



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: Roza Irrigation District/ Sage Park	Phone No: 509-840-1584	Other No:
Address: 125 S. 13th Street, P.O. Box 810		
City: Sunnyside	State: WA	Zip: 98944
Email Address (if available): spark@roza.org		
Contact Name (if different from above): Sage Park	Phone No:	Other No:
Relationship to Applicant: Policy Director		
Address:		
City:	State:	Zip:
Email Address (if available):		
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		72,600	orchards and others	all types
See Supplemental Info				

### 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): N/A

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

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

N/A

## Section 3. WELL INFORMATION

### A) Location - Legal Description

Parcel No.	¼	¼	Section	Township	Range	County	
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?

If available, attach Water Well Report and Pump Test.

Well Tag ID No(s): \_\_\_\_\_

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).

Those irrigable lands within the boundaries of the Roza Irrigation District.

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: N/A

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

Parcel Number	Proposed Irrigated Acres	Crop Type	Irrigation Type (drip, sprinkler, etc.)
<b>Total</b>			

**Section 6. DRIVING DIRECTIONS**

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

Exit 106 off I90 and turn onto Thorp Hwy. then take a left on Hanson Rd and go down to 3121 Hanson and the farm in on the right.

## 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.

Sage Park, Policy Director

\_\_\_\_\_  
*Printed Name*  
*Applicant or Authorized Representative*

\_\_\_\_\_  
*Signature*

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

Eric Estoos, ERE Holdings, LLC

\_\_\_\_\_  
*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

## **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 proposed 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.

#### **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.