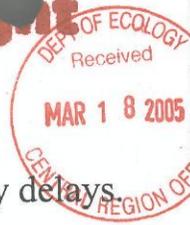




# Emergency Drought Action

## State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.



For Ecology Use *oe*  
 Fee Paid 10  
 Date 3/18/05  
 CR# 12209  
 Receipt# 203807

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

Name Bailey Nursery Inc Home Tel: (509) 937-3002  
 Mailing Address 1700 Holmason Rd. Work Tel: (509) 837-3002  
 City Sunnyside State WA Zip+4 98944+9623 FAX: (509) 839-3002

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

Same as above

Name Jeff Albrecht Home Tel: (509) 837-2810  
 Mailing Address 431 Wellner Rd. Work Tel: (509) 837-3002  
 City Outlook State WA Zip+4 98938+9582 FAX: ( ) -  
 Relationship to applicant Manager

### 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 Keep Orchard + Nursery stock alive. ATTACH A "LEGAL"

*Used 2001 file since looks like the same POW + he had sec 14 on 2001 app which was changed to sec 23. I think he probably did the same this time as last time.  
 03/18/05  
 If this wrong, just shoot me.*

(See instructions.) NOTE: A tax parcel number or a plat number is not required for this application.  
 Estimated annual diversion in acre-feet per year: 0

Is this a short-term project. Indicate the period of time that the water will be needed: 1/1

	<b>IF GROUNDWATER</b>
Well type (e.g., "named", "spring", "unnamed")	A permit is desired for <u>1</u> well(s).

Size & depth of well(s):	<u>12" 500' or till we get the water</u>
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Distances in feet from the point of diversion or withdrawal to the nearest

1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NE</u>	<u>SE</u>	<u>14</u>	<u>10</u>	<u>23</u>	<u>Yakima</u>			

37  
Yak

For Ecology Use Date Received: MARCH 18, 2005 Priority Date: MARCH 18, 2005 YAKIMA  
 SEPA:  Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
 Date Accepted As Complete 03/18/05 By [Signature] Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 37

Appl. No.: 64-32989-05

**Section 5. GENERAL WATER SYSTEM INFORMATION**

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

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

A 500 gpm well used to keep our orchards + Nursery stock Alive. We ~~are~~ will tie the well in to Irrigation system. We have change our sprinkler to R2000 as they save us gpm from our old system. We plan to use a 30hp. submersible pump

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: 77

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

Use Certified seed Orchard Acres 27  
Use Non Certified seed Orchard Acres 10.5  
Use Nursery stock Acres 20-25  
Balance in Cover Crops 15.5

C. Total number of acres to be covered by this application: 77

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 exit 69 South of Sunnyside. Turn left at top of exit. Go thru light for 1.3 miles. AT Sheller Rd turn right go 4 1/2 miles. At Holmason, turn left and go 1/7 miles turn left on Bailey Access road drive to canal road and follow to power poles and our irrigation pump

**Section 10. REQUIRED MAP**

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

1/2 mile from nearest surface year round water  
100-200 feet from ROZA canal

**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):

Bailey Nursery Inc home base is  
1325 Bailey Rd.  
St. Paul Mn. 55119-6199

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.

Jeff Albrecht  
Applicant (or authorized representative)

3/18/05  
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).