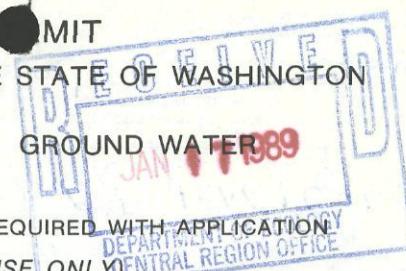




APPLICATION FOR PERMIT  
TO APPROPRIATE PUBLIC WATERS OF THE STATE OF WASHINGTON

SURFACE WATER

GROUND WATER



\$10.00 MINIMUM STATUTORY EXAMINATION FEE REQUIRED WITH APPLICATION  
(GRAY BOXES FOR OFFICE USE ONLY)

APPLICATION NO. <b>G429893</b>	W.R.I.A. <b>37</b>	COUNTY <b>Yakima</b>	PRIORITY DATE <b>1-17-89</b>	TIME	ACCEPTED <b>SMB</b>
APPLICANT'S NAME - PLEASE PRINT <b>(Roy Farms, Inc.)</b>				BUSINESS TEL. <b>452-3494</b>	HOME TEL. <b>453-3409</b>
ADDRESS (STREET) <b>401 Walters Road</b>		(CITY) <b>(Moxee, Washington)</b>	(STATE)	(ZIP CODE) <b>98936</b>	
DATE & PLACE OF INCORPORATION IF APPLICANT IS A CORPORATION <b>1960's - Moxee</b>					

1. SOURCE OF SUPPLY

IF SURFACE WATER SOURCE (NAME OF STREAM, LAKE, SPRING, ETC.) (IF UNNAMED, SO STATE)	IF GROUND WATER SOURCE (WELL, TUNNEL, INFILTRATION TRENCH, ETC.) <b>(A well (Existing Well))</b>
TRIBUTARY	SIZE AND DEPTH <b>16" Wanapum or Grande Rhone</b>

2. USE

USE TO WHICH WATER IS TO BE APPLIED (DOMESTIC SUPPLY, IRRIGATION, MINING, MANUFACTURING, ETC.)  
**Irrigation and Frost Control and Stockwater**

ENTER QUANTITY OF WATER REQUESTED USING UNITS OF: CUBIC FEET PER SECOND .....CFS	OR	GALLONS PER MINUTE <b>(3000.GPM)</b>	ACRE FEET PER YEAR
<b>(Irr. during irr. season, frost control, and stockwater)</b>			

TIMES DURING YEAR WATER WILL BE REQUIRED

IF IRRIGATION, NUMBER OF ACRES <b>360</b>	IF DOMESTIC USE, NUMBER OF UNITS BY TYPE, E.G. 1-HOME, 1-MOBILE HOME, 2-CAMPSITES, ETC.	IF MUNICIPAL USE, ESTIMATED POPULATION 20 YEARS FROM TODAY
DATE PROJECT WAS OR WILL BE STARTED <b>Started</b>	DATE PROJECT WAS OR WILL BE COMPLETED	

3. LOCATION OF POINT OF DIVERSION/WITHDRAWAL

3A. IF IN PLATTED PROPERTY

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)	SECTION	TOWN	RANGE	ALSO, PLEASE ENCLOSE A COPY OF THE PLAT AND MARK THE POINT(S) OF WITHDRAWAL OR DIVERSION
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3B. IF NOT IN PLATTED PROPERTY

ON ACCOMPANYING SECTION MAPS, ACCURATELY MARK AND IDENTIFY EACH POINT OF DIVERSION. SHOW NORTH-SOUTH AND EAST-WEST DISTANCES FROM NEAREST SECTION CORNER OR PROPERTY CORNER.

ALSO, ENTER BELOW THE DISTANCES FROM THE NEAREST SECTION OR PROPERTY CORNER TO THE DIVERSION OR WITHDRAWAL

**600 feet West and 1000 feet South of the NE quarter corner of Sec.15**

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION) <b>(SE 1/4 SE 1/4 NE 1/4 NE 1/4)</b>	SECTION <b>15</b>	TOWNSHIP N. <b>12</b>	RANGE (E. OR W.) W.M. <b>20 E</b>	COUNTY <b>Yakima</b>
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4. DO YOU OWN THE LAND ON WHICH THIS SOURCE IS LOCATED. IF NOT, INSERT NAME & ADDRESS OF OWNER  
**Yes for Section 15**

5. LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

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 CAREFULLY IN THE SPACE BELOW.

**5 1/2, lying south of the Roza Irrigation District siphon, of Section 15 and Section 22; both within T. 12 N., R. 20 E. W. M.**

WHAT IS YOUR INTEREST IN THE PROPERTY ON WHICH THE WATER IS TO BE USED (PROPERTY OWNER, LESSEE, CONTRACTOR, PURCHASER, ETC.)

owner

potential owner for Section 22

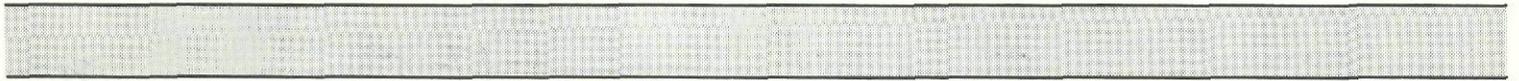
ARE THERE ANY EXISTING WATER RIGHTS RELATED TO THE LAND ON WHICH THE WATER IS TO BE USED (INCLUDING WATER PROVIDED BY IRRIGATION DISTRICTS OR DITCH COMPANIES.)

YES

NO

IF YES, FROM WHAT SOURCE (I.E. SURFACE OR GROUND WATER) AND UNDER WHAT AUTHORITY

G4-26742P and G4-25955P



6. DESCRIPTION OF SYSTEM PROPOSED OR INSTALLED

(FOR EXAMPLE: SIZE OF PUMP, CAPACITY OF PUMP, PUMP MOTOR HORSE POWER, PIPE DIAMETER, NUMBER OF SPRINKLERS, ETC.)

Multiple horizontal lines for describing the system proposed or installed.

REMARKS

7. Multiple horizontal lines for remarks.

IF 10 ACRE-FEET OR MORE OF WATER IS TO BE STORED AND/OR IF THE WATER DEPTH WILL BE 10 FEET OR MORE AT THE DEEPEST POINT, A STORAGE PERMIT MUST BE FILED IN ADDITION TO THIS PERMIT. THESE FORMS CAN BE SECURED, TOGETHER WITH INSTRUCTIONS, FROM THE DEPARTMENT OF ECOLOGY.

SIGNATURES

Handwritten signature of Mark Roy

APPLICANT'S SIGNATURE

Handwritten signature for Fox Roy Farms, Inc

LEGAL LANDOWNER'S SIGNATURE

LEGAL LANDOWNERS NAME (PLEASE PRINT)

LEGAL LANDOWNER'S ADDRESS

FOR OFFICE USE ONLY

STATE OF WASHINGTON }
DEPARTMENT OF ECOLOGY } SS.

This is to certify that I have examined this application together with the accompanying maps and data, and am returning it for correction or completion as follows: .....

.....

In order to retain its priority date, this application must be returned to the Department of Ecology, with corrections, on or before....., 19.....

Witness my hand this..... day of....., 19.....

Department of Ecology