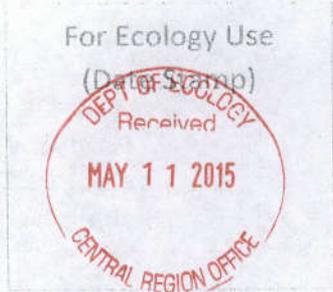




## Pre-Application Consultation for Emergency Authorization to use Supplemental Water in the Yakima River Basin



Section 1. PRE-APPLICANT		
Pre-Applicant/Business Name: <i>Mark P. Clayton</i>	Phone No: <i>cell</i> <i>509-949-7621</i>	Other No: <i>Home</i> <i>509-877-4393</i>
Address: <i>2230 Lombard Loop Rd</i>		
City: <i>Wapato</i>	State: <i>Wa</i>	Zip: <i>98951</i>
Email Address (if available):		

Contact Name (if different from above): <i>Same</i>	Phone No: <i>509-</i>	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (if available):		

### Section 2. CURRENT WATER RIGHT INFORMATION AND PREVIOUS DROUGHT AUTHORIZATIONS

A. Primary Water Right information (required information)				
Primary Water Right Number or Irrigation District	Parcel Number	Number of Irrigated Acres	Crop Type	Irrigation Type (Drip, sprinkler, etc.)
<i>Roza Irr. District</i>	<i>201105-11001</i>	<i>10.3</i>	<i>orchard</i>	<i>sprinkler</i>

#### B. Supplemental (Standby/Reserve) Water Right Information (if applicable):

Do you have a permanent supplemental (standby/reserve) water right for the above mentioned property? Please identify the water right document(s): \_\_\_\_\_

**C. Previous Emergency Drought Authorization information (if applicable):**

If applicable, please identify authorizations from previous drought or proration years:

G-4-31405 Aug. 21, 1992, May 1994, March 2001, 2005

**Section 3. WELL INFORMATION**

**A. Location - Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
	N.E.	N.E.	5	11 N.	20 EWM	Yakima
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of withdrawal (well) to the nearest section corner:

100 Feet ( North/ South) and 250 Feet ( East/ West)  
 from the (NW SW NE SE  ) corner of Section 5.

*NOTE: If more than two points of withdrawal (wells), please attach additional information on a separate sheet of paper.*

**B. General information**

Do you have an existing well?  YES  NO If so, how many? 1

G-4-31405  
 application number

If available, attach Water Well Report and Pump Test.

Well Tag ID No(s): \_\_\_\_\_

Well diameter(s) & depth(s): 10" casing Drill to 275 feet

**Section 4. PLACE OF USE**

Provide or attach a copy of the legal description of the property (on which the water will be used).

Beginning at the Northeast corner of section 5, Township 11. North Range 20, E.W.M.; Thence - South 470 feet; Thence South 87° 27' West 921.3 feet; Thence North 503 feet to the North line of said section 5; Thence East 915 feet

¼	¼	Section	Township	Range	County	Parcel No.
NE	NE	5	11 N.	20 EWM	Yakima	

Do you own all the lands on which the proposed place of use is located?  YES  NO

more or less, to the point of beginning

If no, do you have legal authority to make this application for use of this land?  YES  NO

Provide owner name(s), address, and phone number: \_\_\_\_\_

**Section 5. PROPOSED USE AND WATER QUANTITY CONTEMPLATED UNDER THIS PRE-APPLICATION**

Parcel Number	Proposed Irrigated Acres	Crop Type	Irrigation Type (drip, sprinkler, etc.)
201105-11001	10.3 acres	Orchard	sprinkler
<b>Total</b>			

**Section 6. DRIVING DIRECTIONS**

Please provide the site address and detailed driving directions to the well and the proposed place of use:

2230 Lombard Loop R. Wapato, Wa 98951 Residence on parcel.  
 Well is 250 feet west and 100 feet south from the northeast corner of section 5, T. 11 N., R. 20 E.W.M., being within the NE 1/4 NE 1/4 of section 5.

**Section 7. REQUIRED SIGNATURES**

I certify that the information provided in this application is true and accurate to the best of my knowledge. I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. I understand that this is not an application for an emergency withdrawal of water, but rather is intended to give Ecology information that will enable it to more expeditiously process an application that may be submitted at a later date.

Mark P. Clayton  
 Printed Name  
 Pre-Applicant or Authorized Representative

*Mark P. Clayton*  
 Signature

5-10-2015  
 (Date)

\_\_\_\_\_  
 Printed Name  
 Pre-Applicant or Authorized Representative

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 Printed Name  
 Legal Owner or Proposed place of use

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 (Date)

**Mail the pre-application to:**  
 Central Regional Office.  
 15 W. Yakima Avenue, Suite 200  
 Yakima, WA 98902-3463  
 (509) 575-2490