



**Application for Emergency  
Authorization to use Supplemental  
Water in the Yakima River Basin**



Follow the attached instructions. Please attach additional sheets if necessary.

<b>Section 1. APPLICANT</b>		
Applicant/Business Name: <b>Arthur den Hoed</b>	Phone No: <b>509-788-0024</b>	Other No: <b>509-727-9211</b>
Address: <b>62002 Missimer Rd</b>		
City: <b>Grandview</b>	State: <b>WA</b>	Zip: <b>98930</b>
Email Address (if available): <b>arthurjdenhoedinc@gmail.com</b>		

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

For Ecology Use	APPLICATION NO: _____ SEPA: Exempt/Not Exempt	
	Fee Paid: _____ Check No: _____ ECY Coding: 001-001-WR1-0285-000011	
Date Returned _____ By _____ Priority Date _____ By _____ WRIA: _____		

## 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 Irrigation	110943000001000	20.4	orchard	drip and sprinkler
Roza Irrigation	110942000002000	78.7	orchard	drip and 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): no

### C. Previous Emergency Drought Authorization information (if applicable):

If applicable, please identify authorizations from previous drought or proration years:

G4-31703-15

## Section 3. WELL INFORMATION

### A) Location - Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
110943000001000	N1/2	SW	10	9	24	Benton
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of withdrawal (well) to the nearest section corner:

2620 Feet (☒ North/☐ South) and 1350 feet (☒ East/☐ West)  
from the (☐NW ☒SW ☐NE ☐SE ☐ ) corner of Section 10.

**NOTE:** If more than two points of withdrawal (wells), please attach additional information on a separate sheet of paper.



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DEPT OF ECOLOGY  
CENTRAL REGIONAL OFFICE**B) General information**Do you have an existing well? ☒ YES ☐ NO If so, how many?

If available, attach Water Well Report and Pump Test.

Well Tag ID No(s): \_\_\_\_\_

Well diameter(s) &amp; depth(s): \_\_\_\_\_

**Section 4. PLACE OF USE**

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

The SE 1/4 of the SW 1/4 of the NW 1/4 and the SW 1/4 of the SE 1/4 of the NW 1/4 of Section 10, Township 9 North, Range 24, EWM. Parcel 110942000002000

The North 1/2 of the SW 1/4 of Section 10, Township 9 North, Range 24 EWM. Parcel 110943000001000

1/4	1/4	Section	Twp.	Range	County	Parcel No.
N1/2		10	9	24	Benton	

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NOIf 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: \_\_\_\_\_

**Section 5. PROPOSED USE AND WATER QUANTITY UNDER THIS APPLICATION**

Parcel Number	Proposed Irrigated Acres	Crop Type	Irrigation Type (drip, sprinkler, etc.)
110942000002000	20	orchard	drip and sprinkler
110943000001000	78	orchard	drip and sprinkler
<b>Total</b>	<b>108</b>		

**Section 6. DRIVING DIRECTIONS**

Please provide the site address and detailed driving directions to the well and the proposed place of use:

From I-82, take exit 80 north on Gap Rd to Hanks Rd. Turn left and head west on Hanks Rd to Missimer Rd.

Turn right and head north about 1/2 mile. Turn right onto dirt road, well is 1/4 mi due east.

## Section 7. 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.

Art den Hoed  
Printed Name  
Applicant or Authorized  
Representative

Art den Hoed  
Signature

6-6-25  
(Date)

\_\_\_\_\_  
Printed Name  
Applicant or Authorized  
Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Date)

Art den Hoed  
Printed Name  
Legal Owner or Proposed place of use

Art den Hoed  
Signature

6-6-25  
(Date)

### Mail the application to:

Central Regional Office  
1250 W. Alder Street  
Union Gap, WA 98903-0009  
(509) 575-2490