



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

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Dept of Ecology
Central Regional Office

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

Section 1. APPLICANT

Applicant/Business Name: Roza Irrigation District/ Sage Park, Policy Director	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):	Phone No:	Other No:
Relationship to Applicant:		
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
New Suncadia Bank				

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:

Emergency Drought Authorization No. S4-33335-24

Section 3. WELL INFORMATION

A) Location - Legal Description

Parcel No.	1/4	1/4	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: _____

Section 5. PROPOSED USE AND WATER QUANTITY UNDER THIS APPLICATION

Parcel Number	Proposed Irrigated Acres	Crop Type	Irrigation Type (drip, sprinkler, etc.)
	By Kelsey Collins:		
	Per conversation with Sage and according to		
	the WTWG project form, Roza proposes		
	to divert up to: mitigated by Suncadia's water rights		
	<u>Total</u> Up to 978 ac-ft		in Teanaway, First, Swank

Section 6. DRIVING DIRECTIONS

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

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)

3/20/25

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