

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: A63-07717
Date Received: 2/22/1990
Receipt No: W009443
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: SUNNYRIDGE SUB. WELL LOT #2 ASSN. 208-467-5964
Address: C/O CRAIG CASTAGNETO
4102 IVY DR.
NAMP, ID 83686

2. Date of Priority: FEB 02, 1973

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
02N	02W	10	NE	NW			CANYON

5. Description of diverting works:
125' DEEP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	03/15	11/15	0.200		45.00
DOMESTIC	01/01	12/31	0.760		12.00
FIRE PROTECTION	01/01	12/31	0.760		

7. Total Quantity Appropriated is:
0.760 C.F.S. (and/or) 57.00 A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
02N	02W	10	NE	NW		IRR	10.0

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THE SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

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Date Received: 2/15/1990
Receipt No: _____
Received By: _____

RECEIVED
FEB 22 1990

Department of Water Resources
Western Regional Office

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

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02N	02W	10	NE	NW		IRR	10.0

Section Acres 10.0

A63-07717

Page 1

Date: 02/15/90

MICROFILMED

AUG 21 1992

10. Place of Use: Continued

Total Acres 10.0

11. Place of use in counties: CANYON

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
 NONE

14. Remarks:
 Domestic use is for 20 homes.
 2 points of diversion located in NENW, S10, T2N, R2W.
 ACCORDING TO MR. CASTAGNETO THERE IS ONLY ONE WELL AS POINT OF
 DIVERSION.

15. Basis of Claim: LICENSE

16. Signature(s)

(a.) By signing below, I/~~we~~ acknowledge that I/~~we~~ have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/~~we~~ do _____ do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

For Organizations:

I do solemnly swear or affirm that I am President of Sunny Ridge Subdivision Well Lot #2 Assoc. that I have signed the foregoing document in the space below as President of Sunny Ridge Subdivision Well Lot #2 Assoc. and that the statements contained in the foregoing document are true and correct.

Mary M. Cortez
Signature of Authorized Agent
President - Sunny Ridge Subdivision Well Lot #2 Assoc
Title and Organization

15 Feb 1990
Date

State of Idaho)
County of Ada) SS.

Subscribed and sworn (or affirmed) before me this 5 day
of Feb 19 90

Linda Werner
Notary Public

Seal

LINDA WERNER
Residing at RESIDING AT EAGLE IDAHO
My Commission Expires MY COMMISSION EXPIRES DEC. 8, 1994

SUNNY RIDGE SUBDIVISION NO. 10444

STATE OF IDAHO
COUNTY OF CANYON S.S.

I, RONALD M. BLANKLEY, a Registered Professional Engineer in and for said County and State do hereby certify that the survey of SUNNY RIDGE SUBDIVISION NO. 1 in Canyon County, Idaho, as described on the back of this plat was made by me or under my direction and that this plat correctly shows the survey as made.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 16th day of August A.D. 1972.



STATE OF IDAHO
COUNTY OF CANYON S.S.

On this 16th day of August A.D. 1972, before me, a Notary Public in and for said County and State, personally appeared Ronald M. Blankley, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 16th day of August A.D. 1972.

NOTARY PUBLIC *Ronald M. Blankley*

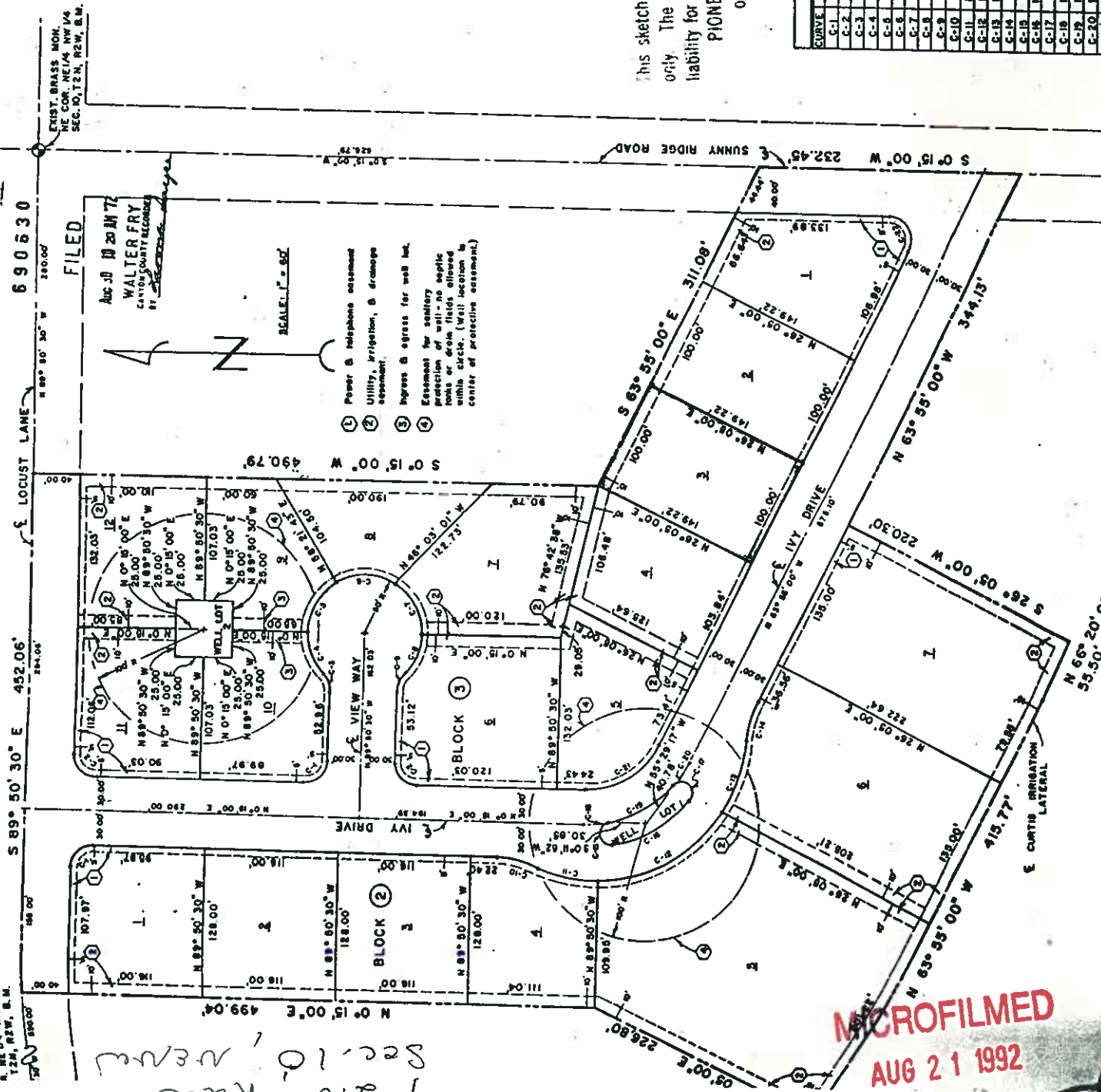
Residing at *Calhoun Idaho*

My Commission expires *2-25-78*

This sketch is for location purposes only. The Company assumes no liability for variations.

PIONEER TITLE COMPANY
of Canyon County

CURVE	RADIUS	ANGLE	TAN	LENGTH	CHORD	BEARING	COORD.
C-1	20.00	90° 03' 30"	20.03	31.43	28.31	S 44° 47' 45" E	5 44° 47' 45" E
C-2	20.00	89° 54' 30"	19.97	31.38	28.26	S 45° 12' 15" E	5 45° 12' 15" E
C-3	20.00	44° 30' 28"	8.17	15.50	5.12	N 67° 27' 02" E	N 67° 27' 02" E
C-4	50.00	44° 30' 28"	20.45	38.84	37.87	N 67° 27' 02" E	N 67° 27' 02" E
C-5	50.00	60° 00' 00"	28.87	52.38	50.00	S 59° 45' 00" E	S 59° 45' 00" E
C-6	50.00	60° 00' 00"	28.87	52.38	50.00	S 59° 45' 00" E	S 59° 45' 00" E
C-7	50.00	60° 00' 00"	28.87	52.38	50.00	S 59° 45' 00" E	S 59° 45' 00" E
C-8	50.00	44° 30' 28"	20.31	38.68	37.12	N 67° 27' 02" E	N 67° 27' 02" E
C-9	20.00	44° 30' 28"	8.17	15.50	5.12	N 67° 27' 02" E	N 67° 27' 02" E
C-10	80.00	23° 57' 35"	16.98	33.45	33.21	S 11° 13' 48" W	S 11° 13' 48" W
C-11	130.00	23° 57' 35"	29.58	57.73	57.27	S 11° 13' 48" W	S 11° 13' 48" W
C-12	130.00	23° 57' 35"	29.58	57.73	57.27	S 11° 13' 48" W	S 11° 13' 48" W
C-13	130.00	23° 57' 35"	29.58	57.73	57.27	S 11° 13' 48" W	S 11° 13' 48" W
C-14	80.00	23° 57' 35"	16.98	33.45	33.21	S 11° 13' 48" W	S 11° 13' 48" W
C-15	100.00	43° 40' 50"	42.11	78.71	77.12	N 31° 29' 52" W	N 31° 29' 52" W
C-16	100.00	43° 40' 50"	42.11	78.71	77.12	N 31° 29' 52" W	N 31° 29' 52" W
C-17	100.00	13° 34' 10"	11.90	23.68	23.63	S 6° 32' 05" E	S 6° 32' 05" E
C-18	100.00	13° 34' 10"	11.90	23.68	23.63	S 6° 32' 05" E	S 6° 32' 05" E
C-19	100.00	13° 34' 10"	11.90	23.68	23.63	S 6° 32' 05" E	S 6° 32' 05" E
C-20	100.00	13° 34' 10"	11.90	23.68	23.63	S 6° 32' 05" E	S 6° 32' 05" E



MICROFILMED
AUG 21 1992

AG-07717

TAN
RAW
Sec. 10, N 1/4

05/24/2006

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 63-7717

NAME AND ADDRESS: SUNNYRIDGE SUB WELL LOT #2 ASSN
C/O CRAIG CASTAGNETO
4102 IVY DR
NAMPA ID 83686

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.760 CFS
57.000 AFY

PRIORITY DATE: 02/02/1973

POINT OF DIVERSION:

T02N R02W S10 NENW Within CANYON County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
DOMESTIC	1/01 12/31	0.760 CFS 12.00 AFY
FIRE PROTECTION	1/01 12/31	0.760 CFS
IRRIGATION	3/15 11/15	0.200 CFS 45.00 AFY

Domestic use is for 20 home.

The use of water for irrigation under this right may begin as early as March 1, provided other elements of the right are not exceeded. The use of water before March 15 under this remark is subordinate to all water rights having no subordinated early or late irrigation use and a priority date earlier than the date a partial decree is entered for this right.

PLACE OF USE: IRRIGATION Within CANYON County

T02N R02W S10 NENW 10.00

DOMESTIC same as IRRIGATION
FIRE PROTECTION same as IRRIGATION

10 ACRES TOTAL

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

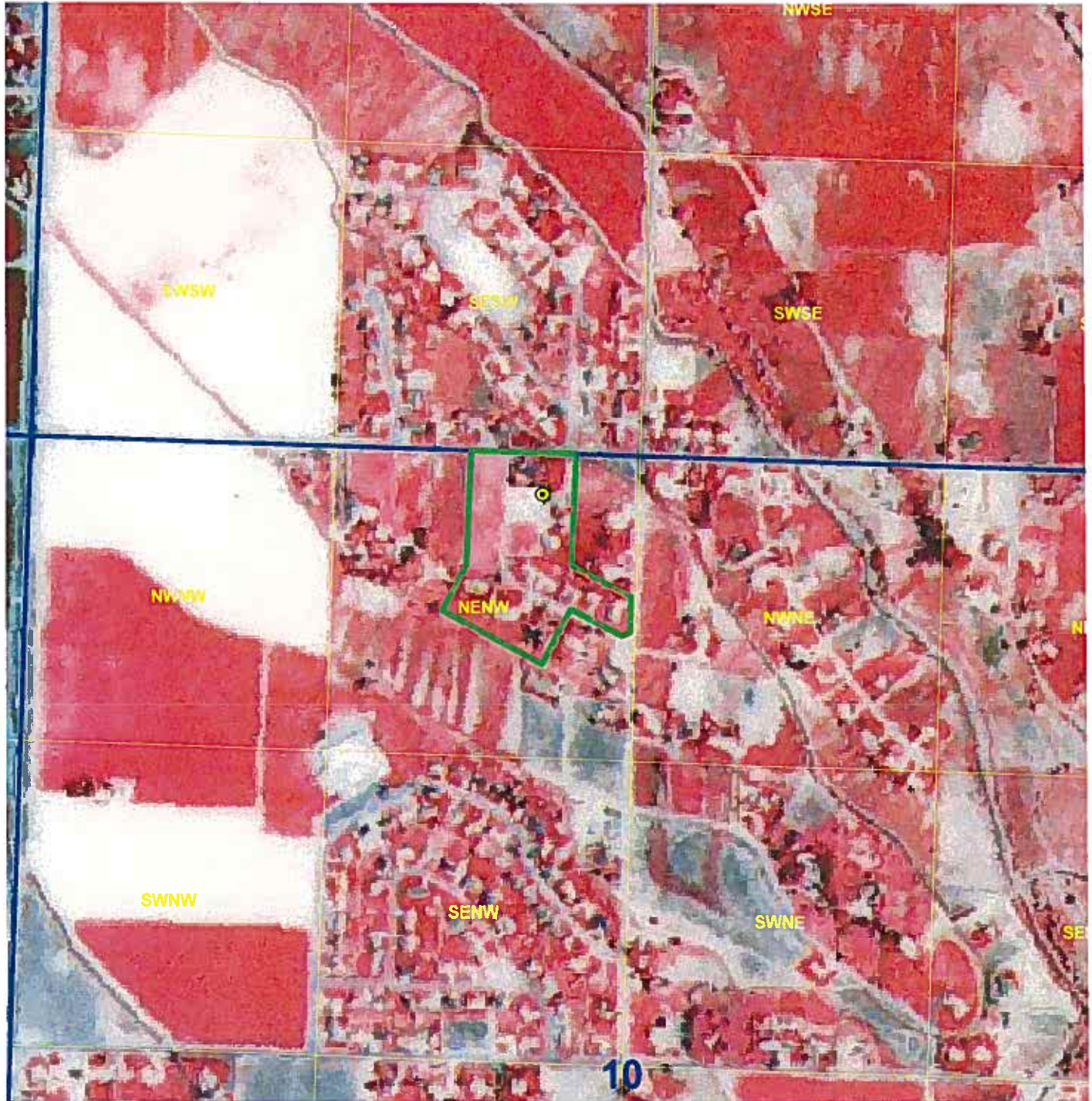
EXPLANATORY MATERIAL: BASIS OF CLAIM - License



Idaho Department of Water Resources

63-7717

T02N R02W S10



- Point of Diversion
- Place of Use
- Sections
- Quarter Quarter

Total irrigated
acres = 10



500 0 500 Feet

IDWR
Prepared by: Sandy Egbert
Date: May 24, 2006
1987 NAAP Photography

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM POU REVIEW REPORT
ADJUDICATION CLAIM NUMBER: 63-7717

04/10/2006

1

Water Right #	Type	Twp	Rge	Sec	QQ	Q	Lot	Purpose of Use	Acres/Total	Name
~~63-7449~~	Claim	02N	02W	10	NE	NW		IRRIGATION	3/10	NAMPA SCHOOL DISTRICT # 131
~~63-7717~~	Claim	02N	02W	10	NE	NW		IRRIGATION	10/10	SUNNYRIDGE SUB WELL LOT #2 ASSN
~~63-20693~~	Claim	02N	02W	10	NE	NW		IRRIGATION	1/1	KENNETH R POLLARD
~~63-7717~~	Water Right	02N	02W	10	NE	NW		IRRIGATION	10/10	LEONARD FLETCHER
~~63-7449~~	Claim	02N	02W	10	NE	NW		DOMESTIC		NAMPA SCHOOL DISTRICT # 131
63-20693	Claim	02N	02W	10	NE	NW		DOMESTIC		KENNETH R POLLARD
63-21203	Water Right	02N	02W	10	NE	NW		DOMESTIC		MARY LEE OPP

no overlaps

Field Exam Date 5/10/200

WATER RESOURCES
WESTERN REGION

- ☐ Copy of Claim, claim has been signed, sealed, and dated by notary?
- ☐ Check fees paid
- ☐ Well logs (if needed)
- ☐ Copy of topo or NAPP
- ☐ Check of Govt. Lots, if needed, Govt. Plat/Tax lot information
- ☐ Check POD & POU overlap, see below – include overlapping right for exam
- ☐ Evidence of Priority – if none, talk with claimant

Claim No(s) 63-7717

Owner: Sunnyridge Sub Phone No. (208) 467-5964

Current Address: 1/2 Craig Castagneto 4102 Ivy Dr., Nampa, Id 836

- ☒ No change NAME IS THE SAME
☐ NEW OWNER

- ☒ No change Address

NEW ADDRESS

□ How long owned property? 2-2-1973 (well drilled for subdivision)

Accompanied by: John White, Certified water operator

PRIORITY DATE 4009 Ivy Dr., Nampa, Id. 83686 (208) 989-935

- ☒ No change – Complete evidence submitted or not necessary
- ☐ Incomplete – Claimant should be asked when water was first used and submit proof of date.
- ☐ Priority date is acceptable/within mandatory filing dates?

Priority date, per claimant, is: 2-2-1973 date on claim

(If priority date, based on your exam, seems questionable, explain below.)

well shows being completed 6/28/1973 (currently abandoned + capped inside pump house) ~~Well log for first~~

Source: groundwater Tributary to —

- ☒ No Change –SAME SOURCE
☐ Source found is different than claimed:

☒ No change

- ☐ POD found is different than claimed:
- ☐ If different, when did POD change?

DIVERSION AND DELIVERY SYSTEM

Points of Diversion **only one well*

DEQ tag#
200066661

ID #	Govt Lot #	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Method of Determination/Remarks GPS ID
			NE	NW	10	2N	2W	Canyon	43.531.394
									116.564439

From DEQ:
43.531.394
116.564439

Description of diverting works

well 12" casing, 91' deep, 4" discharge (steel) to 4" PVC main running down middle of road of subdivision, 58 psi, water used OVERLAP REVIEW for internal/external use for 15 houses.

Other water rights with the same point of diversion: *None*

Does overlap add acres or uses to existing system, increase rate of flow or volume, or other? Explain:

WATER USES

☒ No change *same uses, but different amounts. See attachment*
☒ Different Uses

Use *Domestic* From *1/1* To *12/31* Amount *0.18* CFS AFA
 Use *Fire Protection* From *1/1* To *12/31* Amount *0.18* CFS AFA
 Use *Irrigation* From *3/15* To *11/15* Amount *0.14* CFS AFA

TOTAL VOLUME – Groundwater only

- ☐ Incomplete on claim, the total is, Amount _____ CFS _____ AFA
- ☐ Changes found, the new total is, Amount _____ CFS _____ AFA
- ☐ More than 1" per Acre? Yes _____ (claimant must complete excess flow sheet)

NON-IRRIGATION USES:

- ☒ No change
- ☐ Changes Exam found: Domestic # of homes _____ Stock # _____
- Types _____ Additional comments: _____

PLACE OF USE:

- ☒ No Change
- ☐ Changes shown below:

Place of Use			NE				NW				SW				SE				Totals
TWP	RGE	SEC	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
No changes																			

Overlap with other water rights: None

Does overlap increase rate of flow, volume, additional acres, different source for same acres? Explain:

Delivery System Narrative: 12" casing well, 4" discharge to 1,000 gallon hydro-pneumatic bladderless tank utilized for pressure + storage, 53 psi, discharges to 4" PVC main running down the middle of View Drive + Ivy Dr. Reduces to 2" PVC, then 1" PVC to the 15 homes. Used year-round for internal, external (up to 1/2 acre yard) + fire protection. Each yard has its own individual type sprinkler system installed. (Beneficial use application stated 3" pipe for fire hose hook-up)

Well or Diversion Identification No GPS ID	Motor Make	Hp	Motor Serial No. model #	Pump Make	Pump Serial No. or Discharge size
E0006661	Franklin Electric	20	2366049020	—	4" steel to PVC
	submersible				

FLOW MEASUREMENTS:

Attach appropriate documents

NARRATIVE/REMARKS/COMMENTS

Directions: I-84, South 12th Street (Nampa), past Greenhurst, East (left) on Locust, South (right) on Ivy Dr.

Average lot sizes: 1/3 - 1/2 acre

Average house size: 1500 - 2200 sq. ft.

No supplemental water. They signed off on it years ago & only use groundwater.

10" casing well inside pump house was legally abandoned & capped. Well the system uses is located directly outside the pump house to the north (located between 626 and 622 View Dr.)

This water system is a regulated public water system under the jurisdiction of Southwest District Health Dept. (SWDHD). A copy of the Enhanced Sanitary Survey (ESS) is attached.

The wells (both the active, abandoned, ^{well} + pump house) are located on Lot #2. Well Lot #1 was never structured (per ESS). It is still vacant in the event they need to drill another well.

Per the ESS + system operator, Sunnyside Subdivision has 15 connections (houses). This subdivision is totally developed. Connections information is updated by DER for their use assessments, + was confirmed by John White.

AFTER EXAM THE FILE SHOULD CONTAIN:

- ☒ Completed claim checklist
- ☒ Photographs of POD's and POU
- ☒ GPS readings
- ☒ Completed map and or GIS layout showing POD's and POU

DATE EXAM CONDUCTED: 5-11-2006

FIELD EXAMINER: Judy Hemenway

Claim No. and Name: A63-7717 Sunnyridge Subdivision

Inspection Date: 5/10/2006

Field Inspector: Sandy Hemenway

Measurements/Calculations:

Well Capacity (for active well on the system--other well abandoned/capped)

250 gpm (information taken from well log) X 0.00223 = 0.5575 = **0.56 cfs**

Information Gathered:

10 acres; 15 houses at 1500-2200 sq ft in size; lot size 1/3-1/2 acre

10 acres total making up the subdivision for Sunnyridge Subdivision (subtract out road to make up difference)

10 acres / 15 houses = **0.66 acre lot average** (not subtracting out main road going through subdivision)

Domestic Use: 1/1 - 12/31

Exhibit 12 Internal Use: 15 houses = **0.18cfs**

Fire Protection Use: 1/1 - 12/31

Same as Domestic Use

Irrigation Use: 3/15 - 11/15

1 acre = 43,560 sq ft, 1/2 acre = 21,780 sq ft

Using 1500 sq ft home

21,780 - 1500 = 20,280 X 15 houses = 304,200/43560 = 6.98 = 7.0 acres irrigated

7 acres x 0.02cfs = **0.14 cfs**

Season 3/15 - 11/15 = 246 days

Required V.i.r = allowable acres under permit x requirement IDWR chart (figure 2)=

7.0 acres x 3.5 = **24.5 afa**

Potential V.d.r. = max. allowable cfs x permit season x 1.9835 =

0.140 x 246 x 1.9835 = 68.31 = **68.3 afa**



POD in
Comparison
to pump
house
(north side)

10/05/2006



pump
house
located betw
626 + 627
View Dr.
(south side)

POU
Sunnyridge
Subdivision
(PWS#
3140119
regulated by
SWDHD)
15 connect
(housesa)

10/05/2006

63-7717 Sunnyridge Subdivision
5/10/2006 S.H.



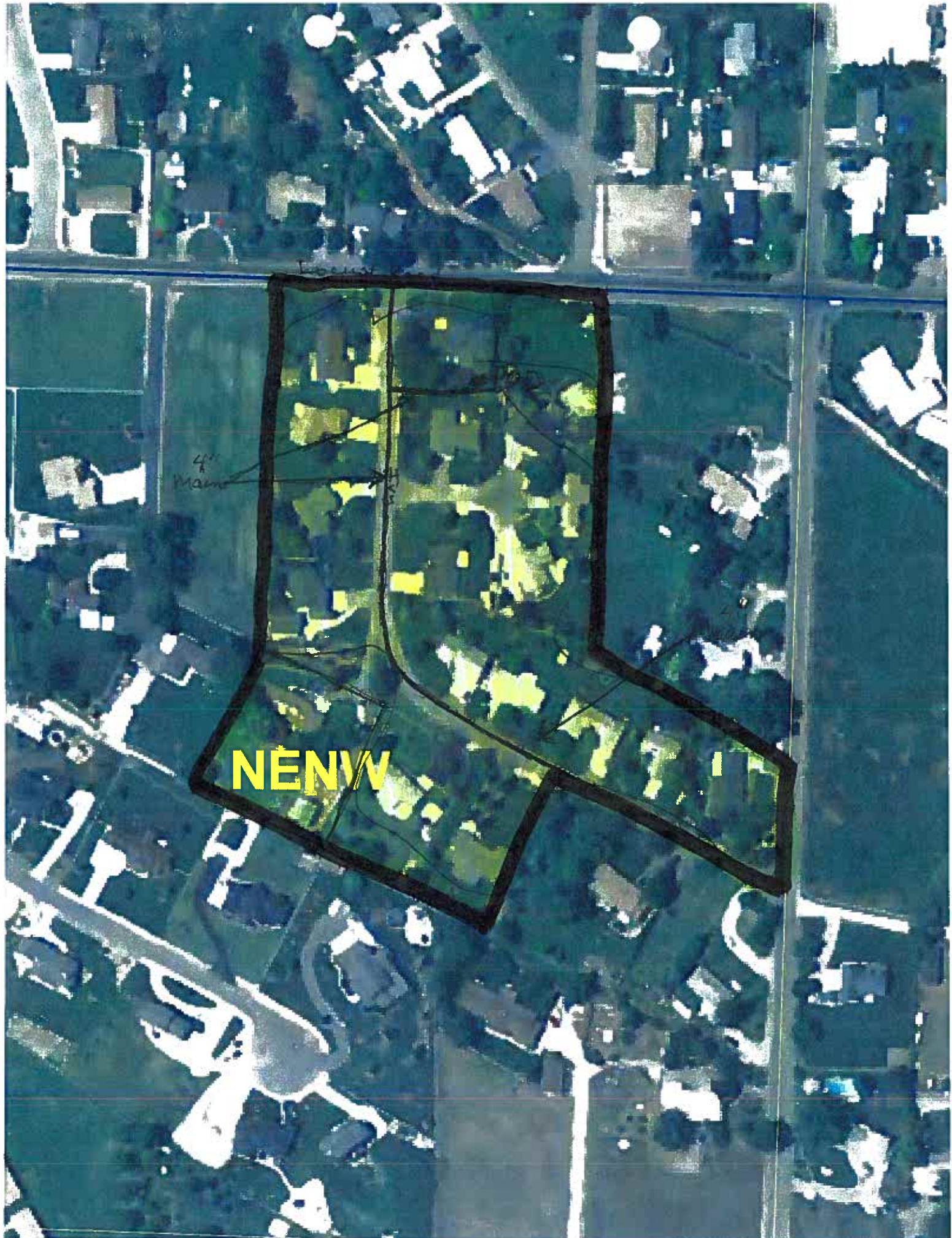
58 psi
1000 gallo
tank
(hydro-pneum
- bladder)

10" casing
345' deep
* unused
abandoned
+ capped
well
drilled +
completed
6/28/1973
by
Broomfield



POD
well #1
12" casing
91' deep
6" concrete
slab, casing
12" total
above groun
level
250 gpm
drilled/comp
9/7/74 by
Broomfield

63-7717 Sunnyside Subdivision
5/10/2006 S.H.



63-7717 Sunnyside Subdivision

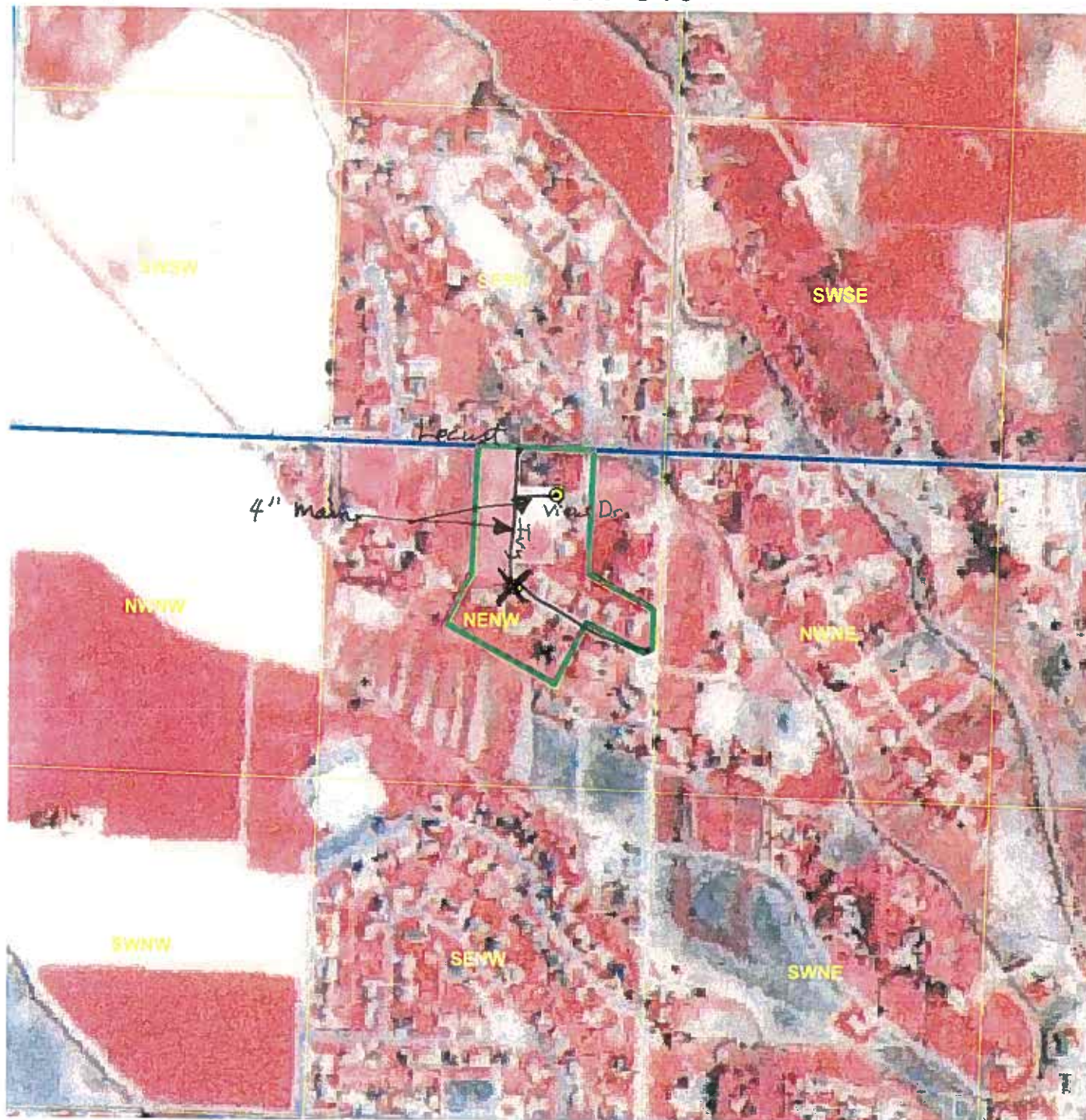
■ = POU (omitting road + houses)



Idaho Department of Water Resources

63-7717

T02N R02W S10



- Point of Diversion
- Place of Use
- Sections
- Quarter Quarter



700 0 700 Feet

IDWR

Prepared by: Sandy Egbert

Date: April 14, 2006

1987 NAAP Photography



Southwest District Health

920 Main St. • Caldwell, Idaho 83605 • (208) 455-5300 • Fax (208) 454-7722

1008 E. Locust
Emmett, ID 83617
208/365-6371

824 S. Diamond
Nampa, ID 83686
208/442-2806

1155 3rd. Ave. N.
Payette, ID 83661
208/642-9321

46 W. Court St.
Weiser, ID 83672
208/549-2370

Administration
455-5317

Environmental
Health
455-5400

Family Health
455-5395

General Support
455-5307

Nutrition and
Health Promotion
455-5343

October 24, 2005

John C. White
Sunnyridge #1 Subdivision PWS 3140119
4009 Ivy Drive
Nampa, ID 83686

Subject: Enhanced Sanitary Survey conducted on October 19, 2005

Dear Mr. White:

A copy of the Enhanced Sanitary Survey form, the photo log and photos for Public Water System ID3140119 is enclosed with this mailing for your records. Attached, you will find a list of the required and/or recommended improvements for your system.

Pursuant to IDAPA 58.01.08.302.03, the water system must respond in writing not later than forty-five (45) days after receipt of the sanitary survey report describing how and on what schedule the system will address significant deficiencies identified in the survey.

For all new water systems or modifications to existing water systems, an engineering report shall be submitted for the Department's review and approval prior to or concurrent with the submittal of plans and specifications as required in Subsection 551.04, pursuant to IDAPA 58.01.08.551.01.

Prior to construction of new public water supply systems or modifications or existing public water supply systems, plans and specifications must be submitted to the Department for review, and approved, pursuant to IDAPA 58.01.08.551.04.a.

This system will be in substantial compliance with regulations if the requirements of this survey are implemented. Thank you for your time and cooperation in the completion of this survey. If you have any questions, please contact Jami Delmore at the SWDH at (208) 455-5403.

Sincerely,

Jami Delmore
REHS/RS

Enclosures: Enhanced Sanitary Survey Inspection Forms
Photo Log and Photos

cc: Steve Staufer, DEQ-BRO

720-8518

October 24, 2005

Sunnyridge #1 Subdivision

PWS 3140119

Enhanced Sanitary Survey conducted on October 19, 2005

You will find a list of the significant deficiencies and/or recommendations for your system summarized below:

Significant

General Information:

Sub. RIC Certification: When the Responsible in Charge (RIC) Operator was not available, a Substitute Responsible in Charge (Sub. RIC) Operator was not designated to take over the PWS responsibilities and/or the Sub. RIC is not properly certified, having equal to or greater certification than the classification of the drinking water system, as required by IDAPA 58.01.08.554.03.

Note: I was unable to find Craig Castagneto's name listed as being current on the water licensure. If he is current, please send a copy of his certification.

Groundwater:

#13: The well casing for groundwater source "Well 1 E0006661" does not extend 18 inches above the final ground surface and/or 12 inches above the well house floor, as required by IDAPA 58.01.08.550.03.1.i. There is a low potential for the casing to be covered by water during a flooding event. The casing height requirement will be reevaluated every time an ESS is conducted.

Note: No further response is needed on this issue at this time.

#15: The groundwater source "Well 1 E0006661" does not have a watertight seal at the top of the well casing, as required by IDAPA 58.01.08.550.03.1.iii.

Note: The seal is missing two bolts.

#17: The discharge pipe for groundwater source "Well 1 E0006661" does not provide a sample tap pursuant to IDAPA 58.01.08.550.03.g, or the sample tap that is used to collect bacteria samples is not of the smooth-nosed type without interior or exterior threads and/or is a mixing facet and/or is an aerator and/or has a screen, as required by IDAPA 58.01.08.550.01. which incorporates by reference the Recommended Standards for Water Works 2.10.

Note: A threaded sample tap is approved if it is provided with an appropriate backflow prevention device. In this case an atmospheric vacuum breaker is acceptable.

#24: The well house for groundwater source "Well 1 E0006661" does not have a locked door or access to prohibit unauthorized entry, as required by IDAPA 58.01.08.550.03.m.ii. and IDAPA 58.01.08.550.01 which incorporates by reference the Recommended Standards for Water Works 2.19.

Note: The door has a lock, but is unused due to lack of keys. The operator needs to have a key available to him.

#25: All threaded non-sample taps installed in the well house are not equipped with an appropriate backflow prevention device, as required by IDAPA 58.01.08.550.03.g.

Note: The other taps in the well house need to be fitted with atmospheric vacuum breakers for when hoses are attached to them.

#26: An electrical fan or automated air flow system is not provided in the well house to remove excess heat and moisture during peak summer temperatures, as required by IDAPA 58.01.08.550.03.m.i. At the time of the inspection there was no evidence of excessive heat and/or moisture. The requirement of ventilation will be reevaluated every time an ESS is conducted.
Note: No further response is needed on this issue at this time.

Distribution:

#13: All dead end water mains are not equipped with a means to flush, as required by IDAPA 58.01.08.550.06.j. and IDAPA 58.01.08.550.01 which incorporates by reference the Recommended Standards for Water Works 8.2.4.b.

#17: (Community PWSs Only) There is no cross connection control program for the PWS, as required by IDAPA 58.01.08.550.07, and IDAPA 58.01.08.550.01 which incorporates by reference the Recommended Standards for Water Works 8.10.1.

Note: A copy of the Cross Connection Control manual is included. It discusses various plans for community systems to implement a cross connection control program.

Hydropneumatic Tanks:

#3: The hydropneumatic tank(s) can not be isolated from the system, as required by IDAPA 58.01.08.550.01 which incorporates by reference the Recommended Standards for Water Works 7.2.3.

Note: When it comes time to replace the tank, a by-pass would need to be installed.

#9.e: The hydropneumatic tank(s) does not have a water sight glass, as required by IDAPA 58.01.08.550.01 which incorporates by reference the Recommended Standards for Water Works 7.2.4.

Note: This will only need to be added if extensive work had to be done to the pressure tank.

Pumping:

#11: There is no auxiliary power on-site for the pump, as required by IDAPA 58.01.08.550.01 which incorporates by reference the Recommended Standards for Water Works 2.6. and 6.6.6. According to the operator, the power outages experienced by the system are of minimal frequency and duration that auxiliary power will not be required. The need for auxiliary power on-site will be reevaluated every time an ESS is conducted.

Note: No further response is needed on this issue at this time.

Managerial Capacity:

#10: There is no total coliform rule (TCR) sample site plan, as required by IDAPA 58.01.08.002.02.a. which incorporates by reference Federal Regulation 40 CFR 141.21

#11: The total coliform rule (TCR) sample site plan does not meet the minimum requirements, as required by IDAPA 58.01.08.002.02.a. which incorporates by reference Federal Regulation 40 CFR 141.21.

Note: The taps observed for sampling are not ideal taps to be sampling from. There should be four to five taps that are regularly tested. The well tap can be used twice a year. The tap that is primarily used for sampling generally has a hose with sprayer attached. Since there is no backflow prevention device, this is not a good tap to sample. Remember an atmospheric vacuum breaker will not work properly if there is a sprayer attached.

#18: The Public Water System has water supply wells that are no longer being used that need to be abandoned, as required by IDAPA 37.03.09.025.12.a. The well owner is charged with maintaining and abandoning a well in a manner that will prevent waste and/or contamination of the ground water. Contact the Idaho Department of Water Resources for instructions on well abandoning.

Note: If the inactive well will not be used again in the future, you should be sealed off.

Recommendations

Distribution:

Water Line Materials: It is unknown what type of material the water lines are made of. DEQ recommends this information be identified and kept on record.

#7: DEQ recommends that all valves be exercised at least semiannually.

#8: DEQ recommends that a leak detection program be put in place and utilized.

#18: DEQ recommends the certified operator obtain training in cross connection control.

Financial Capacity:

#4: DEQ recommends the PWS provide and use an annual budget.

#11: DEQ recommends the water system management review the user fee, user charge, or rate system at least annually.

#13: DEQ recommends the water system management review financial reports at least monthly.

#14: DEQ recommends the PWS provide and use a capital budget.

#15: DEQ recommends the PWS produce and utilize a capital improvement plan.

Managerial Capacity:

#6: DEQ recommends that a routine maintenance schedule be established and adhered to.

#7: DEQ recommends that routine operation and maintenance records be kept and made readily available to the certified operator.

Sincerely,



Jami Delmore
Public Drinking Water Coordinator

State of Idaho Public Water System Enhanced Sanitary Survey

WATER SYSTEM INVENTORY INFORMATION

SURVEY DATE

PWS #

10/19/2005

(mm/dd/yyyy)

3140119

Name of Public Water System:

of Groundwater Sources: 2

of Storage Facilities: N/A

Sunnyridge #1 Subdivision

of Surface Water Sources: 0

Total Storage (gal): N/A

Date of Last Survey:

Health District: ☐ N/A

DEQ Region: ☒ N/A

County:

07/10/2002

PHD 3

Canyon

Number of Service Connections:

Residential Population:

Status:

Water Purchased From: ☒ N/A

Water Sold To: ☒ N/A

15

40

☒ Approved
☐ Disapproved

Name:
PWS #:

Name:
PWS #:

Owner Type:

Legal Entity:

Water System Classification:

Combined Source?

System Certification Class:

Seasonal Operation

Private

Homeowner's Association

☒ Community Water System
☐ Nontransient Noncommunity
☐ Transient Noncommunity - TNC

☐ Yes ☒ No
If yes, ☐ Well Fields
☐ Manifolds
Sources Manifolds:

VSWS

Dates:

☒ N/A

Date Open:

Date Closed:

Responsible Person in Charge (RIC):

(Identify Operator here for TNC PWS)

Legal Owner's Name:

☒ Mr. ☐ Ms. John C. White

Sunny Ridge Subdivision No. 1 Water Corporation Well #2

RIC Properly Certified? ☒ Yes ☐ No ☐ N/A-GW-TNC

Certification Level: VSWS ☐ N/A

Mailing Address:

4009 Ivy Drive

4009 Ivy Drive

City, State, Zip Code:

Telephone

City, State, Zip Code:

Telephone

Nampa, ID 83686

Day: 208-989-9151

Nampa ID 83686

Day: 208.989.9151

Night:

Night:

Fax:

E-mail: billywarwagon@cs.com

Fax:

E-mail:

Substitute (RIC): ☐ No Sub. RIC Identified

☐ N/A

(N/A for GW-TNC PWS)

☒ Mr. ☐ Ms. Craig M. Castagneto

Individuals present during inspection:

Sub. RIC Certified? ☐ Yes ☒ No ☐ N/A-GW-TNC

Certification Level: ☒ N/A

Name: John White

Title: Operator

Mailing Address:

Name:

Title:

4102 Ivy Drive

Name:

Title:

City, State, Zip Code:

Telephone

Physical location of the PWS (Township, Range, Section):

Nampa ID 83686

Day: 208-467-5964

T2N R2W Section 10

Night:

E-mail:

Fax:

Samples taken at the time of survey by inspector?

☐ Yes ☒ No

If yes, what:

Survey performed by:

Name: Jami Delmore

Title: REHS/RS

Phone #: 208.455.5403

Agency:

☐ IDEQ

☒ Health Dept.

☐ Other: _____

General Information

- | yes | no | n/a | unk | note |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|---|
| ☒ | ☐ | ☐ | ☐ | 1. Have modifications been made to the PWS since the last ESS? |
| ☐ | ☒ | ☐ | ☐ | 2. If yes, are the modifications considered to be significant? |
| ☐ | ☐ | ☒ | ☐ | 3. If yes, were plans and specs submitted to and approved by DEQ? |

Comments:

Well casing had to be repaired and pump replaced twice.

Sanitary Survey Index

Modules used:	#
☒ General Information	1
☒ Groundwater Source	2
☐ Storage	
☒ Hydropneumatic Tanks	1
☒ Distribution	1
☒ Pumping	1
☒ Financial Capacity	1
☒ Managerial Capacity	1
☐ Treatment Application	
☐ Disinfection	
☒ Notes	1
☒ Photo Log	1
Total Modules	10

GROUNDWATER SOURCE

SURVEY DATE

PWS #

A separate sources form must be filled out for each groundwater source in the PWS.

10/19/2005

(mm/dd/yyyy)

3140119

Tag #: E0006661	Common Name of Source: Well 1	Source: ☒ Well ☐ Spring ☐ Infiltration Gallery	Is this Source Treated? ☐ Yes ☒ No
Physical Location: Well Lot 2 (well lot 1 was never structured)			Treatment Objective: ☒ N/A
			Treatment Types: ☒ N/A (Identify Treatment Train in Comments)
Is there a well log for the groundwater source? ☒ Yes ☐ No ☐ N/A ☐ Unk			
Pump Capacity (GPM) 230 ☐ Unk	Casing Size (In) 12 ☐ Unk	Date Drilled: 5/7/1974 ☐ Unk	Well Depth (Ft) 91 ☐ Unk
		Casing Depth (Ft) 57? ☒ Unk	Grout Depth(Ft) 41? ☒ Unk
			Static Water Depth 40 ☐ Unk
Is the Casing Screened? ☐ Yes ☐ No ☐ Unk ☐ N/A	Screen Depth (Ft): ☐ N/A ☐ Unk From: To:	Is the Casing Perforated? ☐ Yes ☐ No ☐ Unk ☐ N/A	Perforation Depth (Ft): ☐ N/A From: To:

Latitude (Decimal): 43.531394

Longitude (Decimal): 116.564439

(+) IF A GROUNDWATER SOURCE HAS BEEN DETERMINED TO FALL UNDER THE DIRECT INFLUENCE OF SURFACE WATER, THE SURFACE WATER SYSTEM INSPECTION RESULTS AND TURBIDITY SECTIONS MUST BE FILLED OUT IN ADDITION TO THE GROUNDWATER SYSTEM INSPECTION RESULTS SECTION.

GROUNDWATER SOURCE

1. This source is:

- ☒ Active ☐ Proposed
☐ Inactive ☐ Emergency (<60 days per year)

yes no n/a unk note
☒ ☐ ☐ ☐ ☐

2. Has there been a Source Water Assessment conducted for the source?

Date: 10/18/2002

3. Has a final GWUDI determination been done for this source?

Date: 9/22/1995

4. Is the well on a separate lot that is large enough to provide a minimum distance of 50 feet between the well and the nearest property line? (applicable if constructed after 11/1/77)

5. Is the well lot owned in fee simple by the supplier of water or controlled by lease with a term of not less than the useful life of the well?

6. Are the following minimum distances from the PWS well being met?

- Sewer line.....50 Ft.
- Individual home septic tank.....100 Ft.
- Individual home disposal field.....100 Ft.
- Individual home seepage pit.....100 Ft.
- Privies.....100 Ft.
- Livestock.....50 Ft.
- Canals, streams, ditches, lakes, ponds and tanks used to store nonpotable substances.....50 Ft.
- Any other potential source of contamination observed at time of inspection.....50 Ft.

7. Are pesticides, herbicides, fertilizers, portable containers of petroleum products, or other toxic or hazardous materials stored on the well lot?

8. Are pesticides, herbicides, or fertilizers applied to the well lot?

9. Is the well in a pit? If yes, Date constructed: _____

10. Was the well that is located in a pit installed after 11/5/64?

11. If pit was installed prior to 11/5/64 - Does the pit have water tight construction of pit walls and floor, a floor drain & an acceptable pit cover?

12. Is the source protected from unauthorized entry? (Recommended)

13. Does the casing extend a minimum of 18 inches above the final ground surface and/ or 12 inches above the well house floor?

14. Is the well vented with the open end of the vent screened and terminated downward at least 18 inches above the final ground surface?

15. Is the well cap sanitary seal properly installed and maintained?

16. Is the well cased and sealed in such a manner that surface water cannot enter the well?

COMMENTS:

(Please indicate question number)

The well's casing had to be worked on over the last year and some of the construction information may no longer be accurate.

13. The well is 6" over concrete pad and 12" above ground level.

15. The well seal is missing two bolts.

GROUNDWATER SOURCES PG. 2		Common Name Well 1	SURVEY DATE 10/19/2005	PWS # 3140119																																																																																																																																																																																										
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☐	☐	☒	☐	☐	42. Is the collector in sound condition and maintained as necessary?																																																																																																																																																																																									
			17. The sample tap is threaded and doesn't have a backflow prevention device on it. 24. The well house has a lock, but only Craig Castignetto has the key. The operator must leave it unlocked to access. 26. There is no indication that excess moisture or heat has been a problem in the well house.																																																																																																																																																																																											

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

Revised
6-27-74
D m

well 1

* well used

1. WELL OWNER

Name Leon and J. Letcher
Address Locust Lane, Mampa, Idaho
Owner's Permit No. 63-7717

7. WATER LEVEL

Static water level 40 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Temperature _____ ° F. Quality _____
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

8. WELL TEST DATA

☒ Pump ☐ Bailor ☐ Other

Discharge G.P.M.	Draw Down	Hours Pumped
<u>2.50</u>	<u>12</u>	<u>8</u>

3. PROPOSED USE

☐ Domestic ☐ Irrigation ☐ Test
☒ Municipal ☐ Industrial ☐ Stock

4. METHOD DRILLED

☒ Cable ☐ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 12 inches Total depth 91 feet
Casing schedule: ☐ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>2.50</u> inches	<u>12</u> inches	<u>+18</u> feet	<u>57</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

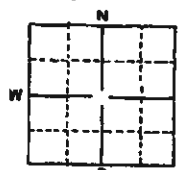
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☒ Yes ☐ NoManufacturer's name Johnson
Type S.S. Model No. HAO
Diameter 12 Slot size 20 Set from 78 feet to 88 feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feetGravel packed? ☐ Yes ☒ No Size of gravel _____
Placed from _____ feet to _____ feetSurface seal? ☒ Yes ☐ No To what depth 41 feet
Material used in seal ☐ Cement grout ☒ Puddling clay

6. LOCATION OF WELL

Sketch map location must agree with written location.

63  whCounty Canyon
NE 1/4 NW 1/4 Sec. 10 T. 2 N. 1/2 R. 2 E/W

10.

Work started April 18 finished May 7 1974

11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is true to the best of my knowledge.

Beal Brownfield 29
Driller's or Firm's Name Number
147 Mampa, Idaho
Address
Beal Brownfield 6/20/74
Signed by Date

GROUNDWATER SOURCE

SURVEY DATE

PWS #

A separate sources form must be filled out for each groundwater source in the PWS.

10/19/2005

(mm/dd/yyyy)

3140119

Tag #: None	Common Name of Source: Inactive well	Source: ☒ Well ☐ Spring ☐ Infiltration Gallery	Is this Source Treated? ☐ Yes ☒ No
Physical Location: Inside wellhouse on Well Lot 2 (Well lot 1 was never developed)			Treatment Objective: ☒ N/A
Is there a well log for the groundwater source? ☒ Yes ☐ No ☐ N/A ☐ Unk			Treatment Types: ☒ N/A (Identify Treatment Train in Comments)
Pump Capacity (GPM) 100 ☐ Unk	Casing Size (in) 10 ☐ Unk	Date Drilled: 6/28/1973 ☐ Unk	Well Depth (Ft) 395 ☐ Unk
		Casing Depth (Ft) 386 ☐ Unk	Grout Depth(Ft) 41 ☐ Unk
			Static Water Depth 38 ☐ Unk
Is the Casing Screened? ☒ Yes ☐ No ☐ Unk ☐ N/A	Screen Depth (Ft): ☐ N/A ☐ Unk From: 386 To: 395	Is the Casing Perforated? ☐ Yes ☒ No ☐ Unk ☐ N/A	Perforation Depth (Ft): ☒ N/A From: ☐ Unk To:
Latitude (Decimal): 43.531394			
Longitude (Decimal): 116.564439			
(+) IF A GROUNDWATER SOURCE HAS BEEN DETERMINED TO FALL UNDER THE DIRECT INFLUENCE OF SURFACE WATER, THE SURFACE WATER SYSTEM INSPECTION RESULTS AND TURBIDITY SECTIONS MUST BE FILLED OUT IN ADDITION TO THE GROUNDWATER SYSTEM INSPECTION RESULTS SECTION.			

GROUNDWATER SOURCE

1. This source is:

- ☐ Active ☐ Proposed
☒ Inactive ☐ Emergency (<60 days per year)

yes no n/a unk note

- | | | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|
| ☐ | ☒ | ☐ | ☐ | ☐ | 2. Has there been a Source Water Assessment conducted for the source?
Date: _____ |
| ☐ | ☒ | ☐ | ☐ | ☐ | 3. Has a final GWUDI determination been done for this source?
Date: _____ |
| ☒ | ☐ | ☐ | ☐ | ☐ | 4. Is the well on a separate lot that is large enough to provide a minimum distance of 50 feet between the well and the nearest property line?
(applicable if constructed after 11/1/77) |
| ☒ | ☐ | ☐ | ☐ | ☐ | 5. Is the well lot owned in fee simple by the supplier of water or controlled by lease with a term of not less than the useful life of the well? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 6. Are the following minimum distances from the PWS well being met? |
| ☒ | ☐ | ☐ | ☐ | ☐ | - Sewer line.....50 Ft. |
| ☒ | ☐ | ☐ | ☐ | ☐ | - Individual home septic tank.....100 Ft. |
| ☒ | ☐ | ☐ | ☐ | ☐ | - Individual home disposal field.....100 Ft. |
| ☒ | ☐ | ☐ | ☐ | ☐ | - Individual home seepage pit.....100 Ft. |
| ☒ | ☐ | ☐ | ☐ | ☐ | - Privies.....100 Ft. |
| ☒ | ☐ | ☐ | ☐ | ☐ | - Livestock.....50 Ft. |
| ☒ | ☐ | ☐ | ☐ | ☐ | - Canals, streams, ditches, lakes, ponds and tanks used to store nonpotable substances.....50 Ft. |
| ☒ | ☐ | ☐ | ☐ | ☐ | - Any other potential source of contamination observed at time of inspection.....50 Ft. |
| ☐ | ☒ | ☐ | ☐ | ☐ | 7. Are pesticides, herbicides, fertilizers, portable containers of petroleum products, or other toxic or hazardous materials stored on the well lot? |
| ☐ | ☒ | ☐ | ☐ | ☐ | 8. Are pesticides, herbicides, or fertilizers applied to the well lot? |
| ☐ | ☒ | ☐ | ☐ | ☐ | 9. Is the well in a pit? If yes, Date constructed: _____ |
| ☐ | ☐ | ☒ | ☐ | ☐ | 10. Was the well that is located in a pit installed after 11/5/64? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 11. If pit was installed prior to 11/5/64 – Does the pit have water tight construction of pit walls and floor, a floor drain & an acceptable pit cover? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 12. Is the source protected from unauthorized entry? (Recommended) |
| ☒ | ☐ | ☐ | ☐ | ☐ | 13. Does the casing extend a minimum of 18 inches above the final ground surface and/ or 12 inches above the well house floor? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 14. Is the well vented with the open end of the vent screened and terminated downward at least 18 inches above the final ground surface? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 15. Is the well cap sanitary seal properly installed and maintained? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 16. Is the well cased and sealed in such a manner that surface water cannot enter the well? |

COMMENTS:

(Please indicate question number)

The well has been inactive for approximately 20 years. The reason is currently unknown. Metal was welded over the top, but it hasn't been sealed.

GROUNDWATER SOURCES PG. 2					Common Name Inactive well	SURVEY DATE 10/19/2005	PWS # 3140119
yes	no	n/a	unk	note	GROUNDWATER SOURCE (cont.) COMMENTS: (Please indicate question number)		
☐	☐	☒	☐	☐	17. Is there a smooth nosed sample tap provided on the well discharge pipe prior to treatment? (Threaded tap is approved with backflow preventer)		
☐	☐	☒	☐	☐	18. Is an instantaneous and totalizing flow meter installed on pump distribution line of the well and is it maintained and working properly? _____ gal.		
☐	☐	☒	☐	☐	19. Is a pressure gauge provided at all installations and is it maintained and working properly? _____ psi.		
☐	☐	☒	☐	☐	20. Can the well be pumped to waste at the design capacity of the well via an approved air gap at a location prior to the first service connection?		
☐	☐	☐	☒	☐	21. Has the source been known to have caving or sand problems?		
yes	no	n/a	unk	note	WELL HOUSE (Any structure containing important water system components)		
☒	☐	☐	☐	☐	22. Is the source located in a well house?		
☒	☐	☐	☐	☐	23. Is the well house kept clean and in good repair? (Floor cracks?)		
☒	☐	☐	☐	☐	24. Is the well house protected from unauthorized personnel?		
☐	☐	☒	☐	☐	25. Are all non-sample taps installed in the well house equipped with an appropriate backflow prevention device?		
☐	☐	☒	☐	☐	26. Is an electrical fan or automated air flow system provided in the well house to remove excess heat and moisture during peak summer temperatures?		
☐	☐	☒	☐	☐	27. Is a thermostatically regulated heater installed in the well house to prevent moisture buildup during cold weather?		
☐	☐	☒	☐	☐	28. Is the well house protected from flooding, have adequate drainage and is the floor surface at least six (6) inches above the final ground surface?		
☐	☐	☒	☐	☐	29. Is the sump for well house floor drains closer than 30 feet from the well?		
☐	☐	☒	☐	☐	30. Is the floor drain connected to sewer, storm drains, chlorination room drains, or any other source of contamination?		
yes	no	n/a	unk	note	SPRING INFORMATION		
☐	☐	☒	☐	☐	31. Is the entire area within one hundred (100) feet of the spring owned by the supplier or controlled by a long term lease?		
☐	☐	☒	☐	☐	32. Is the entire area within a one hundred (100) foot radius of the spring box fenced to prevent trespassing of livestock and void of buildings, dwellings and sources of contamination?		
☐	☐	☒	☐	☐	33. Is surface water and drainage ditches diverted from the 100 foot protection zone around the spring?		
☐	☐	☒	☐	☐	34. Is the spring housed in a permanent structure and protected from contamination including the entry of surface water, animals and dust?		
☐	☐	☒	☐	☐	35. Is a sample tap provided?		
☐	☐	☒	☐	☐	36. Is a flow meter or other flow measuring device provided?		
☐	☐	☒	☐	☐	37. Is there a screened overflow?		
☐	☐	☒	☐	☐	38. Is the supply intake located above the floor of the collection chamber?		
yes	no	n/a	unk	note	INFILTRATION GALLERY INFORMATION		
☐	☐	☒	☐	☐	39. Is there a lid over the gallery?		
☐	☐	☒	☐	☐	40. Is the lid watertight and locked?		
☐	☐	☒	☐	☐	41. Is the manhole elevated at least 24 inches above the top of the tank or covering sod?		
☐	☐	☒	☐	☐	42. Is the collector in sound condition and maintained as necessary?		

JUL 11 1973

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.
Department of Water AdministrationUnused
well

1. WELL OWNER

Name Leonard J. Fletcher
Address Sunny Ridge Rd. Manilla, Ida.
Owner's Permit No. 63-7717

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

☐ Domestic ☐ Irrigation ☐ Test
☒ Municipal ☐ Industrial ☐ Stock

4. METHOD DRILLED

☒ Cable ☐ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 10 inches Total depth 395 feetCasing schedule: ☐ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>365</u> inches	<u>10</u> inches	<u>18</u> feet	<u>386</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

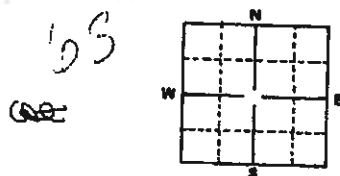
Was a pecker or seal used? ☒ Yes ☐ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☒ Yes ☐ NoManufacturer's name Johanson
Type Standard Model No. 400
Diameter 10 Slot size 1/8 Set from 386 feet to 395 feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feetGravel packed? ☐ Yes ☒ No Size of gravel _____
Placed from _____ feet to _____ feetSurface seal? ☒ Yes ☐ No To what depth 41 feet
Material used in seal ☐ Cement grout ☒ Pudding clay

6. LOCATION OF WELL

Sketch map location must agree with written location.

County Canyon
N.E. 1/4 Sec. 10 T. 2 N. R. 2 E. NW

7. WATER LEVEL

Static water level 38 feet below land surface
Flowing? ☐ Yes ☐ No G.P.M. flow _____
Temperature _____ ° F. Quality _____
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

8. WELL TEST DATA

☒ Pump ☐ Bailer ☐ Other

Discharge G.P.M.	Draw Down	Hours Pumped
<u>100</u>	<u>40'</u>	<u>8</u>
_____	_____	_____
_____	_____	_____

9. LITHOLOGIC LOG

31742

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
10	0	2	Sail		
	2	8	hard pan		
	8	41	coarse gravel		
	41	68	brn. sticky clay		
	68	92	sand coarse		
	92	123	sticky brn. clay		
	123	134	muddy sand		
	134	155	gray sticky clay		
	155	158	blue clay		
	158	213	brn. clay & silt		
	213	269	coarse gray sand		
	269	314	brn. clay		
	314	319	muddy fine sand		
	319	341	gray clay streaks of sand		
	341	365	gray clay		
	365	388	blue clay		
	388	395	blue sand		

10. Work started April 18 finished June 28 1973

11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is true to the best of my knowledge.

Driller's or Firm's Name C.A. Brownfield Number 29
Address 147 Mylan Manilla, Idaho
Signed By C.A. Brownfield Date July 9 1973

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT

Abandoned
& capped
well
inside
pump house

One form for all Hydropneumatic Tanks.

10/19/2005

(mm/dd/yyyy)

3140119

yes	no	n/a	unk	note
-----	----	-----	-----	------

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| ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ |

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- ☐
- ☐
- ☐
- ☐

(Please indicate the question number)

DISTRIBUTION DATA

SURVEY DATE

PWS #

One form for all distribution systems in the PWS.

10/19/2005

(mm/dd/yyyy)

3140119

What are water lines made of:

Material(s): ☒ Unk

Size(s):

☐ Unk

COMMENTS:

(Please indicate the question number)

☐ Steel ☐ HDPE (black) ☐ Asbestos/Cement

☐ PVC ☐ Ductile Iron ☐ Other: _____

How many services are metered?

Number of Fire Hydrants:

0 out of 15

0

yes no n/a unk note

DISTRIBUTION

- ☒ ☐ ☐ ☐ ☐ 1. Have there been any interruptions in service during the past year? (including pressure loss)
- ☒ ☐ ☐ ☐ ☐ 2. If a loss of pressure occurred (>20 psi), did the PWS provide public notice and disinfect the system? (Reminder)
- ☒ ☐ ☐ ☐ ☐ 3. Is the PWS able to maintain a minimum pressure of twenty (20) psi throughout the distribution system (including fire flow), or forty (40) psi for PWSs constructed after 7/1/1985 (excluding fire flow), during maximum hourly demand conditions?
- ☒ ☐ ☐ ☐ ☐ 4. Was the pressure observed at a service connection?
5. If yes, psi: 52

Location: 4009 Ivy Dr. Bathroom

yes no n/a unk note

Time: 6:05

☐ A.M. ☒ P.M.

- ☐ ☐ ☒ ☐ ☐ 6. Do all water mains that provide fire flow have a diameter of at least 6 inches?
- ☐ ☒ ☐ ☐ ☐ 7. Are valves exercised regularly? (Recommended)
If yes, how often? _____
- ☐ ☒ ☐ ☐ ☐ 8. Is there a leak detection program? (Recommended)
- ☐ ☒ ☐ ☐ ☐ 9. Is 15% or more of the water unaccounted for?
- ☒ ☐ ☐ ☐ ☐ 10. Is a water conservation program in effect? (Recommended)
- ☒ ☐ ☐ ☐ ☐ 11. Is an adequate map of the distribution system maintained? (Recommended)
- ☐ ☒ ☐ ☐ ☐ 12. Does the system flush all main lines annually? (Recommended)
- ☐ ☒ ☐ ☐ ☐ 13. Are all dead end water mains equipped with a means to flush
- ☐ ☐ ☒ ☐ ☐ 14. If yes, are the deadends flushed at least semiannually?
- ☐ ☒ ☐ ☐ ☐ 15. Are there any distribution materials used that should not be in contact with the drinking water? If yes, explain in comments section.
- ☒ ☐ ☐ ☐ ☐ 16. Is the system adequately protected from freezing?
- ☐ ☒ ☐ ☐ ☐ 17. Is there a cross connection control program? (Community PWSs Only)
- ☐ ☒ ☐ ☐ ☐ 18. Is the operator trained in cross connection control? (Recommended)
- ☐ ☒ ☐ ☐ ☐ 19. Is the operator aware of any cross connections or were any cross connections observed during the course of the survey?
- ☐ ☐ ☒ ☐ ☐ 20. If a separate non-potable irrigation system is provided for the consumer, are all mains, hydrants, and appurtenances easily identified as non-potable? (Purple Tape or other) (Recommended)

Air/Vacuum Relief Valves - Placed at high points in water mains.

- ☐ ☐ ☒ ☐ ☐ 21. Is the open end of the automatic air relief valve(s) extended to at least one foot above grade and provided with a screened, downward-facing elbow?
- ☐ ☐ ☒ ☐ ☐ 22. Is the discharge pipe from the air relief valve(s) connected directly to any storm sewer, or sanitary sewer? (manual or automatic)

One form for all Pumps.

10/19/2005

(mmm/dd/yyyy)

3140119

yes	no	n/a	unk	note	
☒	☐	☐	☐	☐	<u>PUMPING</u>
☐	☒	☐	☐	☐	1. Are all pumps capable of providing the maximum pumping demand of the system?
☒	☐	☐	☐	☐	2. Does the pump(s) cycle excessively?
☒	☐	☐	☐	☐	3. Is the pumphouse(s) clean and orderly?
☐	☐	☒	☐	☐	4. Are there spare pump parts or a replacement pump that is capable of providing the maximum daily pumping demand?
☒	☐	☐	☐	☐	5. Are gate valves located on the suction and/or discharge sides of each pump?
☐	☐	☒	☐	☐	6. Is a positive-acting check valve located above ground on the discharge side between each pump and the shut-off valve?
☒	☐	☐	☐	☐	7. Is the pump station(s) adequately lighted throughout?
☐	☐	☒	☐	☐	8. Is a water pressure relief valve installed where the pump is directly connected to the distribution system?
☐	☐	☒	☐	☐	9. If the system has a vertical turbine motor driven pump(s), is an air release-vacuum relief valve located upstream from the check valve, with exhaust/relief piping terminating in a down-turned position at least 18 inches above the floor and covered with a 24 mesh corrosion resistant screen?
☐	☐	☒	☐	☐	10. If the pump(s) is "oil lubricated", is the oil NSF approved and suitable for human consumption?
☐	☒	☐	☐	☐	<u>AUXILIARY POWER</u>
☐	☐	☒	☐	☐	11. Is there auxiliary power on-site?
☐	☐	☒	☐	☐	12. Is auxiliary power tested? (<i>Recommended</i>)
☐	☐	☒	☐	☐	13. If a diesel or gasoline fueled engine is used on the well lot; is the fuel tank and connecting piping double walled?
☐	☐	☒	☐	☐	14. Is the fuel tank above ground?
☐	☐	☒	☐	☐	15. Is a certified operator present during the filling of the fuel tank?
☐	☐	☒	☐	☐	16. If the engine is in the well house;
☐	☐	☒	☐	☐	- Is the engine exhaust directly discharged outside the well house?
☐	☐	☒	☐	☐	- Is a spill containment structure surrounding all fuel tanks adequate? (Secondary containment - 110% fuel tank capacity)

COMMENTS:
 (Please indicate the question number)
 Pump was replaced 8/4/2005.

PUMPING DATA PG. 2

SURVEY DATE

10/19/2005

(mm/dd/yyyy)

PWS #

3140119

yes no n/a unk note

BOOSTER PUMPS

- | | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| ☐ | ☐ | ☒ | ☐ | ☐ | 17. Is the pump facility properly protected against unauthorized entry? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 18. Does the booster pump maintain an operating pressure of 20 psi or greater (>40 psi for systems built after 7/1/1985)? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 19. Is a standard pressure gauge installed on the discharge line? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 20. Are all in-line booster pumps supplied with an automatic cutoff that activates when intake pressure is less than or equal to 5 psi ? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 21. Is the booster pump located on a suction line that is directly connected to any storage reservoir? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 22. If yes, are all booster pumps protected by an automatic cutoff to prevent pump damage and avoid excessive reservoir drawdown? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 23. Is a water pressure relief valve installed where the pump is directly connected to the distribution system? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 24. Is an instantaneous and totalizing flow meter installed where the booster pump is directly connected to the distribution system? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 25. Is the building that encloses the booster pump provided with an electric ventilation fan or an automated air flow system that will remove heat and moisture during peak summer temperatures? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 26. Is a thermostatically regulated heater installed in the booster pump house to prevent moisture buildup during cold weather? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 27. Is proper drainage provided? (Outside the pumphouse) |
| ☐ | ☐ | ☒ | ☐ | ☐ | 28. Is the pump station properly protected from flooding? (Inside the pumphouse) |

COMMENTS:

(Please indicate the question number)

Page ____ Of ____

FINANCIAL CAPACITY

SURVEY DATE

10/19/2005

PWS #

3140119

(mm/dd/yyyy)

yes no n/a unk note

FINANCIAL CAPACITY

- ☒ ☐ ☐ ☐ ☐ 1. Is the PWS current with the payment of drinking water fees?
- ☒ ☐ ☐ ☐ ☐ 2. Does the PWS charge a drinking water fee to the user?
If yes, what is the fee: \$ 30/ month
- ☒ ☐ ☐ ☐ ☐ 3. Is the PWS in the business of selling water?
- If no, identify why in the comments section and mark "N/A" on questions 4 - 21.
- ☐ ☒ ☐ ☐ ☐ 4. Does the PWS provide and use an annual budget? (Recommended)
- ☐ ☐ ☒ ☐ ☐ 5. If applicable, is the PWS fund separate from the waste water/sewer utility fund? (Recommended)
- ☒ ☐ ☐ ☐ ☐ 6. Do water system revenues exceed expenditures? (Recommended)
- ☒ ☐ ☐ ☐ ☐ 7. Are controls established to prevent expenditures from exceeding revenues? If yes, describe in the comments section.
- ☐ ☒ ☐ ☐ ☐ 8. Has an independent financial audit been completed? (Recommended)
- ☐ ☐ ☒ ☐ ☐ 9. If yes, is a copy of the most recent balance sheet for the water system available? (Recommended)
- ☒ ☐ ☐ ☐ ☐ 10. Does the water system include a cash budget within its annual budget for cash flow? (Recommended)
- ☐ ☒ ☐ ☐ ☐ 11. Does the water system management review the user fee, user charge, or rate system at least annually? (Recommended)
- ☐ ☐ ☐ ☐ ☐ 12. When was the last user fee, user charge, or rate system adjustment?
2000 mm/dd/yyyy
- ☐ ☒ ☐ ☐ ☐ 13. Does the water system management review financial reports at least monthly? (Recommended)
- ☐ ☒ ☐ ☐ ☐ 14. Does the PWS provide and use a capital budget? (Recommended)
- ☐ ☒ ☐ ☐ ☐ 15. Has this PWS produced and does it currently utilize a capital improvements plan? (Recommended)
- ☐ ☐ ☐ ☐ ☐ 16. If yes, when was the capital improvements budget produced?
mm/dd/yyyy
- ☐ ☐ ☒ ☐ ☐ 17. Has the capital improvement budget been updated in the last 18 months? (Recommended)
- ☐ ☒ ☐ ☐ ☐ 18. Does the water system budget provide funding for depreciation of existing plant in service and/or for the funding of reserves for system replacement?
- ☒ ☐ ☐ ☐ ☐ 19. Are there sufficient funds for training personnel?

COMMENTS:

(Please indicate the question number)

MANAGERIAL CAPACITY

SURVEY DATE

10/19/2005

PWS #

3140119

(mm/dd/yyyy)

yes no n/a unk note

MANAGERIAL CAPACITY

- ☒ ☐ ☐ ☐ ☐ 1. Is a licensed operator available at all times? (N/A for TNC PWS)
- ☐ ☒ ☐ ☐ ☐ 2. Is there a Certified Drinking Water Protection Plan developed for this system?
Date: _____
- ☒ ☐ ☐ ☐ ☐ 3. Does this PWS have a governing body or board of directors? If no, please indicate:
☐ Sole Proprietorship
☐ Partnership
☐ Limited Liability Corp.
☐ Other: _____
- ☐ ☐ ☐ ☐ ☐ 4. How often does the board meet? ☐ N/A
☐ weekly ☐ semi-annually ☐ never
☐ monthly ☐ annually ☐ other: _____
☐ bimonthly ☒ as necessary ☐ unknown

yes no n/a unk note

- ☒ ☐ ☐ ☐ ☐ 5. Are the following records maintained onsite or located near by?
- Bacteriological Analysis - 5 years retention.
- Chemical Analysis - 10 years retention.
- Records of actions taken to correct violations - 3 years retention.
- Copies of reports, summaries or communication related to sanitary surveys - 10 years retention.
- Reports concerning variances or exemptions - 5 years retention.
- Copies of public notices issued - 3 years retention.
- Daily free chlorine residuals (required disinfection) - 1 year retention.

☐ ☒ ☐ ☐ ☐ 6. Are routine maintenance schedules established? (Recommended)

☐ ☒ ☐ ☐ ☐ 7. Are routine operation and maintenance records kept? (Recommended)

☒ ☐ ☐ ☐ ☐ 8. Is there a clear plan of organization and control among the people responsible for management and operations of the water system? (Recommended)

yes no n/a unk note

- ☐ ☒ ☐ ☐ ☐ 9. Are any samples of the following parameters past due?
Coliform
Nitrates
Nitrites
Lead and Copper
IOCs
VOCs
SOCs
Disinfection Byproducts
Radionuclide

☐ ☒ ☐ ☐ ☐ 10. Is a written total coliform rule (TCR) sample site plan available for review?

☐ ☒ ☐ ☐ ☐ 11. Does the (TCR) sample site plan meet the minimum requirements?

☒ ☐ ☐ ☐ ☐ 12. Does the system have a sufficient supply of approved sampling bottles properly stored? (Recommended)

☐ ☐ ☒ ☐ ☐ 13. Does the PWS provide stairways, ladders and handrails where needed?

☒ ☐ ☐ ☐ ☐ 14. Are treads of non-slip material provided where needed?

☐ ☒ ☐ ☐ ☐ 15. Is a health hazard produced from inadequately protected electrical wiring?

☒ ☐ ☐ ☐ ☐ 16. Are all confined space entry requirements considered? (Recommended)

☐ ☒ ☐ ☐ ☐ 17. Are there any unused subsurface water storage tanks that need to be abandoned?

☒ ☐ ☐ ☐ ☒ 18. Are there any water supply wells that are no longer being used that need to be abandoned?

COMMENTS:

(Please indicate the question number)

18. It is unknown why it was abandoned (apparently in mid-1980's) and is it possible to re-instate?

State of Idaho
Department of Environmental Quality

Inspection Continuation

SURVEY DATE

10/19/2005

(mm/dd/yyyy)

PWS #

3140119

Name of Public Water System:

Sunnyridge #1 Subdivision

There are two wells on "Well Lot 2", but only Well 1 is active. The other well (which is the older well) has been welded shut, but not sealed off. It is unknown why it was inactivated. The water rights information show that on May 1, 1985, both wells were flowing into one system. The inactive well was never listed in the Drinking Water Database. The water rights list the inactive well as "Well 1". In the Drinking Water Database lists the active well as "Well 1". There is a lack of good sampling points in the distribution system. This could contribute to the frequent coliform positive results. Also, a cross connection control plan may help as the system is older and lacks backflow prevention devices on taps off the homes.

Inspected by: Jami Delmore

Date:

24-Oct-05

Title: REHS/RS

JAN 20 1986

State of Idaho
DEPARTMENT OF WATER
WATER RIGHT BENEFICIAL I

63-7717
C/O LEONA FLETCHER SUNNYRIDGE NW
P/O: SEC 18 TWP 62N R1G 82W
IRRIGATION? Y

Department of Water Resources

CONTACT WITH PERMIT HOLDER

	DATE	INITIALS	REMARKS
☐ Appointment letter mailed:			
☒ Telephone call made (List Telephone No. used)	5/1/85	JF	
☒ Appointment scheduled for: (Date, time, location)	5/1/85	JF	
	1:30		

EXAMINATION

Date 5/1/85 Accompanied by LEONARD FLETCHER Total Q measured .76 cfs
Source G.W. Tributary to _____ Supp. annubar measurement sheet used? _____

If source is surface water, estimate total flow of source _____

Methods of measurement Rockwell Meter #1534 Meets permit requirements? yes
(Well #2 only)

Measurement calculations:

250 gpm - WELL #2 = 0.56 cfs + .20 cfs = .76 cfs
WELL #2 FOR CHECK - $\frac{250 \text{ HP} \times 8 \times 8.8}{100' + (20' \times .4533)} = \frac{2200}{106.2} = .96 \text{ cfs}$
WELL #1 - $\frac{3 \text{ HP} \times 8.8 \times 8.8}{60' + (20' \times .4533)} = \frac{21.12}{106.2} = .20 \text{ cfs}$
20 HOMES X .6 = 12 AF/ANN + 10 AC X .5 = 45 AF/ANN 1.98 X 345 X 20 = 97 AF

WELL/DIV. NO.	HP	MOTOR MAKE	MOTOR SERIAL NO.	PUMP MAKE	PUMP SERIAL NO.	MEASURING DEVICE TYPE	CONDITION OF MEAS. DEVICE	REMARKS
#1	3	SUMMERSEY		IND	SERIAL #S AVAILABLE			
#2	20	FRANKLIN (SUBM)		GRANITE (SUBM)		-See model # below		

System Description WELL #1 IS 345' DEEP, PUMP SET AT 60'. WELL #2
IS 100' DEEP, PUMP SET CLOSE TO BOTTOM.
MODEL NO. 336105900 (20HP) 4" MAINLINE TO BRANCHES + 1"
TO HOMES. 1500 TO 2000 GALLON TANK. 3" PIPE FOR FIRE HOSE
HOCKUP. BOTH WELLS FLOW INTO ONE SYSTEM.

*Code with map on reverse side. Disregard code if only one.

RECOMMENDED AMOUNTS

Irrigation requirement = 4.5 AFA/Acre

USE	Q (cfs)	V (afa)	FROM	TO
DOMESTIC - 20 HOMES	0.76	12 AF	1-1	12-31
FIRE PROTECTION	0.76	12 AF	1-1	12-31
IRRIGATION - 10 AC	0.20	45 AF	3-15	11-15



IDAHO SECRETARY OF STATE Viewing Business Entity

Ben Ysursa, Secretary of State

[\[New Search \]](#) [\[Back to Summary \]](#)

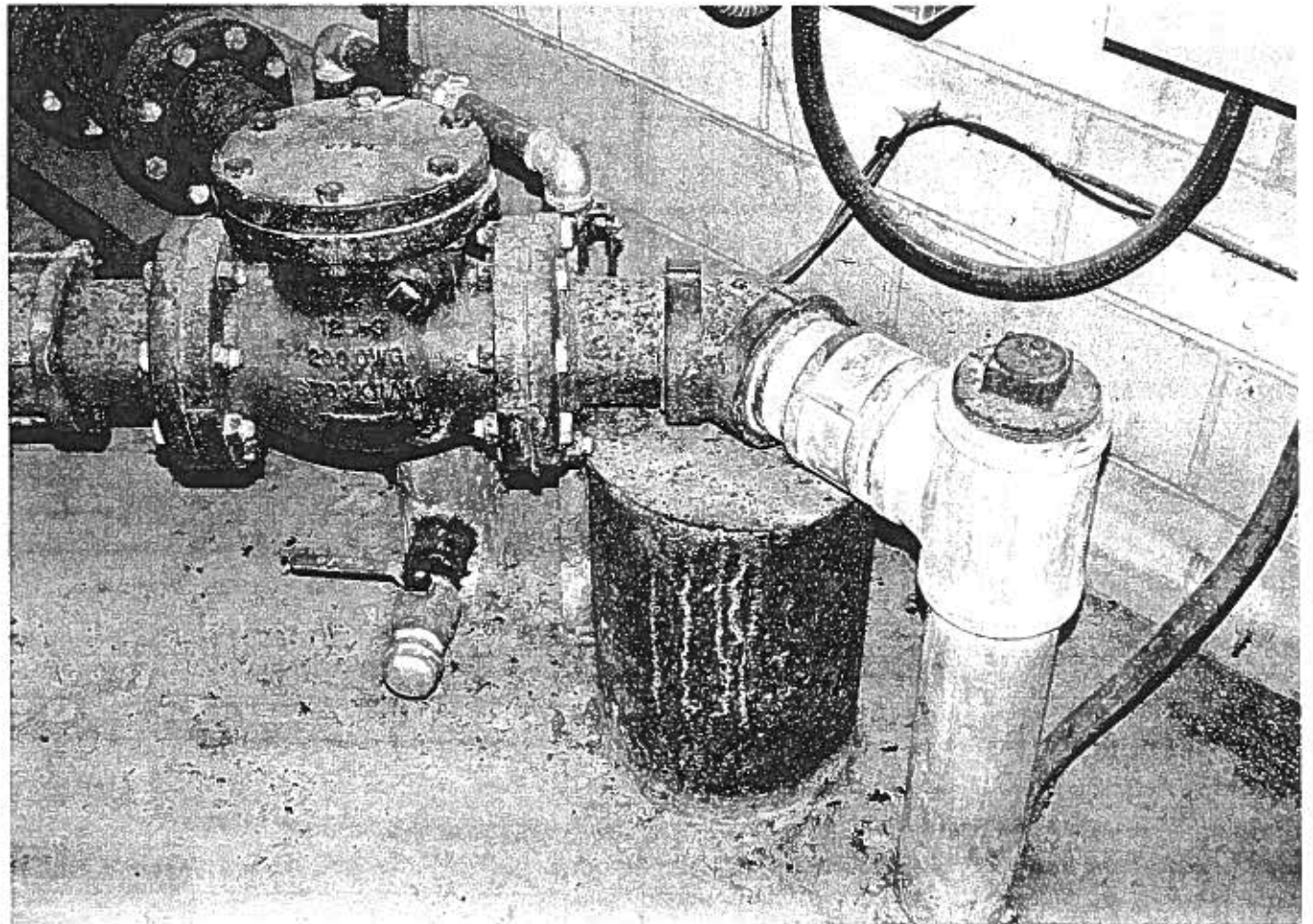
SUNNY RIDGE SUBDIVISION NO. 1 WATER CORPORATION WELL #2

Type of Business: CORPORATION, WATER USERS ASSOCIATION**Status:** FORFEITED 03 Dec 1984**State of Origin:** IDAHO**Date of** 23 Apr 1975**Origination/Authorization:****Registered Agent:****Organizational ID / Filing** C51266**Number:****Number of Authorized Stock****Shares:****Date of Last Annual Report:** 20 Jul 1976**Amendments:****Amendment filed 23 Apr 1975** INCORPORATION**Amendment filed 20 Jul 1976** REINSTATEMENT**Amendment filed 17 Jul 1979** OTHER - APPT OF RA

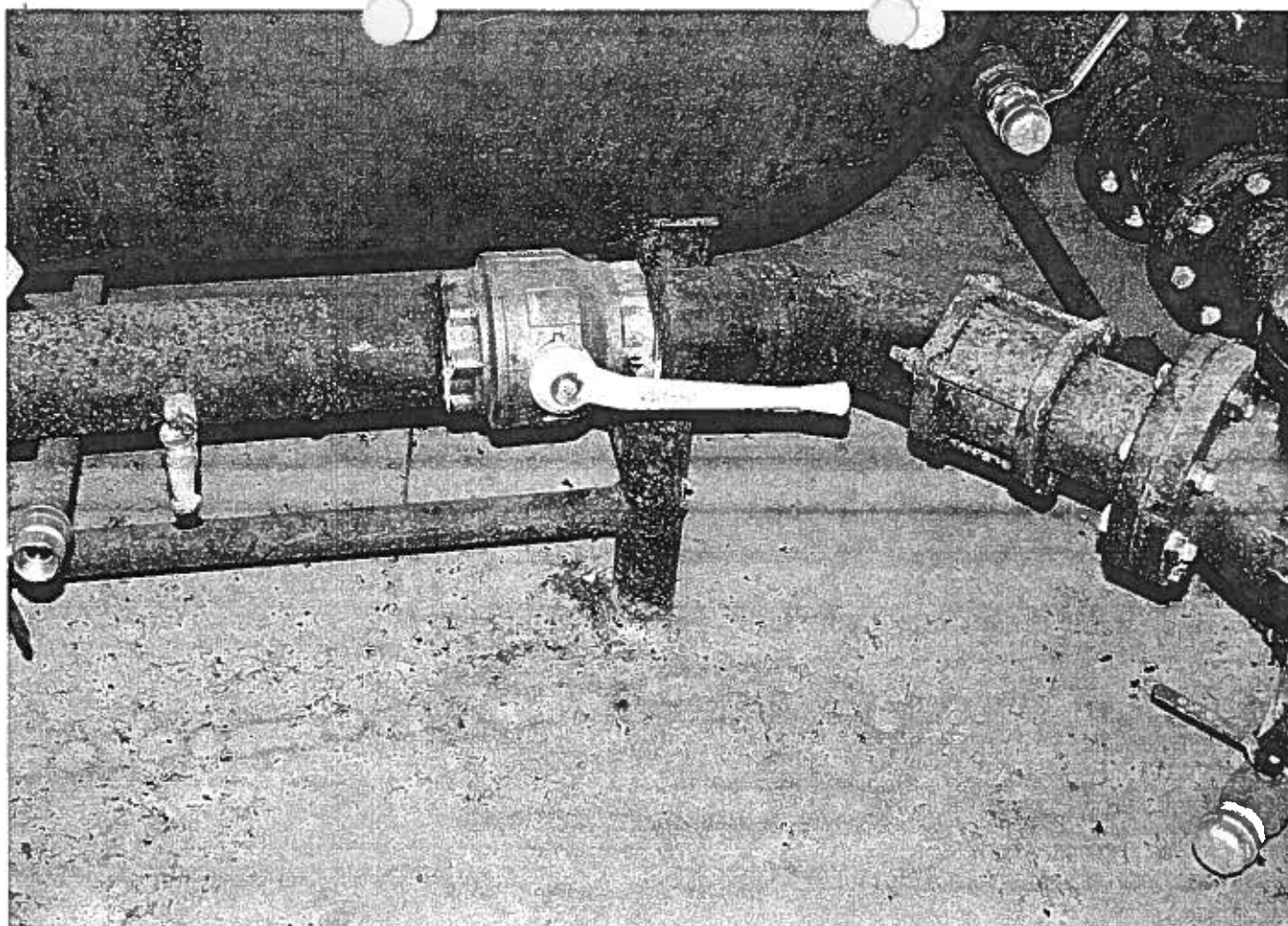
[Idaho Secretary of State's Main Page](#)[State of Idaho Home Page](#)Comments, questions or suggestions can be emailed to: sosinfo@idsos.state.id.us

Photo Log

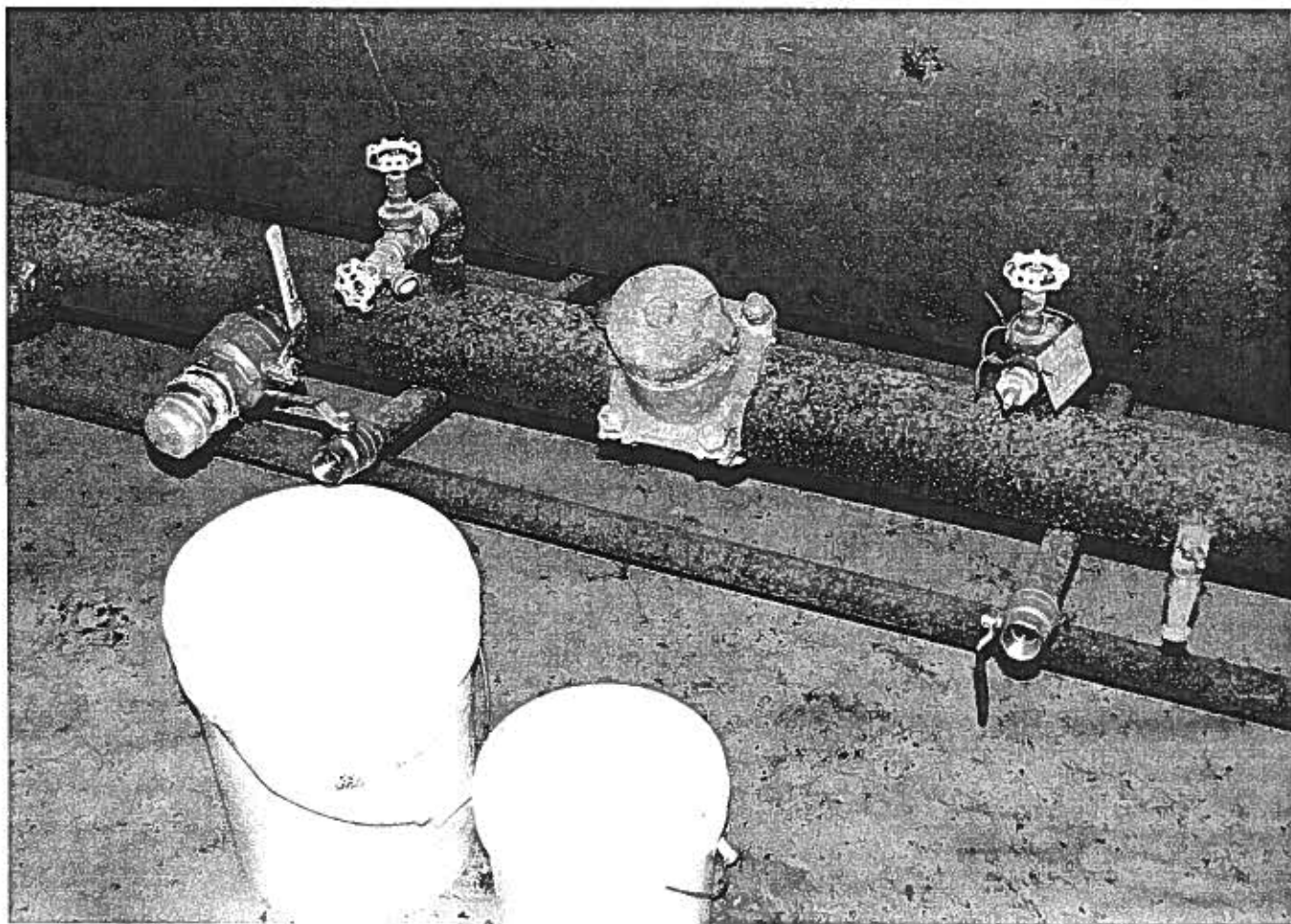
Page _____ Of _____ Photo Log



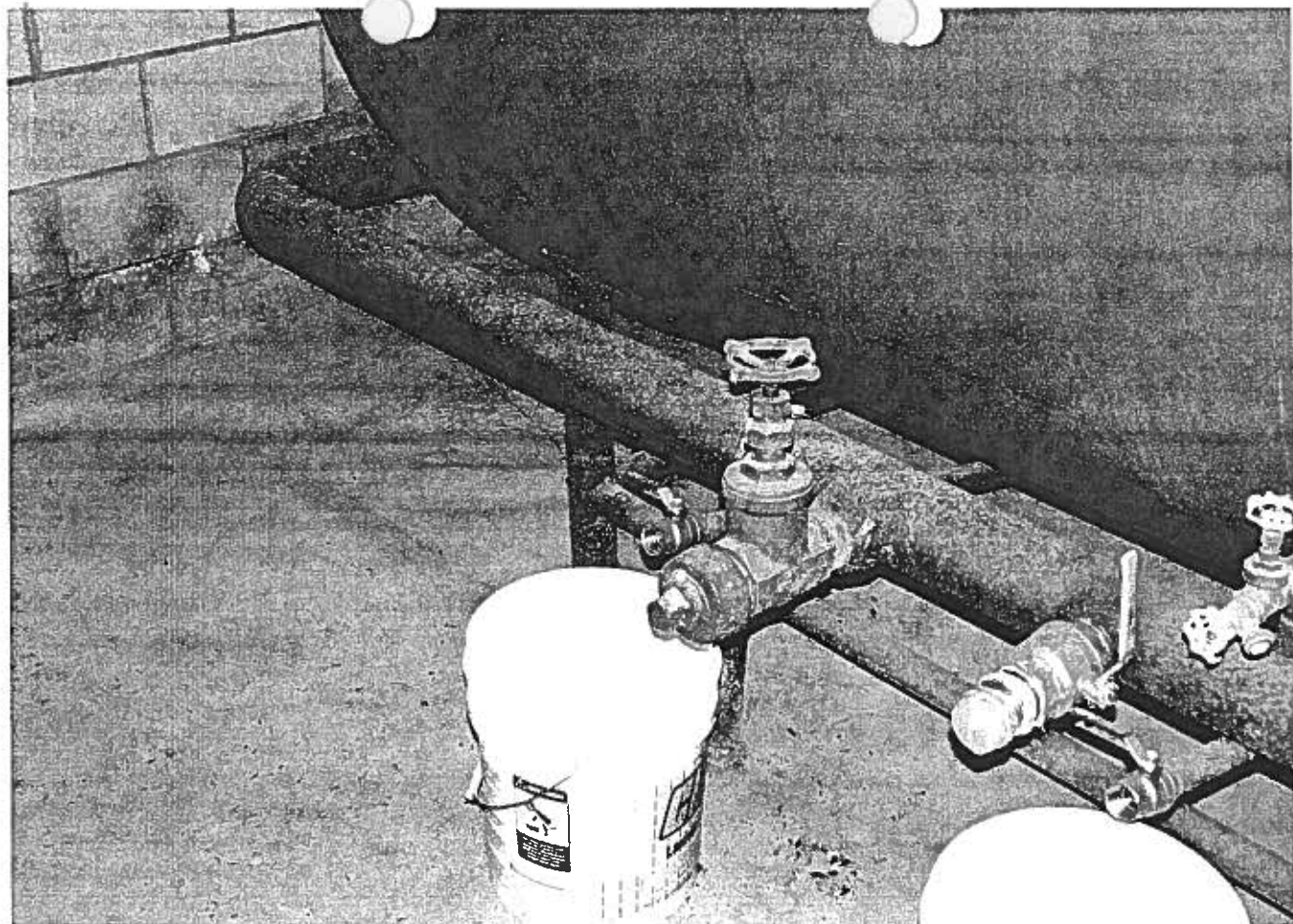
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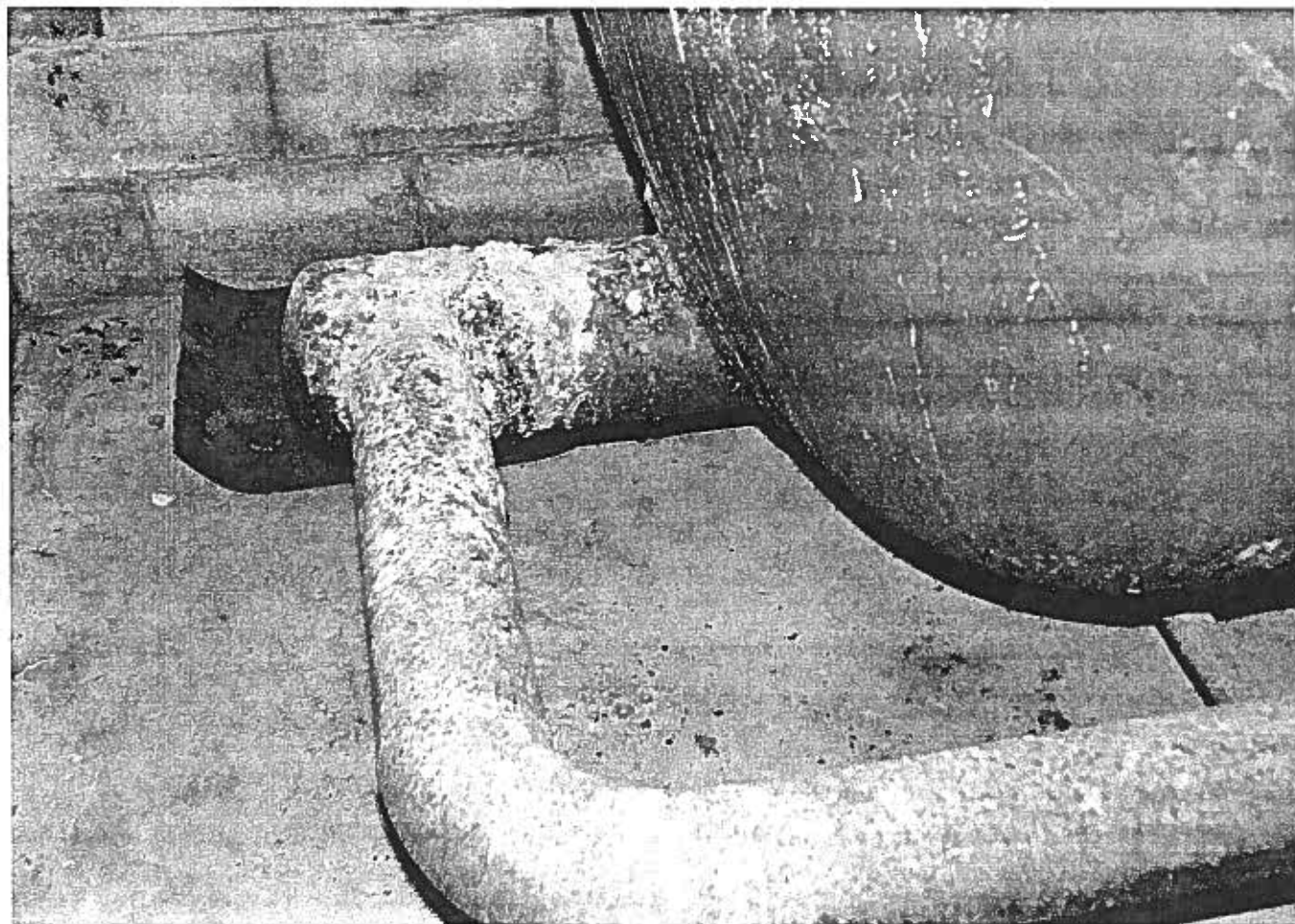
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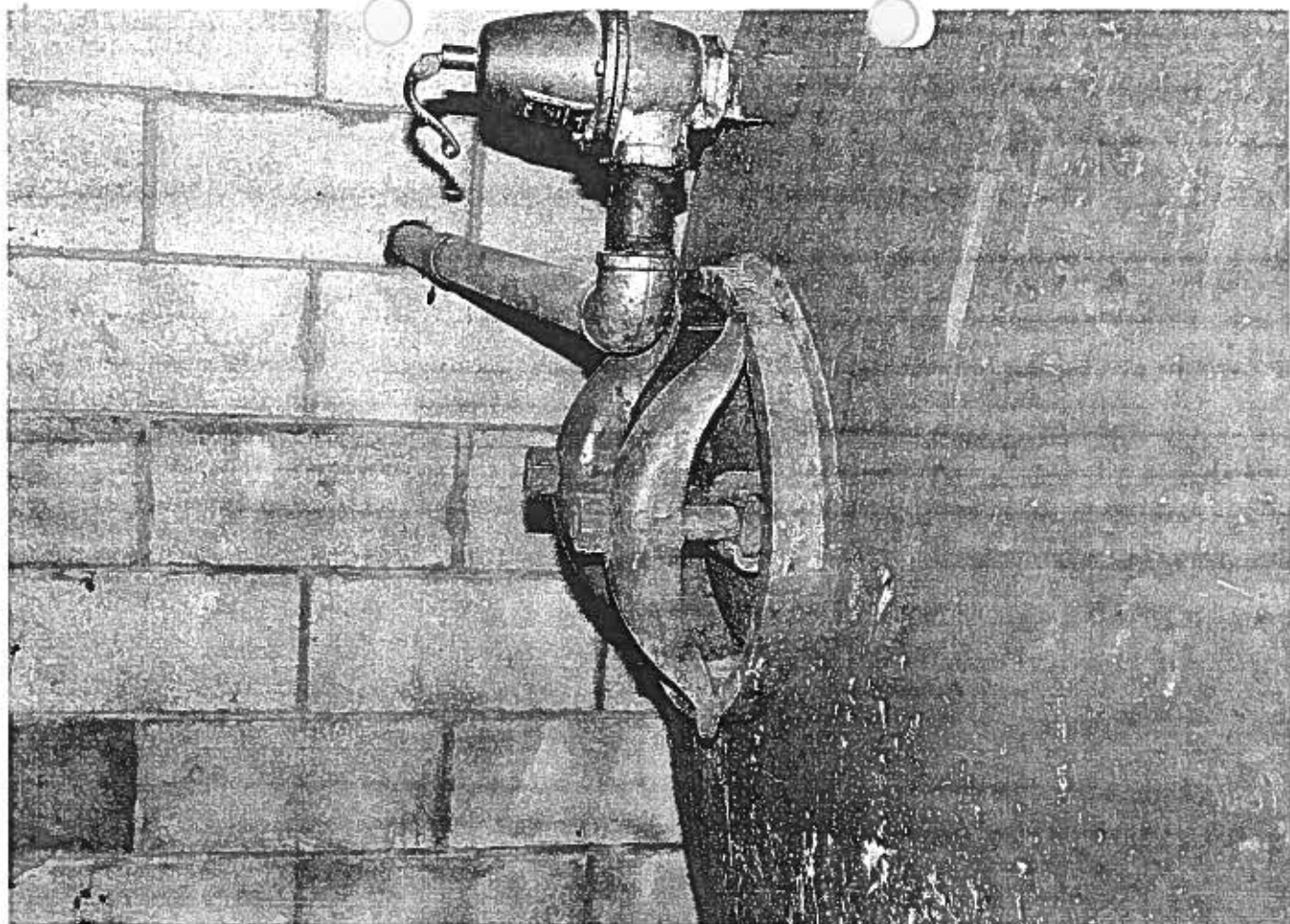
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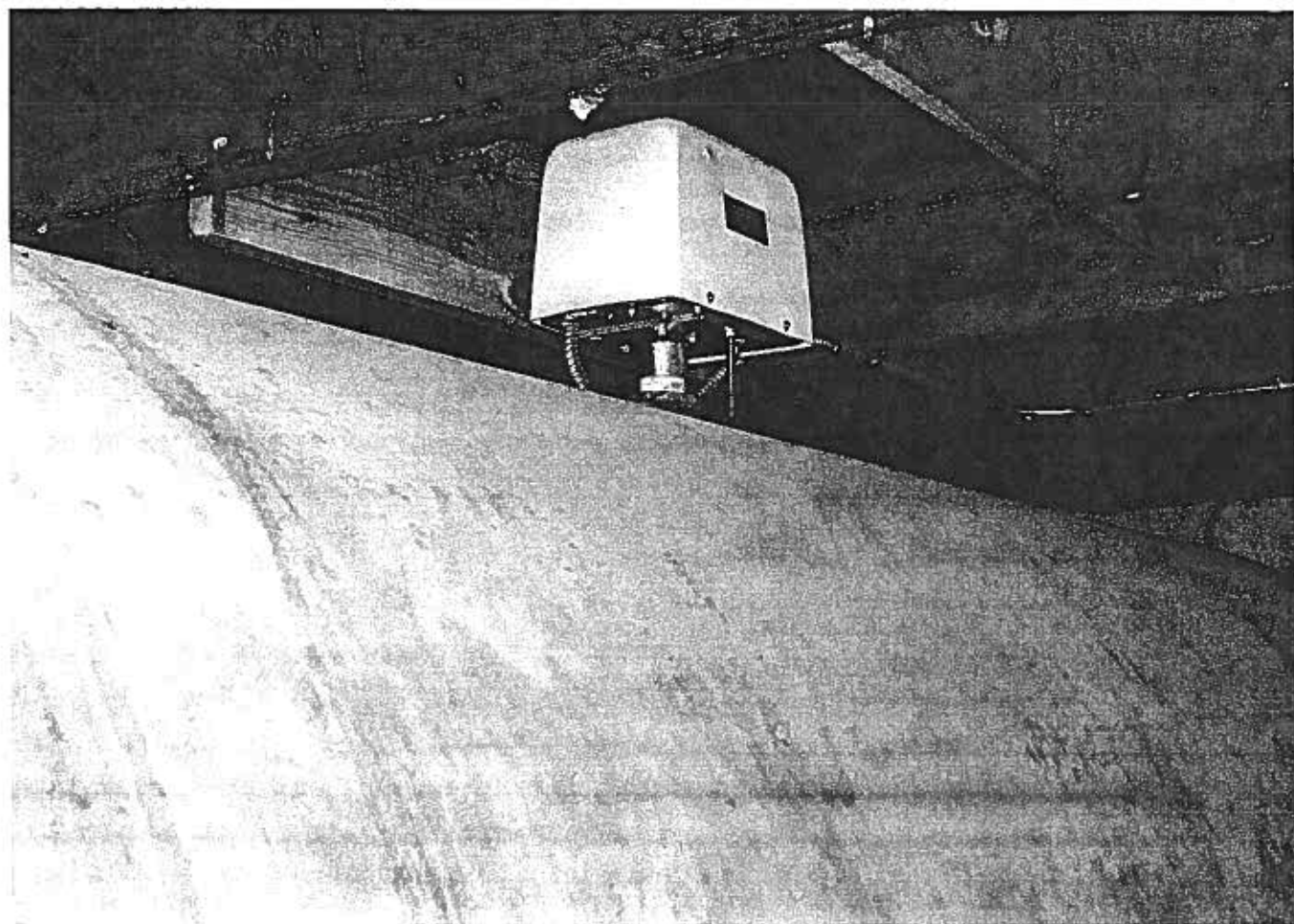
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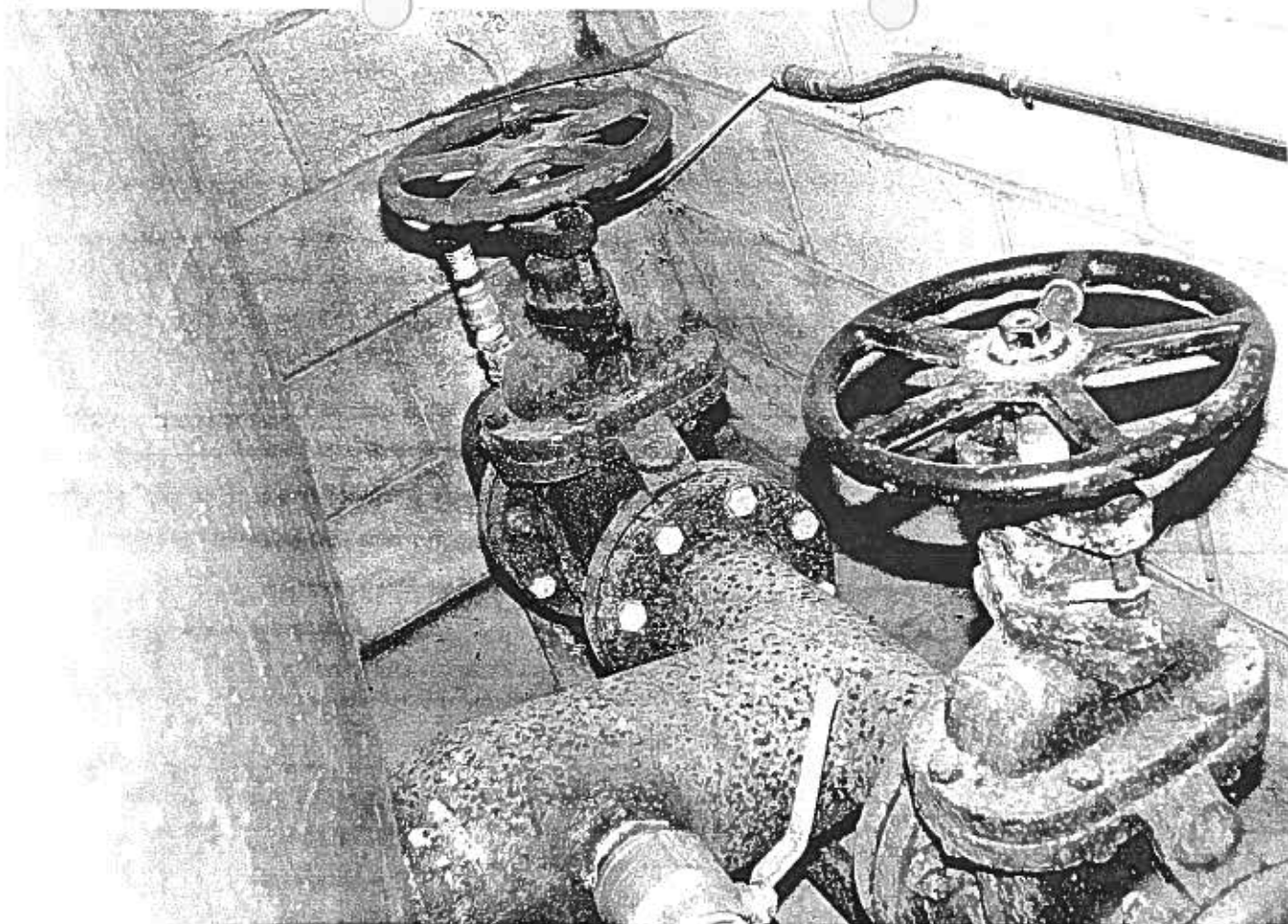
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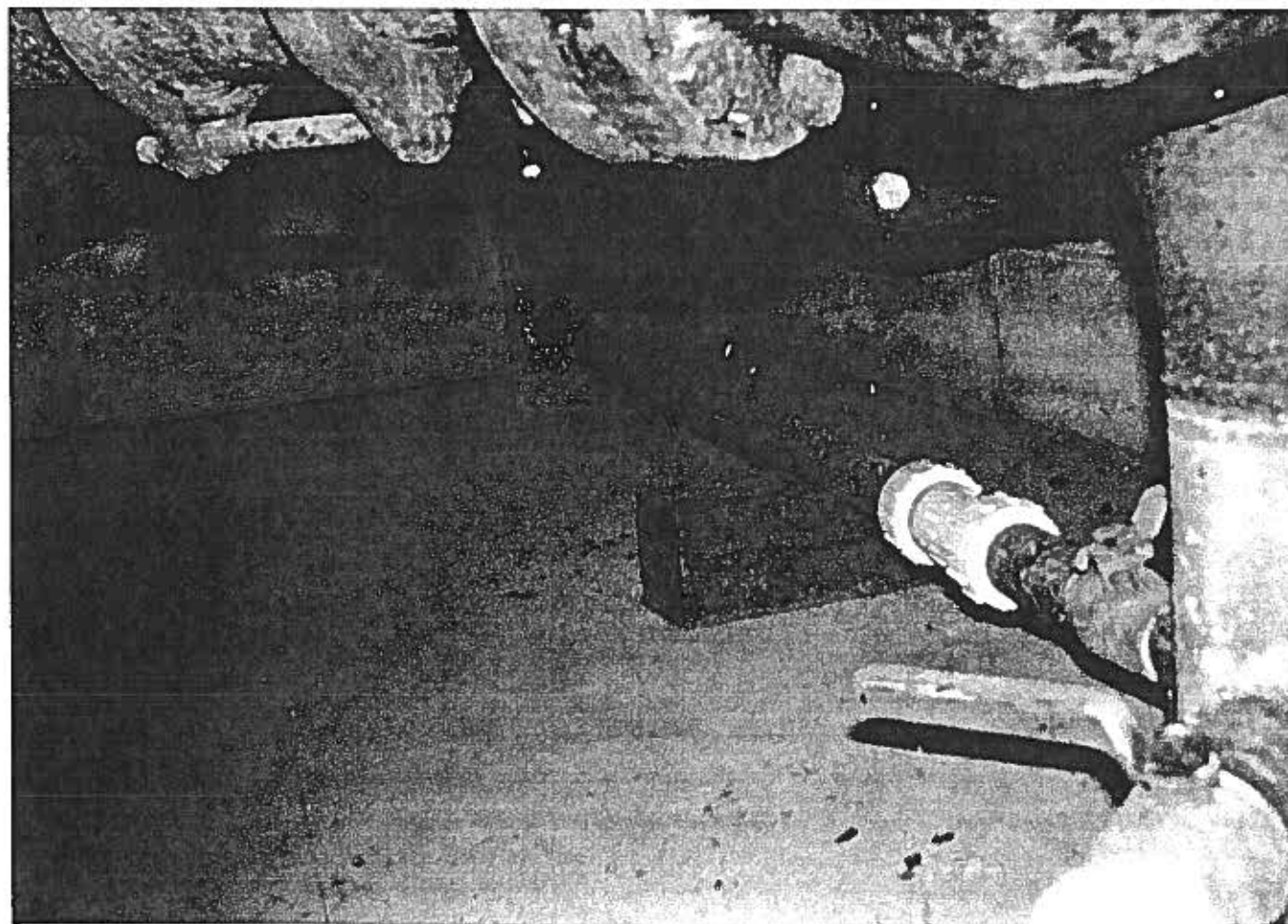
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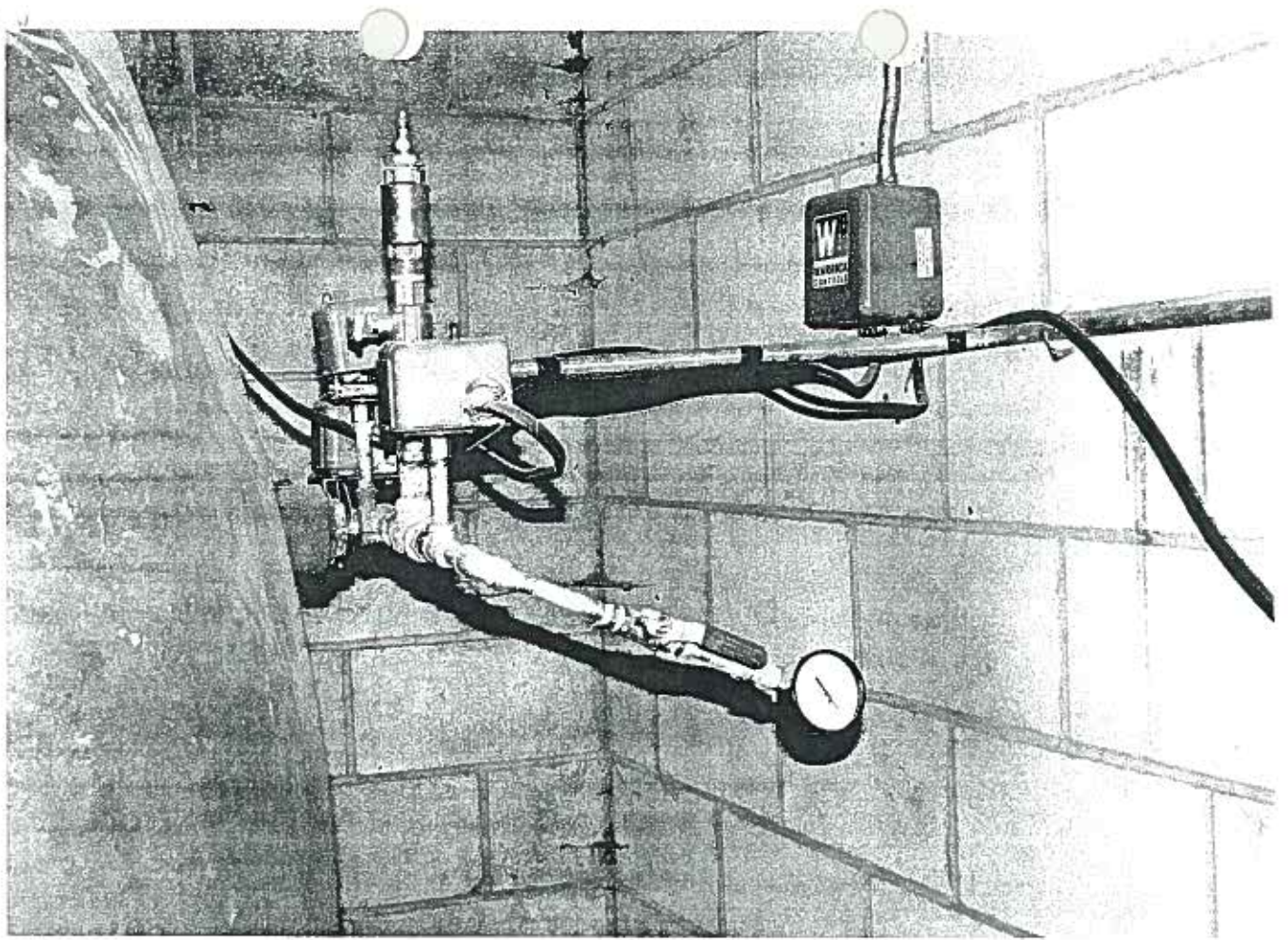
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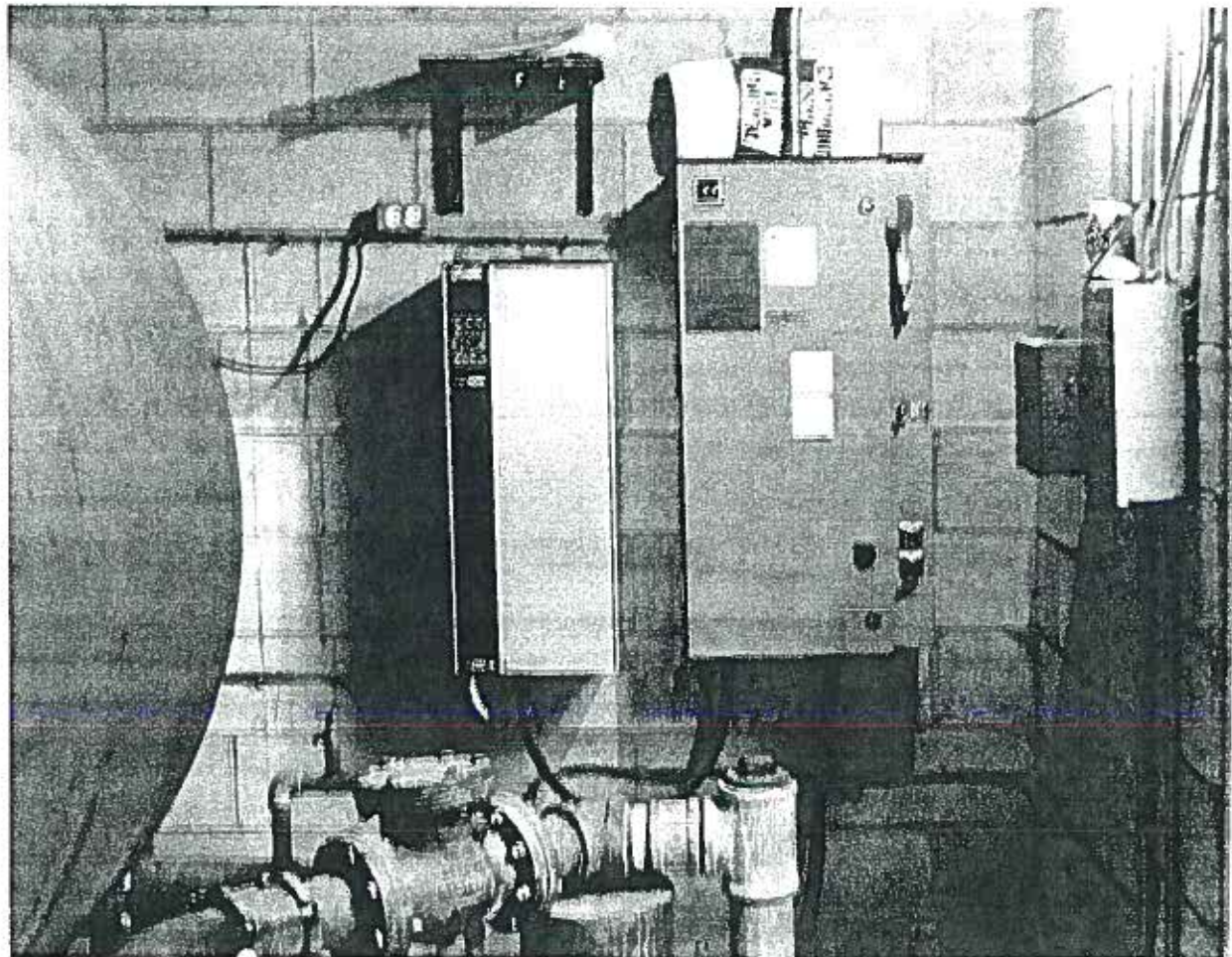
10



11



12





Franklin Electric

SUBMERSIBLE MOTOR

MODEL 2366049020

3-Phase

60 Hz
metric

17 kW	230V	60.6 A	3460min ⁻¹	cosφ 0.87
(15 kW SF 1.15)	V	A	min ⁻¹	cosφ

60 Hz

20 HP	230V	53.8 A	3450 RPM	60.6 MAX A
SF 1.15	V	A	RPM	MAX A

KVA CODE J

Max Ambient Temp 30° C

Thrust Load 15500 N	3500 LB
Min Cooling Flow 16cm/s	0.5ft/sec

Ins Class F IP68

Continuous Duty

MADE IN USA

FIELD EXAM REQUEST

Water Right No. 63-20677 and a little information about 63-7717

Claimant: Sunnyridge Heights Property Owners
Sunnyridge Sub

*Made separate, since
I couldn't schedule the
field inspections in the
same day.*

POD:

Verify location of POD – mark any corrections on map
What is the capacity of the system?

POU:

Verify POU – mark any corrections on map
Verify irrigated acres

PONDS:

None

EVIDENCE OF PRIORITY:

I have evidence in file

OTHER QUESTIONS:

Are they using any surface water

Verify number of homes on the system – they claimed 17 homes

Is irrigation just lawns or other areas too?

While you are in the area I need a little information on 63-7717. It is licensed for 2 points of diversion in the same QQ but the claim says there is only 1 POD. Could you find out which is correct? According to the tax lot data Mr. Castagneto still lives at the same address. I tried to call but they haven't returned my call. You don't need to take any measurements – I just need to know how many wells and where they are.

RETURN TO SANDY E.

IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Claim Report 63-7717

WATER RIGHT NUMBER: 63-7717

<u>Owner Type</u>	<u>Name and Address</u>
Original Owner	LEONARD FLETCHER 4013 IVY DR NAMPA, ID 83651
Current Owner	SUNNYRIDGE SUB WELL LOT #2 ASSN C/O CRAIG CASTAGNETO 4102 IVY DR NAMPA, ID 83686 (208)467-5964

Priority Date: 02/02/1973

Basis: License

Status: Active

<u>Source</u>	<u>Tributary</u>
GROUND WATER	

<u>Beneficial Use</u>	<u>From</u> <u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
DOMESTIC	1/01 to 12/31	0.760 CFS	12.00 AF
FIRE PROTECTION	1/01 to 12/31	0.760 CFS	
IRRIGATION	3/15 to 11/15	0.200 CFS	45.00 AF
<u>Total Diversion:</u>		0.760 CFS	57.00 AF

*Domestic
Internal/exter
Fire Protection*

Location of Point(s) of Diversion

GROUND WATER	NE1/4NW1/4	Sec. 10, Twp 02N, Rge 02W, B.M.
CANYON County		

Place of Use

IRRIGATION

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
02N	02W	10					10.0												10.0

Total Acres: 10

DOMESTIC same as IRRIGATIONFIRE PROTECTION same as IRRIGATIONConditions of Approval:

- Domestic use is for 20 homes. *15 houses*
2 points of diversion located in NENW, S10, T2N, R2W. *1 point of diversion*
ACCORDING TO MR. CASTAGNETO THERE IS ONLY ONE WELL AS POINT OF DIVERSION.

Remarks:

State of Idaho
DEPARTMENT OF WATER
WATER RIGHT BENEFICIAL I

JAN 20 1988

63-7717
C/O LEOA FLETCHER SUNNYRIDGE BL
P/O: SEC 10 TWP 02N R1G 02W
IRRIGATION? Y

Department of Water Resources

CONTACT WITH PERMIT HOLDER

	DATE	INITIALS	REMARKS
☐ Appointment letter mailed:			
☒ Telephone call made (List Telephone No. used)	5/1/85	Jp	
☒ Appointment scheduled for: (Date, time, location)	5/1/85 1:30	Jp	

EXAMINATION

Date 5/1/85 Accompanied by LEONA FLETCHER Total Q measured .76 cfs
 Source G.W. Tributary to _____ Supp. annubar measurement sheet used? _____

If source is surface water, estimate total flow of source _____

Methods of measurement Rockwell Meter #1534 Meets permit requirements? yes
(Well #2 only)

Measurement calculations:

230 gpm - WELL #2 = 0.56 cfs + .20 cfs = .76 cfs
WELL #2 FOR CHECK - $\frac{230 \text{ gpm} \times 1.48 \text{ ft}^3/\text{min}}{100 \times 1.48 \text{ ft}^3/\text{min}} = \frac{230}{100} = .23 \text{ cfs}$
WELL #1 - $\frac{3 \text{ HP} \times 8.8 \times 8}{60' + (20 \div 1.4533)} = \frac{21.12}{106.2} = .20 \text{ cfs}$
20 HOMES X .6 = 12 AF/ANN + 10 AC X .5 = 5 AF/ANN 198 X .25 X .20 = 97 AF

WELL/DIV. NO.	HP	MOTOR MAKE	MOTOR SERIAL NO.	PUMP MAKE	PUMP SERIAL NO.	MEASURING DEVICE TYPE	CONDITION OF MEAS. DEVICE	REMARKS
#1	3	SUBMERSIBLE	NO SERIAL #S AVAILABLE					
#2	20	FRANKLIN (SUBM)	BRANDY (SUBM)			See model # below		

System Description WELL #1 IS 345' DEEP, PUMP SET AT 40'. WELL #2
IS 100' DEEP, PUMP SET CLOSE TO BOTTOM.
MODEL NO. 936125900 (30HP) 4" MAINLINE TO BRANCHES X 1"
TO HOMES ADD TO 2000 GALLON TANK. 3" PIPE FOR FIRE HOSE
HOOKUP. BOTH WELLS FLOW INTO ONE SYSTEM.

*Code with map on reverse side. Disregard code if only one.

RECOMMENDED AMOUNTS

Irrigation requirement = 4.5 AFA/Acre

USE	Q (cfs)	V (afa)	FROM	TO
DOMESTIC - 20 HOMES	0.76	12 AF	1-1	12-31
FIRE PROTECTION	0.76	12 AF	1-1	12-31
IRRIGATION - 10 AC.	0.20	3 AF	3-15	11-15
(BASED ON APPROX. 1/2 AC PER LOT - SOME ARE MORE BUT SOME ARE LESS TOO)				
Total	0.76	27 AF		

Remarks All the 19 lots shown on the map have been
subdivided into 16 of these lots have homes and
all connected - 3 lots are not developed. The
20th home in M. & M. Fletcher's who originally owned
the area that is now subdivided. This is not within
the subdivision but does use the water system also.

ADJUDICATION CLAIM CHECKLIST

NOTICE OF CLAIM NO. A63-07717

WR ELEMENT	FIELD EXAM Y/N-IF NO, DO OFFICE VERIFICATION	FIELD EXAM OR IN-OFFICE VERIFICATION WHOM/DATE	CLAIM VERIFIED BY CODE (SEE BELOW)	CHANGE CLAIM Y/N	CLAIMANT CONTACT NEEDED - Y/N**	REVIEW COMPLETED WHOM/DATE	"R" RECORD
PRIORITY*	<u>N</u>						
PT. OF DIV.	<u>N</u>						
SOURCE	<u>N</u>						DATA ENTRY COMPLETE BY _____ DATE _____
PL. OF USE	<u>N</u>						FINAL RECOMMENDATION BY _____ DATE _____
DIV. AMOUNT CFS/AF	<u>N</u>						
CONSUMPTIVE USE	<u>Y</u>						
NATURE OF USE	<u>N</u>						
PERIOD OF USE	<u>N</u>						
BASIS OF CLAIM	<u>N</u>						
REMARKS	<u>N</u>						

N/A
*IF REQUIRED HAS EVIDENCE OF PRIORITY BEEN
SUBMITTED - YES _____ NO _____.

**IF CLAIMANT CONTACT IS NEEDED, COMPLETE
CLAIMANT CONTACT CHECKLIST AND ATTACH.

COMMENTS: _____

VERIFICATION CODES

TOPO MAP/ORTHOPHOTO = 1
ASCS MAP = 2
WATERMASTER RECORDS = 3
NAPP PHOTOS = 4
FIELD EXAM = 5
OTHER(SEE COMMENTS) = 6

Page 1

Old (D) Number -

State- ID Zip- 83651

+ - - - - - Conditions of Approval - - - - - +
No Conditions of Approval found.

06/23/95 00:12:59
Page 2

Prefix Translation: WATER RIGHT

+ - Decree Date - +

[illegible]

+ - - - - - Water Rights Dates and Flags Area - - - - - +

Proof Due Date	- 03/01/1983	Field Exam Made	- 05/01/1985	Field Exam Fee	-
Approved/Denied	- 03/02/1973	Protested Date	- 00/00/0000	Swan Falls	-
Proof Made Date	- 04/15/1983	Hearing Date	- 00/00/0000	Temporary Right	- P
Exam to S.O. Date	- 00/00/0000	Verified Date	- 00/00/0000	DLE/Carey Act	-
Order Show Cause	- 00/00/0000	Receipt Number	-	Water District	-
Licensed Date	- 10/24/1989	Appl Received	- 01/26/1973	Transfer/Amended	-
Decree Date	- 00/00/0000	Name Connector	-	POU Ownership Flag	-
Presumption Flag	-				

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE
WATER RIGHT NO. 63-07717

Priority: February 2, 1973

Maximum Diversion Rate:
Maximum Diversion Volume:¹

0.76 CFS
57.0 AF

This is to certify, that LEONARD FLETCHER
4013 IVY DR.
Nampa, ID 83651

has complied with the terms and conditions
of the permit, issued pursuant to Application for Permit dated January 26, 1973; and
has submitted Proof of Beneficial Use on April 15, 1983. An examination indicates
that the works have a diversion capacity of .760 cfs of water from a GROUNDWATER
source, and a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
IRRIGATION	03/15 to 11/15	0.20 CFS	45.0 AF
DOMESTIC	01/01 to 12/31	0.76 CFS	12.0 AF
FIRE PROTECTION	01/01 to 12/31	0.76 CFS	
	Totals	0.76 CFS	57.0 AF

LOCATION OF POINT(S) OF DIVERSION:

NENW , Sec. 10, Township 02N, Range 02W
CANYON County

PLACE OF USE: IRRIGATION

<u>TWN</u>	<u>RGE</u>	<u>SEC</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>TOTAL</u>
02N	02W	10	NENW	10		10
Total number of acres irrigated:						10

PLACE OF USE: DOMESTIC, same as IRRIGATION use

PLACE OF USE: FIRE PROTECTION, same as IRRIGATION use

CONDITIONS/REMARKS:

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to reflect cropping patterns or acceptable standards of water delivery efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
5. Domestic use is for 20 homes.
6. 2 points of diversion located in NENW, S10, T2N, R2W.

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State of Idaho
Department of Water Resources

WATER RIGHT LICENSE
WATER RIGHT NO. 63-07717

This license is issued pursuant to the provisions of Section 42-219, Idaho Code.
Witness the seal and signature of the Director, affixed at Boise, this 24th
day of OCTOBER, 1989.

Acting for

R. Keith Higginson, Director

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Identification No. _____

Application No. 63-7717

STATE OF IDAHO
DEPARTMENT OF WATER ADMINISTRATION
APPLICATION FOR PERMIT

APPROVED

To Appropriate the Public Waters of the State of Idaho
(TYPE OR PRINT IN INK)

1. Name of applicant LEONARD FLETCHER
post office address Route 4, Nampa, Idaho
2. Source of water supply Groundwater which is a tributary of _____
3. a. Location of point of diversion is NE $\frac{1}{4}$ of NW $\frac{1}{4}$ of Section 10 Township 2 N.
Range 2 W. B.M. Canyon County; additional points of diversion if any: _____

- b. If water is not consumed, it will be discharged into _____ at a point in _____ $\frac{1}{4}$
of _____ $\frac{1}{4}$ of Section _____ Township _____ Range _____ B.M. _____
4. Water will be used for the following purposes:
Amount .80 for Domestic purpose from Jan. 1 to Dec. 31 (both dates inclusive)
(cfs or acre-feet per annum)
Amount .80 for Fire Protection purpose from Jan. 1 to Dec. 31 (both dates inclusive)
(cfs or acre-feet per annum)
Amount .22 for Irrigation purpose from March 15 to Nov. 15 (both dates inclusive)
(cfs or acre-feet per annum)
5. Total quantity to be appropriated:
a. .80 cubic feet per second and/or
b. _____ acre feet per annum.
6. Proposed diverting works:
a. Description of ditches, flumes, pumps, headgates, etc. Well, pump & sprinkler system

- b. Height of storage dam _____ feet, active reservoir capacity _____ acre feet; total reservoir
capacity _____ acre feet, materials used in storage dam: _____
Period of year during which storage will occur _____ (Mo. Day) to _____ (Mo. Day) inclusive.
- c. Proposed well diameter is _____ inches; proposed depth of well is _____ feet.
7. a. Time required for the completion of the works and application of the water to the proposed beneficial use
is 5 years.
b. Estimated construction cost is \$ 14,000.00.
8. Description of proposed uses:
a. If water is **not** for irrigation:
(1) Give the place of use of water: NE $\frac{1}{4}$ of NW $\frac{1}{4}$ of Section 10 Township 2 N.
Range 2 W. B.M.
(2) Amount of power to be generated: _____ hp under _____ feet of head.
(3) List number of each kind of livestock to be watered _____

(4) Name of municipality to be served _____, or number of families to be
supplied with domestic water 20.
(5) If water is to be used for other purposes describe: _____

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b. If water is for irrigation, indicate acreage in each subdivision in the tabulation below:

TWP.	RANGE	SEC.	NE1/4				NW1/4				SW1/4				SE1/4				TOTALS
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	
2 N.	2 W.	10					11												11

Total number of acres to be irrigated 11

c. Describe any other water rights used for the same purposes as described above.

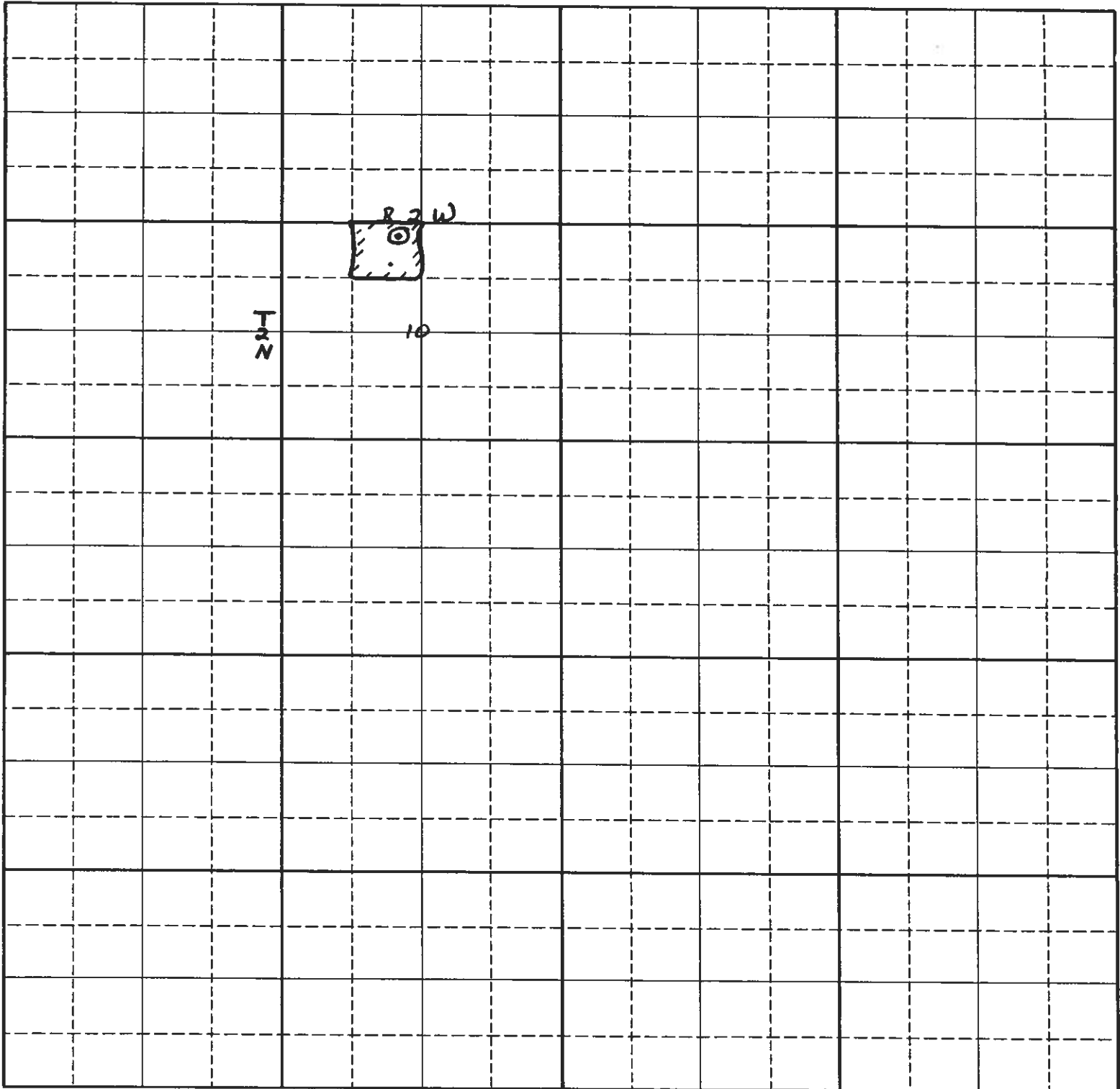
9. a. Who owns the property at the point of diversion Applicant

b. Who owns the land to be irrigated or place of use Applicant

c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing

10. Remarks

11. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



Scale: 2 inches equal 1 mile

BE IT KNOWN that the undersigned hereby makes application for permit to appropriate the public waters of the State of Idaho as herein set forth.

Leonard H. Hines
(Applicant)

63 773

Received by 871 Date 1/26/73 Time 4:30
 Preliminary check by 871 Fee \$ 25.00 unit # 9864
 Receipted by 871 Date 1-26-73
 Publication prepared by 871 Date 2-1-73
 Published in Idaho Star Press
 Publication dates 2-8 & 2-15-73
 Publication approved dy Date 2-20-73
 Priority ~~XXXXX~~ to 1-26-73 Reason _____

 Protests filed by: _____

 Copies of protests forwarded by _____
 Hearing held by _____ Date _____
 Recommended for approval denial by ①

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER ADMINISTRATION

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No. 63-7717, and said application is hereby APPROVED.

1. Approval of said application is subject to the following limitations and conditions:

- a. SUBJECT TO ALL PRIOR WATER RIGHTS.
- b. Proof of construction of works and application of water to beneficial use shall be submitted on or before March 1, 19 78.
- c. Other: A measuring device of a type approved by this Department shall be permanently installed and maintained as part of the diverting works.

2. Denial of said application is for the following reasons: _____

Witness my hand this 2nd day of March, 19 73.


 Deputy Director

JAN 20 1986

State of Idaho
DEPARTMENT OF WATER
WATER RIGHT BENEFICIAL I63-7717
C/O LEONA FLETCHER SUNNYRIDGE NL
P/D: SEC 1A TWP 02N RNG 02W
IRRIGATION? Y

Department of Water Resources

CONTACT WITH PERMIT HOLDER

DATE

INITIALS

REMARKS

☐ Appointment letter mailed:☒ Telephone call made

(List Telephone No. used)

☒ Appointment scheduled for:

(Date, time, location)

EXAMINATION

Date 5/1/85 Accompanied by LEONARD FLETCHER Total Q measured .76 cfs
Source G.W. Tributary to _____ Supp. annubar measurement sheet used? _____

If source is surface water, estimate total flow of source _____

Methods of measurement Rockwell Meter #1534 Meets permit requirements? yes
(Well #2 ONLY)

Measurement calculations:

250 gpm - WELL #2 = 0.56 cfs + .20 cfs = .76 cfs
WELL #2 FOR CHECK - $\frac{90 \text{ HP} \times 8.8 \times 8.8}{100' + (20' \times .4533)} = \frac{70.8}{106.2} = .66 \text{ cfs}$
WELL #1 - $\frac{3 \text{ HP} \times 8.8 \times 8.8}{60' + (20' \times .4533)} = \frac{21.12}{106.2} = .20 \text{ cfs}$
20 HOMES X .6 = 12 AF/ANN + 10 AC X 4.5 = 45 AF/ANN 1.98 X 2.5 X 20 = 97 AF

WELL/DIV. NO.	HP	MOTOR MAKE	MOTOR SERIAL NO.	PUMP MAKE	PUMP SERIAL NO.	MEASURING DEVICE TYPE	CONDITION OF MEAS. DEVICE	REMARKS
#1	3	SUBMERSED	NO SERIAL #S AVAILABLE					
#2	20	FRANKLIN (SUBM.)	PERKINS (SUBM.)			-See model # below		

System Description WELL #1 IS 345' DEEP, PUMP SET AT 60'. WELL #2 IS 100' DEEP, PUMP SET CLOSE TO BOTTOM.
MODEL NO. 336105900 (20HP) 4" MAINLINE TO BRANCHES X 1" TO HOMES. 1500 TO 2000 GALLON TANK. 3" PIPE FOR FIRE HOSE HOOKUP. BOTH WELLS FLOW INTO ONE SYSTEM.

*Code with map on reverse side. Disregard code if only one.

RECOMMENDED AMOUNTS

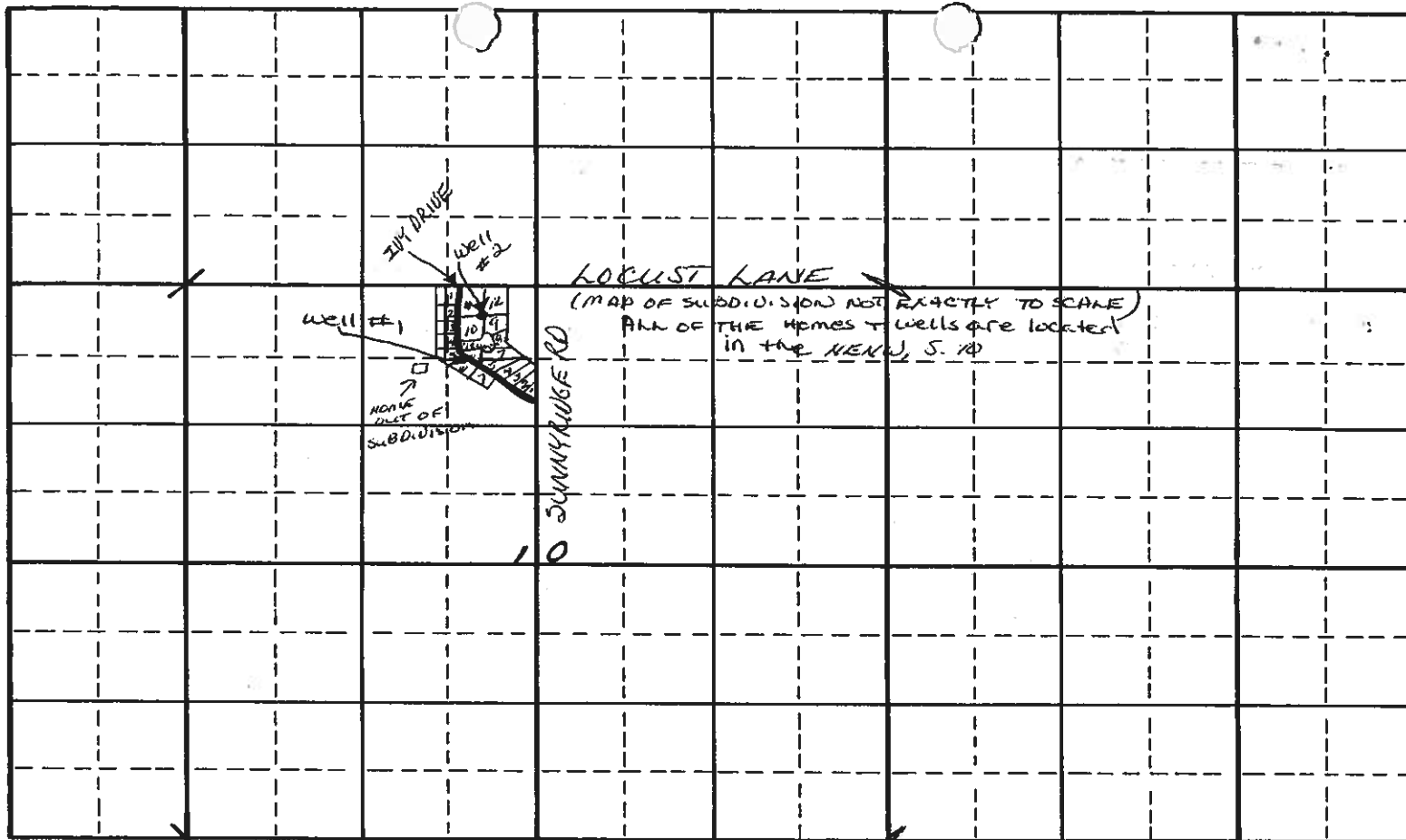
USE
DOMESTIC - 20 HOMES
FIRE PROTECTION
IRRIGATION - 10 AC
(BASED ON APPROX. 1/3 AC PER LOT - SOME ARE MORE BUT SOME ARE LESS TOO)Irrigation requirement = 4.5 AFA/Acre
Q (cfs) V (afa) FROM TO
0.76 12 AF 1-1 12-3
0.76 11 AF 1-1 12-3
0.20 45 AF 3-15 11-15

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Total

0.76 57 AFRemarks All the 19 lots shown on the map have been stubbed in. 16 of these lots have homes and are connected - 3 lots are not developed. The 20th home is Mr. & Mrs. Fletcher's who originally owned the area that is now subdivided. This is not within the subdivision but does use the water system also.



SCHEMATIC DIAGRAM OF SYSTEM

(Include distance from pump to measuring device, if applicable.)

Point(s) of diversion: NE 1/4 NW 1/4, S. 10, T. 2N, R. 2W.

Place(s) of Use

TWP.	RGE.	SEC.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				TOTALS
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
2N	2W	10					D												
							F												
							10												10

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Recommended Amendments:

- ☐ Change P.D. as reflected above
☐ Change P.U. as reflected above

- ☐ Add P.D. as reflected above
☐ Add P.U. as reflected above

- ☒ None
☐ Other

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Examiner's Signature

Checked by

Approved by

Date

Date

Date

Jan Skute
625

DM

4/18/85

1/15/86

2/28/89