For Ecology Use
(Date Stamp)

CKO

State of Washington
Application for a Water Right Permit

☐ SURFACE WATER ☒ GROUND WATER
☒ Permanent ☐ Temporary ☐ Short Term

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Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE **MINIMUM** FEE OF $50.00 PAYABLE TO
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Fees OK-EG 1.9.08

Applicant/Business Name: Sunshine Green Vineyard	Phone No: 509-767-1583	Other No:
Address: P.O. Box 125 / 130 Oak Creek Road		
City: Dallesport	State: WA.	Zip: 98617
Email Address (optional): bell@gorge.net		

Contact Name (if different from above): Ethel Hoeye	Phone No: 509-767-1583	Other No:
Relationship to Applicant: Owner		
Address: P.O. Box 125/130 Oak Creek Road		
City: Dallesport	State: WA.	Zip: 98617-0125
Email Address (optional): bell@gorge.net		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: To drip irrigate a 12 1/2 acre vineyard

Anticipated length of time to complete your project: 1 wk

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) ☐ Cubic Feet per Second (CFS) ☒ Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Irrigation	22		Seasonal
TOTAL:			

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

For Ecology Use	
	APPLICATION NO: G4-35160 SEPA: Exempt/Not Exempt
	Fee Paid: $50.00 Check No: 8905 ECY Coding: 001-001-WR1-0285-000011
Date Returned ____ By ____	Priority Date 01/03/08 By ____ WRIA: 30-Klickitat

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source	B.) If Ground Water Source
☐ Spring ☐ Creek ☐ River ☐ Lake ☐ Other:_____	☒ Well(s) ☐ Other: 8 JAN -3 A8:51
Source Name:_____	Well diameter & depth: 6" 310'
Tributary to:_____	Number of proposed points of withdrawal: 1
	Do you have an existing well? ☒ YES ☐ NO
Number of proposed diversion points:_____	If available, attach Water Well Report and pump test.
Do you have an existing diversion? ☐ YES ☐ NO	Well Tag ID No._____

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
	NW	NE	13	2	13E	KLICKITAT

Lot(s)	Block(s)	Subdivision

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

_____ Feet (☐ North/☐ South) and _____feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐ ____) corner of Section_____.

Parcel No.	¼	¼	Section	Township	Range	County

Lot(s)	Block(s)	Subdivision

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

_____feet (☐ North/☐ South) and _____feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐____) corner of Section_____

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO
Provide the owner name(s), address, and phone number:_____

_____

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

¼	¼	Section	Twp.	Range	County	Parcel No.

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO
Provide owner name(s), address, and phone number:_____

_____

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers:_____

_____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Taken from the well with 3hP Pump, pumped to a Cistern and from there gravity feed to the drip lines over the plants

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Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

A.) Domestic Water Systems only	B.) Municipal Water Systems only (*defined under RCW 90.03.015*)
Projected number of connections to be served: 2	Present population to be served water: _____
Type of connections: home irrigation (*e.g., home, recreational cabin*)	Estimate future population to be served: _____ (20 year projection)

C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☐ YES ☐ NO

If yes, date plan was approved ____/____/____ Water System Number: _____

Name of water system: _____

Are you within the service area of an existing water system? ☐ YES ☐ NO

If yes, explain why you are unable to connect to the system: _____

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = 12 1/2 ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☒ NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate 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, and
- Acreage proposed to be irrigated under other pending application(s).

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Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

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If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts:_____

Describe works:_____

Indicate all uses to which power is to be applied:_____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water:_____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe:_____

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 complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: From The Dalles, drive North ACCROSS ~~Bridge~~ Dalles Dam Bridge until roads meets Hwy 12, Turn right, go APPX 1 mile Till Dalles Mt. Rd, Turn left, APPr 100 yards Turn left on Oak Creek Road, go APPX 1 mile To

Site Address: 130 Oak Creek Road.

Section 11. REQUIRED SIGNATURES

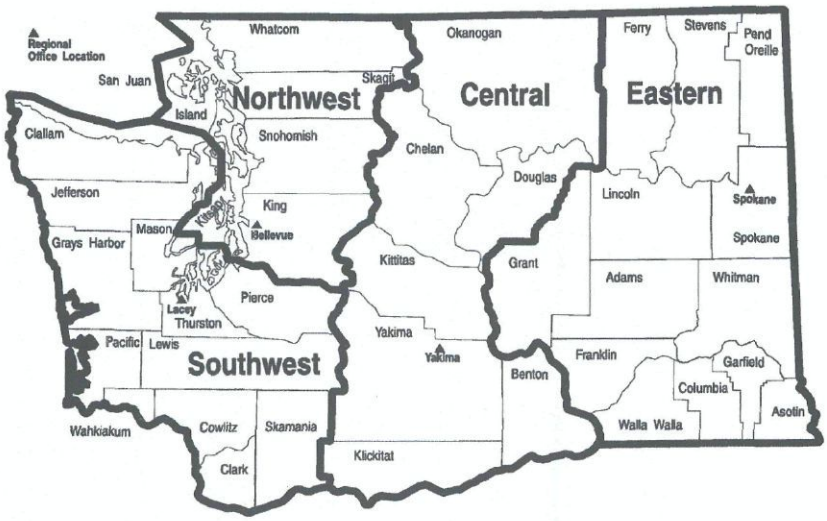
I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

DENNIS D. HOEYE	Dennis D. Hoeye	12-31-07
Print Name (Applicant or authorized representative)	Signature	Date
ETHEL B. HOEYE	Ethel Hoeye	12-31-07
Print Name (Landowner of Place of Use)	Signature	Date
Print Name (Landowner of Place of Use)	Signature	Date
Print Name (Landowner of Place of Use)	Signature	Date

Submit your application to: DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 5128
LACEY WA 98509-5128

Please check the region in which your proposed project is located.
☐ Southwest ☐ Northwest ☒ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300

Northwest Regional Office: 425-649-7000

Central Regional Office: 509-575-2490

Eastern Regional Office: 509-329-3400

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341