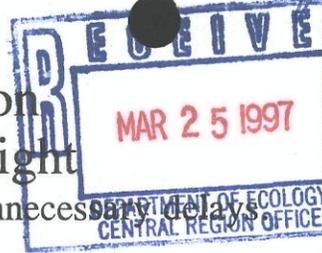




State of Washington  
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delay.



Paid OK # 3399  
For Ecology Use  
Fee Paid 10.00  
Date 3/25/97  
*[Signature]*

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

Name A+H ORCHARDS Home Tel: (509) 453-0736  
Mailing Address P.O. BOX 10353 Work Tel: (509) 839-3392  
City YAKIMA State WA Zip+4 98909 + FAX: (509) 575-1864

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

Same as above

Name TERRENCE R. HARRISON Home Tel: (509) 453-0736  
Mailing Address P.O. BOX 10353 Work Tel: (509) 839-3392  
City YAKIMA State WA Zip+4 98909 + FAX: (509) 575-1864  
Relationship to applicant GENERAL PARTNER

**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 (supplemental) IRRIGATION + AGRICULTURE USES. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. NE 1/4 NW 1/4 Sect. 34 T11N R22 E/W M parcel. 221134-21401  
Estimate a maximum annual quantity to be used in acre-feet per year: 120 ACRE FEET

Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:  
From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**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>(1)</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>AS DEEP AS NECESSARY TO GET 500 GALLONS/MINUTE.</u>

**LOCATION**

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 1330' EAST AND 30' SOUTH OF SECTION CORNER OF SECTION 34, TOWNSHIP 11, RANGE 22 E/W M. NW

<u>(NE)</u> ¼ of	<u>NW</u> ¼ of	<u>34</u> Section	<u>11</u> Township	<u>22</u> Range(E/W)	<u>YAKIMA</u> County	If location of source is platted, complete below:		
						Lot	Block	Subdivision

For Ecology Use Date Received: 3/25/97 Priority Date: 3/25/97  
SEPA Exempt Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
Date Accepted As Complete 7/9/97 By JYM Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 37

Primary: Roza Irrigation District

**Section 5. GENERAL WATER SYSTEM INFORMATION**

A. Name of system, if named: A+H ORCHARDS

B. Briefly describe your proposed water system. (See instructions.)  
AN IRRIGATION WELL WITH CAPACITY OF UP TO 500 GPM TO IRRIGATE 40 ACRES OF APPLES AND CERRAIETS. THAT ALREADY EXIST. THIS SYSTEM IS A SUPPLEMENT TO THE ROZIA IRRIGATION WATER IN SHORT WATER YEARS.

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.

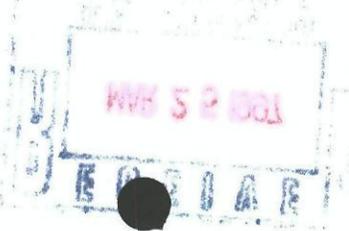
**Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION**  
(Complete for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: 40  
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: 40

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 2000 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.

FROM YAKIMA (1) INTERSTATE 82 SOUTH TO EXIT 63 - LEFT OVER FREEWAY TO YAKIMA LAKE HWY.  
(2) ~~LEFT~~ ON YAKIMA LAKE HWY - 2 MILES TO MAPLE GROVE ROAD,   
RIGHT  
(3) LEFT ON MAPLE GROVE ROAD - (NORTH) - GO ABOUT 5 MILES TO CHAFFEE ROAD,  
(4) LEFT ON CHAFFEE ROAD TO 1991 CHAFFEE ROAD - ON RIGHT (BLUNDET HUT & SHOP)  
(ABOUT 1/2 MILE)

## Section 10. REQUIRED MAP

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

## 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):

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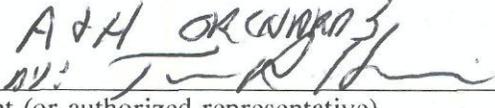
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B. Does the applicant own the land on which the water source is located?  YES  NO

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.

A & H ORCWARD  
BY:   
Applicant (or authorized representative)

3/15/97  
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 \_\_\_\_\_

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).