

For Ecology Use
(Date Stamp)

Pre-Application Consultation for Emergency Authorization to use Supplemental Water in the Yakima River Basin

Section 1. PRE-APPLICANT

Pre-Applicant/Business Name: Bailey Nursery Inc.	Phone No: 509-391-0004	Other No: 509-824-1982
Address: 1700 Holmason rd		
City: Sunnyside	State: Wa.	Zip: 98944
Email Address (if available): Michael.quijano@baileynursery.com		

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (if available):		

Section 2. CURRENT WATER RIGHT INFORMATION AND PREVIOUS DROUGHT AUTHORIZATIONS

A. Primary Water Right information (required information)

Primary Water Right Number or Irrigation District	Parcel Number	Number of Irrigated Acres	Crop Type	Irrigation Type (Drip, sprinkler, etc.)
Roza	231023-11002	65.30	Orchards&&nursery	Drip&sprinkler
Roza	231014-44001	18.50	Orchards&Nursery	Drip&sprinkler

B. Supplemental (Standby/Reserve) Water Right Information (if applicable):

Do you have a permanent supplemental (standby/reserve) water right for the above mentioned property? Please identify the water right document(s): Yes Water rights permit # G4-32989-05

C.	Previous Emergency Drought Authorization
information (if applicable):	
If applicable, please identify authorizations from previous drought or proration years:	

Section 3. WELL INFORMATION

A. Location - Legal Description						
Parcel No.	¼	¼	Section	Township	Range	County
231023-11002	SE	NE	23	10	23	Yakima
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of withdrawal (well) 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 withdrawal (wells), please attach additional information on a separate sheet of paper.

B.	General information
Do you have an existing well? x <input type="checkbox"/> YES <input type="checkbox"/> NO If so, how many? <u>1</u>	
<i>If available, attach Water Well Report and Pump Test.</i>	
Well Tag ID No(s):	<u>AKA050</u>
Well diameter(s) & depth(s):	<u>10 inch casing 600 feet deep</u>

Section 4. PLACE OF USE

Provide or attach a copy of the legal description of the property (on which the water will be used).

83.80 acres THE PT E ½ NE ¼ AND THE PT NE ¼ SE ¼ LY E ' LY OF ROZA CANAL

¼	¼	Section	Township	Range	County	Parcel No.
SE	NE	23	10	23	Yakima	231023-11002

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 this land? YES NO

Provide owner name(s), address, and phone number: Bailey Nursery 1700 Holmason rd Sunnyside Wa. 98944

Section 5. PROPOSED USE AND WATER QUANTITY CONTEMPLATED UNDER THIS PRE-APPLICATION

Parcel Number	Proposed Irrigated Acres	Crop Type	Irrigation Type (drip, sprinkler, etc.)
231023-11002	65.30	Nursery	sprinkler drip
231014-44001	18.50	Nursery	sprinkler drip
Total	83.8		

Section 6. DRIVING DIRECTIONS

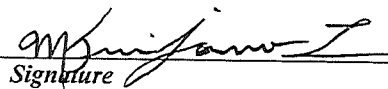
Please provide the site address and detailed driving directions to the well and the proposed place of use:
 From 241 vernita hwy turn right on sheller rd. go 4.5 miles then turn left on Holmason rd. go 1.5 miles to our office. The well is down by roza canal you have to drive through the orchard to get to it. 1700 Holmason rd. Sunnyside wa 98944

Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. I understand that this is not an application for an emergency withdrawal of water, but rather is intended to give Ecology information that will enable it to more expeditiously process an application that may be submitted at a later date.

Michael Quijano

 Printed Name
 Pre-Applicant or Authorized
 Representative



 Signature

5/28/24

 (Date)

 Printed Name
 Pre-Applicant or Authorized
 Representative

 Signature

 (Date)

 Printed Name
 Legal Owner or Proposed place of use

 Signature

 (Date)

Mail the pre-application to:
Central Regional Office
15 W. Yakima Avenue, Suite 200
Yakima, WA 98902-3463
(509) 575-2490