



## PRE-APPLICATION WORKSHEET COLUMBIA RIVER WATER MANAGEMENT PROGRAM GRANT FUNDING PROGRAM

Project Name: \_\_\_\_\_

County: \_\_\_\_\_

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS\*\***

| <b>1. Applicant Information:</b>                  |                    |                  |
|---|--------------------|------------------|
| APPLICANT/BUSINESS NAME                           | PHONE NO.<br>(   ) | FAX NO.<br>(   ) |
| ADDRESS   |                    |                  |
| CITY  | STATE              | ZIP CODE         |
| EMAIL ADDRESS                                     |                    |                  |
| WATER RIGHT HOLDER NAME (IF OTHER THAN APPLICANT) | PHONE NO.<br>(   ) | FAX NO.<br>(   ) |
| ADDRESS   |                    |                  |
| CITY  | STATE              | ZIP CODE         |

**2. Project Type** (CHECK ALL THAT APPLY)

- CONSERVATION AND/OR INFRASTRUCTURE IMPROVEMENT (PUMPS AND PIPES)
- SURFACE STORAGE OR ASR (AQUIFER STORAGE AND RECOVERY) PROJECT
- FEASIBILITY STUDY
- CONSTRUCTION
- OPERATIONS AND MAINTENANCE/ ANNUALIZED FUNDING
- OTHER

PLEASE DESCRIBE YOUR PROJECT

|  | YES                      | NO                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| DO YOU ALREADY HAVE A DIVERSIONARY RIGHT? (IF YES, ATTACH)               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DO YOU HAVE A STORAGE RIGHT? (IF YES, ATTACH. IF NO, ATTACH APPLICATION) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DO YOU HAVE A SECONDARY USE PERMIT? (IF YES ATTACH)                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HAVE YOU COMPLETED A FEASIBILITY STUDY? (EXPLAIN STATUS BELOW)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

USE THE BOX BELOW TO MAKE ANY OTHER COMMENTS REGARDING THE PROJECT AND WATER RIGHTS INVOLVED

**3. Water Right Information: (Attach copy of Water Right document)**  
**(Skip this section if this application is for Feasibility Report funding)**

|   |                     |                   |
|---|---------------------|-------------------|
| WATER RIGHTS HOLDER NAME (IF OTHER THAN APPLICANT)  | PHONE NO:<br>(    ) | FAX NO:<br>(    ) |
| ADDRESS   |                     |                   |
| CITY  | STATE               | ZIP CODE          |
| COMPLETE LEGAL DESCRIPTION OF THE PROPERTY APPERTAINED TO THIS WATER RIGHT  |                     |                   |
| WATER RIGHT NUMBER IF APPLICABLE  |                     |                   |
| PARCEL NUMBER ASSOCIATED WITH THIS WATER RIGHT  |                     |                   |
| DO YOU OWN THE PROPERTY PROPOSED FOR THIS PROJECT? EXPLAIN.   |                     |                   |
| IF THE GRANT APPLICANT IS NOT THE SAME PERSON AS THE WATER RIGHT HOLDER PLEASE EXPLAIN THE REASON.                        |                     |                   |
| PLEASE LIST THE NAME OF THE PHYSICAL SOURCE OF THIS WATER. (STREAM NAME)  |                     |                   |
| ARE THE POINTS OF DIVERSION AND/OR WITHDRAWAL AND PLACE OF USE CONSISTENT WITH THE WATER RIGHT? PLEASE EXPLAIN IN DETAIL. |                     |                   |
| IS YOUR WATER RIGHT SUBJECT TO CURTAILMENT, DUE TO PRIORITY DATE OR TO INTERRUPTION, DUE TO AN EXISTING INSTREAM RIGHT?   |                     |                   |

## 4. Water Usage

HAS WATER BEEN PUT TO BENEFICIAL USE IN THE PAST 5 YEARS? DESCRIBE THAT USE IN TERMS OF THE SPECIFIC BENEFICIAL USE. (PLEASE ATTACH ANY AVAILABLE DOCUMENTATION THAT WILL VERIFY THE LAST FIVE YEARS DURING THAT PERIOD. INCLUDE AERIAL PHOTOGRAPHS, POWER COMPANY RECORDS, FLOW METER RECORDS, CROP TYPE RECORDS, NRCS DOCUMENTATION OR FSA RECORDS)

YES

NO

I DON'T KNOW

AS BENEFICIAL USE OF THIS WATER CEASED FOR A PERIOD OF FIVE OR MORE YEARS DURING ANY PERIOD SINCE 1967?

YES

NO

PLEASE DESCRIBE THE BENEFICIAL USE FOR THE WATER QUANTIFIED UNDER THE WATER RIGHT DISCUSSED ABOVE DESCRIBE THE FOLLOWING: PURPOSE (DOMESTIC, IRRIGATION, MUNICIPAL, ETC.); SYSTEM TYPE; IF IRRIGATION, DESCRIBE CROP TYPE USE.

QUANTIFY AS NEARLY AS POSSIBLE CURRENT WATER USE

INSTANTANEOUS RATE (QI) OF USE: \_\_\_\_\_ CFS

ANNUAL RATE (QA) OF USE \_\_\_\_\_ ACRE FEET

HISTORIC BENEFICIAL USE QUANTITY OF THE WATER RIGHT (HIGHEST OF THE LAST 5 YEARS/ IRRIGATION SEASONS IN INSTANTANEOUS AND ANNUAL QUANTITIES)

CFS \_\_\_\_\_ AF \_\_\_\_\_

IF IRRIGATION, HOW MANY ACRES ARE IRRIGATED UNDER THIS WATER RIGHT?

ARE THERE OTHER WATER RIGHTS ASSOCIATED WITH THIS SPECIFIC WATER RIGHT?

IN ORDER TO PROCESS THIS PRE-APPLICATION ECOLOGY REQUIRES THE FOLLOWING INFORMATION: (PLEASE ATTACH COPIES OF APPROPRIATE INFORMATION, DATA SHEETS AND/OR MAPS)

- POWER DATA (CONTACT LOCAL POWER UTILITY FOR PUMP RECORDS, ETC.)
- HISTORICAL CROP TYPE DATA (CONTACT LOCAL FSA OFFICE)
- FLOW METER RECORDS (CONTACT LOCAL POWER UTILITY)
- AERIAL PHOTOS (CONTACT LOCAL FSA OFFICE)

## 5. Signatures

*I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me. I also understand that I may rescind this application at any time prior to signing the Agreement with no other obligations or requirements.*

\_\_\_\_\_  
(Applicant/ Grant Recipient)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

\_\_\_\_\_  
(Water Right Holder)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

\_\_\_\_\_  
(Land Owner(s) of Existing Place of Use)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

For further information contact: