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 Rec'd MAY 09 2005 CENTRAL REGION OFFICE

For Ecology Use
Fee Paid 20.00
Date 5/9/05
CRF 0000224

2 of 2

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

Name EAGLE CREEK AGLAND LIMITED PARTNERSHIP Home Tel:(208) 899 - 1419

Mailing Address P.O. BOX 53 Work Tel:(208) 466 - 0419

City NAMPA State ID Zip+4 83653 + 0053 FAX:(208) 463 - 7675

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name CHARLIE BRYAN, DIRECTOR Home Tel:(SAME)

Mailing Address P.O. BOX 53 Work Tel:(SAME)

City NAMPA State ID Zip+4 83653 + 0053 FAX:(SAME)

Relationship to applicant DIRECTOR

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 221 gpm (5 gpm/ac) (☑ 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 IRRIGATION (SEE LEGAL DESC. ATTACHED). **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: 0.8 AF/ac = 35.4 AF

☐ 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.: Number of diversions: _____	A permit is desired for 1 well(s).
Source flows into (name of body of water):	Size & depth of well(s): RECENTLY DRILLED

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:
APPROX. 1950' N. AND 2600' W OF SE CORNER, SEC 15, T9N, R24E

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
NW	SE	15	9N	24E	BENTON			

37 Benton

For Ecology Use Date Received: MAY 9, 2005 Priority Date: MAY 9, 2005 BENTON

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

Date Accepted As Complete 05/09/05 By Date Returned By WRIA: 37

Appl. No.: 64-35012

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.)**

WELL DRILLED BY KEN LEWIS (SEE LETTER ATTACHED) WITH SUPPLEMENTAL WATER TO BE APPLIED FOR BENEFICIAL + EMERGENCY USE ONLY WHEN ROZA WATER IS UNAVAILABLE; THROUGH EXISTING DRIP IRRIGATION SYSTEM.

C. Do you already have any water rights or claims associated with this property or system? ☑ YES ☐ NO
PROVIDE DOCUMENTATION. ROZA I. D.

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

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: 44.2

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: 44.2

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.

APPROX 4 mi NW OF PROSSER, WA. PROPERTY LIES ON THE NW CORNER OF N. GAP Rd AND W. McCREADIE Rd.

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:

ATTACHED.

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.

[signature] — 4/25/05
Applicant (or authorized representative) — 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).