

PROVISIONS

Installation and maintenance of an access port as described in Ground Water Bulletin No. 1 is required. air line and gage may be installed in addition to the access port.

All water wells constructed within the state shall meet the minimum standards for construction and maintenance as provided under RCW 18.104 (Washington Water Well Construction Act of 1971) and Chapter 173-160 V (Minimum Standards for Construction and Maintenance of Water Wells).

A suitable measuring device approved by the Department of Ecology shall be installed and maintained in accordance with WAC 508-64-020 through WAC 508-64-040.

Provisions continued on page 3.

[Faint, illegible text, likely bleed-through from the reverse side of the page]

The right to the use of the water aforesaid hereby confirmed is restricted to the lands or place of use hereby described, except as provided in RCW 90.03.380, 90.03.390, and 90.44.020.

This certificate of water right is specifically subject to relinquishment for nonuse of water as provided in RCW 90.14.180.

Given under my hand and the seal of this office at Yakima, Washington,

this 12th day of May, 1994.

DEPARTMENT OF ECOLOGY
YAKIMA OFFICE

Department of Ecology

ENGINEERING DATA
OK [Signature]
15x101KB:gh

by Doug Clausing
Doug Clausing, Section Manager

FOR COUNTY USE ONLY

The comm...

RECEIPT
Department of Ecology (4610)
PO Box 47611
Olympia, WA 98504-7611
(360) 407-7095

Receipt Number **09CJ000931**
Manual Receipt

RECEIVED

JUL 21 2008

Document Number **461P0120 CJ** Date **07/21/2008** FM 13

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

AFC
Remitter Name **AUVIL FRUIT COMPANY INC**
Check/Draw Number **69594**
Document Amount **500.00**
Method of Payment **Check**
Comment Description **WATER RIGHT 11 CSRIA VRA**

Receipt Name

*Sandy:
I think
7/18/08 would
be priority
date. Evin*

+ \$50 pd to 23-08 HQ (separate receipt)

REF DOC NR	REF DOC SFX	INV NR	ID NR	SUB ID NR	T C R	FUND	MAJ GRP	MAG SRC	SUB SRC	CNTY	WORK CLS	PIC	AI	ORG	PRJ	SUB PRJ	PRJ PHS	SUB OBJ	SUB SUB OBJ	VAR GL	SUB DR	SID CR	ALLOC AMT
						001	001	02	85	000011													500.00

Detach and return this portion with your payment.

PLEASE SEND CHECK OR MONEY ORDER PAYABLE TO: (DO NOT SEND CASH)

**Department of Ecology
Cashiering Unit
PO Box 47611
Olympia WA 98504-7611**

Amount Due: \$500.00

Water Right No(s) 0110 CSRIA VRA drought applications

FROM: Michael F. Claphan
Auvil Fruit Co Inc
21902 SR 97
Orondo WA 98843

Water Resources Program, Central Regional Office
FISCAL & BUDG

FOR ECOLOGY USE ONLY: 001 WR1 0285 000011

Amount rcvd: \$ _____ Check No.: _____

RO



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

15 W Yakima Ave, Ste 200 • Yakima, WA 98902-3452 • (509) 575-2490

July 1, 2008

CERTIFIED MAIL

7007 2560 0001 7674 5562

Auvil Fruit Co Inc
Attn: Michael F. Claphan
21902 SR 97
Orondo WA 98843

Re: CSRIA VRA Drought Application

Dear Mr. Claphan:

The Department of Ecology has received your application packet along with copies of 11 Permits and Certificates and is returning the packet for the following reasons:

- Incomplete application; please complete the application and resubmit printed on LEGAL SIZE paper
- Need one complete application submitted per interruptible right
- \$50 statutory fee required per application

Please use the enclosed invoice when mailing your check or money order, along with your application(s). No action will be taken on your application until it is received complete and/or the fee is paid in full.

If you would like further information or have questions, please contact Dan Haller in our office at (509) 454-4255.

Sincerely,

Erin Gutierrez
Water Resources Program

EG:gh
080703

Enclosures: CSRIA VRA Drought Application and enclosures
"How to apply for a VRA drought permit" instruction sheet
Invoice to reflect 10 additional VRA drought permit applications
Envelope



How to apply for a drought permit under this VRA

CSRIA members may apply for a drought permit under this VRA by completing ALL of the following steps:

1. Download a water right application
2. At the top of the form, check the box marked "Permanent"
3. Write "CSRIA VRA Drought Permit" in the space below the word "Permanent" (just above "Follow the attached instructions.")
4. At the bottom of page 2, where it begins "Are there any other water rights..." please identify the interruptible water right that the drought permit will supplement. Please remember that the drought permit quantity cannot exceed the quantity approved for the interruptible right.
5. Below the signature lines on page 5, please check the box next to "Central" and handwrite "Columbia River Program" underneath it.
6. Complete the rest of the form.
7. Sign the form.
8. Mail the completed form and fees to:

DEPARTMENT OF ECOLOGY
CASHIERING UNIT
PO BOX 47611
OLYMPIA WA 98504-7611



Water Resources Program

INVOICE

FROM: Department of Ecology
Central Regional Office
15 W. Yakima Avenue, Suite 200
Yakima WA 98902-3452
509-575-2490 Fax 509-575-2809
<http://www.ecy.wa.gov/programs/wr/wrhome.html>

Date: July 1, 2008

Water Right No(s): 11 CSRIA
VRA APPLICATIONS

TO: Michael F. Claphan
Auvil Fruit Co Inc
21902 SR 97
Orondo WA 98843

DESCRIPTION	AMOUNT
Additional application fees required – CSRIA VRA Drought Applications	\$ 500.00
	\$
	\$
	AMOUNT DUE
	\$ 500.00

For questions concerning this invoice, please contact our Central Regional office at 509-575-2490 and ask for the Water Resources Program or you may contact Teresa Mitchell directly at 509-575-2597.

PLEASE RETURN BOTTOM PORTION WITH YOUR PAYMENT

Detach and return this portion with your payment.

PLEASE SEND CHECK OR MONEY ORDER PAYABLE TO: (DO NOT SEND CASH)

Department of Ecology
Cashiering Unit
PO Box 47611
Olympia WA 98504-7611

Amount Due: \$500.00

Water Right No(s): 11 CSRIA VRA drought applications

FROM: Michael F. Claphan
Auvil Fruit Co Inc
21902 SR 97
Orondo WA 98843

Water Resources Program, Central Regional Office

FOR ECOLOGY USE ONLY: 001WR1 0285 000011

Amount revd: \$

Check No.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™



7007 2560 0001 7674 5562
 7007 2560 0001 7674 5562

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 7-1-08

Sent To *Auvil Fruit Co Inc*
 Street, Apt. No., or PO Box No. *add'l fees for 10 days*
 City, State, ZIP+4 *ASRIA WA*

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AUVIL FRUIT CO INC
 ATTN: MICHAEL F CLAPHAN
 21902 SR 97
 ORONDO WA 98843

WR/gh add'l application fees

2. Article Number
 7007 2560 0001 7674 5562

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

ADDITIONAL FEES

6-30-08
EG

Total Fee Required \$ 550

Additional Fee Amt. \$ 500

RM Letter See email: subject App modify letter

Make file copy of letter & the request for action for Expando folder ✓ gh 7/1/08

Copy Green Card ✓

\$50 x 11 = \$550

See email: *Instruction Sheet Attached

PLEASE retain copy for Den Haller THANKS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <u>C. Howell</u> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Howell</u> C. Date of Delivery <u>7-2-08</u></p>
<p>1. Article Addressed to:</p> <p>AUVIL FRUIT CO INC ATTN: MICHAEL F CLAPHAN 21902 SR 97 ORONDO WA 98843</p> <p>WR/gh add'l application fees</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number</p> <p><u>7007 2560 0001 7674 5562</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

Printed By: Jane Hicks
On: 06/23/2008 At: 10:00 am

RECEIPT

Receipt Number 08-025044

Department of Ecology (4610) Manual Receipt
PO Box 5128
Lacey, WA 98509-5128
(360) 407-7095

Current Document Number **461N1950CJ** Date **06/24/2008** FM 12

Remitter Name **AFC** Receipt Name
AUVIL FRUIT COMPANY INC

Check/Draw Number **69332**
Document Amount **\$50.00**
Method of Payment **Check**
Comment Description **WATER RIGHT G4-31103**

Ref Doc Nr	Ref Doc Sfx	Inv Nr	Id Nr	Sub Prgm Id Cd	T C	R	Fund	Maj Grp	Maj Src	Sub Src	Cnty	Work Cls	PIC	AI	Org	Prj	Sub Prj	Prj Phs	Sub Obj	Sub Sub Obj	Var GL	Sub Sid Dr	Sub Sid Cr	Alloc Amt
				H00	001		001	02	85	000011														\$50.00

RECEIVED

JUN 25 2008

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

CRD