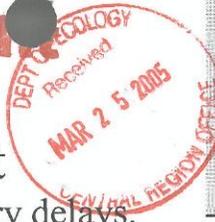




# Emergency Drought Action

## State of Washington Application for a Water Right



For Ecology Use  
Fee Paid 10  
Date 3-25-05  
Ch# 019912 URG

Please follow the attached instructions to avoid unnecessary delays.

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

Name Olsen Brothers Ranches, Inc Home Tel: ( ) -  
Mailing Address 46002 N District Line Rd Work Tel: (509) 973-2203  
City Prosser State WA Zip+4 99350 +5620 FAX: (509) 973-2204

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

Same as above

Name John Raap Home Tel: ( ) -  
Mailing Address \_\_\_\_\_ Work Tel: ( ) -  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_ + \_\_\_\_\_ FAX: ( ) -  
Relationship to applicant Employee

### 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 irrigation-water to grow crops. 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: 183

Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:  
From 3 / 1 / 2005 to 12 / 31 / 2005

### Section 4. WATER SOURCE

<b>IF SURFACE WATER</b>	<b>IF GROUNDWATER</b>
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>a</u> well(s). <u>#G4-32041</u>
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>See enclosed well report</u>

#### LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: SE 1/4 SW 1/4 of Section 13 TWN 9N RNG 25E

1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SE</u>	<u>SW</u>	<u>13</u>	<u>9N</u>	<u>25E</u>	<u>Benton</u>			

For Ecology Use Date Received: MARCH 25, 2005 Priority Date: MARCH 25, 2005 BENTON  
 SEPA: Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
 Date Accepted As Complete 03/28/05 By [Signature] Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 37

64-34500

37 Benton

Appl. No.: 64-34500-05

**Section 5. GENERAL WATER SYSTEM INFORMATION**

A. Name of system, if named: \_\_\_\_\_

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

*Olsen Brothers is requesting an emergency drought permit to withdraw water for 86 acres from the well covered under Permit No. G4-32041 for supplemental irrigation due to the extremely poor outlook for water supply. To help reduce the risks and realize some return benefits from our well we ask that the well be approved for supplement to these lands. We have no evidence suggesting any other rights would be impaired with this temporary water use.*

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: 86

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

Use Cherries Acres 7.8  
Use Apples Acres 78.2  
Use \_\_\_\_\_ Acres \_\_\_\_\_

C. Total number of acres to be covered by this application: 86

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.

Go East on Old Inland Empire Highway. Head North on North District Line Rd for 3/4 mile then turn left and head east on dirt road for 1,050 feet.

**Section 10. REQUIRED MAP**

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

See attached.

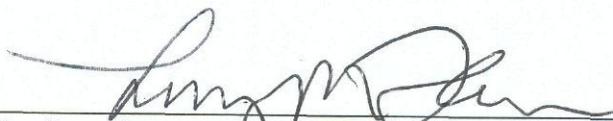
**Section 11. PROPERTY OWNERSHIP**

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)

3/23/05  
\_\_\_\_\_  
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).