WASHINGTON STATE DEPARTMENT OF ECOLOGY

# State of Washington
# Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use
Fee Paid 1000
Date 7/27/95
V 0898

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

Name Bailey's Nursery INC Home Tel:(360) ____ - ____
Mailing Address 739 Nevil Rd Work Tel:(360) 785 4701
City Winlock State WA Zip+4 98596 + ____ FAX:(360) 785 - 4807

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

☐ Same as above

Name Jerry Gifford Home Tel:(____) ____ - Same
Mailing Address As Above Work Tel:(____) ____ - As Abov
City ____ State ____ Zip+4 ____ + ____ FAX:(____) ____ - ____
Relationship to applicant Manager

## Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than ~~300~~ 600 per conversation w/ Jerry Gifford 7/1/96 (dkh) (☒ 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 / Domestic. 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: ____

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:
From ~~7/27/95~~ to ~~7/27/96~~ year around

## 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.:<br><br>Number of diversions: ____ | A permit is desired for + 2 well(s). 7/1/96 per conversation w/ Jerry Gifford (dkh) |
| Source flows into (name of body of water): | Size & depth of well(s): 10" X 250' Deep May want 12" Case 8" x 250' Depp (dkh) |

LOCATION

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

| ¼ of | ¼ of | Section | Township | Range(E/W) | County | If location of source is platted, complete below: Lot | Block | Subdivision |
|---|---|---|---|---|---|---|---|---|
| | | 27 | 12 | 2W | CWD | | | |
| | | | | | | | | |

For Ecology Use Date Received: 7/27/95 Priority Date: 7/27/95
SEPA: Exempt/Not Exempt FERC License # ____ Dept. Of Health # ____
Date Accepted As Complete 8/4/95 By SJ Date Returned ____ By ____ WRIA: 26

ECY 040-1-14
Rev. 12/94 F

**APPLICATION**

Appl. No.: G2-29253

## Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

B. Briefly describe your proposed water system. (See instructions.)

10 acres (dkh)

Greenhouse & Field Irrigation of Approx. ~~5 AC~~ range growing Greenhouse crops for Whole Sale

IRRigation

(5 acres in use) dkh

C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
PROVIDE DOCUMENTATION. Not Sure !!

## 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: ~~5AC~~ 10 acres (dkh)

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: ~~5AC~~ 10 acres (dkh)

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.

I-5 N/S to Exit 63 - go west to N. military Rd - Turn North follow to Nevil Rd - Turn North - follow to BNI. 3/4 mile on North Side of Rd.

## 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):

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.**

D. [signature]
Applicant (or authorized representative)
BNI/W Manager

24 July 95
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 98503-0210 |
| _____ 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).