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**Dept. of Ecology
Central Regional Office**

MEMO

To: Kelsey Collins
Water Resources Program
Washington State Department of Ecology

From: Phil Hull
Zirkle Fruit Company

Date: May 16, 2024

RE: Water Quantity Under the Application for Emergency Authorization to Use Supplemental Water

In the attached application, Section 5 is *titled Proposed Use and Water Quantity Under This Application*, however, there is not a place to state the quantity of water we are requesting.

For permit #**G4-33141-24** (Peters Ranch in Zillah) we are requesting **15 acre feet of water**. We will obtain mitigation as required by the permit.

S



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

For Ecology Use
(Date Stamp)
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Dept. of Ecology
Central Regional Office

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

| Section 1. APPLICANT | | |
|---|----------------------------------|----------------------|
| Applicant/Business Name: Zirkle Fruit Company, Inc. | Phone No: 509-697-6101 | Other No: |
| Address: P.O. Box 190 | | |
| City: Selah | State: WA | Zip: 98942 |
| Email Address (if available): philh@zirklefruit.com | | |

| | | |
|---|----------------------------------|----------------------|
| Contact Name (if different from above): Phil Hull | Phone No: 509-969-7832 | Other No: |
| Relationship to Applicant: Facilities Manager | | |
| Address: P.O. Box 190 | | |
| City: Selah | State: WA | Zip: 98942 |
| Email Address (if available): philh@zirklefruit.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: _____ | | |

Section 2. CURRENT WATER RIGHT INFORMATION AND PREVIOUS DROUGHT AUTHORIZATIONS

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Central Regional Office

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 Distr. | 211130-11001 | 46.0 | Apples | Drip |
| Roza Irrigation Distr. | 211130-12001 | 10.9 | Apples | Drip |

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:

G4-33141-15, G4-33141-19, G4-33141-23

Section 3. WELL INFORMATION

A) Location - Legal Description

| Parcel No. | ¼ | ¼ | Section | Township | Range | County |
|--------------|----------|----|-------------|----------|-------|--------|
| 211130-11001 | NW | NE | 30 | 11N | 21E | YAKIMA |
| Lot(s) | Block(s) | | Subdivision | | | |
| | | | | | | |

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

400 Feet (☐ North/☒ South) and 1390 feet (☒ East/☐ West)
from the (☐NW ☐SW ☒NE ☐SE ☐) corner of Section 30.

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? 1

If available, attach Water Well Report and Pump Test.

Well Tag ID No(s): BIF-799Well diameter(s) & depth(s): 10" X 360'**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 Northeast 1/4 of the Northeast 1/4 and the East 1/2 of the Northwest 1/4 of the Northeast 1/4Township 11 North, Range 21, E.W.M.;EXCEPT the North 25 feet and the East 30 feet for roadsAssessor's Parcel No. 211130-11001, -12001

| 1/4 | 1/4 | Section | Twp. | Range | County | Parcel No. |
|------|-------|---------|------|-------|--------|-----------------------|
| N1/2 | NE1/4 | 30 | 11N | 21E | YAKIMA | 211130-11001 & -12001 |

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.) |
|---------------|--------------------------|-----------|---|
| 211130-11001 | 46.0 | APPLES | DRIP |
| 211130-12001 | 10.9 | APPLES | DRIP |
| | | | |
| | | | |
| | | | |
| Total | | | |

Section 6. DRIVING DIRECTIONS

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

Smith Road, Zillah, WA: From I-82 take Exit 54. Travel north on the Yakima Valley Hwy, turn east onE. Zillah Dr., then north on Lucy Ln, turn west on Smith Rd, travel 1/4 mile, turn south on an orchardaccess road, the well is 400' ahead.**S**

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Section 2. CURRENT WATER RIGHT INFORMATION AND PREVIOUS DROUGHT AUTHORIZATIONS

Dept. of Ecology
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| Lot(s) | Block(s) | | Subdivision | | | |
| | | | | | | |

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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.

Dept. of Ecology
Central Regional Office

Phil Hou
Printed Name
Applicant or Authorized
Representative

[Signature]
Signature

5-16-24
(Date)

Printed Name
Applicant or Authorized
Representative

Signature

(Date)

Zirkle Fruit Co.
Printed Name
Legal Owner or Proposed place of use

Scott C. Cluff, Treasurer
Signature

5-16-24
(Date)

Mail the application to:

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

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WATER WELL REPORT

STATE OF WASHINGTON

Notice of Intent **W357623**

UNIQUE WELL I.D. # **BIF799**

Water Right Permit No. **C4-3344-15**

(1) OWNER: Name **Zirkle Fruit**

Address **Po Box 190, Selah, WA 98942**

(2) LOCATION OF WELL: County **Yakima**

(2a) STREET ADDRESS OF WELL (or nearest address) **1830 Lucy Ln**

TAX PARCEL NO. **211130-11001**

NE 1/4 NE 1/4 Sec 30 T. 11 N. R. 21 E W.M.

MAY 16 2024

Dept. of Ecology

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal
☒ Irrigation ☐ Test Well ☐ Other
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (If more than one) _____
☒ New Well Method: _____
☐ Deepened ☐ Dug ☐ Bored
☐ Reconditioned ☐ Cable ☐ Driven
☐ Decommission ☒ Rotary ☐ Jetted

(5) DIMENSIONS: Diameter of well **10** inches.
Drilled **360** feet. Depth of completed well **359** ft.

(6) CONSTRUCTION DETAILS:

Casing Installed:

☒ Welded **10** " Diam. from **+1.5** ft. to **357** ft.
☐ Liner installed " Diam. from " ft. to " ft.
☐ Threaded " Diam. from " ft. to " ft.

Perforations: ☐ Yes ☒ No

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: ☐ Yes ☒ No ☐ K-Pac Location _____

Manufacturer's Name _____

Type _____ Model No. _____
Diam. _____ Slot size _____ from _____ ft. to _____ ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel/Filter packed: ☐ Yes ☒ No ☐ Size of gravel/sand _____

Material placed from _____ ft. to _____ ft.

Surface seal: ☒ Yes ☐ No To what depth? **90** ft.

Material used in seal **Bentonite Hole Plug**

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____

Type: _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation _____

above mean sea level _____ ft.

Static level **124** ft. below top of well Date **6/26/2015**

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: **500** gal./min. with **340** ft. drawdown after _____ hrs.

Yield: **300** gal./min. with **260** ft. drawdown after _____ hrs.

Yield: **200** gal./min. with **200** 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

Date of test _____

Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.

Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analyses made? ☐ Yes ☒ No

(10) WELL LOG or DECOMMISSIONING PROCEDURE DESCRIPTION:

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. Indicate all water encountered.

| MATERIAL | FROM | TO |
|-------------------------------------|------|-----|
| Soil | 0 | 6 |
| Sandy Clay | 6 | 15 |
| Clay | 15 | 24 |
| Sand Gravel Clay Gravel Sand & Clay | 24 | |
| Layers | | 55 |
| Sand | 55 | 65 |
| Clay | 65 | 115 |
| Gravel & Sand | 115 | 174 |
| Clay Tan | 174 | 228 |
| Sand & Gravel | 228 | 307 |
| Clay Tan | 307 | 315 |
| Sandstone & Clay | 315 | 355 |
| Gravel & Sand | 355 | 360 |

200 Gpm @ 200

300 Gpm @ 260

500 Gpm @ 340

Work Started **6/18/2015**, 19. Completed **6/26/2015**, 19

WELL CONSTRUCTION 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.

Type or Print Name **TOM MCGUIRE** License No. **0357**
(Licensed Driller/Engineer)

Trainee Name _____ License No. _____

Drilling Company **RICK POULIN WELL DRILLING INC.**

(Signed) _____ License No. **0357**
(Licensed Driller/Engineer)

Address **1301 LANCASTER RD SELAH, WA 98942**

Contractor's

Registration No. **RICKPWD944PW** Date **6/18/2015**, 19

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (360) 407-6600. The TDD number is (360) 407-6006.

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

MAY 16 2024
Dept. of Ecology
Central Regional Office

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 ($\frac{1}{4}$), 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.

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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.

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