



For Ecology Use

Fee Paid \$10.00

Date 12-16-97

ck # 001944

State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

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

Name (M. L. Taggares) Home Tel: (509) 783 - 1956
 Mailing Address P.O. Box 5433 Work Tel: (509) 547 - 3590
 City (Kennewick) State WA Zip+4 99336 +0433 FAX: (509) 547 - 8264

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name Joe Wright Home Tel: (509) 547 - 3590
 Mailing Address P.O. Box 5433 Work Tel: (509) 932 - 4336
 City Kennewick State WA Zip+4 99336 +0433 FAX: (509) 547 - 8264
 Relationship to applicant Employee - Farm manager

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than (1,250 gpm) (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 / Agriculture / Farm. 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: 625

(SEASONAL IRRIGATION OF 250 ACRES)

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

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 <u>(1)</u> well(s).
Number of diversions: _____	Size & depth of well(s): <u>2,000' deep ; 14" around</u>
Source flows into (name of body of water):	

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 2,500' S of N.E. Corner - Section 17 Township 15 North, Range 26 East, Then 2,620' west of South East Corner.

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>(SW ¼ NE ¼ and SE ¼ NW ¼)</u>	<u>South West of North East Corner</u>	<u>17</u>	<u>15N</u>	<u>26E</u>	<u>(Grant)</u>			

For Ecology Use Date Received: 12-16-1997 Priority Date: 12-16-1997
 SEPA Exempt Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 2/3/1999 By JK Date Returned _____ By _____ WRIA: 36

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Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: _____
- B. Briefly describe your proposed water system. (See instructions.)
 Ag irrigation; Directly irrigating for seasonal tree crops. Under Tree irrigation.
 300 horse turbine pump (min.)
- 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: 250
- 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: 250
- 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 _____

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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 Othello go South on Hwy 24 towards Yakima. Stay on Hwy 24 for approx. 25 miles to SW "E" road. Take right on "E" road. Go across canal, at the "King Fuji Ranch" sign take right. Take a left on the road right behind the shop. Go North to project site. (Just past the pond which will be on your left.)

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):

Buying on Contract from Dennis and Nicki Kerslake,
22010 257th Ave, SE
Maple Valley, WA 98038-7632

B. Does the applicant own the land on which the water source is located? YES NO
If no, submit a copy of agreement:

Same as above.

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.

x [Signature]
Applicant (or authorized representative)

Date

x [Signature]
Landowner for place of use (if same as applicant, write "same")

Date

I have examined this application as required by SEPA and find that it is: not an "action", categorically exempt.

2/3/99
DATE

[Signature]
SIGNATURE

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APPLICATION

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).

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APPLICATION