After Recording Return To:

Kittitas County Public Health Department 507 N Nanum Street Suite 102 Ellensburg WA 98926

NOTICE OF AN ALTERNATIVE (NON-STANDARD) WATER SOURCE Must be printed on legal size paper				
Owner(s):				
Owner(s) Address:				
Location Address:				
Tax Parcel Number(s):		Attach Complete Legal Description.		
Abbreviated Legal:				
1¼ of the1	4 of Section	, Township:	North, Range	West, W.M.
The water source for this particle based on certification of opera 13.25. WATER SUPPLY CONSISTS OF: CISTERN WATER SYSTEM: Servir	tion and maintenand	ce requirements and	d compliance with Kittita	s County Code Chapter
□WATER SUPPLY INCLUDES FROM INTEREST IN WATER RIGHTS FROI SOURCE TO MEET THE MINIMUM 13.25.090(1C) KCC.) □ THE DWELLING UNIT IS DESIGN □ THE ESTIMATED NUMBER OF D REFILL IF THE SYSTEM IS USED AS	(ATTACHED FOR PR M A WATER BANK OR AMOUNT OF WATER ED FOR PEOPLE. AYS BETWEEN STORA	ROOF THAT THE PARC OTHER TWSA NEUTR R PER MONTH AS DETI	EL HAS ADEQUATE AL MITIGATION	
I AM THE LEGAL OWNER OF RE propose to use. This source of wa all parties having or acquiring any of each owner thereof. I agree to n County Auditor's office.	ter is for my personal right, title, or interest in	use only. These cove in the land described h	nants shall run with the land erein or any part thereof, ar	d and shall be binding to nd shall inure to the benefit
WITNESS MY HAND THIS	day of		_, 20	
(State of Washington,				
County of)		Signatu	ure (Property Owner)	(printed name)
		Signature	(prii	nted name)
On this day of	, 20	, before me, the ur	ndersigned Notary Public, p	ersonally appeared and
☐ is personally known to me, ☐ p ☐ he, ☐ she subscribed to the wi	thin instrument, and a			
		Notary's Signatur	e	
		Printed Name		
			and for the State of Washin	gton, residing in
		My Commission I	Expires on	

	d and shall be bind nd shall inure to the			
(State of Washington,				
County of)		Signature (Source Purveyor)	(printed name)	
		Signature	(printed name)	
On this day of	, 20	, before me, the undersigned Notary Public, personally appeared and		
WITNESS MY HAND AND OFFICIAL S	SEAL,			
		Notary's Signature		
		Printed Name		
		Notary Public in and for the State of Was	shington, residing in	
		My Commission Expires on		