

**Planning Department**

(509) 786-5612  
P.O. Box 910  
Prosser, WA 99350



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

[planning.department@co.benton.wa.us](mailto:planning.department@co.benton.wa.us)

**Prosser Office:** 620 Market Street, 1<sup>st</sup> Floor

**Kennewick Office:** 102206 East Wiser Parkway

**BENTON COUNTY RURAL WATER SUPPLY  
MITIGATION CERTIFICATE APPLICATION CHECKLIST  
FOR SUBDIVISIONS AND SHORT PLATS**

For all Mitigation Certificate Applications submitted as part of the Benton County subdivision or short plat application, all components below must be met. Please follow the checklist below to ensure that you meet all timelines and requirements. Incomplete applications will be returned to the applicant. **All fees are non-refundable.**

**FOR THE INITIAL MITIGATION CERTIFICATE APPLICATION SUBMITTAL:**

- Complete one Mitigation Certificate application for each new lot within a proposed subdivision or short plat. All parts of each Mitigation Certificate application, including the Statements of Understanding and the notary pages must be completed.
- Attach a full legal description of the parent parcel. Legal descriptions can be found on the property's title report. Alternatively, the legal description may be obtained through the Benton County Assessor's office.
- Attach a completed Irrigation Water Availability Affidavit.
- Submit the completed applications for each lot and all attachments to the Benton County Planning Department.

**ISSUANCE OF THE MITIGATION CERTIFICATES:**

- Applicant shall pay the applicable Mitigation Certificate Package fees and the first year's Annual Program Fees for each lot to the Benton County Planning Department. Payments may be made in cash, check, or credit card; however, a 3% surcharge will be incurred if paying by credit card. **ANNUAL PROGRAM FEE:** \$180.00; and **PACKAGE A:** \$663.00; or **PACKAGE B:** \$1,410.00; or **PACKAGE C:** \$2,157.00.
- Applicants shall then sign the Mitigation Certificates issued by the Planning Department. The Planning Department will retain the signed Mitigation Certificates for recording after the final plat has been approved and recorded.

**AFTER MITIGATION FEES HAVE BEEN PAID:**

- Applicant may proceed with subdivision/short plat application to obtain final plat approval.
- Once final approval of the subdivision/short plat has been issued and the plat is ready to be recorded, the applicant shall provide a check (made payable to the Benton County Auditor) to the Planning Department for the recording fees of the Mitigation Certificates for each lot. The applicant is responsible for all applicable recording fees.
- After the Planning Department has received the check for the recording fees and the final plat has been legally recorded; Planning Staff shall then record the Mitigation Certificates with the Benton County Auditor's Office on the title of record associated with the subject property.
- Once the Certificates have been recorded, Planning Staff will send the applicant the receipt for the recording fees and a letter stating the documents have been recorded against the title of the property.

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**BENTON COUNTY RURAL WATER SUPPLY PROGRAM**  
**WATER MITIGATION CERTIFICATE APPLICATION**

Certificate No. \_\_\_\_\_

*Incomplete applications, including applications without all required attachments, will not be accepted.*

A COMPLETE APPLICATION SHALL INCLUDE THE FOLLOWING:

- Signed Statement of Understanding
- Executed Notary Page
- Full Legal Description of Parcel
- Completed Irrigation Water Availability Affidavit
- Well Log *(required only for applications submitted in conjunction with a Benton County building permit)*

APPLICANT INFORMATION

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If there are additional owners please copy this section, sign, and attach to the application*

WELL INFORMATION

1. **Subject property address:** \_\_\_\_\_

2. **Parcel number:** \_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ 3. **Well Tag ID:** \_\_\_\_\_

4. **Subdivision/short plat file number** *(if applicable):* \_\_\_\_\_ **Proposed # of Lots:** \_\_\_\_\_

5. **Please describe the proposed project:** \_\_\_\_\_

6. **Please choose one of the following:**  Existing Well  No well has been drilled

7. **Is the well part of a public water system?**  No  Yes  
*If yes, name of public water system:* \_\_\_\_\_

8. **Is the well part of a shared well?**  No  Yes  
*If yes, parcel # where well is located:* \_\_\_\_\_



**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 regard 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 Benton County 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 Benton 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 Benton County 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 Benton County.

Signed: \_\_\_\_\_ Property Owner(s)

Print Name: \_\_\_\_\_ Property Owner(s)

State of Washington )

County of \_\_\_\_\_)

I certify that I know or have satisfactory evidence that on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, \_\_\_\_\_ is/are the person(s) who appeared before me; and said person(s) acknowledged that (he/she/they) signed this instrument and acknowledged it to be (his/her/their) free and voluntary act for the uses and purposes mentioned in the instrument.

\_\_\_\_\_  
NOTARY PUBLIC, State of Washington

\_\_\_\_\_  
Printed Name

My commission expires: \_\_\_\_\_

I certify that I know or have satisfactory evidence that on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized to execute the instrument and acknowledged it as the \_\_\_\_\_ of \_\_\_\_\_ to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

\_\_\_\_\_  
NOTARY PUBLIC, State of Washington

\_\_\_\_\_  
Printed Name

My commission expires: \_\_\_\_\_

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**BENTON COUNTY RURAL WATER SUPPLY PROGRAM**  
*AFFIDAVIT OF IRRIGATION WATER AVAILABILITY*

STATE OF WASHINGTON)

COUNTY of \_\_\_\_\_)

I, \_\_\_\_\_, the undersigned, do hereby affirm and attest to the following:

1) I am the owner of the certain real property located in Benton County, Washington, with a physical address and/or parcel number of:

Parcel Number: \_\_\_\_\_

Address: \_\_\_\_\_

2) I declare that: *(please check one of the boxes below)*

The above described property is located within the boundaries of the \_\_\_\_\_ Irrigation District and is subject to an assessment by that irrigation district. *(Package A is required)*

The above described property is not located within the boundaries of an irrigation district and there is no irrigation water right for the above described property. *(Packages B or C may be selected)*

The above described property is located within the boundaries of the \_\_\_\_\_ Irrigation District but is not subject to an assessment by that irrigation district. *(Packages B or C may be selected)*

3) I further declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, Washington.

\_\_\_\_\_  
Affiant Signature

SIGNED and SWORN to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_  
*(Affiant Name)*

\_\_\_\_\_  
NOTARY PUBLIC, State of Washington

\_\_\_\_\_  
Printed Name

My commission expires: \_\_\_\_\_

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**BENTON COUNTY RURAL WATER SUPPLY PROGRAM**  
*AFFIDAVIT OF IRRIGATION WATER AVAILABILITY (ENTITY/CORPORATION)*

STATE OF WASHINGTON)

COUNTY of \_\_\_\_\_)

I, \_\_\_\_\_, the undersigned, do hereby affirm and attest to the following:

1) I am the owner of the certain real property located in Benton County, Washington, with a physical address and/or parcel number of:

Parcel Number: \_\_\_\_\_

Address: \_\_\_\_\_

2) I declare that: *(please check one of the boxes below)*

The above described property is located within the boundaries of the \_\_\_\_\_ Irrigation District and is subject to an assessment by that irrigation district. *(Package A is required)*

The above described property is not located within the boundaries of an irrigation district and there is no irrigation water right for the above described property. *(Packages B or C may be selected)*

The above described property is located within the boundaries of the \_\_\_\_\_ Irrigation District but is not subject to an assessment by that irrigation district. *(Packages B or C may be selected)*

3) I further declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

EXECUTED this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ at \_\_\_\_\_, Washington.

\_\_\_\_\_  
Affiant Signature

I certify that I know or have satisfactory evidence that on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized to execute the instrument and acknowledged it as the \_\_\_\_\_ of \_\_\_\_\_ to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

\_\_\_\_\_  
NOTARY PUBLIC, State of Washington

\_\_\_\_\_  
Printed Name

My commission expires: \_\_\_\_\_