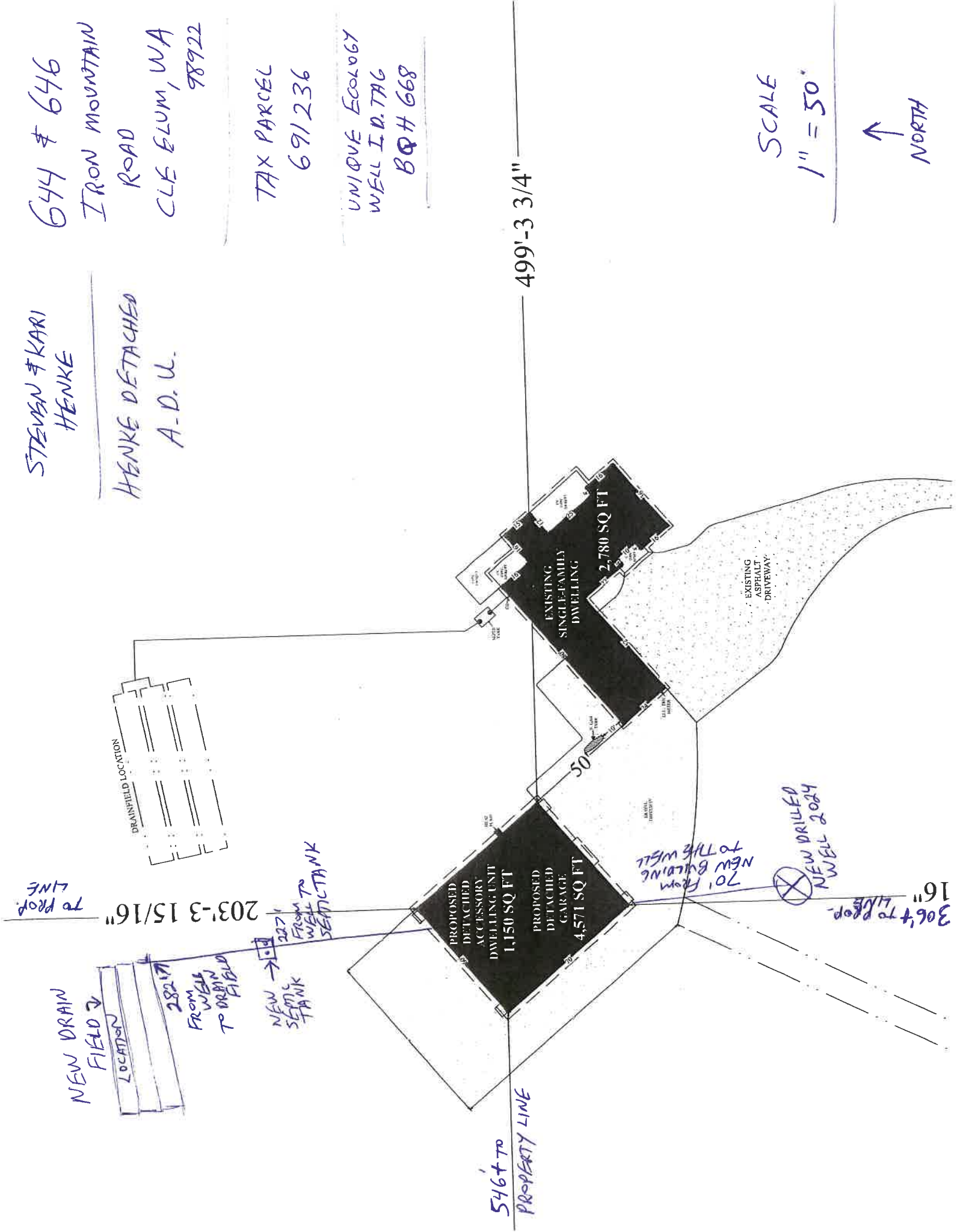
UNIQUE ECOLOGY
WELL I.D. TAG

BQH 668

SCALE

1" = 50'

↑
NORTH



05/02/2024 10:58:57 AM

202405020014

\$309.50
Agreement HENKE
Kittitas County Auditor

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

Name: STEVEN & KARI HENKE

REVIEWED

Address: 11651 23RD AVE SW

MAY 02 2024

BURIEN, WA 98146

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:

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.

05/02/2024 10:58:57 AM

3305.58
Water Right HENKE
Kittitas County Auditor

202405020013
Page: 1 of 3



REVIEWED

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

MAY 02 2024

KITTITAS COUNTY TREASURER

INITIALS:



Water Mitigation Certificate

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

Grantor Kittitas County

Permit #

Grantee HENKE, STEVEN MARTIN & KARI ANN

WM-24-00027

Map Number 19-15-01000-0034

Trust Water Right #

Site Address 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

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.



KITTITAS COUNTY
PUBLIC HEALTH

Receipt Number: PH24-00624

507 N Nanum St., Suite 102
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 DR, CLE ELUM 98922
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	\$450.00	\$450.00	\$0.00
WA-24-00071 TOTALS:	\$450.00	\$450.00	\$0.00
TOTAL PAID:		\$450.00	