



# Emergency Drought Action

## State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use  
 Fee Paid 10.00  
 Date 3/18/05  
 DEPT. OF ECOLOGY  
 Received  
 MAR 18 2005  
 CENTRAL REGION OFFICE

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

Name Wyckoff Farms, Inc Home Tel: ( ) -  
 Mailing Address PO Box 249 Work Tel: (509 ) 882 - 3934  
 City Grandview State WA Zip+4 98930 + 0249 FAX: (509 ) 882 - 5771

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

Same as above

Name Janet Mount Home Tel: ( ) -  
 Mailing Address PO Box 249 Work Tel: (509 ) 882 - 3934  
 City Grandview State WA Zip+4 98930 + FAX: (509 ) 882 - 5771  
 Relationship to applicant Employee

### Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 1125 (  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-apply water to land 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: Approx. 449.4 ac. ft. per 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 3 / 1 / 05 to 12 / 31 / 05 For the supplemental irrigation of 149.8 acres during the 2005 drought season.

### 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.:	A permit is desired for _____ well(s). See ground water right application No. 32953
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): See application for Permit No. G4 31628C

#### LOCATION

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

1600 ft. East and 200 ft. North of the West quarter corner of Section 15

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

For Ecology Use Date Received: MAR 18, 2005 Priority Date: MAR 18, 2005 BENTON  
 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.: 64-32953-05

**Section 5. GENERAL WATER SYSTEM INFORMATION**

- A. Name of system, if named: \_\_\_\_\_
- B. Briefly describe your proposed water system. **(See instructions.)** Wyckoff Farms is requesting emergency drought permit No. 32953 be reinstated for the 2005 drought season. Due to the extremely poor outlook for water supply, we have an urgent, serious need for an alternative supply. We risk crop loss and damages estimated at \$4.6 million. To help reduce these risks and realize some return benefits from drilling our well, we ask that the well be approved for supply to these lands. We have no evidence suggesting any other fiths 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. Emergency drought authorization under Application No. G4-32953 attached.

**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: 149.8
- 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: 149.8
- 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. Well - From Prosser go North on Gap Road turn west on McCreadie road; go North on Missimer - Well located approx. 1400 Ft. East on Missimer.

Place of Use--Pressure Pipe from well to property described in attached legal description.

**Section 10. REQUIRED MAP**

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

**Section 11. PROPERTY OWNERSHIP**

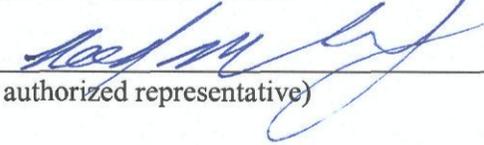
A. Does the applicant own the land on which the water will be used?  YES  NO  
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.**

WYCKOFF FARMS, INC.

By:   
Applicant (or authorized representative)

3/17/2005  
Date

\_\_\_\_\_  
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).