WASHINGTON STATE DEPARTMENT OF ECOLOGY

Emergency Drought Action

State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

DEPT OF ECOLOGY Received MAY 10 2005 CENTRAL REGION OFFICE

For Ecology Use
Fee Paid 20
1 of 2
Date 5-10-05
Receipt # 203848
Ck # 1138

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

Name Ubaldo Perez Home Tel:(509) 882-6500

Mailing Address 1060 Alexander Ext. Work Tel:(509) 781-0483

City Grandview State wa Zip+4 98930+9773 FAX:(509) 882 0800

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

Name Ubaldo Perez Home Tel:(___)___-___

Mailing Address ___ Work Tel:(509) 781-0483

City ___ State ___ Zip+4 ___+___ FAX:(___)___-___

Relationship to applicant ___

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 230 ~~190~~ (☒ 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 see Attached MAP. **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: 3 2/ac Per Ac./yr.

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

From 5/10/05 to 10/15/05

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.: Number of diversions: Roza Irrg.	A permit is desired for 1 well(s).
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
NW 1/4	NE 1/4	2	09	23	Yakima			

37 Yak

For Ecology Use Date Received: May 10, 2005 Priority Date: May 10, 2005 Yakima

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

Date Accepted As Complete 05/11/05 By [illegible] Date Returned ___ By ___ WRIA: 37

Appl. No.: 64-35016

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.)**

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: 23

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

Use Apples Acres 12
Use Cherries Acres 2
Use Alfalfa Acres 9

C. Total number of acres to be covered by this application: 23

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.

Ubaldo Perez — Applicant (or authorized representative)

5-10-05 — 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.

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).