

09/29/2006

**NOTICE OF ERROR  
REPLY**

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

**YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: October 31, 2006**

Water right number: 63-31153

MAX D HARROLD  
6701 HWY 20-26  
NAMPA ID 83687  
Telephone Number: (208)466-4782

CAROLYN L HARROLD  
6701 HWY 20 26  
NAMPA ID 83687  
Telephone Number: (208)466-4782

RECEIVED

NOV 01 2006

WATER RESOURCES  
WESTERN REGION

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):
2. Describe the changes you wish to make in the proposed recommendation:
3. Give a brief explanation as to why you disagree with these portions:

☒ I AGREE with this proposed recommendation: no changes need to be made.

DATE: 10-27-06 SIGNATURE: Max D. Harrold  
Please print your name: Max D. Harrold

IDWR Regional Office, 2735 Airport Wy, Boise, ID 83705, 2083342190

07/24/2006

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

RIGHT NUMBER: 63-31153

NAME AND ADDRESS: MAX D HARROLD  
6701 HWY 20-26  
NAMPA ID 83687

CAROLYN L HARROLD  
6701 HWY 20 26  
NAMPA ID 83687

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 1.940 CFS  
454.500 AFY

PRIORITY DATE: 03/18/1977

POINT OF DIVERSION:

T05N R03W S27 NENW Within CANYON County

Right 63-31152 is also diverted through the point of diversion described above.

PURPOSE AND  
PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

IRRIGATION

03/15 11/15

1.940 CFS  
454.50 AFY

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 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

|               |      |       |               |      |       |
|---------------|------|-------|---------------|------|-------|
| T05N R03W S27 | NENW | 32.00 | T05N R03W S27 | NWNW | 31.00 |
| T05N R03W S27 | SWNW | 7.00  | T05N R03W S27 | SENW | 31.00 |

101 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

Use of this right is combined with water from Black Canyon Irrigation District.

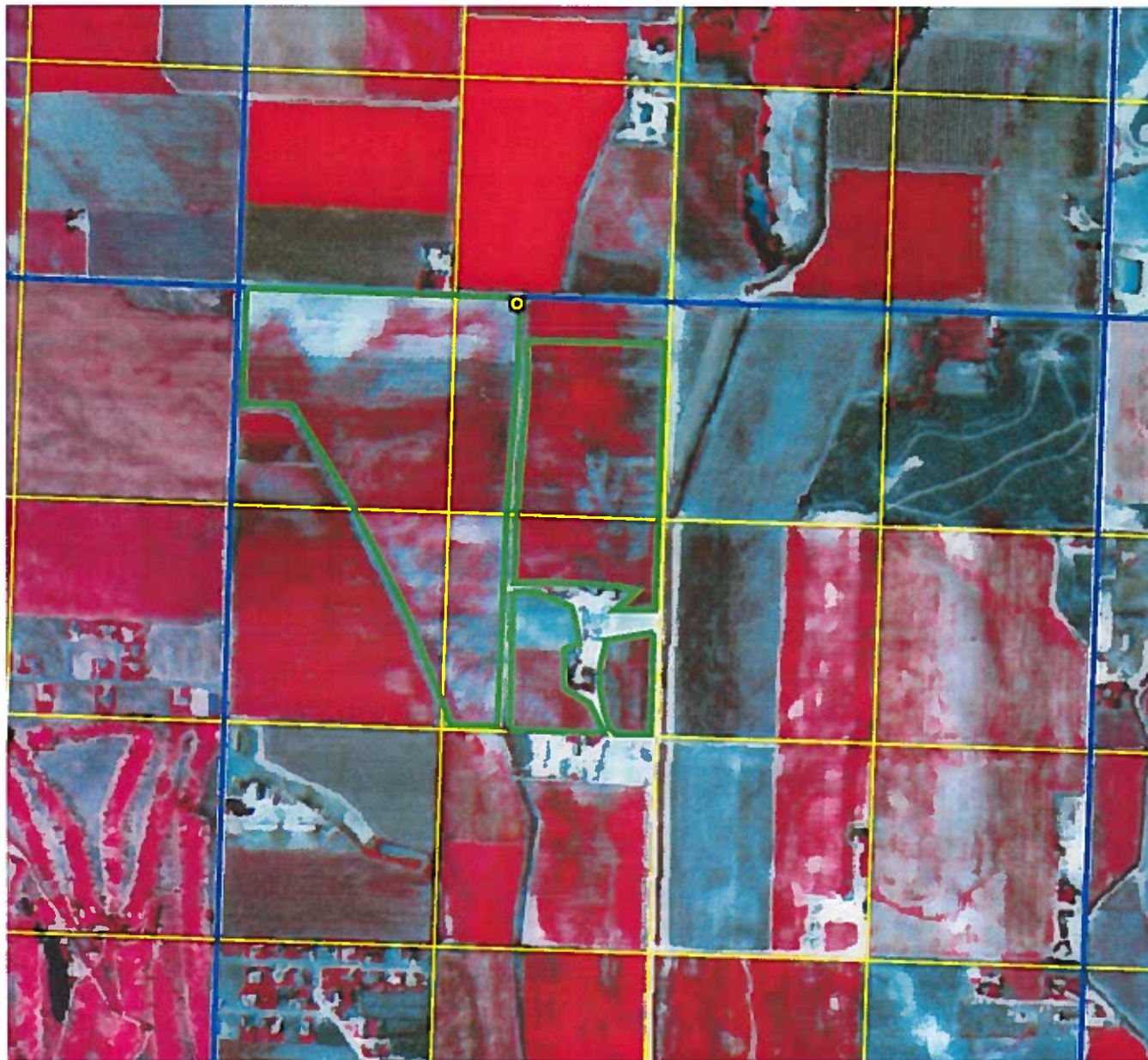
This right is a split from former right 63-8601.



# Idaho Department of Water Resources

## 63-31153

### 05N 03W Section 27



-  POU
-  POD
-  Sections
-  Quarter/Quarter

Total Irrigated  
Acres: 101.0

1000 0 1000 Feet



IDWR  
Prepared by: Lori Graves  
Date: 07-24-06  
1986-87 Photography

## IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 63-31153 V1

WATER RIGHT NUMBER: 63-31153 V1

| <u>Owner Type</u> | <u>Name and Address</u>                                                                      |
|-------------------|----------------------------------------------------------------------------------------------|
| Original Owner    | SIMINEO FARMS INC<br>C/O MAX D HARROLD<br>6701 HWY 20/26<br>NAMPA, ID 83687<br>(208)466-4782 |
| Current Owner     | MAX D HARROLD<br>6701 HWY 20-26<br>NAMPA, ID 83687<br>(208)466-4782                          |
| Current Owner     | CAROLYN L HARROLD<br>6701 HWY 20 26<br>NAMPA, ID 83687<br>(208)466-4782                      |

Priority Date: 03/18/1977

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> |
|-----------------------|-------------------------|-----------------------|----------------------|
| IRRIGATION            | 03/15 to 11/15          | 1.940 CFS             | 454.50 AF            |
|                       | <u>Total Diversion:</u> | 1.940 CFS             | 454.50 AF            |

Location of Point(s) of Diversion

|               |            |                                 |
|---------------|------------|---------------------------------|
| GROUND WATER  | NE1/4NW1/4 | Sec. 27, Twp 05N, Rge 03W, 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 |        |
| 05N | 03W | 27  |    |    |    |    | 32.0 | 31.0 | 7.0 | 31.0 |    |    |    |    |    |    |    |    | 101.0  |

Total Acres: 101

Conditions of Approval:

1. C18 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.
2. X36 Right 63-31152 is also diverted through the point of diversion described above.

## IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 63-31153 V1

3. W14 Use of this right is combined with water from Black Canyon Irrigation District.
4. S39 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 irrigation use and a priority date earlier than the date a partial decree is entered for this right.
5. P21 This right is a split from former right 63-8601.

Remarks:Comments:

1. Igraves 7/24/2006 Flow Rate Calculation

Comment: The flow rate calculation was inaccurately pro-rated during the split process, which was corrected in the claim recommendation.

2. Igraves 7/24/2006 P/U

Comment: Acres were distributed based on the 1987 photo.

3. Igraves 7/24/2006 Parcel No.

Comment: Irrigation is within Parcel No. R3805000000.

Dates and Other Information:

Decreed Date:

Enlargement Use Priority Date:

Enlargement Statute Priority Date:

Defendant:

Plaintiff:

Civil Case Number:

Judicial District:

Notice of Error Flag:

State or Federal: S

Owner Name Connector: OR

Water District Number:

Generic Max Rate Per Acre:

Generic Max Volume Per Acre:

Swan Falls Trust or Nontrust:

Swan Falls Dismissed:

DLE Act Number:

Carey Act Number:

Mitigation Plan: False

Combined Use Limits:Water Supply Bank:

## IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Claim Report 63-31153

WATER RIGHT NUMBER: 63-31153

| <u>Owner Type</u> | <u>Name and Address</u>                                                         |
|-------------------|---------------------------------------------------------------------------------|
| Original Owner    | SIMINEO FARMS INC<br>25499 FREEZE OUT RD<br>CALDWELL, ID 83605<br>(208)459-7801 |
| Current Owner     | MAX D HARROLD<br>6701 HWY 20-26<br>NAMPA, ID 83687<br>(208)466-4782             |
| Current Owner     | CAROLYN L HARROLD<br>6701 HWY 20 26<br>NAMPA, ID 83687<br>(208)466-4782         |

Priority Date: 03/18/1977

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> |
|-----------------------|-------------------------|-----------|---------------------------|----------------------|
| IRRIGATION            | 03/15                   | 11/15     | <del>1.900</del> CFS 1.94 | 454.50 AF            |
|                       | <u>Total Diversion:</u> |           | 1.900 CFS 1.94            | 454.50 AF            |

Location of Point(s) of Diversion

|               |            |                                 |
|---------------|------------|---------------------------------|
| GROUND WATER  | NE1/4NW1/4 | Sec. 27, Twp 05N, Rge 03W, B.M. |
| CANYON County |            |                                 |

Place of Use

| <u>Place of Use</u> |    |    |    |    |      |      |     |      |    |    |    |    |    |    |    |    |        |
|---------------------|----|----|----|----|------|------|-----|------|----|----|----|----|----|----|----|----|--------|
| IRRIGATION          |    |    |    |    |      |      |     |      |    |    |    |    |    |    |    |    |        |
| Twp Rge Sec         | NE |    |    |    | NW   |      |     |      | SW |    |    |    | SE |    |    |    |        |
|                     | NE | NW | SW | SE | NE   | NW   | SW  | SE   | NE | NW | SW | SE | NE | NW | SW | SE | Totals |
| 05N 03W 27          |    |    |    |    | 32.0 | 30.0 | 6.8 | 32.0 |    |    |    |    |    |    |    |    | 101.0  |

Total Acres: 101

32 31 7 31

Conditions of Approval:

- This claim is the result of a split due to a change in ownership for a portion of 63-08601. DB 2/20/2001.

Dates and Other Information:

Claim Received Date: 10/2/1989  
 Enlargement Use Priority Date:  
 Enlargement Statute Priority Date:  
 State or Federal: S  
 Owner Name Connector: OR  
 Water District Number:  
 Generic Max Rate Per Acre:  
 Generic Max Volume Per Acre:  
 Swan Falls Trust or Nontrust:  
 Swan Falls Dismissed:  
 DLE Act Number:  
 Carey Act Number:  
 Mitigation Plan: False

Combined Use Limits:

hdd: 539 - 3/1-11/15  
 W14 - BCID  
 X36 - shared P/D  
 P21 - split for 63-8601

comments: within  
 Parcel No. 3805000000

# Idaho Dept. of Water Resources

## Place of Use Comparison Report

| Type  | WR #     | Owner                                                | Source                       | TRS      | NENE | NWNE | SWNE | SENE | NENW | NWNW | SWNW | SENW | NESW | NWSW | SWSW | SESW | NESE | NWSE | SWSE | SESE | Total |
|-------|----------|------------------------------------------------------|------------------------------|----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| Rec   | 63 2878  | BLACK CANYON IRRIGATION DIST.                        | ELIJAH DRAIN, WILSON DRAIN   | 05N03W27 | X    |      | X    |      | X    |      | X    |      | X    |      | X    |      | X    |      | X    |      | 0     |
| Rec   | 63 2322  | UNITED STATES OF AMERICA ACTING THROUGH,             | ELIJAH SLOUGH, WILSON SLOUGH | 05N03W27 | X    | X    |      | X    |      | X    |      | X    |      | X    |      | X    |      | X    |      | X    | 0     |
| Claim | 63 31152 | MAX D HARROLD,                                       | GROUND WATER                 | 05N03W27 |      |      |      |      | 3    |      |      |      |      |      |      |      |      |      |      |      | 3     |
| Claim | 63 31153 | MAX D HARROLD, CAROLYN L HARROLD,                    | GROUND WATER                 | 05N03W27 |      |      |      |      | 33   | 30   | 6    | 32   |      |      |      |      |      |      |      |      | 101   |
| Claim | 63 8250  | COUNTRY CLUB SUBD #3 WATER ASSN INC,                 | GROUND WATER                 | 05N03W27 |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      | 0     |
| Rec   | 63 31152 | MAX D HARROLD,                                       | GROUND WATER                 | 05N03W27 |      |      |      |      | 3    |      |      |      |      |      |      |      |      |      |      |      | 3     |
| Rec   | 63 31453 | MAX D HARROLD, CAROLYN L HARROLD,                    | GROUND WATER                 | 05N03W27 |      |      |      |      | 33   | 30   | 6    | 32   |      |      |      |      |      |      |      |      | 101   |
| Rec   | 63 8250  | COUNTRY CLUB SUBD #3 WATER ASSN INC,                 | GROUND WATER                 | 05N03W27 |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      | 0     |
| Right | 63 11177 | PROPERTY OWNERS ASSN,                                | GROUND WATER                 | 05N03W27 |      |      |      |      |      |      |      |      |      |      | 5.8  |      |      |      |      |      | 5.8   |
| Right | 63 16181 | FRANCES M EBBERS, EBBERS FARMS INC, ROBERT D EBBERS, | GROUND WATER                 | 05N03W27 |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      | 0     |
| Right | 63 16181 | FRANCES M EBBERS, EBBERS FARMS INC, ROBERT D EBBERS, | GROUND WATER                 | 05N03W27 |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      | 0     |
| Right | 63 19055 | SIMINEO FARMS INC,                                   | GROUND WATER                 | 05N03W27 |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      | 0     |
| Right | 63 19056 | SIMINEO FARMS INC,                                   | GROUND WATER                 | 05N03W27 |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      | 0     |
| Right | 63 20818 | SUZANNE OVERMAN, BLAINE OVERMAN,                     | GROUND WATER                 | 05N03W27 |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      | 0     |
| Right | 63 21360 | RONALD E SHORT, PENNY H SHORT,                       | GROUND WATER                 | 05N03W27 |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      | 0     |
| Right | 63 21360 | RONALD E SHORT, PENNY H SHORT,                       | GROUND WATER                 | 05N03W27 |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      | 0     |
| Right | 63 24116 | RONALD W BUATTE, CHARLA J BUATTE,                    | GROUND WATER                 | 05N03W27 |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      | 0     |
| Right | 63 24116 | RONALD W BUATTE, CHARLA J BUATTE,                    | GROUND WATER                 | 05N03W27 |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      | 0     |
| Right | 63 24116 | CHARLA J BUATTE,                                     | GROUND WATER                 | 05N03W27 |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      | 0     |

# Idaho Dept. of Water Resources Place of Use Comparison Report

|       |          |                                                                |                                 |          |   |    |    |   |    |    |   |    |   |   |   |   |    |   |     |
|-------|----------|----------------------------------------------------------------|---------------------------------|----------|---|----|----|---|----|----|---|----|---|---|---|---|----|---|-----|
| Right | 63 27107 | ALVIN E COOKE, JOAN C<br>COOKE,                                | GROUND WATER                    | 05N03W27 |   |    |    |   |    |    |   |    |   |   |   |   |    | X | 0   |
| Right | 63 27107 | ALVIN E COOKE, JOAN C<br>COOKE,                                | GROUND WATER                    | 05N03W27 |   |    |    |   |    |    |   |    |   |   |   |   |    | X | 0   |
| Right | 63 27526 | RAY LAAN, ALICE LAAN,                                          | GROUND WATER                    | 05N03W27 |   |    |    |   |    |    |   |    |   |   |   |   |    |   | 0   |
| Right | 63 27526 | RAY LAAN, ALICE LAAN,<br>MARY LAVONNE DOTY,<br>WILLIAM E DOTY, | GROUND WATER                    | 05N03W27 |   |    |    |   |    |    |   |    |   |   |   |   |    |   | 0   |
| Right | 63 8250  | RICHARD SWEANEY,                                               | GROUND WATER                    | 05N03W27 |   |    |    |   |    |    |   |    |   |   |   |   | X  |   | 0   |
| Right | 63 8601  | SIMINEO FARMS INC,                                             | GROUND WATER                    | 05N03W27 |   |    |    |   | 36 | 30 | 6 | 32 |   |   |   |   |    |   | 104 |
| Rec   | 65 2433  | UNITED STATES OF AMERICA ACTING THROUGH,                       | PAYETTE RIVER TUNNEL NO 2 DRAIN | 05N03W27 | X | X  | X  | X | X  | X  | X | X  | X | X | X | X | X  | X | 0   |
| Claim | 65 2900  | BLACK CANYON IRRIGATION DIST,                                  | TUNNEL NO 2 DRAIN               | 05N03W27 | X | X  | X  | X | X  | X  | X | X  | X | X | X | X | X  | X | 0   |
| Rec   | 65 2900  | BLACK CANYON IRRIGATION DIST,                                  | TUNNEL NO 2 DRAIN               | 05N03W27 | X | X  | X  | X | X  | X  | X | X  | X | X | X | X | X  | X | 0   |
| Claim | 63 3081  | BLAINE OVERMAN, SUZANNE OVERMAN,                               | UNNAMED STREAM                  | 05N03W27 |   |    | 22 |   |    |    |   |    |   |   |   |   | 18 |   | 40  |
| Rec   | 63 3081  | BLAINE OVERMAN, SUZANNE OVERMAN,                               | UNNAMED STREAM                  | 05N03W27 |   |    | 22 |   |    |    |   |    |   |   |   |   | 18 |   | 40  |
| Right | 63 3081  | BLAINE OVERMAN, SUZANNE OVERMAN,                               | UNNAMED STREAM                  | 05N03W27 |   |    | 22 |   |    |    |   |    |   |   |   |   | 18 |   | 40  |
| Claim | 63 21511 | EDWARD MC NELIS, VONZAE MC NELIS,                              | WASTE WATER                     | 05N03W27 |   | 40 |    |   |    |    |   |    |   |   |   |   |    |   | 40  |
| Rec   | 63 21511 | EDWARD MC NELIS, VONZAE MC NELIS,                              | WASTE WATER                     | 05N03W27 |   | 40 |    |   |    |    |   |    |   |   |   |   |    |   | 40  |
| Right | 63 4077  | BILL DOTY,                                                     | WASTE WATER                     | 05N03W27 |   |    |    |   |    |    |   | 37 |   |   |   |   |    |   | 37  |

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 63-08601

Priority: March 18, 1977

Maximum Diversion Rate: 2.00 CFS  
Maximum Diversion Volume:<sup>1</sup> 468.0 AF

This is to certify, that SIMINEO FARMS INC.

RT. 7

CALDWELL, ID 83605

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated March 18, 1977; and has submitted Proof of Beneficial Use on March 3, 1982. An examination indicates that the works have a diversion capacity of 2.020 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       | 2.00 CFS                 | 468.0 AF             |

LOCATION OF POINT(S) OF DIVERSION:

NENW , Sec. 27, Township 05N, Range 03W  
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> |
|----------------------------------|------------|------------|--------------|--------------|--------------|--------------|
| 05N                              | 03W        | 27         | NENW 36      | NWNW 30      | SWNW 6       | 104          |
|                                  |            |            | SESW 32      |              |              |              |
| Total number of acres irrigated: |            |            |              |              |              | 104          |

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. This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 4.5 afa per acre for the lands above.

MICROFILMED

NOV 14 1989

PAGE 2

State of Idaho  
Department of Water Resources

## WATER RIGHT LICENSE

WATER RIGHT NO. 63-08601

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 2<sup>nd</sup>  
day of November, 1989.

Bobby D. Fleener, for  
R. Keith Higginson, Director

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

| TWP. | RANGE | SEC. | NE $\frac{1}{4}$ |                  |                  |                  | NW $\frac{1}{4}$ |                  |                  |                  | SW $\frac{1}{4}$ |                  |                  |                  | SE $\frac{1}{4}$ |                  |                  |                  | TOTALS |
|------|-------|------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------|
|      |       |      | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ |        |
| 5N   | 3W    | 27   |                  |                  |                  |                  | 37               | 31               | 8                | 28               |                  |                  |                  |                  |                  |                  |                  |                  | 104    |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |

104

Total number of acres to be irrigated \_\_\_\_\_

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

Black Canyon water

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 \_\_\_\_\_

Form 219  
12/82

PICTURE #5 2 thru 4

RECEIVED

MAR 25 1988

State of Idaho  
DEPARTMENT OF WATER RESOURCES  
WATER RIGHT BENEFICIAL USE FIELD REPORT

SIMINEO FARMS, INC.  
NENW, 27, 5N, 3W.  
2.0 cfs - IRR. - 104  
AC.

63-8601

Permit No.

Department of Water Resources

CONTACT WITH PERMIT HOLDER

☐ Appointment letter mailed:

☒ Telephone call made  
(List Telephone No. used)

☒ Appointment scheduled for:  
(Date, time, location)

DATE

INITIALS

REMARKS

EXAMINATION

Date 7-24-84 Accompanied by Kay Walker & Jim Johnson Total Q measured 2.02 cfs

Source gw Tributary to \_\_\_\_\_ Supp. annubar measurement sheet used? NO

If source is surface water, estimate total flow of source \_\_\_\_\_

Methods of measurement staff gauge Meets permit requirements? yes

Measurement calculations: Measured .45' on staff gauge = 2.02 cfs

104 AC X 4.5 AFA/AC = 468 AFA < 1.98 X 345 DYS X 2.0 cfs = 970.2 AFA  
80' water level  
40(-8)(8.8) =  $\frac{281.6}{80}$  = 3.52 cfs  
80+ 0 (OPEN DISCHARGE INTO CEMENT DITCH)

| WELL/DIV.<br>NO. | HP | MOTOR<br>MAKE | MOTOR<br>SERIAL NO. | PUMP<br>MAKE | PUMP<br>SERIAL NO. | MEASURING<br>DEVICE TYPE | CONDITION OF<br>MEAS. DEVICE | REMARKS |
|------------------|----|---------------|---------------------|--------------|--------------------|--------------------------|------------------------------|---------|
|                  | 40 | Newman        | 5156704             | Aurora       | not visible        | 2' cipoletti             | good                         |         |
|                  |    |               |                     |              |                    |                          |                              |         |
|                  |    |               |                     |              |                    |                          |                              |         |
|                  |    |               |                     |              |                    |                          |                              |         |

System Description 2' Cipoletti weir, concrete ditches & syphon  
tubes. pump & motor with 8" pipe to open  
discharge.

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

RECOMMENDED AMOUNTS

USE  
IRRIGATION - 104 ACRES

Irrigation requirement = 4.5 AFA/Acre

Q (cfs) 2.0 cfs V (afa) 468 AFA FROM 3/15 TO 11/15

MICROFILMED

NOV 14 1989

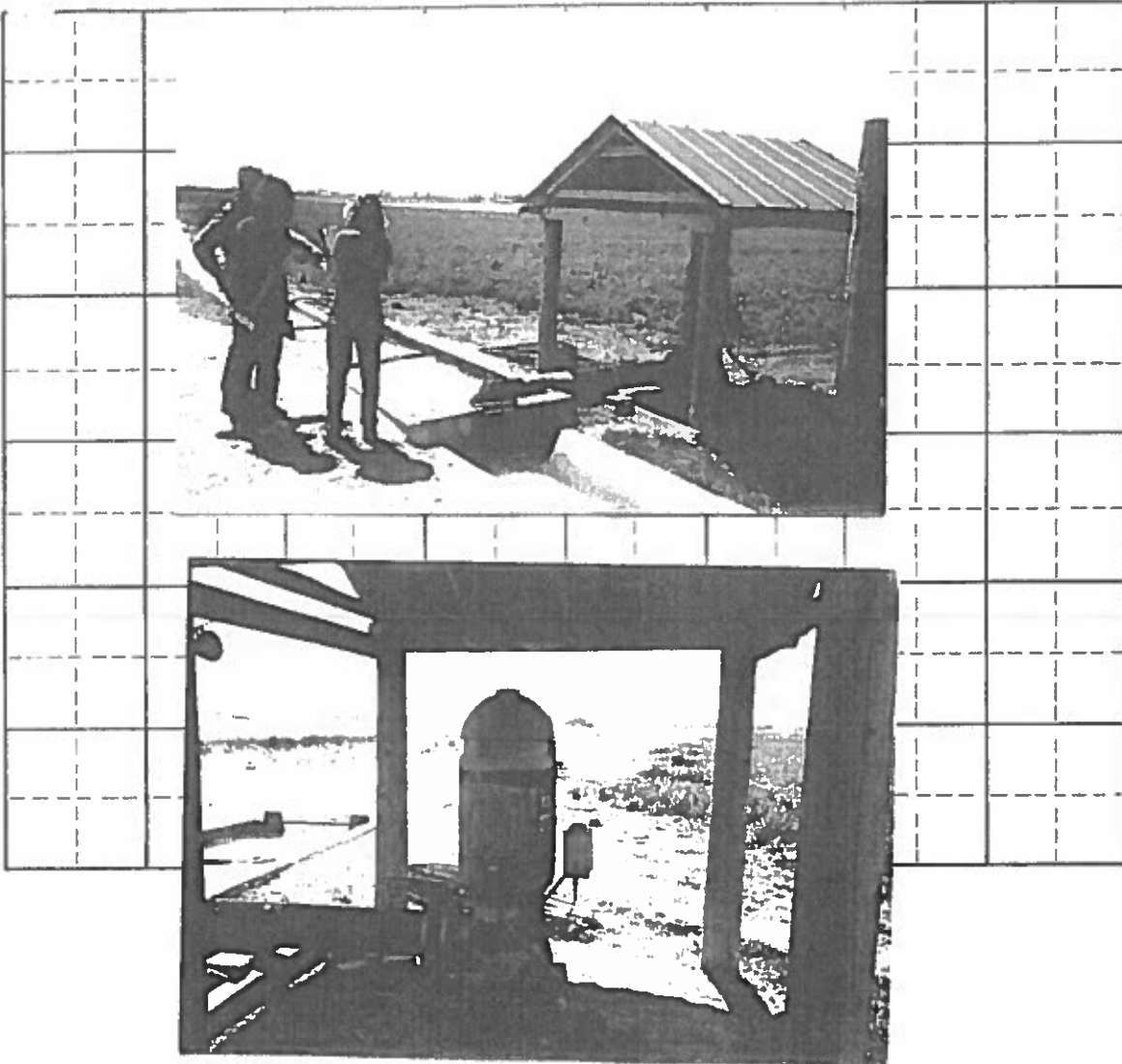
Total

2.0 cfs 468 AFA

Remarks

No other rights in NW 1/4, Sec. 27, T. 5N, R. 3W.

MAP (Attach Aerial Photo)



Point(s) of diversion: NENLO, J 27, T. 5N, R. 3W, D.M.

Place(s) of Use

| TWP. | RGE. | SEC. | NE% |     |     |     | NW% |     |     |     | SW% |     |     |     | SE% |     |     |     | TOTALS |
|------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
|      |      |      | NE% | NW% | SW% | SE% | NE% | NW% | SW% | SE% | NE% | NW% | SW% | SE% | NE% | NW% | SW% | SE% |        |
| 5N   | 3W   | 27   |     |     |     |     | 36  | 30  | 16  | 32  |     |     |     |     |     |     |     |     | 104    |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |

**MICROFILMED**

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

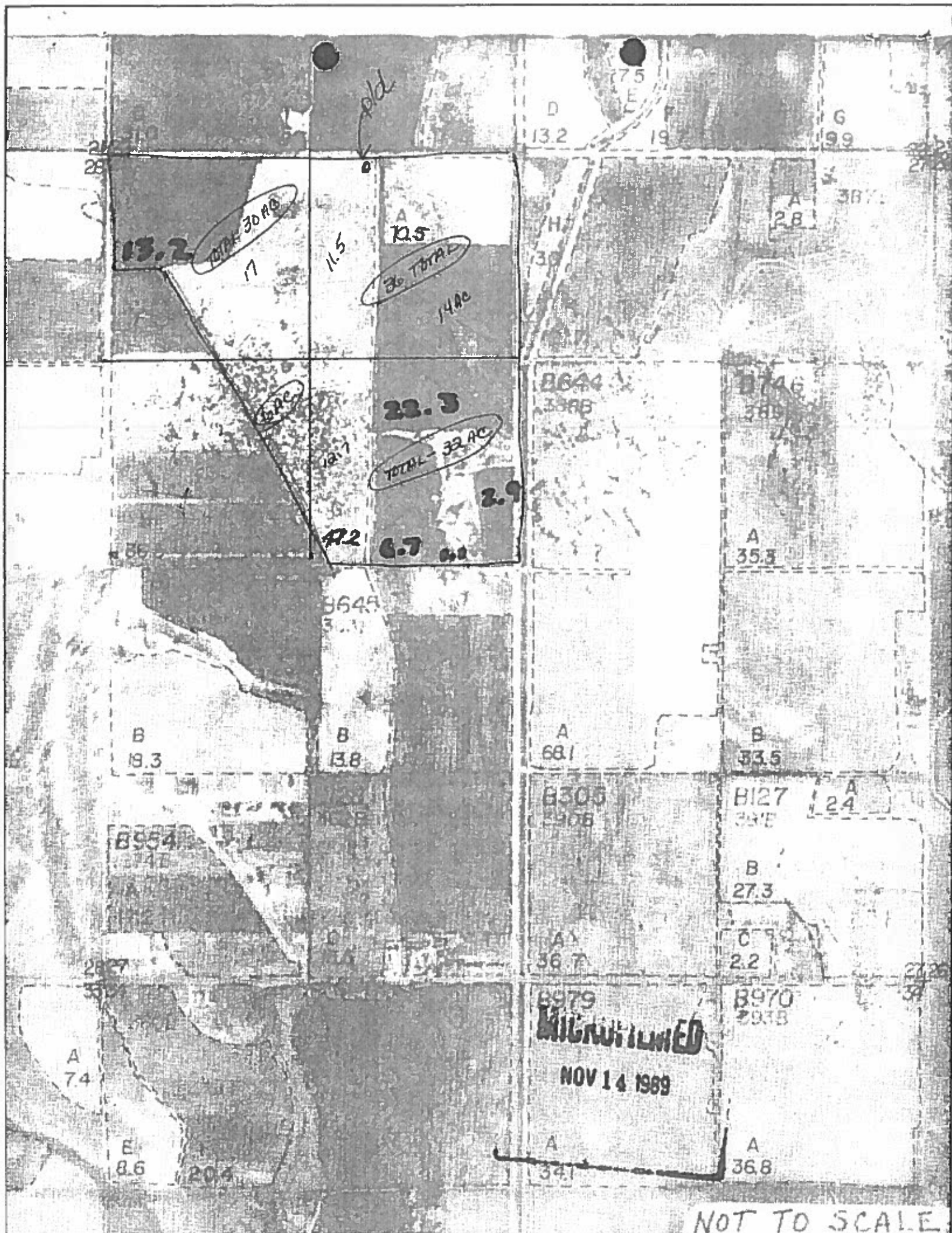
NOV 14 1989

Examiner's Signature  
 Checked by  
 Approved by

*Jan Shute*  
*665*

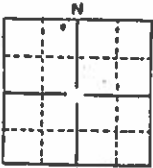
*Deanne McFarthy*

Date 11/25/85  
 Date 3/20/86  
 Date 5/17/89



## WELL DRILLER'S REPORT

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

| <b>1. WELL OWNER</b><br>Name <u>Ellery Limines</u><br>Address <u>Rt 7 Caldwell Idaho</u><br>Owner's Permit No. <u>63-8601 LR</u>                                                                                                                                                                                                                           | <b>7. WATER LEVEL</b><br>Static water level <u>50</u> feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Temperature _____ ° F. Quality _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input checked="" type="checkbox"/> Plug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                       |                |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|----------------|----------|----------------|------|----|----|---|---|----------|---|----|---|----|----------|---|----|----|----|--------------------|---|----|----|----|------------|---|----|----|----|-----------------------|---|----|----|----|------------------|---|----|----|----|-------|---|----|----|-----|---------------|---|----|-----|-----|--------|---|----|-----|-----|------|---|----|-----|-----|--------------------|---|----|-----|-----|------|---|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning) _____                                                                                                                                | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Other _____<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Draw Down</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Discharge G.P.M. | Draw Down             | Hours Pumped   |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                           | Draw Down                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Hours Pumped     |                       |                |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                       |                |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                       |                |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                       |                |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
| <b>3. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Other (specify type) _____<br><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection | <b>9. LITHOLOGIC LOG</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th rowspan="2">Water Yes / No</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td>18</td><td>0</td><td>3</td><td>Top soil</td><td>X</td></tr> <tr><td>18</td><td>3</td><td>11</td><td>hard pan</td><td>X</td></tr> <tr><td>18</td><td>11</td><td>34</td><td>Sand - clay binder</td><td>X</td></tr> <tr><td>16</td><td>34</td><td>44</td><td>sandy clay</td><td>X</td></tr> <tr><td>16</td><td>44</td><td>55</td><td>Sand &amp; clumps of clay</td><td>X</td></tr> <tr><td>16</td><td>55</td><td>58</td><td>sand clay binder</td><td>X</td></tr> <tr><td>16</td><td>58</td><td>70</td><td>sand.</td><td>X</td></tr> <tr><td>16</td><td>70</td><td>118</td><td>sand &amp; gravel</td><td>X</td></tr> <tr><td>16</td><td>118</td><td>143</td><td>gravel</td><td>X</td></tr> <tr><td>16</td><td>143</td><td>146</td><td>clay</td><td>X</td></tr> <tr><td>16</td><td>146</td><td>192</td><td>sand &amp; clay layers</td><td>X</td></tr> <tr><td>16</td><td>192</td><td>211</td><td>clay</td><td>X</td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Hole Diam.       | Depth                 |                | Material | Water Yes / No | From | To | 18 | 0 | 3 | Top soil | X | 18 | 3 | 11 | hard pan | X | 18 | 11 | 34 | Sand - clay binder | X | 16 | 34 | 44 | sandy clay | X | 16 | 44 | 55 | Sand & clumps of clay | X | 16 | 55 | 58 | sand clay binder | X | 16 | 58 | 70 | sand. | X | 16 | 70 | 118 | sand & gravel | X | 16 | 118 | 143 | gravel | X | 16 | 143 | 146 | clay | X | 16 | 146 | 192 | sand & clay layers | X | 16 | 192 | 211 | clay | X |
| Hole Diam.                                                                                                                                                                                                                                                                                                                                                 | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | Material              | Water Yes / No |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
|                                                                                                                                                                                                                                                                                                                                                            | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | To               |                       |                |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
| 18                                                                                                                                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3                | Top soil              | X              |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
| 18                                                                                                                                                                                                                                                                                                                                                         | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11               | hard pan              | X              |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
| 18                                                                                                                                                                                                                                                                                                                                                         | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 34               | Sand - clay binder    | X              |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
| 16                                                                                                                                                                                                                                                                                                                                                         | 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 44               | sandy clay            | X              |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
| 16                                                                                                                                                                                                                                                                                                                                                         | 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 55               | Sand & clumps of clay | X              |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
| 16                                                                                                                                                                                                                                                                                                                                                         | 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 58               | sand clay binder      | X              |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
| 16                                                                                                                                                                                                                                                                                                                                                         | 58                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 70               | sand.                 | X              |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
| 16                                                                                                                                                                                                                                                                                                                                                         | 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 118              | sand & gravel         | X              |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
| 16                                                                                                                                                                                                                                                                                                                                                         | 118                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 143              | gravel                | X              |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
| 16                                                                                                                                                                                                                                                                                                                                                         | 143                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 146              | clay                  | X              |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
| 16                                                                                                                                                                                                                                                                                                                                                         | 146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 192              | sand & clay layers    | X              |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
| 16                                                                                                                                                                                                                                                                                                                                                         | 192                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 211              | clay                  | X              |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                    | <b>5. WELL CONSTRUCTION</b><br>Diameter of hole <u>16</u> inches Total depth <u>211</u> feet<br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete<br>Thickness <u>250</u> inches Diameter <u>16</u> inches From <u>+1.5</u> feet To <u>146.5</u> feet<br><u>250</u> inches <u>18</u> inches <u>127</u> feet <u>211</u> feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input checked="" type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation <u>5</u> inches by <u>1/8</u> inches<br><u>2560</u> Number <u>137</u> From <u>feet</u> To <u>201</u> feet<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size of gravel <u>3/8</u> -<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>20</u> . Material used in seal <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Puddling clay <input checked="" type="checkbox"/> Well cuttings<br>Sealing procedure used <input checked="" type="checkbox"/> Shurry pit <input type="checkbox"/> Temporary surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth |                  |                       |                |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Subdivision Name _____<br>Lot No. _____ Block No. <u>N0V 14</u><br>County <u>Canyon</u><br>NE NW SE SW Sec. <u>27</u> T. <u>5</u> N/S R. <u>3</u> E/W                        | <b>10.</b> Work started <u>5-16-77</u> finished <u>6-11-77</u><br><br><b>11. DRILLERS CERTIFICATION</b><br>Driller Name <u>Bill Waty &amp; Development</u> Firm No. <u>42</u><br>Address <u>Rt 7 Caldwell</u> Date <u>6-27-77</u><br>Signed by (Firm Official) <u>Bill Waty</u><br>and (Operator) <u>Fred Berg</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                       |                |          |                |      |    |    |   |   |          |   |    |   |    |          |   |    |    |    |                    |   |    |    |    |            |   |    |    |    |                       |   |    |    |    |                  |   |    |    |    |       |   |    |    |     |               |   |    |     |     |        |   |    |     |     |      |   |    |     |     |                    |   |    |     |     |      |   |

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 63-31153  
Date Received: 10/2/1989  
Receipt No:  
Received By:

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

MAX D HARROLD Phone: (208)466-4782  
6701 HWY 20-26  
NAMPA ID USA 83687

CAROLYN L HARROLD Phone: (208)466-4782  
6701 HWY 20 26  
NAMPA ID USA 83687

2. Date of Priority: 03/18/1977

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of 1/4 of 1/4 Lot | County | Type |
|----------|-------|---------|-----------------------|--------|------|
| 05N      | 03W   | 27      | NE NW                 | CANYON |      |

5. Description of diverting works:

WELL & PUMP

6. Water is used for the following purposes:

| Purpose    | From  | To    | C.F.S. | (or) A.F.A. |
|------------|-------|-------|--------|-------------|
| IRRIGATION | 03/15 | 11/15 | 1.9    | 454.5       |

7. Total Quantity Appropriated is:  
1.9 C.F.S. and/or 454.5 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

| Township | Range | Section | 1/4 of 1/4 Lot | Use | Acres |
|----------|-------|---------|----------------|-----|-------|
|----------|-------|---------|----------------|-----|-------|

05N 03W 27

NE NW  
NW NW  
SW NW  
SE NW

IRRIGATION 33  
IRRIGATION 30  
IRRIGATION 6  
IRRIGATION 32

Section Acres 101

Total Acres 101

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:

14. Remarks:

This claim is the result of a split due to a change in ownership for a portion of 63-08601. DB 2/20/2001.

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: \_\_\_\_\_

**For Individuals:**

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date:

State of Idaho )  
County of \_\_\_\_\_ ) SS.

Subscribed and sworn (or affirmed) before me this  
of \_\_\_\_\_ 20\_\_

Notary Public

Residing at \_\_\_\_\_

My commission Expires \_\_\_\_\_

**STATE OF IDAHO**  
**DEPARTMENT OF WATER RESOURCES**  
**NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP**

RECEIVED

JAN 30 2001

WATER RESOURCES  
WESTERN REGION

Please print or type. Attach pages with additional information. Instructions are included at the end of this form.  
 Incomplete forms will be returned.

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided, if the change in ownership is limited to a portion of a water right in which case division of the existing water right or adjudication claim record will be required.

| Water<br>Right No(s). | Adjudication<br>Claim No(s). | Split | Water<br>Right No(s). | Adjudication<br>Claim No(s). | Split |
|-----------------------|------------------------------|-------|-----------------------|------------------------------|-------|
| 463-08601             |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |

2. The following **REQUIRED** information must be submitted with this form:

- A. The appropriate **FILING FEE**. See instructions for fee amounts.
- B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.
- C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):  
**PLAT OF PROPERTY** or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are usually attached to your deed or on file with the county).

OR

If your water right(s) and/or adjudication claim(s) are for ten or more acres of irrigation, you must submit a USDA Farm Service Agency **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

3. Name and Address of Former Owner/Claimant(s) Ellery + Anna Siminco  
25499 Freezeout Road, Caldwell, ID 83605
4. New Owner/Claimant(s) Max D. and/or Carolyn L. Harrold  
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
- New Mailing Address 6701 Hwy 20-26
- City, State and ZIP Code Nampa, ID 83687
- New Telephone Number (208) 466-4783
5. Date you acquired the property 12/17/1999

6. If the change in ownership affects the entire water right for each water right or adjudication claim number listed in item 1, THEN SKIP THIS ITEM AND GO TO ITEM 7. If the change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (one water right per box, you may copy this page as necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

| DESCRIPTION OF YOUR PORTION OF WATER RIGHT<br>(If the right(s) will not be split, skip this area and proceed to item 7) |                                                                            |                                                              |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|
| Water Right and/or Adjudication Claim Number _____                                                                      |                                                                            |                                                              |
| Water Use                                                                                                               | Diversion Rate or Volume<br>(cubic feet per second or acre-feet per annum) | Description<br>(acres, number and type of stock, homes, etc) |
| Irrigation                                                                                                              | _____                                                                      | _____                                                        |
| Stock                                                                                                                   | _____                                                                      | _____                                                        |
| Domestic                                                                                                                | _____                                                                      | _____                                                        |
| Other _____                                                                                                             | _____                                                                      | _____                                                        |
| Total                                                                                                                   | _____                                                                      | _____                                                        |

| DESCRIPTION OF YOUR PORTION OF WATER RIGHT<br>(If the right(s) will not be split, skip this area and proceed to item 7) |                                                                            |                                                              |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|
| Water Right and/or Adjudication Claim Number _____                                                                      |                                                                            |                                                              |
| Water Use                                                                                                               | Diversion Rate or Volume<br>(cubic feet per second or acre-feet per annum) | Description<br>(acres, number and type of stock, homes, etc) |
| Irrigation                                                                                                              | _____                                                                      | _____                                                        |
| Stock                                                                                                                   | _____                                                                      | _____                                                        |
| Domestic                                                                                                                | _____                                                                      | _____                                                        |
| Other _____                                                                                                             | _____                                                                      | _____                                                        |
| Total                                                                                                                   | _____                                                                      | _____                                                        |

7. Signature of New Owner(s) or Claimant(s) May D. Harrold  
(include title if applicable) Carolyn L Harrold

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

**For Office Use Only**

Received by \_\_\_\_\_ Date \_\_\_\_\_ Fee ✓  
 Receipted by \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. N/A  
 Processed by \_\_\_\_\_ AJ Date \_\_\_\_\_ WR \_\_\_\_\_ Date \_\_\_\_\_

63-8601

~~0.19 of S laws~~  
2.00 of S  
468 AFA  
104 Acres



Simineer  
63-31152

NEUW 3 acres  
.1 of S  
13.5 AFA



Harold

63-31153  
gets all but 3  
acres in  
the NEUW  
NEUW(33)  
1.9 of S  
454.5 AFA

Total acres  
101



NENW

27

9947761 - 9950301

Rerecorded to add exhibit A

200003365

## WARRANTY DEED

For Value Received SIMINEO FARMS, INC., an Idaho corporation with its principal place of business at 25499 Freezeout Rd., Caldwell, ID 83607, the grantor, represented by ANNA L. and ELLERY M. SIMINEO, prior owners, original incorporators and officers, and as authorized, approved, and granted pursuant to a resolution of SIMINEO FARMS Directors on November 20, 1999, hereby grant, bargain, sell and convey unto MAX D. AND CAROLYN L. HARROLD, husband and wife, 6701 Hwy 20-26, Nampa, ID 83687, the grantees, the following described premises, situated in CANYON county, State of Idaho, to-wit:

The Northwest Quarter of Section 27, Township 5 North, Range 3 West of the Boise Meridian in Canyon County, Idaho;

TOGETHER WITH All water, water rights, ditches, and rights of way for ditches appurtenant thereto or in any wise appertaining.

TOGETHER WITH All and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining.

EXCEPTING THEREFROM: A Northeast parcel containing 5.0 acres, and conveyed on instrument #9216384 recorded on July 22, 1992. (See Exhibit A)

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee, its successors, and assigns forever. And the said Grantors do hereby covenant to and with the said Grantee, that they are the owners in fee simple of said premises; that said premises are free from all incumbrances and that they will warrant and defend the same from all lawful claims whatsoever.

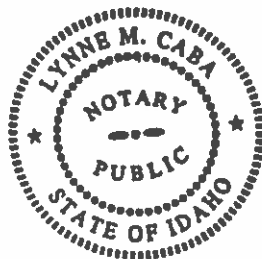
Dated: November 20, 1999.

Ellery M. Simineo  
Ellery M. Simineo, PreCorporation co-owner, Corp. Pres. 77-98, VP -99, 11/20/1999 Corp Resolution authorized signer

Anna L. Simineo  
Anna L. Simineo, PreCorporation co-owner, Corp. Sec-Treas. 77-98 11/20/1999 Corp Resolution authorized signer

STATE OF IDAHO, COUNTY OF CANYON] ss.

on this 3rd day of Dec. 1999, before me, a notary public in and for said State, personally appeared ELLERY M. SIMINEO and ANNA L. SIMINEO, husband and wife, known to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.



Lynne M. Caba  
Notary Public  
Residing at Caldwell, Idaho  
exp: 11-05-05

RECORDED  
BY Ellery Simineo  
CANYON CNTY RECORDER  
EXP: Dec 3.03

33 DEC 7 PM 4 08  
C NOEL HALES  
CANYON CNTY RECORDER  
BY Ellery Simineo

RECORDED

009947761

X=40 Y=80

Exhibit A

The description of the exception from document #9216384 recorded July 22, 1992 is as follows:

"This parcel is a portion of NE 1/4 NW 1/4 , Section 27, Township 5 North, Range 3 West, B.M., Canyon County, Idaho and is more particularly described as follows:

BEGINNING at the Northeast Corner of said NE 1/4 NW 1/4;

Thence South 00° 02' 36" West along the East boundary of said NE 1/4 NW 1/4, a distance of 253.70 ft.;

Thence leaving said East boundary South 89° 58' 48" West parallel with the North boundary of said 1NW 1/4, a distance of 858.48 ft.;

Thence North 00° 02' 36" East parallel with said East boundary, a distance of 253.70 ft. to a point on said North boundary;

Thence North 89° 58' 48" East along said North boundary, a distance of 858.48 ft. to the POINT OF BEGINNING.

This parcel is subject to a Right-of-Way of the North and East boundaries for county roads.

This parcel is subject to all other easements and Rights-of-Way existing or of record.

This parcel contains 5.00 acres."

200003366

RECORDED

00 JAN 31 PM 3 23

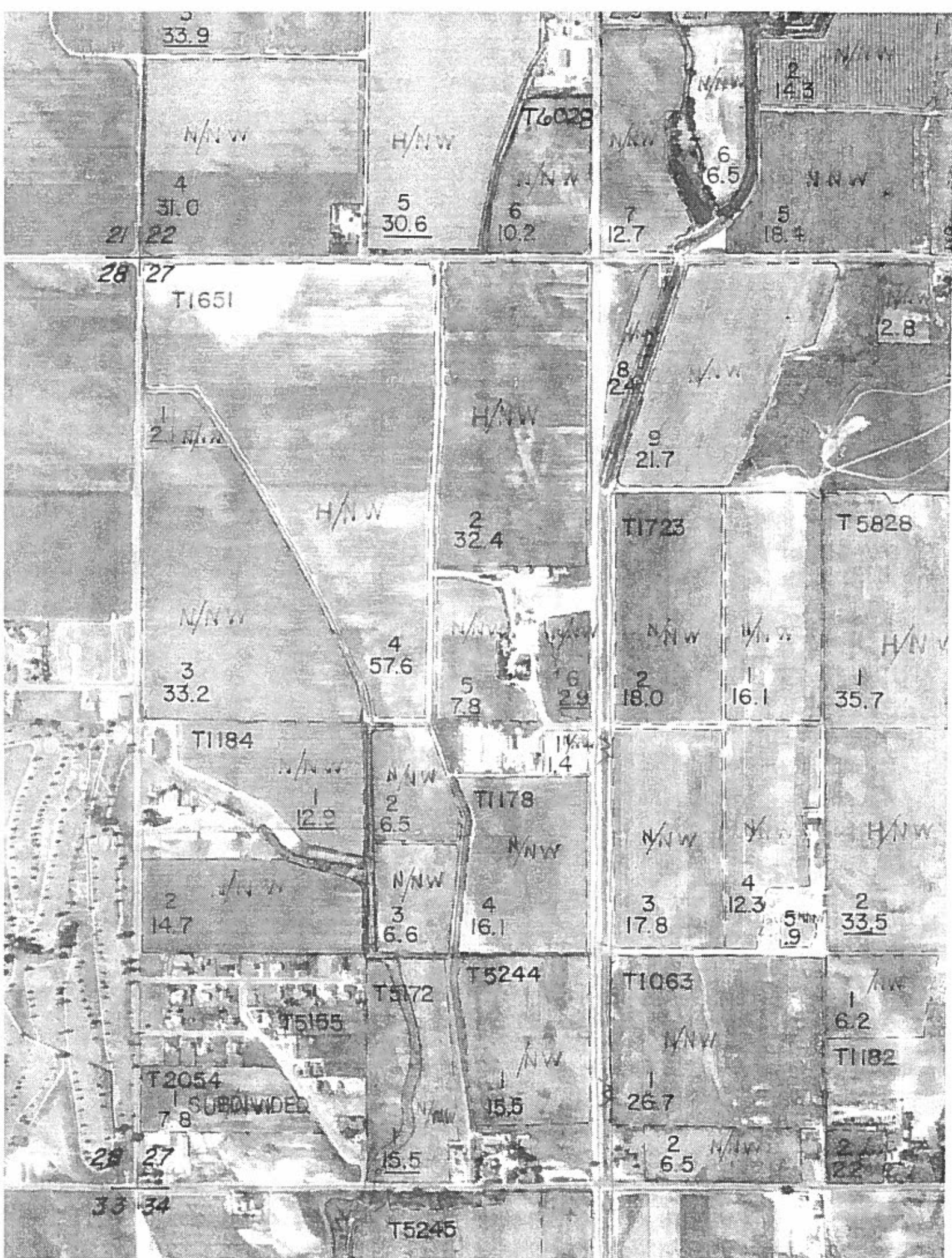
G NOEL HALES

CANYON CNTY RECORDER

BY

Requester: *Carol H. Hales*  
CANYON COUNTY RECORDER  
FEB 10 1992

20



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: A63-08601  
Date Received: 10/02/1989  
Receipt No: CO 11906  
Received By: [Signature]

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: SIMINEO FARMS INC. 208-459-7801  
Address: 25499 FREEZEOUT RD.  
CALDWELL, ID 83605

2. Date of Priority: MAR 18, 1977

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 of | Lot | County |
|----------|-------|---------|--------|--------|--------|-----|--------|
| 05N      | 03W   | 27      | SE     | NE     | NW     |     | CANYON |

5. Description of diverting works:  
WELL & PUMP

6. Water is used for the following purposes:

| Purpose    | From  | To    | C.F.S. | (or) | A.F.A. |
|------------|-------|-------|--------|------|--------|
| IRRIGATION | 03/15 | 11/15 | 2.000  |      | 468.00 |

7. Total Quantity Appropriated is:  
2.000 C.F.S. (and/or) 468.00 A.F.A.

8. Total consumptive use is 364.0 Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

| Township | Range | Section | 1/4 of | 1/4 of | Lot | Use | Acres |
|----------|-------|---------|--------|--------|-----|-----|-------|
| 05N      | 03W   | 27      | NE     | NW     |     | IRR | 36.0  |
|          |       |         | NW     | NW     |     | IRR | 30.0  |
|          |       |         | SW     | NW     |     | IRR | 6.0   |
|          |       |         | SE     | NW     |     | IRR | 32.0  |

Section Acres 104.0

A63-08601

Page 1

Date: 10/02/89

~~MICROFILMED~~  
AUG 24 1992

10. Place of Use: Continued

Total Acres 104.0

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:  
BLACK CANYON IRR. DIST.

14. Remarks:

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: \_\_\_\_\_

**For Organizations:**

I do solemnly swear or affirm that I am Sec \_\_\_\_\_ of  
Title  
Seminole Farms Inc \_\_\_\_\_, that I have signed the foregoing  
Organization  
document in the space below as Sec \_\_\_\_\_ of  
Title  
Seminole Farms Inc \_\_\_\_\_ and that the statements contained in the  
Organization  
foregoing document are true and correct.

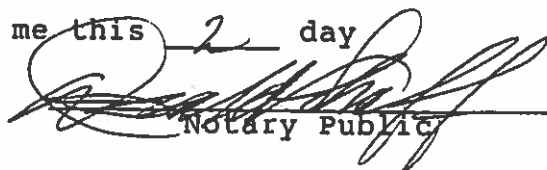
Anna L. Seminoe Sec  
Signature of Authorized Agent

Sec  
Title and Organization

\_\_\_\_\_  
Date

State of Idaho )  
County of Ada ) SS.

Subscribed and sworn (or affirmed) before me this 2 day  
of October 19 89

  
Notary Public

Seal

Residing at Boise, ID

My Commission Expires June 10, 1994



State of Idaho

DEPARTMENT OF WATER RESOURCES

Western Region, 2735 Airport Way, Boise, Idaho 83705-5082 - (208) 334-2190

FAX (208) 334-2348

DIRK KEMPTHORNE  
Governor

KARL J. DREHER  
Director

February 20, 2001

MAX D HARROLD  
CAROLYN L HARROLD  
6701 HWY 20-26  
NAMPA ID 83687

Re: Original Notice of Claim to a Water Right No. 63-08601

Renumbered Notice of Claim to a Water Right No. 63-31153

Dear Claimants:

We have received and processed a Change of Ownership for a portion of the original Claim to a Water Right Number as referenced above. This Change of Ownership required a split of the original claim resulting in renumbering this claim by adding alpha suffixes to represent each split. The new Notice of Claim to a Water Right number for your portion is referenced above and a copy is enclosed.

Your portion of this claim has a specified point of diversion, nature of use and place of use. If you plan on changing the nature of use, place of use, or point of diversion under this right, including adding a new point of diversion, then an Application for Transfer on your portion of this right is required. Please contact this office for further information on the Application for Transfer form. If you do not plan on changing any items on your claim, then no further action is required at this time. You will be notified of any future action taken on this claim. Also enclosed is a copy of the original claim for your reference.

Please feel free to contact this office if you have any questions concerning your claim or this letter.

Sincerely,

A handwritten signature in cursive script that reads "Denise Buffington".

Denise Buffington  
Office Specialist I  
Adjudication Section  
Western Region

DB:db

Enclosure