



State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

DEPT OF ECOLOGY
 Received
 JAN 3 2007
 CENTRAL REGION OFFICE
 Receipt # 205455

Fees OK-EG 1-17-07
 For Ecology Use
 Fee Paid 50
 38.89 paid 1-12-07 OK 6440
 Date 1-3-07
 WJG

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name A-1 FARMS LLC. Home Tel: (509) 882-5588
 Mailing Address 502 Appleway Rd Work Tel: (509) 840-4964
 City Grandview State WA Zip+4 98930 + 9718 FAX: () - NONE

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name GARY Holwegner MGR. Home Tel: (509) 882-5588
 Mailing Address 502 Appleway Work Tel: (509) 840-4964
 City Grandview State WA Zip+4 98930 + FAX: () - None
 Relationship to applicant Orchard manager

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 400 (gallons per minute or
 cubic feet per second) from a surface water source or ground water source (check only one) for the purpose(s)
 of emergency Irrigation + Domestic use. ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not
 sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 274 a/ft + 2 a/ft domestic

Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From / / to / /

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>1</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s):

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SE ¼</u>	<u>SE ¼</u>	<u>19</u>	<u>11N</u>	<u>22EWm</u>	<u>Yakima</u>			

For Ecology Use	Date Received: <u>1/3/2007</u>	Priority Date: _____	<u>Yakima Co.</u>
SEPA: Exempt/Not Exempt	FERC License # _____	Dept. Of Health # _____	
Date Accepted As Complete _____	By _____	Date Returned _____	By _____ WRIA: <u>37</u>

Appl. No.: G4-35133

Assigned #; Not in WRTs until complete fee rec'd. 99

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: well # 1
- B. Briefly describe your proposed water system. (See instructions.)
 A potable water source is needed at this Orchard for domestic use for employees. Having junior water rights provided by Roza Irrigation District the source is needed for supplemental irrigation when Roza Water is pro-rated on Drought years
- C. Do you already have any water rights or claims associated with this property or system? YES NO
 PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 1 Type of connection _____ (Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? YES NO
 If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? YES NO
 If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? YES NO
 If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
(Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 70.70
- B. List total number of acres for other specified agricultural uses:
 Use cherries Acres 35.5
 Use annual crops Acres 35.2
 Use _____ Acres _____
- C. Total number of acres to be covered by this application: 70.70
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
 Add up 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;
 ‡ Acreage proposed to be irrigated under other pending application(s).
 1. Is the combined acreage greater than 6000 acres? YES NO
 2. Do you have a controlling interest in a Family Farm Development Permit? YES NO
 If yes, enter permit no: _____
- E. Farm uses:
 Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
 Dairy - # Milking _____ # Non-milking _____

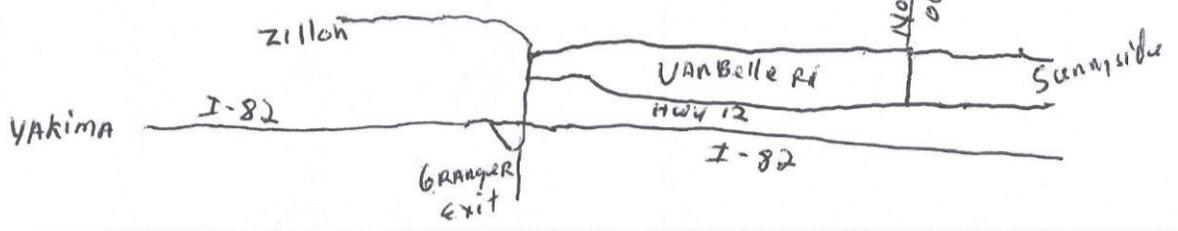
Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? YES NO

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 apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.



Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? YES NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located? YES NO
If no, submit a copy of agreement:

I certify that the information above 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 I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

X BCP
Applicant (or authorized representative)

1-3-07
Date

SAME
Landowner for place of use (if same as applicant, write "same")

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

To comply with department of Labor rules for spray applicators and orchard workers.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity employer. To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).