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**MAY 24 2024**

**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: <b>Congdon Orchards</b>		Phone No: <b>509-966-4441</b>	Other No: <b>509-910-8437</b>
Address: <b>P.O. Box 2725</b>			
City: <b>Yakima</b>		State: <b>WA</b>	Zip: <b>98907</b>
Email Address (if available): <b>mpaul@sagefruit.com</b>			

Contact Name (if different from above): <b>Math Paul</b>		Phone No: <b>509-910-8437</b>	Other No:
Relationship to Applicant: <b>Farm Manager</b>			
Address: <b>P.O. Box 2725</b>			
City: <b>Yakima</b>		State: <b>WA</b>	Zip: <b>98907</b>
Email Address (if available): <b>mpaul@sagefruit.com</b>			

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	221131-12001	70 ac	Apple	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):

### 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
221131-12001						Yakima
Lot(s)	Block(s)		Subdivision			

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

0 Feet (☐ North ☒ South) and 50 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?

If available, attach Water Well Report and Pump Test.

Well Tag ID No(s): ABT 070

Well diameter(s) & 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).

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: \_\_\_\_\_

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

Parcel Number	Proposed Irrigated Acres	Crop Type	Irrigation Type (drip, sprinkler, etc.)
221131-12001	70	Apple	Drip / Sprinkler
Total			

**Section 6. DRIVING DIRECTIONS**

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

On the southeast corner of the property along Price Rd.



## 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.

Matthew Paul

Printed Name

Applicant or Authorized  
Representative

[Signature]  
Signature

5/22/24

(Date)

\_\_\_\_\_  
Printed Name

Applicant or Authorized  
Representative

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Printed Name

Owner or Proposed place of use

\_\_\_\_\_  
Signature

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

Mail the application to:

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

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