



## 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>Hogue Ranches, Inc.</b>	Phone No: <b>509-786-2665</b>	Other No: <b>509-832-2173</b>
Address: <b>31902 N. Crosby Rd.</b>		
City: <b>Prosser</b>	State: <b>WA</b>	Zip: <b>99350</b>
Email Address (if available): <b>ronh@hogueranches.com</b>		

Contact Name (if different from above): <b>Ron Harle</b>	Phone No: <b>509-832-2173</b>	Other No:
Relationship to Applicant: <b>General Manager</b>		
Address: <b>31902 N. Crosby Rd.</b>		
City: <b>Prosser</b>	State: <b>WA</b>	Zip: <b>99350</b>
Email Address (if available): <b>ronh@hogueranches.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 Irrigation District	110941000001000	55.5	Grapes	Drip
	110941020001000	43.6	Grapes	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:

Emergency Drought Permit No. G4-34955

## Section 3. WELL INFORMATION

### A) Location - Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
110941000001000		NE	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:

40 Feet (☐ North/☒ South) and 30 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.

**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): AAS923

Well diameter(s) & depth(s): 8" diameter & 275' depth

**Section 4. PLACE OF USE**

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

Section 10 Township 9 Range 24 Quarter NE: THE EAST HALF OF THE NORTHEAST OF THE  
QUARTER OF SECTION 10, TOWNSHIP 9 NORTH, RANGE 24 EAST, W.M. BENTON  
COUNTY, WASHINGTON. LYING NORTH  
Parcels 110941000001000 and 110941020001000

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.)
110941000001000	55.5	Grapes	Drip
110941020001000	43.6	Grapes	Drip
Total	99.1		

**Section 6. DRIVING DIRECTIONS**

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

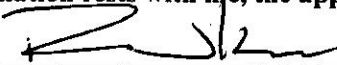
Intersection of Gap Rd. and Evans Rd. is the northeast corner of the property. This is where the well is located.

## 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.

Ronald N Harle

*Printed Name  
Applicant or Authorized  
Representative*

  
*Signature*

05/14/25  
*(Date)*

*Printed Name  
Applicant or Authorized  
Representative*

Hogue Ranches, Inc./Hogue Farmland, LLC

*Printed Name  
Legal Owner or Proposed place of use*

*Signature*

  
*Signature*

*(Date)*

05/14/25  
*(Date)*

**Mail the application to:**

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