Emergency Drought Action

WASHINGTON STATE DEPARTMENT OF ECOLOGY

# State of Washington
# Application for a Drought Permit

Please follow the attached instructions to avoid unnecessary delays.

DEPT. OF ECOLOGY Received APR 07 2005 CENTRAL REGIONAL OFFICE

For Ecology Use
Fee Paid 10.00
Date 4/7/05
CK#11962 FM

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

Name Angela Acres Home Tel:( ) -

Mailing Address 11810 Marble Rd Work Tel:( 509 ) 575 - 1065

City Yakima State WA Zip+4 98908 + 8036 FAX:( ) -

## Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☑ **Same as above**

Name Steve Alegria Home Tel:( ) -

Mailing Address same Work Tel:(509 ) 575 - 1065

City State Zip+4 + FAX:( ) -

Relationship to applicant managing member

## Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 500 ( ☑ 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 supplemental irrigation. **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: 94 acre-feet*

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

From 4 / 1 / 05 to 11 / 30 / 05 /

*NOTE: 94 acre-feet estimated as 2 feet on 54.1 Roza assessed acres less 14.6 acre-feet existing supplemental rights under G4-26562P.

## 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.:<br><br>Number of diversions: | A permit is desired for 3 well(s). |
| Source flows into (name of body of water): | Size & depth of well(s):<br>6 in, 258 ft; 6 in, 298 ft; and one well just completed, well log pending. |

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: All three wells are located approximately 1200 feet W of center Section 14, within a few hundred feet of each other.

| ¼ of | ¼ of | Section | Township | Range(E/W) | County | If location of source is platted, complete below: | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Lot | Block | Subdivision |
| SE | NW | 14 | 12 | 20E | Yakima | | | |
| NE | SW | 14 | 12 | 20E | Yakima | | | |

37 YAK

For Ecology Use Date Received: APRIL 7, 2005 Priority Date: APRIL 7, 2005 YAKIMA

SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #

Date Accepted As Complete 04/07/05 By Date Returned By WRIA: 37

ECY 040-1-14 D
Rev. 7/97 * * f

**APPLICATION**

Appl. No.: G4-34994

## Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named:
n/a

B. Briefly describe your proposed water system. **(See instructions.)**

Will pump from wells to pond and/or direct to system. This application is for supplemental water to Roza Irrigation District supply for emergency drought purposes during 2005 season. This request is to add an average 24 inch water duty.

C. Do you already have any water rights or claims associated with this property or system? ☑ YES ☐ NO
PROVIDE DOCUMENTATION. Roza assesses 54.1 acres. Wells also authorized under G4-25652P.

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

A. Number of "connections" requested:_____ 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: 54.1 ac

B. List total number of acres for other specified agricultural uses:

Use_____Acres_____
Use_____Acres_____
Use_____Acres_____

C. Total number of acres to be covered by this application: 54.1 ac

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
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 _____

**APPLICATION**

## Section 8. WATER STORAGE

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

Pond will be used.

*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.

From Yakima E on Hwy 24, right on Beane Rd, left on Desmarias Rd to site.

## Section 10. REQUIRED MAP

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

Attached

## 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.**

Applicant (or authorized representative) Date

Angela Acres LLC

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.**

## Section 3. LEGAL DESCRIPTION OF PLACE OF USE

E1/2SW1/4NW1/4; SE1/4NW1/4 and NE1/4SW1/4 of Section 14, T. 12 N., R. 20 E.W.M., Yakima County.

| 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 and Affirmative Action employer.

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

**APPLICATION**