



For Ecology Use
(Date Stamp)

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: NWFM LLC | Phone No: Main 509 966-0669 | Other No: Cell 509 961-8665 |
| Address: 1410 N 16Th Ave | | |
| City: Yakima | State: WA | Zip: 98902 |
| Email Address (if available): timh@nwfm.biz | | |

| | | |
|--|----------------------------------|-----------|
| Contact Name (if different from above): Tim Hull | Phone No: 509 961-8665 | Other No: |
| Relationship to Applicant: Employee | | |
| Address: Same as above | | |
| City: | State: | Zip: |
| Email Address (if available): Same as above | | |

| | | | | |
|---|---------------------------------|--|-------------------------------------|--|
| 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 | 211121-34404 | 57.8 | Permanent tree fruit | Drip, sprinklers |
| | | | | |

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 |
|--------------|----------|---|-------------|----------|-------|--------|
| 211121-34404 | | | 21 | 11 | 21 | Yakima |
| 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.

B) General information

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

If available, attach Water Well Report and Pump Test.

Well Tag ID No(s): ABL 365

Well diameter(s) & depth(s): See attached well report

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 parcel description

| 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 Management Agreement

Section 5. PROPOSED USE AND WATER QUANTITY UNDER THIS APPLICATION

| Parcel Number | Proposed Irrigated Acres | Crop Type | Irrigation Type (drip, sprinkler, etc.) |
|---------------|--------------------------|------------|---|
| 211121-34404 | 57.8 | Tree fruit | Drip, Sprinkler |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | 57.8 | | |

Section 6. DRIVING DIRECTIONS

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

East on East Zillah Dr, North on Eagle Peak Rd, East on Lamb Rd, North on Macy Rd to well site at the NE corner of property

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.

Tim Hull

Printed Name
Applicant or Authorized
Representative

Signature

(Date)

Printed Name
Applicant or Authorized
Representative

Signature

(Date)

Printed Name
Legal 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