# Emergency Drought Action

WASHINGTON STATE DEPARTMENT OF ECOLOGY

## State of Washington
## Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

DEPT. OF ECOLOGY Received JUN 30 2005 CENTRAL REGION OFFICE

CK# 4109
For Ecology Use
Fee Paid 10.00
Date 6/30/05 FM

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

Name Chiawana Orchards Home Tel:( ) -
Mailing Address 3107 River RD Work Tel:(509) 457 - 8001
City Yakima State WA Zip+4 98902 + 1140 FAX:(509) 457 - 8420

### Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION
☐ Same as above

Name Ron Floren Home Tel:( ) -
Mailing Address 3107 River RD Work Tel:(509) 457 8001
City Yakima State WA Zip+4 98902 + 1140 FAX:(509) 457 - 8420
Relationship to applicant CELL 969-0897

### Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 787.5 (☑ 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 _____. **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 annu... acre-feet per year: _____

☐ Check if the water ... dicate the period of time that the water will be needed:

From _____

T16 R19 1, 2, 11

Do you happen to know where the POW is located?

I stuffed in WRAT 39 ? as T16 R19 E-01 Kett to get it in for tonight 500. Will fix RAT week. Sec 1 OK

### Section 4. WAT...

| If SURFACE WA... | ...UNDWATER |
|---|---|
| Name the water s... lake, etc. If unn... stream," etc.: | ...it is desired for 1 well(s). |
| Number of diversion... | |
| Source flows into (name of body of w... | ...ze & depth of well(s): 10" 500' |

**LOCATION**

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: SEE ATTACHED T16N R19E-01

| ¼ of | ¼ of | Section | Township | Range(E/W) | County | If location of source is platted, complete below: | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Lot | Block | Subdivision |
| | | | | | | | | |
| | | | | | | | | |

39 Kett

For Ecology Use Date Received: JUNE 30, 2005 Priority Date: JUNE 30, 2005 KITTITAS
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete 06/30/05 By [signature] Date Returned _____ By _____ WRIA: 39

Appl. No.: G4-35034

ECY 040-1-14
Rev. 7/01 * * f

**APPLICATION**

## Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

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

The well will be integrated into the existing irrigation system to deliver water to crops being grown.

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:_____ 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: 105

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: 105

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. TAKE I 82 TO Ellensburg. TAKE TRAIL RD EAST TO Badger PT. RD. TURN RT. GO TO 4th PARALLEL RD TURN RT. GO TO Raynor RD. TURN LEFT, GO TO Blue MOBIL Home on LEFT. PROPERTY BEGINS

## 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.**

Chiawana Orchards LLC
by [signature] — 6/15/2005
Applicant (or authorized representative) — Date

Same — 6/15/2005
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.**

| 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).