



For Ecology Use
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**Dept. of Ecology
Central Regional Office**

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

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

Section 1. APPLICANT		
Applicant/Business Name: Chiawana Orchards LLC.	Phone No: 509-457-8001	Other No:
Address: 3107 River Rd		
City: Yakima	State: WA	Zip: 98902
Email Address (if available):		

Contact Name (if different from above): Paul Cathcart	Phone No: 509-834-1340	Other No:
Relationship to Applicant: Agent		
Address:		
City:	State:	Zip:
Email Address (if available): paul@columbiareach.com		

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: _____				

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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.)
Please See Attached				

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): None

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

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

G4-35034-15 (well dug, not used)

Section 3. WELL INFORMATION

A) Location - Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
952675	SW	SW	02	16N	19E	KITTITAS
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.

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B) General information

Do you have an existing well? ☒ YES ☐ NO If so, how many? 1

If available, attach Water Well Report and Pump Test.

Well Tag ID No(s): G4-29526

Well diameter(s) & depth(s): 726' DEPTH, 12" DIAMETER

Section 4. PLACE OF USE

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

SEE ATTACHED

1/4	1/4	Section	Twp.	Range	County	Parcel No.

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: SEE ATTACHED

Section 5. PROPOSED USE AND WATER QUANTITY UNDER THIS APPLICATION

Parcel Number	Proposed Irrigated Acres	Crop Type	Irrigation Type (drip, sprinkler, etc.)
SEE ATTACHED			
Total			

Section 6. DRIVING DIRECTIONS

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

From HWY-82, take Thrall Rd exit. Head east on Thrall Rd, to Denmark, turning South on Denmark. Continue onto 4th Parallel Rd, where Denmark turns into 4th Parallel. Continue on 4th Parallel Rd to McDowell, turn South onto McDowell. Continue approx, 420 yards South on McDowell, and turn West onto gravel driveway. Continue up the hill and to the NW, another 50 yards. Well is on N end of loading area. Area of use throughout section 2 and 1.

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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.

Paul Cothcart

Printed Name

Applicant or Authorized
Representative

[Signature]

Signature

7-18-24

(Date)

Printed Name

Applicant or Authorized
Representative

Signature

(Date)

Brown Allen

Printed Name
Legal Owner or Proposed place of use

[Signature]
Signature

7/18/24
(Date)

Mail the application to:

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

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SECTION 2. A

Primary Water Right Numner Or Irrigation District	Parcel #	Acres	Crop Type
Irrigation District: KRD-NB-439 1 1	11225	4.85	Apples
Irrigation District: KRD-NB-439 1 1	11234	3.02	Apples
Irrigation District: KRD-NB-439 1 1	11235	3.00	Apples
Irrigation District: KRD-NB-439 1 1	11236	3.00	Apples
Irrigation District: KRD-NB-439 1 1	17298	10.00	Apples
Irrigation District: KRD-NB-439 1 1	17263	3.00	Apples
Irrigation District: KRD-NB-439 1 1	17264	3.00	Apples
Irrigation District: KRD-NB-439 1 1	17265	3.00	Apples
Irrigation District: KRD-NB-439 1 1	18688	19.20	Apples
Irrigation District: KRD-NB-439 1 1	18690	9.35	Apples
Irrigation District: KRD-NB-439 1 1	18729	4.68	Apples
Irrigation District: KRD-NB-439 1 1	19425	3.06	Apples
Irrigation District: KRD-NB-439 1 1	19427	3.04	Apples
Irrigation District: KRD-NB-439 1 1	19428	3.07	Apples
Irrigation District: KRD-NB-439 1 1	734433	62.54	Apples
Irrigation District: KRD-NB-439 1 1	950614	4.95	Apples
Irrigation District: KRD-NB-439 1 1	953398	6.14	Apples
Irrigation District: KRD-NB-439 1 1	953401	4.05	Apples
Irrigation District: KRD-NB-439 1 1	953812	6.31	Apples

159.26

continued from previous page

Irrigation Type
Drip / Sprinklers
Drip / Sprinklers
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Section 4.

1/4	1/4	Section	Twp.	Range	County	Parcel No.
NW	NW	2	16N	19E	Kittitas	18729
NW	NW	2	16N	19E	Kittitas	17263
NW	NW	2	16N	19E	Kittitas	17264
NW	NW	2	16N	19E	Kittitas	17265
NW	NW	2	16N	19E	Kittitas	19425
NW	NW	2	16N	19E	Kittitas	19427
NW	NW	2	16N	19E	Kittitas	19428
NW	NW	2	16N	19E	Kittitas	953398
NW	NW	2	16N	19E	Kittitas	953401
NE	NW	2	16N	19E	Kittitas	953812
W	SW	1	16N	19E	Kittitas	11225
SE	SE	2	16N	19E	Kittitas	11234
SE	SE	2	16N	19E	Kittitas	11235
SE	SE	2	16N	19E	Kittitas	11236
SE	SE	2	16N	19E	Kittitas	18688
SE	SE	2	16N	19E	Kittitas	18690
SW	SW	1	16N	19E	Kittitas	734433
SW	NW	2	16N	19E	Kittitas	950614

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List of Owners, with Contact Information

Bruce Allen	3107 River Rd, Yakima WA, 98902	509-457-8001
Wally Meyer	3107 River Rd, Yakima WA, 98902	509-457-8001
Shawn Tweedy	3107 River Rd, Yakima WA, 98902	509-457-8001

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Section 5.

Parcel No.	Proposed Irrigated Acres	Crop Type	Irrigation Type
11225	4.85	Apple	Drip
11234	3.02	Apple	Drip
11235	3	Apple	Drip
11236	3	Apple	Drip
17298	4	Apple	Drip
17263	3	Apple	Drip
17264	3	Apple	Drip
17265	3	Apple	Drip
18688	19.2	Apple	Drip
18690	9.35	Apple	Drip
18729	4.68	Apple	Drip
19425	3.06	Apple	Drip
19427	3.04	Apple	Drip
19428	3.07	Apple	Drip
734433	62.54	Apple	Drip
950614	4.95	Apple	Drip
953398	6.14	Apple	Drip
953401	4.05	Apple	Drip
953812	6.31	Apple	Drip
Total	153.26		

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Start Card No.

Water Right/Permit No.

Central Regional Office

WATER WELL REPORT

STATE OF WASHINGTON

File Original and First Copy with
Department of Ecology
Second Copy—Owner's Copy
Third Copy—Driller's Copy

(1) OWNER: Name EBERHART ASSOCIATES INC Address Box 877 ELLENSBURG WASH(2) LOCATION OF WELL: County KITITAS SW 1/4 Sec 2 T. 16 N. R. 19 W. N(2a) STREET ADDRESS OF WELL (or nearest address): Mc Dowell Road, ELLENSBURG WASH(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐
☐ DeWater ☐ Test Well ☐ Other ☐(4) TYPE OF WORK: Owner's number of well: (if more than one)
Abandoned ☐ New well ☐ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☐ Driven ☐
Reconditioned ☐ Rotary ☒ Jetted ☐(5) DIMENSIONS: Diameter of well 12 inches
Drilled 762 feet. Depth of completed well 762 ft.(6) CONSTRUCTION DETAILS:
Casing installed: 12 Diam. from 0 ft. to 425 ft.
Welded ☒ 10 Diam. from 402 ft. to 762 ft.
Liner installed ☐
Threaded ☐ Diam. from _____ ft. to _____ ft.Perforations: Yes ☒ No ☐
Type of perforator used TORCH Around 1200
Size of perforations 6 in. by 25 in.
1200 perforations from 430 ft. to 760 ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.Screens: Yes ☐ No ☒
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ from _____ ft. to _____ ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.
Gravel packed: Yes ☐ No ☒ Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.Surface seal: Yes ☒ No ☐ To what depth? 430' ft.
Material used in seal NEAT CEMENT GROUT
Did any strata contain unusable water? Yes ☒ No ☐ 65-M6
Type of water? _____ Depth of strata 345
Method of sealing strata off: CEMENT FROM BOTTOM TO TOP(7) PUMP: Manufacturer's Name _____ H.P. _____
Type: _____(8) WATER LEVELS: Land surface elevation above mean sea level _____ ft.
Static level 54 ft. below top of well Date _____
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)(9) WELL TESTS: Drawdown is amount water level is lowered below static level.
Was a pump test made? Yes ☐ No ☒ If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
Time Water Level Time Water Level Time Water Level

Time Water Level

Time Water Level

Time Water Level

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Time Water Level

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe, by color, character, size of material and structure; and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
BROWN SAND + CLAY	0	65
BROWN SAND SOME W/CLAY	65	70
BROWN SAND + CLAY	70	145
BROKEN SAND STONE + SAND	145	155
BROKEN SAND STONE W/CLAY	155	175
BROWN GRAY SAND STONE + CLAY	175	196
BROKEN SANDSTONE W/CLAY	196	198
BROKEN SANDSTONE CLAY (606PSI)	198	345
BROKEN SAND STONE + CLAY	345	350
BROKEN SANDSTONE CLAY / GRAY SAND	350	370
GRAY SANDSTONE / CLAY	370	382
BROWN GRAY / CLAY	382	415
BROWN SANDSTONE / BROWN / GRAY	415	435
BROWN SAND / SANDSTONE + CLAY	435	477
BROWN SANDSTONE / HARD GRAY CLAY	477	490
BROWN SANDSTONE / BROWN GRAY CLAY	490	554
BROKEN (WATER CHARGE)	554	584
BROKEN BLACK BASALT	584	586
BROWN SAND STONE BLACK BAS.	586	592
BROKEN B-BASALT (H2O) 240 PSI	592	605
BLACK BASALT (H2O) 245 PSI	605	607
BROKEN BLACK BASALT 255 PSI	607	618
HARD BLACK BASALT	618	642
BROKEN B-BASALT MEDIUM	642	674
B-BASALT GRAY CLAY	674	677
BROKEN B-BASALT-POROUS (H2O?)	677	681
B-BASALT (20FT) GRAY CLAY	681	688
BROKEN BASALT / BROWN SANDSTONE / HARD	688	707
B-BASALT / BROWN BASALT / GRAY CLAY	707	748
GREENISH GRAY CLAY	748	756
WHITE SAND 255 PSI	756	762
BLACK BASALT	762	

Work started 4-11-94 1994 completed 4-22 1994

WELL CONSTRUCTOR CERTIFICATION:

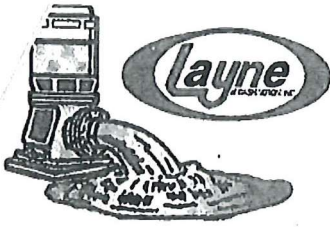
I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME LK Drilling Corp Inc (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)Address 501A Reed Street Zillah WASHDate 4-13 1994License No. 0751Registration No. 4-13 1994Date 4-13 1994Date 4-13 1994Date 4-13 1994Date 4-13 1994Date 4-13 1994Date 4-13 1994Date 4-13 1994Date 4-13 1994Date 4-13 1994Date 4-13 1994Date 4-13 1994Date 4-13 1994Date 4-13 1994Date 4-13 1994

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LAYNE OF WASHINGTON, INC.

PHONE: (509) 545-9546 FAX: (509) 545-4630

P.O. BOX 610 • PASCO, WASHINGTON • 99301

Well Testing Report

Name Chiawana Orchards LLC Location Ellensburg, WA
I.D. Well _____ Well Depth _____ Water Temp. _____ Static Water Level _____
Orifice Size _____ Discharge Pipe _____ Flowmeter _____ Column & Length 402' Airline 402'

Time	Water Level Ft. From top	R.P.M.	Orifice Reading	G.P.M.	Remarks: Sand? Cascading water? Etc.
10:45	79	700		585	START UP 01/19/18 A.M.
11:00	126			579	
11:08	171			1042	
11:18	194	1000		1029	
11:35	217			999	SHUT DOWN
9:30	126	600		900	START UP 01/22/18 A.M.
10:00				700	PIPE BLEW
9:15				382	79' STATIC
9:25				224	START UP 01/23/18 A.M.
9:28	101			228	
9:34	113			600	
9:46				471	
10:02				980	
10:13				924	
10:18	171			824	
10:20				933	
10:40	194			938	
10:49	217	1300		1180	
11:24	240	1300		1200	
12:00	263			1199	P.M.
12:37	275	1300		1200	
1:00	275	1300		1200	
1:30	282	1300		1200	
2:00	282	1300		1200	
2:30	287	1300		1200	
3:30	287	1300		1200	
4:00	287	1300		1200	STOP TEST

Tested By William Nelson/Layne of Washington, Inc.

Date 01/19/18 - 01/23/18

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

Please read these instructions carefully. Be accurate and complete in completing the application, the information provided is very important in processing the application. Be sure to attach any additional information related to the proposed water use.

If you need assistance, please contact the Central Region Office, at 509-575-2597. You may attach additional information as necessary.

Section 1. APPLICANT

Enter the name of the entity (person, business, or organization) that is requesting the authorization. Enter a mailing address, including zip, daytime telephone, an alternate or cell phone number, and an Email address (if you have one).

Provide the name of a person (if different from above) that is able to answer questions specific about this application. Describe the relationship of the contact person to the applicant, e.g. "consultant," "agent", etc.

Enter the name of the legal landowner for the propose place of use. Enter a mailing address, including zip, daytime telephone, an alternate or cell phone number, and an Email address (if available).

Section 2. CURRENT WATER RIGHT INFORMATION AND PREVIOUS DROUGHT AUTHORIZATIONS PREVIOUS DROUGHT APPLICATIONS/AUTHORIZATIONS

- A.) Please list all primary water right document(s). (REQUIRED)
- B.) If applicable, please list any supplemental (Standby/Reserve) water right document(s).
- C.) If you have previously applied for and/or received an emergency drought authorization, please identify the documents.

Section 3. WELL INFORMATION

A.) Well Location – Legal Description

Enter the parcel number, quarter-quarter ($\frac{1}{4}\frac{1}{4}$), section, township, range and county in which the well is located. If the location has been platted (subdivided), enter the lot, block, and subdivision name. You can generally obtain this information from a legal description or plat of the property, or from your county assessor's office. If there are more than two wells, attach additional information on a separate sheet of paper.

If known, enter the distances in feet from the nearest section corner to each point of diversion or withdrawal (e.g. 420 feet south and 150 feet west from the Northeast Corner of Section 12). You can obtain this information by measuring the distance on a USGS map, other map drawn to scale, or by measurement on the ground.

B.) General Information

Enter the diameter, depth, and the number of proposed points of withdrawal (wells). Check the appropriate box if you have an existing well. If the well has been constructed, attach a Water Well Report. If you have already done a pump test, attach a copy of the pump test results. Provide the Well Tag ID number, if available.

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Section 4. PLACE OF USE

Attach a legal description of the lands where you propose to use the water or copy it carefully in the space provided. You can usually obtain a legal description from a survey, county assessor's office, real estate contract, title insurance policy, or property deed. Also include the tax parcel number(s) if available.

Check if you own all of the lands on which the proposed place of use is located. If you do not own the lands, provide the owner's name(s), address and phone number. If this is a community or municipal water system, please include a copy of your current and future service area map.

NOTE: Landowner's signature is required in Section 11.

Check if there are any other water rights or claims associated with this property or water system. If yes, provide the water right and/or claim numbers.

Section 5. PURPOSE OF USE AND WATER QUANTITY

Please list the information requested in the table.

Section 6. DRIVING DIRECTIONS

Provide the site address and detailed driving directions from the nearest town to the project site.

Section 7. REQUIRED SIGNATURES

The applicant or authorized representative (e.g. the Public Works Director of a municipality, or the chair of a community water system) AND the legal owner(s) or part owner of each parcel within the place of use MUST sign the application.