



# Application for a Water Right Permit

For Ecology Use  
(Date Stamp)

DEPT OF ECOLOGY  
Received  
SEP 23 2015  
CENTRAL REGION OFFICE  
CUC  
#: 32091  
Amount: \$50

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION FOR THE FOLLOWING:

- GROUND WATER       SURFACE WATER       PERMANENT  
 SHORT TERM       TEMPORARY

NO FEE REQUIRED FOR THE FOLLOWING:

- DROUGHT       COST REIMBURSEMENT

Follow the attached instructions. Attach additional sheets as necessary.

## Section 1. APPLICANT

I have participated in a pre-application conference with Ecology.

|  |                             |               |
|--|-----------------------------|---------------|
| Applicant/Business Name:<br>Art Mensonides | Phone No:<br>(509) 894-9902 | Other No:     |
| Address:<br>305 S Fisher Rd                |                             |               |
| City:<br>Mabton                            | State:<br>WA                | Zip:<br>98935 |
| Email Address (if available):              |                             |               |

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

|   |           |           |
|---|-----------|-----------|
| Legal Land Owner or Part Owner Name of the Proposed Place of Use:<br>Same as applicant. | Phone No: | Other No: |
| Address:  |           |           |
| City:   | State:    | Zip:      |
| Email Address (if available):   |           |           |

|   |  |
|---|--|
| For Ecology Use   | APPLICATION NO: <u>64-33160</u> SEPA: Exempt/Not Exempt                                      |
|   | Fee Paid: <u>50.00</u> Check No: <u>32091 09-23-2015</u> ECY Coding: 001-001-WR1-0285-000011 |
| Date Returned _____ By _____ Priority Date _____ By _____ | WRIA: <u>37 YAKIMA</u>   |
| Pre-application interviewer:                              |  |

## Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located?  YES  NO  
 If no, do you have legal authority to make this application for use of another's land?  YES  NO

Briefly describe the purpose of your proposed project: Irrigation of 440 acres.

Anticipated length of time to complete your project: Approximately five years after permit issues.

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

| Purpose(s) of Use | Rate (check one box only)                            |  | Acre-Feet per Year (AF/YR)<br>(If known) | Period of Use<br>(Continuously or Seasonal) |
|-------------------|--|--|--|---|
|                   | <input type="checkbox"/> Cubic Feet per Second (CFS) | <input checked="" type="checkbox"/> Gallons per Minute (GPM) |  |   |
| irrigation        |  | 2250 gpm   | 1540 af/yr                               | 2/15-11/15                                  |
|                   |  |  |  |   |
|                   |  |  |  |   |
| <b>TOTAL:</b>     |  | 2250 gpm   | 1540 af/yr                               |   |

### Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)?  YES  NO

Is this request for a temporary permit?  YES  NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_

## Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

| A.) If Surface Water Source  | B.) If Ground Water Source  |
|--|---|
| <input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake<br><input type="checkbox"/> Other: _____<br>Source Name: _____<br>Tributary to: _____<br>Number of proposed diversion points: _____<br>Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO | <input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____<br>_____<br>Well diameter & depth: <u>to be determined</u><br>Number of proposed points of withdrawal: <u>4</u><br>Do you have an existing well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Not for this project.<br>If available, attach Water Well Report and pump test.<br>Well Tag ID No. _____ |

**C.) Point of Diversion/Withdrawal – Legal Description**

|                                  |          |   |             |          |       |        |
|----------------------------------|----------|---|-------------|----------|-------|--------|
| Parcel No.                       | ¼        | ¼ | Section     | Township | Range | County |
| See attachment (four well sites) |          |   |             |          |       |        |
| Lot(s)                           | Block(s) |   | Subdivision |          |       |        |

37  
YAK

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

\_\_\_\_\_ Feet ( North/ South) and \_\_\_\_\_ feet ( East/ West)  
 from the (NW SW NE SE  \_\_\_\_\_) corner of Section \_\_\_\_\_.

|            |          |   |             |          |       |        |
|------------|----------|---|-------------|----------|-------|--------|
| Parcel No. | ¼        | ¼ | Section     | Township | Range | County |
|            |          |   |             |          |       |        |
| Lot(s)     | Block(s) |   | Subdivision |          |       |        |

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

\_\_\_\_\_ feet ( North/ South) and \_\_\_\_\_ feet ( East/ West)  
 from the (NW SW NE SE  \_\_\_\_\_) corner of Section \_\_\_\_\_.

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

**Section 4. PLACE OF USE**

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

|                 |   |         |      |        |        |                 |
|-----------------|---|---------|------|--------|--------|-----------------|
| See attachment. |   |         |      |        |        |                 |
| ¼               | ¼ | Section | Twp. | Range  | County | Parcel No.      |
|                 |   |         | 8N   | 23 EWM | Yakima | See attachment. |

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

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

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

Are there any other water rights or claims associated with this property or water system?  YES  NO

If yes, provide the water right and/or claim numbers: \_\_\_\_\_

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Map is enclosed.

## Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Up to four wells at approximately 600 gpm+ each, preferred aquifer is Saddle Mts aquifer.

Pressure irrigation system is planned for irrigation of alfalfa, silage corn, rotational crops. Cropping may change with market conditions and needs of the farm.

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## Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

| A.) Domestic Water Systems only  | B.) Municipal Water Systems only<br><i>(defined under RCW 90.03.015)</i> |
|--|--|
| Projected number of connections to be served:<br>_____   | Present population to be served water:<br>_____                          |
| Type of connections: _____<br><i>(e.g., home, recreational cabin)</i>  | Estimate future population to be served:<br>_____ (20 year projection)   |
| <b>C.) Water System Planning</b>   |  |
| Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, date plan was approved ____/____/____ Water System Number: _____ |  |
| Name of water system: _____  |  |
| Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, explain why you are unable to connect to the system: _____<br>_____<br>_____<br>_____                               |  |

**Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES**

**Irrigation**

Total number of acres requested to be irrigated under this application = 440 ACRES

NOTE: Outline the area to be irrigated on your attached map. To be determined within place of use when ground prep is done.

**Stockwater**

List number and kind of stock: n/a.

Is the proposed project for a dairy farm?  YES  NO We own a neighboring dairy but this project can stand alone.

**Other Proposed Farm Uses**

Describe all proposed uses: n/a.

**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres?  YES  NO

Do you have a controlling interest in a Family Farm Development Permit?  YES  NO

If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

**Hydropower**

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: n/a.

**Other Use**

n/a.

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water?  YES  NO Not planned at this time.

Are you proposing to store more than 10 acre-feet of water?  YES  NO Not planned at this time.

Will the water depth be 10 feet or more?  YES  NO n/a.

If you answered yes to any of the above questions, please describe: \_\_\_\_\_

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: \_\_\_\_\_

2.5 miles past Mabton, turn right onto Phillips Rd for access to west portion of project.

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

See map - various parcels.

## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Art Mensonides  
 Print Name  
 (Applicant or authorized representative)

  
 Signature

9/23/2015  
 Date

Art Mensonides  
 Print Name  
 (Legal Owner or Part Owner Place of Use)

  
 Signature

9/23/2015  
 Date

n/a  
 Print Name  
 (Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Please check the region in which the project is located:**

|   |  |  |
|---|--|--|
| <p><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY<br/>         CASHIERING SECTION<br/>         PO BOX 47611<br/>         OLYMPIA, WA 98504-7611</p> | <input checked="" type="checkbox"/> <b>Central Regional Office</b><br>1250 W. Alder Street<br>Union Gap, WA 98903-0009<br>(509) 575-2490     | <input type="checkbox"/> <b>Eastern Regional Office</b><br>4601 N. Monroe Street<br>Spokane, WA 99205-1265<br>(509) 329-3400 |
|   | <input type="checkbox"/> <b>Northwest Regional Office</b><br>3190 - 160 <sup>th</sup> Avenue SE<br>Bellevue, WA 98008-5452<br>(425) 649-7000 | <input type="checkbox"/> <b>Southwest Regional Office</b><br>PO Box 47775<br>Olympia, WA 98504-7775<br>(360) 407-6300        |

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

