

RECEIVED  
JUN 4 1992

Department of Water Resources

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: A61-02122  
Date Received: 6/1/1992  
Receipt No: C024419  
Received By: *[Signature]*

*Rec'd from  
So on 6-12-92*

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: CRATER HOLDING TRUST 208-939-6426  
Address: PO BOX 333  
EAGLE ID 83616

OR

Name: PLEASANT ACRES TRAILER COURT 208-939-6426  
Address: PO BOX 333  
EAGLE ID 83616

2. Date of Priority: OCT 7, 1959

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 | Lot | County |
|----------|-------|---------|--------|--------|-----|-----|--------|
| 03S      | 06E   | 23      | NW     | NE     | NW  |     | ELMORE |

5. Description of diverting works:  
WELL 250' DEEP WITH PIPE TO HOUSE AND TRAILERS

6. Water is used for the following purposes:

| Purpose    | From  | To    | C.F.S. | (or) | A.F.A. |
|------------|-------|-------|--------|------|--------|
| IRRIGATION | 03/15 | 11/15 | 0.080  |      | 22.50  |
| DOMESTIC   | 01/01 | 12/31 | 0.080  |      |        |

7. Total Quantity Appropriated is:  
0.080 C.F.S. (and/or) 22.50 A.F.A.

8. Total consumptive use is 17.5 Acre Feet Per Annum.

9. Non-irrigation uses:  
D/40 MOBILE HOMES.

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AUG 11 1992

10. Place of Use:

|          |       |         |     |    |     |     |        |       |
|----------|-------|---------|-----|----|-----|-----|--------|-------|
| Township | Range | Section | 1/4 | of | 1/4 | Lot | Use    | Acres |
| 03S      | 06E   | 23      | NE  |    | NW  |     | IRR    | 5.0   |
|          |       |         | NE  |    | NW  |     | DOMEST |       |

Section Acres      5.0

|             |     |
|-------------|-----|
| Total Acres | 5.0 |
|-------------|-----|

11. Place of use in counties: ELMORE

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

13. Other Water Rights Used:  
NONE

14. Remarks:

15. Basis of Claim: LICENSE

Water Right Number: 28027

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: \_\_\_\_\_

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**For Organizations:**

I do solemnly swear or affirm that I am Trust Manager of  
Title  
Crater Holding Trust that I have signed the foregoing  
Organization  
document in the space below as Trust Manager of  
Title  
Crater Holding Trust and that the statements contained in the  
Organization  
foregoing document are true and correct.

Rough / Liz Skill  
Signature of Authorized Agent

Trust Manager  
Title and Organization

6/2/92  
Date

State of Idaho )  
County of Ada ) SS.

Subscribed and sworn (or affirmed) before me this 2 day

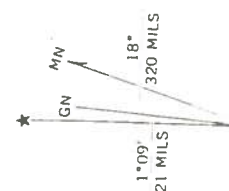
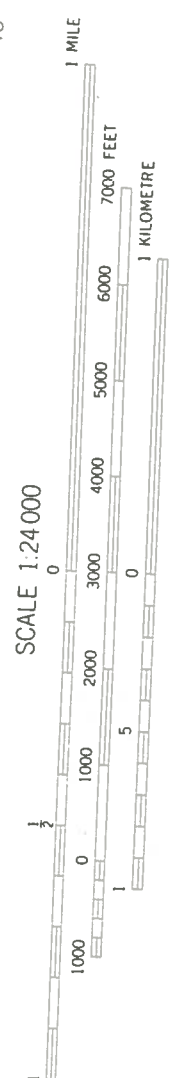
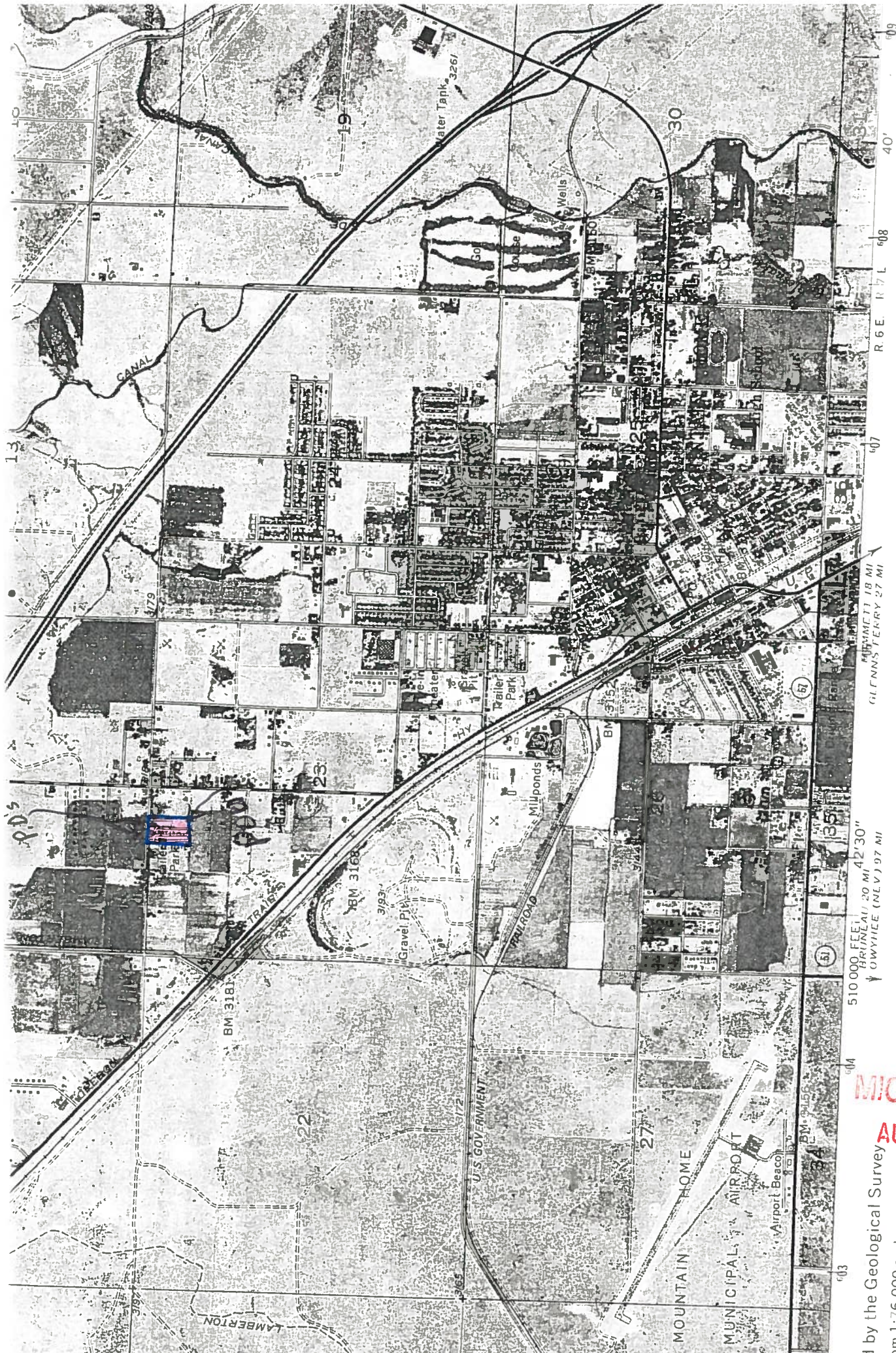
of June 19 92

Elbert M. Jones  
Notary Public



Residing at Logan Idaho  
My Commission Expires Aug 29, 1994

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**AUG 11 1992**



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**AUG 11 1992**

by the Geological Survey  
 on 1:76,000 scale  
 just 4, 1974  
 rid ticks: Idaho coordinate  
 Mercator)  
 Mercator grid,  
 can datum  
 scanning techniques  
 mismatched images;

Drilling Permit No. 61-92-C-006  
Water Right Permit No. WR 61-02122  
Injection Permit No. \_\_\_\_\_

State of Idaho  
Department of Water Resources

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JUN 4 1992

APPLICATION FOR DRILLING PERMIT

Department of Water Resources

1. Applicant (please print) Spectra Productions, Inc. Pleasant Acres Mobile Court
2. Mailing Address P.O. Box 333  
City & State Engle Id. Zip Code 83616 Telephone (208) 939 6426  
☒ Well Owner ☐ Well Operator ☐ Other, specify \_\_\_\_\_
3. Proposed well location NE 1/4 NW 1/4, or Gov't Lot No. \_\_\_\_\_  
Sec. 23, Twp. 35, Rge. 6E, County Elmore  
Street Address of Well Site 8851 Mc Murtry Rd.  
Lot, block and subdivision \_\_\_\_\_
4. Proposed use of well:  
☐ Domestic: The use of water for homes, organization camps, public campgrounds, livestock and for any other purpose in connection therewith, including irrigation of up to 1/2 acre of land, if the total use is not in excess of 13,000 gpd; or any other uses, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.  
Domestic does not include water for multiple ownership subdivisions, mobile home parks, commercial or business establishments, unless the use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.  
☒ Non-Domestic: Any beneficial use not included within the definition of domestic.  
☐ Injection  
☐ Monitoring - A well bore schematic and map is required for each well.  
No. of proposed wells: \_\_\_\_\_  
☐ Other \_\_\_\_\_ (Describe) \_\_\_\_\_
5. Well construction information:  
A. ☐ New well ☒ Deepen ☐ Enlarge ☐ Replace - See Condition 9  
B. Proposed Surface Diameter \_\_\_\_\_ Proposed Maximum Depth Deepen to about 250'  
C. Anticipated bottom hole temperature:  
☐ 85°F or less (Cold water well)  
☐ 85°F to 212°F (Low temp. geothermal well)  
☐ 212° or more (Geothermal well)
6. Construction Start Date ASAP - Hardship
7. Anticipated Well Driller Hiddleston - Mt. Home.  
NOTE: The actual well driller must be identified prior to drilling.
8. Applicant's signature Diana Jones Date 6/1/92

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AUG 11 1982

1409(10) 1  
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JUN 4 1992

Date Received \_\_\_\_\_

State of Idaho  
Department of Water Resources  
**REQUEST FOR EXTENSION OF TIME  
TO FILE ADJUDICATION CLAIM(S)**

Department of Water Resources

The Idaho Department of Water Resources will consider this form as a request by the claimant for an additional period of time in which to file claim(s) beyond the 90 days allowed by Section 42-1409(10), Idaho Code.

SPECTRA PRODUCTIONS, INC. (208) 939-6426  
Name of Claimant Phone Number

P.O. BOX 333 EAGLE IDAHO 83616  
Mailing Address City State Zip

ELMORE  
County(s) where place of use is located Date claim originally due

ELMORE  
Identify water right(s) for which extension is requested

State why an extension of time is requested explaining how a diligent effort has been made to meet the deadline:

We did not receive the notice on this property. The well has been in existence and lisc. since 1959. Mr. James Johnson and Mr. John Carlson both have worked very hard to find this information in your department.

I'm enclosing a copy of tax notice so that you can see our address has remained the same.  
Claimant requests an extension to \_\_\_\_\_, 19 \_\_\_\_\_

[Signature] 6/9, 19 92  
Signature Date of request

[Signature]  
Title

**ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES**

The above request for extension of time is hereby [ X granted ] [ \_\_\_\_\_ denied ] for the following reasons:

and if granted the filing deadline is extended to June 4, 19 92

Signed this 5 day of June, 19 92

[Signature]  
Director or his designated agent  
**DAVID B. SHAW**  
**MICROFILMED**  
**AUG 11 1992**



AJ0749NP  
No. R61-02122

IDAHO DEPARTMENT OF WATER RESOURCES  
ADJUDICATION CLAIM PROFILE REPORT  
(REGIONAL)

DATE: 11/15/98  
PAGE: 2

Audit: 11/15/98 KWALKER

# Claim: 61-02122

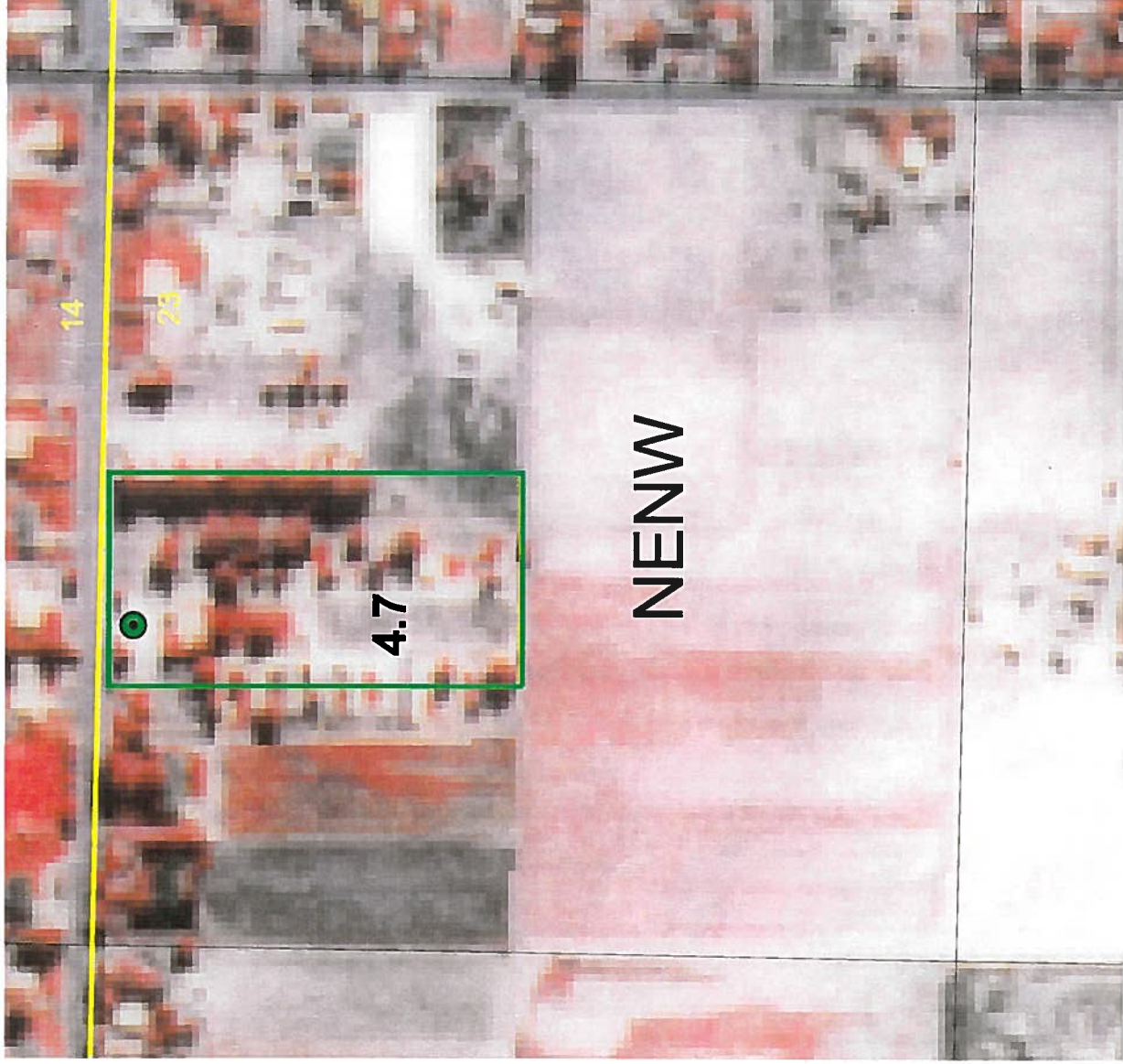


T03S R06E  
Sec. 23

- Point of diversion
- Place of use
- QQ lines
- Section lines

Date: Nov. 17, 1998  
Prepared by: Roxanne Brown  
NAPP Photography: 1987

# Claim: 61-02122



T03S R06E  
Sec. 23

- Point of diversion
- Place of use
- QQ lines
- Section lines

Date: Nov. 17, 1998  
Prepared by: Roxanne Brown  
NAPP Photography: 1987



**IDAHO DEPARTMENT OF WATER RESOURCES  
ADJUDICATION CLAIM PROFILE REPORT**

DATE: 11/11/98  
PAGE: 4

NAME &amp; ADDRESS

**PRIORITY**  
**DATE**

## WATER USE

USE PERIOD  
FROM TO

**DIVERSION RATE**

C PLEASANT ACRES TRAILER COURT  
C CRATER HOLDING TRUST  
PO BOX 333  
EAGLE ID 83616  
(208) 939-6426

**Water Source:** GROUNDWATER

**Tributary to:**

Point(s) of Diversion:

T03S R06E S23

**ANNALS**

Place of use Legal Description for: IRRIGATION

## IRRIGATION

AN EN

### FIN

[illegible]

03S 06E 23 : :

05

Place of use Legal Description for: DOMESTIC

NE

### FIN

|     |     |    |      |      |      |      |      |      |      |      |
|-----|-----|----|------|------|------|------|------|------|------|------|
| T   | R   | S  | NENE | NWNE | SUNE | SENE | NENW | NWNW | SWNW | SENW |
|     |     |    | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   |
| 03S | 06E | 23 | :    | :    | :    | :    | :    | :    | :    | :    |

03S 06E 23 :

**D**

**POU County: ELMORE**

Non-Irrigation Uses: ~~DOMESTIC~~. 40 MOBILE HOMES

Other Rights: NONE

| Other Water Rights with Same Point(s) of Diversion with Stage (Includes All Sources): | 61-10506 | 61-10640 | A61-02122 | A61-10506 | A61-10640 |
|---------------------------------------------------------------------------------------|----------|----------|-----------|-----------|-----------|
|                                                                                       |          |          |           |           |           |

Other Water Rights Listing Overlapping Place(s) of Use:  
A61-00263 A61-00264 A61-00266 A61-02122 A61-02123  
A63-20139

**Dates:** \_\_\_\_\_ **Exam Made Date:** \_\_\_\_\_

**Verified Date:**

04/27/1994

Objection Filed Date:

Misc: Water District Number:

Field Inspection Flag:  
Presumption Flag:

**Audit:** 04/27/94 MCCARTHY

03/30/95 POST-STD



5

6177600

State of Idaho

# License and Certificate of Water Right

Water License No. G-28027

Priority

October 7, 1959

Amount 0.08 c. f. s.

THIS IS TO CERTIFY that CLAUDE T. & MARGARET H. BASEY-ASSIGNEE-IVAN & ALYCE BUCY

of Mountain Home, Idaho, made application for a permit to appropriate the public waters of the State of Idaho, dated July 6, 1959; that Permit No. G-28027 was issued under said application; that Certificate of Completion of Work, with a carrying capacity of 0.08 second feet, was issued thereunder on March 1, 1968, showing that said works were completed on the 10 day of October, 1964; and that on the 10 day of October, 1964 IVAN L. BUCY

of Mountain Home, State of Idaho, made proof to the satisfaction of the State Reclamation Engineer of Idaho, of a right to the use of the waters of a well

a tributary of subterranean flow for the purpose of domestic use for 40-unit trailer park and under Use Permit No. G-28027 of the Department of Reclamation, and one house & irrigate that said right to the use of said waters has been perfected in accordance with the laws of Idaho, lawn and is hereby confirmed by the State Reclamation Engineer of Idaho and entered of record on the 1 day of March, 1968. The right hereby confirmed dates from October 7, 1959 (late proof)

The Point of Diversion is located in the NE 1/4 NW 1/4, Sec. 23, Twp. 3 S, R. 6 E, B.M. Elmore County. That the amount of water to which such right is entitled and hereby confirmed, for the purposes aforesaid, is limited to an amount actually needed and beneficially used for said purposes, and shall not exceed 0.08 cubic feet per second. Description and location of use:

| Sec. | Range | Section | Part-Acre Tract | No. Acres Described in Permit | No. Acres Actually Irrigated                                              |
|------|-------|---------|-----------------|-------------------------------|---------------------------------------------------------------------------|
| 3 S  | 6 E   | 23      | NE 1/4 NW 1/4   | 5                             | for domestic use for 40-unit trailer park & one house & to irrigate lawn. |

The right to the use of the water aforesaid hereby confirmed is restricted to the lands or place of use herein described, as provided by the laws of Idaho.

WITNESS the seal and signature of the State Reclamation Engineer, affixed at Boise, Idaho, this 1 day of March, 1968.

*R. Keith Higgins*  
State Reclamation Engineer.

R. Mertzke

Page 1  
4 10:36:35

Old (D) Number - 28027

+ - - - - Address

State- ID Zip- 83616

IVAN

ALYCE

CLAUDE T.

MARGARET H.

14 WESTERN  
+ - - - Region - - - +

+ + - - - - Tributary

**+**

----- Diversion Rate ----- Diversion Volume -----

| 04/01 | 10/31 |
|-------|-------|
| 01/01 | 12/31 |

0.080 0.080

20.00

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**Prefix Translation: RESEARCH**

15.0  
tive Use

County

(39) ELMORE  
(39) ELMORE

5.0

+ - - Diversion Means - WELL 250' DEEP WITH PIPE TO HOUSE AND TRAILERS

+ - - Non-Irrigation Use - DOMESTIC, 40 MOBILE HOMES

+ - - Other Rights for Same Use - NONE

- - Remarks - -  
No Remarks found.

No Old Water Right Numbers Found

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

Decree Date - +  
00/00/0000

- - -Comments- - -  
No Comments Found

- +  
04/27/94 MCCARTHY

+ - - - - - Adjudication Rights Dates and Flags Area

|                         |   |       |
|-------------------------|---|-------|
| Civil Case Number       | - | 39576 |
| Old Case Number         | - |       |
| Old Judicial District   | - |       |
| Temporary Right         | - | P     |
| Water District          | - |       |
| Federal/State Indicator | - | S     |
| Presumption Flag        | - |       |
| Notice of Error Flag    | - |       |

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SEP 27 1996

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
ADJUDICATION CLAIM VERIFICATION REPORT

07:47:49  
04/27/94

PAGE: 1  
GENERAL INFORMATION

1  
CLAIM NUMBER: A61-02122

LAST: BUCY  
ADDRESS:  
CITY: MOUNTAIN HOME  
PHONE NUMBER: 208-000-0000  
OWNER CODE: 0  
FIRST: ALYCE  
STATE: ID ZIP: 0

LAST: BASEY  
ADDRESS:  
CITY: X  
PHONE NUMBER: 208-000-0000  
OWNER CODE: 0  
FIRST: CLAUDE T.  
STATE: ID ZIP: 0

LAST: BASEY  
ADDRESS:  
CITY: X  
PHONE NUMBER: 208-000-0000  
OWNER CODE: 0  
FIRST: MARGARET H.  
STATE: ID ZIP: 0

LAST: BUCY  
ADDRESS:  
CITY: MOUNTAIN HOME  
PHONE NUMBER: 208-000-0000  
OWNER CODE: 0  
FIRST: IVAN  
STATE: ID ZIP: 0

LAST: PLEASANT ACRES TRAILER COURT  
ADDRESS: PO BOX 333  
CITY: EAGLE  
PHONE NUMBER: 208-939-6426  
OWNER CODE: C  
FIRST:  
STATE: ID ZIP: 83616

LAST: SPECTRA PRODUCTIONS  
ADDRESS: PO BOX 333  
CITY: EAGLE  
PHONE NUMBER: 208-939-6426  
OWNER CODE: C  
FIRST:  
STATE: ID ZIP: 83616

*Crater Holding Trust*

MICROFILMED  
SEP 27 1996

FIELD  
EXAMINER

DATABASE  
N

FIELD EXAM REQUIRED?

VERIFICATION REQUIRED DUE TO REMARKS?

NO REMARKS IN CLAIM

FIELD EXAMINATION INFORMATION

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
DATE OF FIELD EXAM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_:\_\_\_\_ A(\_\_\_\_) P(\_\_\_\_)  
ACCOMPANIED BY: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
RELATIONSHIP TO CLAIMANT: \_\_\_\_\_  
DIRECTIONS TO PROPERTY / NOTES:

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MICROFILMED  
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A. AJ CLAIM: # A61-02122 PRIORITY DATE: 10-07-1959 STAGE: L

B. WR RECORD: # 61-02122 PRIORITY DATE: 10-07-1959 STAGE: L

C. FIELD EXAM REQUIRED?

DUE TO PRIORITY DATE DISCREPANCY? (Y/N)

DATABASE

N

FIELD

EXAMINER

A

ARE THERE OBVIOUS REASONS TO QUESTION THE PRIORITY DATE CLAIMED? Y( ) N( )

IF YES EXPLAIN.

NOTES:

*Recommend as accepted & claimed.*

RECOMMENDED PRIORITY DATE:

10-07-1959

REVIEWED BY

DATE

*4-27-94*MICROFILMED  
SEP 27 1996

A. AJ CLAIM POINT OF DIVERSION AND SOURCE:

| RIGHT     | TWP. | RGE. | SEC. | 1/4 | 1/4 | 1/4 | LOT | CNTY   |
|-----------|------|------|------|-----|-----|-----|-----|--------|
| A61-02122 | 03S  | 06E  | 23   | NW  | NE  | NW  |     | ELMORE |

OTHER AJ CLAIMS WITH SAME AJ POD

A PREFIX  
A61-10506

WR RECORDS IN SAME 40 ACRE TRACT  
NONE  
*separate dom.*

SOURCE: GROUNDWATER

TRIB:

B. WR POINT OF DIVERSION AND SOURCE:

| RIGHT    | TWP. | RGE. | SEC. | 1/4 | 1/4 | 1/4 | LOT | CNTY   |
|----------|------|------|------|-----|-----|-----|-----|--------|
| 61-02122 | 03S  | 06E  | 23   | NW  | NE  | NW  |     | ELMORE |

OTHER WR RECORDS WITH SAME WR POD

AJ CLAIMS IN SAME 40 ACRE TRACT  
A PREFIX  
R PREFIX

NONE

A61-10328  
A61-10444  
A61-10506  
A61-10640

SOURCE: GROUNDWATER

TRIB:

C. FIELD EXAM REQUIRED?

| DUE TO POD DISCREPANCY? | (Y/N) | DUE TO SOURCE DISCREPANCY? | (Y/N) | DATABASE | FIELD EXAMINER |
|-------------------------|-------|----------------------------|-------|----------|----------------|
|                         | Y     |                            | N     |          | <i>NP</i>      |

NOTES:

*Recommend as licensed; well dependent in 1993 see attached well log.*

*No confirmation of 10-acre tract, map with claim sufficient.*

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RECOMMENDED POINT(S) OF DIVERSION AND SOURCE:

| TWP. | RGE. | SEC. | 1/4 | 1/4 | LOT | COUNTY | DIVERSION NAME |
|------|------|------|-----|-----|-----|--------|----------------|
| —    | —    | —    | —   | —   | —   | —      | —              |
| —    | —    | —    | —   | —   | —   | —      | —              |
| —    | —    | —    | —   | —   | —   | —      | —              |
| —    | —    | —    | —   | —   | —   | —      | —              |
| —    | —    | —    | —   | —   | —   | —      | —              |
| —    | —    | —    | —   | —   | —   | —      | —              |
| —    | —    | —    | —   | —   | —   | —      | —              |
| —    | —    | —    | —   | —   | —   | —      | —              |
| —    | —    | —    | —   | —   | —   | —      | —              |

*claimed*

SOURCE: GROUNDWATER

TRIB:

REVIEWED BY:

*RME*

DATE:

*4-27-94*

SYSTEM DESCRIPTION:

MICROFILMED  
SEP 27 1996

A. ROOT WATER RIGHT NUMBERS: A61-02122

B. POU LISTING

| TWP         | RNG | SEC | 1/4 | 1/4 | LOT | NAME                                    | AJ<br>#/ACRES | WR<br>#/ACRES | LANDSAT<br>DATA | FIELD<br>EXAM. | RECOMM.<br>ACRES |
|-------------|-----|-----|-----|-----|-----|-----------------------------------------|---------------|---------------|-----------------|----------------|------------------|
| 03S         | 06E | 23  | NE  | NW  |     | PLEASANT ACRES TRAILER COURT            | A61-02122     | 5.0           | 32.0            |                | 5.0              |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA61-00264 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA61-00266 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA61-10417 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA61-10419 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA61-10421 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA63-02214 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MC INTYRE, JAMES P.                     | A61-10506     | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA63-19893 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA63-20139 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA61-00263 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | WILCOX, VAVA                            | R61-10328     | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | TFCR WATER USERS ASSOC                  | A61-10444     | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | WILCOX, VAVA                            | A61-10328     | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA63-02188 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | HORKAVI, GEORGE D.                      | A61-10640     | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MC INTYRE, JAMES P.                     | R61-10506     | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | HORKAVI, GEORGE D.                      | R61-10640     | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | DANIEL, WILLIAM M.                      |               | 61-00054      |                 |                |                  |
|             |     |     | NE  | NW  |     | HAYES, LAURA M.                         |               | 61-00092      |                 |                |                  |
| 03S         | 06E | 23  | NE  | NW  |     | PLEASANT ACRES TRAILER COURT            | A61-02122     | 5.0           | 32.0            |                | 5.0              |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA61-00264 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA61-00266 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA61-10417 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA61-10419 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA61-10421 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA63-02214 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MC INTYRE, JAMES P.                     | A61-10506     | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA63-19893 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA63-20139 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA61-00263 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | WILCOX, VAVA                            | R61-10328     | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | TFCR WATER USERS ASSOC                  | A61-10444     | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | WILCOX, VAVA                            | A61-10328     | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MOUNTAIN HOME IRRIGATION DISTRA63-02188 | /20.0         | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | HORKAVI, GEORGE D.                      | A61-10640     | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | MC INTYRE, JAMES P.                     | R61-10506     | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | HORKAVI, GEORGE D.                      | R61-10640     | -             |                 |                |                  |
|             |     |     | NE  | NW  |     | DANIEL, WILLIAM M.                      |               | 61-00054      |                 |                |                  |
|             |     |     | NE  | NW  |     | HAYES, LAURA M.                         |               | 61-00092      |                 |                |                  |
| TOTAL ACRES |     |     |     |     |     |                                         | A61-02122     | 5.00          | 10.00           | 64.00          | 5.0              |

den.

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SEP 27 1996

ARE IRRIGATED ACRES FOUND IN TRACTS OTHER THAN INDICATED ABOVE, Y( ) N(✓)

IF YES SEE ATTACHED SHEET:

C. FIELD EXAM REQUIRED? FIELD EXAMINER POJ COUNTY: ELMORE  
DUE TO POJ DISCREPANCY? (Y/N) Y

PRESUMPTION FLAG:

NOTES:

*Use confirmed on atto (see claim)*

*Recommend as awarded.*

RECOMMENDATIONS:

TOTAL ACRES:

*5.0*

REVIEWED BY:

*RME*

DATE:

*4-27-94*

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SEP 27 1996

A. AJ CLAIMED USES:

| PURPOSES                            | FROM  | MONTH/DAY<br>TO | DIVERSION QUANTITY |
|-------------------------------------|-------|-----------------|--------------------|
| A61-02122 IRRIGATION                | 03-15 | TO 11-15        | .080 CFS           |
| A61-02122 DOMESTIC                  | 01-01 | TO 12-31        | .080 CFS           |
| TOTAL DIVERSION RATE/VOLUME CLAIMED |       |                 | .080 CFS           |

B. WR RECORDED USES:

| PURPOSES                            | FROM | MONTH/DAY<br>TO | DIVERSION QUANTITY |
|-------------------------------------|------|-----------------|--------------------|
| 61-02122 IRRIGATION                 |      |                 | .080 CFS           |
| 61-02122 DOMESTIC                   |      |                 | .080 CFS           |
| TOTAL DIVERSION RATE/VOLUME CLAIMED |      |                 | .080 CFS           |

PRESUMPTION FLAG:

C. FIELD EXAM REQUIRED?

|                                          | DATABASE | FIELD EXAMINER                      |
|------------------------------------------|----------|-------------------------------------|
| DUE TO WATER-USE DISCREPANCY? (Y/N)      | N        | <input checked="" type="checkbox"/> |
| DUE TO DIVERSION RATE DISCREPANCY? (Y/N) | Y        | <input checked="" type="checkbox"/> |
| DUE TO PERIOD FROM/TO DISCREPANCY? (Y/N) | Y        | <input checked="" type="checkbox"/> |

D. PERIOD OF USE:

RECOMMEND AS CLAIMED?

Y( ) N(☒)

RECOMMEND TO WR STANDARDS OR OTHER?

Y(☒) N( ) Explain in notes, below.

NOTES:

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A. DOES DIVERSION RATE CLAIMED AGREE WITH EXISTING RECORDS?

AJ TOTAL CLAIMED DIVERSION RATE: 0.080 CFS  
WR ROOT RIGHT TOTAL DIVERSION RATE: 0.080 CFS

Y( ) N( )

\*\*\* IF NO or IF STATUTORY CLAIM or BENEFICIAL USE then flow measurement required. \*\*\*  
\*\* If an amount smaller than the original diversion rate is \*\*  
\*\* claimed and an exam is NOT required, explain in notes. \*\*

FLOW MEASUREMENT REQUIRED?

FIELD DATABASE EXAMINER  
DUE TO STAGE OR DIVERSION RATE DISCREPANCY? (Y/N) N

B. FLOW MEASUREMENT

MEASUREMENT METHOD n/a, SEE ATTACHED CALCULATIONS.

C. ARE OTHER WATER RIGHTS USED? Y( ) N( ) IF YES COMPLETE OVERLAP REVIEW.

OTHER RIGHTS LISTED IN CLAIM: NONE

LIST ALL RIGHTS WITH A SAME POU AND IRRIGATION USAGE:

| CLAIM NO. | SOURCE             | NAME                          | DIV. RATE | DIV. RATE/ACRE | DIV. VOL. | DIV. VOL./ACRE |
|-----------|--------------------|-------------------------------|-----------|----------------|-----------|----------------|
| A61-02122 | GROUNDWATER        | PLEASANT ACRES TRAILER COURT  | 0.080     | 0.016          | 22.50     | 4.50           |
| A61-00263 | CANYON CREEK       | MOUNTAIN HOME IRRIGATION DIST | 6.000     | 0.001          | 2880.00   | 0.64           |
| A61-00264 | CANYON CREEK       | MOUNTAIN HOME IRRIGATION DIST | 3.200     |                | 1536.00   | 0.34           |
| A61-00266 | CANYON CREEK       | MOUNTAIN HOME IRRIGATION DIST | 2.400     |                | 1152.00   | 0.25           |
| A61-10417 | CANYON CREEK       | MOUNTAIN HOME IRRIGATION DIST | 2.200     |                | 924.00    | 0.20           |
| A61-10419 | CANYON CREEK       | MOUNTAIN HOME IRRIGATION DIST | 18.100    | 0.004          | 8688.00   | 1.95           |
| A61-10421 | CANYON CREEK       | MOUNTAIN HOME IRRIGATION DIST | 400.000   | 0.089          | 7695.49   | 1.72           |
| A63-02188 | RATTLESNAKE CREEK  |                               |           |                |           |                |
| A63-02214 | CAT CREEK          | MOUNTAIN HOME IRRIGATION DIST | 2.840     |                | 1192.80   | 0.26           |
| A63-19893 | CASTLE ROCK CREEK  | MOUNTAIN HOME IRRIGATION DIST | 1.800     |                | 756.00    | 0.16           |
| A63-20139 | LITTLE CANAS CREEK | MOUNTAIN HOME IRRIGATION DIST | 19.000    | 0.004          | 9120.00   | 2.04           |
|           | LITTLE CANAS CREEK | MOUNTAIN HOME IRRIGATION DIST |           |                | 24000.00  | 5.39           |

LIST ALL RIGHTS WITH SAME POU BUT NOT USED FOR IRRIGATION.

| CLAIM NO. | PURPOSES | NAME                         | MONTH/DAY           | RATE     | VOLUME   |
|-----------|----------|------------------------------|---------------------|----------|----------|
| A61-02122 | DOMESTIC | PLEASANT ACRES TRAILER COURT | FROM 01-01 TO 12-31 | .080 CFS | .00 AF/A |

*unrecorded  
to plan*

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SEP 27 1996

| CLAIM NO. | PURPOSES   | NAME                   | MONTH/DAY           | RATE     | VOLUME |
|-----------|------------|------------------------|---------------------|----------|--------|
| A61-10506 | DOMESTIC   | MC INTYRE, JAMES P.    | FROM 01-01 TO 12-31 | .040 CFS |        |
| A61-10506 | STOCKWATER | MC INTYRE, JAMES P.    | FROM 01-01 TO 12-31 | .020 CFS |        |
| R61-10328 | DOMESTIC   | WILCOX, VAVA           | FROM 01-01 TO 12-31 | .040 CFS |        |
| A61-10444 | DOMESTIC   | TFCR WATER USERS ASSOC | FROM 01-01 TO 12-31 | .100 CFS |        |
| A61-10328 | DOMESTIC   | WILCOX, VAVA           | FROM 01-01 TO 12-31 | .040 CFS |        |
| A61-10640 | DOMESTIC   | HORKAVI, GEORGE D.     | FROM 01-01 TO 12-31 | .040 CFS |        |
| R61-10506 | DOMESTIC   | MC INTYRE, JAMES P.    | FROM 01-01 TO 12-31 | .040 CFS |        |
| R61-10506 | STOCKWATER | MC INTYRE, JAMES P.    | FROM 01-01 TO 12-31 | .020 CFS |        |
| R61-10640 | DOMESTIC   | HORKAVI, GEORGE D.     | FROM 01-01 TO 12-31 | .040 CFS |        |

*unrelated  
unpaid  
to claim*

D.

## RATE/VOLUME CALCULATIONS: (IRRIGATION)

## 1b. CALCULATIONS

1a. IRRIGATION RATE  
ACRES 5.0 x 0.02 CFS/ACRE = 0.10 CFS  
(Taken from p/u review)

DOES AMOUNT CLAIMED EXCEED 0.02 CFS/ACRE? Y( ) N(☒)

\*\*\* IF YES ADDITIONAL WATER USE FORM FILED AND ATTACHED? Y( ) N( ) \*\*\*

## 2. IRRIGATION CONSUMPTIVE USE

CLAIMED CONSUMPTIVE USE = 17.5 AF/A

ACRES 5.0 x CONSUMPTIVE VOL. AF/A FOR AREA 3.0 =  
TOTAL CONSUMPTIVE USE 15.0 AF/A

## 3. IRRIGATION DIVERSION VOLUME

CLAIMED DIVERSION VOLUME = 22.50 AF/A

ACRES 5.0 x DIVERSION VOL. AF/A FOR AREA 4.0 =  
TOTAL DIVERSION VOLUME 20.0 AF/A

## 4. CALCULATIONS FOR USES OTHER THAN IRRIGATION:

SEE ATTACHED SHEET? Y( ) N(☒)

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SEP 27 1996

NOTES: (Include limitations on CONSUMPTIVE USE for combined rights.)

RECOMMENDATIONS:

| REC.<br>PURPOSES     | REC. PERIOD<br>FROM TO | REC. DIV<br>RATE CFS | REC. DIV<br>VOL. AF/A | REC. CONS.<br>USE |
|----------------------|------------------------|----------------------|-----------------------|-------------------|
| IRRIGATION           | 4-1 03-15              | 0.080                | 22.50                 | 17.5              |
| DOMESTIC             | 11-15 12-31            | 0.080                | 22.50                 | 15.0              |
| TOTAL FOR THIS RIGHT |                        | 0.080                | 22.50                 | 4.0               |

REVIEWED BY: RNF

DATE: 4-27-94

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A. CHECK ONLY THE FOLLOWING THAT APPLY:

OWNERSHIP \_\_\_\_\_ ACCEPTED AS CLAIMED ( ) NEEDS REVIEW ( )  
FORFEIT/ABANDON \_\_\_\_\_ ( )  
ADDITIONAL DIV. AMOUNT \_\_\_\_\_ ( )

B. SPLIT WATER RIGHT REVIEW

ROOT WATER RIGHT NUMBER: 61-02122  
TOTAL DIVERSION RATE OF WR SPLITS \_\_\_\_\_ CFS  
SPLITS:

| OLD RIGHT NUMBERS | CURRENT CLAIM NUMBERS | DIVERSION RATE | CURRENT "R" CLAIM NUM. | "R" DIV. RATE | WR RIGHT NUMBERS | DIVERSION RATE |
|-------------------|-----------------------|----------------|------------------------|---------------|------------------|----------------|
| -                 | A61-02122             | 0.080          | -                      |               | 61-02122         | 0.080          |
| TOTAL CFS         |                       | 0.080          |                        |               |                  | 0.080          |

DIVERSION RATE REVIEW

DO THE SUM CFS RATE OF THE SPLITS EQUAL THE ROOT RIGHT CFS RATE? (Y/N)  
IF NO, is the written review sheet attached? (Y/N)

NOTES: *No splits.*

AUTHENTICATION:

SIGNATURE: *Raymond McTear*

DATE: *4-27-94*  
TITLE: *D. Mr. Agent*

MICROFILMED  
SEP 27 1998

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
ADJUDICATION CLAIM VERIFICATION REPORT

07:47:49  
04/27/94

PAGE: 13  
QUICKLOOK INFORMATION

13  
CLAIM NUMBER: A61-02122

| WR ELEMENT                | FIELD EXAM<br>Y/N | CORRESPONDENCE<br>SENT/RECEIVED<br>BY WHOM/DATE | FIELD EXAM<br>BY WHOM/DATE | CHANGE<br>CLAIM<br>Y/N | VERIFIED BY<br>CODE | COMPLETED<br>REVIEW<br>WHOM/DATE | COMPLETED<br>DATA ENTRY<br>WHOM/DATE | VERIFIED<br>DATE<br>WHOM/DATE |
|---------------------------|-------------------|-------------------------------------------------|----------------------------|------------------------|---------------------|----------------------------------|--------------------------------------|-------------------------------|
| PRIORITY DATE             | N                 |                                                 |                            | N                      | 6                   | 2/15/94                          | 2/15/94                              | 4/22/94                       |
| POINT OF DIV              |                   |                                                 |                            |                        |                     |                                  |                                      |                               |
| SOURCE                    |                   |                                                 |                            |                        |                     |                                  |                                      |                               |
| PLACE OF USE              |                   |                                                 |                            |                        |                     |                                  |                                      |                               |
| DIV. AMOUNT<br>CFS/VOLUME |                   |                                                 |                            |                        | 1,6                 |                                  |                                      |                               |
| CONSUMPTIVE USE           |                   |                                                 |                            |                        | 6                   |                                  |                                      |                               |
| PURPOSES                  |                   |                                                 |                            |                        |                     |                                  |                                      |                               |
| PERIOD OF USE             |                   |                                                 |                            |                        |                     |                                  |                                      |                               |
| BASIS OF CLAIM            |                   |                                                 |                            |                        |                     |                                  |                                      |                               |
| REMARKS                   |                   |                                                 |                            |                        |                     |                                  |                                      |                               |

"VERIFIED BY" CODES

TOPO MAP/ORTHO-PQ = 1  
ASCS MAP = 2  
WATERMASTER RECORDS = 3  
NAPP PHOTOS = 4  
FIELD EXAM = 5  
OTHER (SEE REMARKS) = 6

THESE CODES ARE USED TO INDICATE HOW THE FIELD EXAMINER VERIFIED THE INFORMATION  
USED FOR THIS FIELD EXAMINATION. INDICATED ARE ALL CODES WHICH APPLY.

*ADWR records standards*

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SEP 27 1996

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**USE TYPEWRITER OR  
BALLPOINT PENState 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.

R-4

| <b>1. WELL OWNER</b><br>Name <u>Spectra Productions, INC./</u><br><u>Pleasant Acres Mobile</u><br>Address <u>P.O. Box 333 Eagle, ID 83616</u><br>Drilling Permit No. <u>61-92-C-006</u><br>Water Right Permit No. <u>61-2122</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | <b>7. WATER LEVEL</b><br>Static water level <u>173</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature _____ of. Quality _____<br><i>Describe artesian or temperature zones below.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                  |               |                    |                 |               |                |              |              |            |            |                                                                                                                                                  |              |            |               |              |              |            |            |        |           |    |                    |            |            |                    |            |            |                    |            |            |                                                                                                                                                                                                                                                                                                                                                                                                       |               |  |  |   |     |     |            |  |  |   |     |     |               |  |  |   |     |     |           |  |  |   |     |     |               |  |  |   |     |     |           |  |  |   |     |     |               |  |  |   |     |     |           |  |  |   |     |     |                      |  |  |   |     |     |           |  |  |   |     |     |               |  |  |   |     |     |           |  |  |   |     |     |                      |  |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------|---------------|--------------------|-----------------|---------------|----------------|--------------|--------------|------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|---------------|--------------|--------------|------------|------------|--------|-----------|----|--------------------|------------|------------|--------------------|------------|------------|--------------------|------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|---|-----|-----|------------|--|--|---|-----|-----|---------------|--|--|---|-----|-----|-----------|--|--|---|-----|-----|---------------|--|--|---|-----|-----|-----------|--|--|---|-----|-----|---------------|--|--|---|-----|-----|-----------|--|--|---|-----|-----|----------------------|--|--|---|-----|-----|-----------|--|--|---|-----|-----|---------------|--|--|---|-----|-----|-----------|--|--|---|-----|-----|----------------------|--|---|
| <b>2. NATURE OF WORK</b><br><input type="checkbox"/> New well <input type="checkbox"/> Deepened <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Well diameter increase<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td>35</td><td></td><td>1</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | Discharge G.P.M. | Pumping Level | Hours Pumped       | 35              |               | 1              |              |              |            |            |                                                                                                                                                  |              |            |               |              |              |            |            |        |           |    |                    |            |            |                    |            |            |                    |            |            |                                                                                                                                                                                                                                                                                                                                                                                                       |               |  |  |   |     |     |            |  |  |   |     |     |               |  |  |   |     |     |           |  |  |   |     |     |               |  |  |   |     |     |           |  |  |   |     |     |               |  |  |   |     |     |           |  |  |   |     |     |                      |  |  |   |     |     |           |  |  |   |     |     |               |  |  |   |     |     |           |  |  |   |     |     |                      |  |   |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Pumping Level   | Hours Pumped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Bore<br/>Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>86</td><td>Sand &amp; Gravel</td><td></td><td></td></tr><tr><td>"</td><td>86</td><td>89</td><td>Gray lava</td><td></td><td></td></tr><tr><td>6</td><td>89</td><td>111</td><td>Gray Lava</td><td></td><td></td></tr><tr><td>"</td><td>111</td><td>115</td><td>Brown Cinders</td><td></td><td></td></tr><tr><td>"</td><td>115</td><td>116</td><td>Brown Lava</td><td></td><td></td></tr><tr><td>"</td><td>116</td><td>126</td><td>Brown Cinders</td><td></td><td></td></tr><tr><td>"</td><td>126</td><td>135</td><td>Gray lava</td><td></td><td></td></tr><tr><td>"</td><td>135</td><td>136</td><td>Brown Cinders</td><td></td><td></td></tr><tr><td>"</td><td>136</td><td>150</td><td>Gray Lava</td><td></td><td></td></tr><tr><td>"</td><td>150</td><td>156</td><td>Brown Cinders</td><td></td><td></td></tr><tr><td>"</td><td>156</td><td>183</td><td>Gray Lava</td><td></td><td></td></tr><tr><td>"</td><td>183</td><td>201</td><td>Brown Lava &amp; Cinders</td><td></td><td></td></tr><tr><td>"</td><td>201</td><td>225</td><td>Gray lava</td><td></td><td></td></tr><tr><td>"</td><td>225</td><td>227</td><td>Brown Cinders</td><td></td><td></td></tr><tr><td>"</td><td>227</td><td>231</td><td>Gray Lava</td><td></td><td></td></tr><tr><td>6</td><td>231</td><td>303</td><td>Brown Cinders 35 GPM</td><td></td><td>X</td></tr></tbody></table> |                      | Bore<br>Diam.    | Depth         |                    | Material        | Water         |                | From         | To           | Yes        | No         | 8                                                                                                                                                | 0            | 86         | Sand & Gravel |              |              | "          | 86         | 89     | Gray lava |    |                    | 6          | 89         | 111                | Gray Lava  |            |                    | "          | 111        | 115                                                                                                                                                                                                                                                                                                                                                                                                   | Brown Cinders |  |  | " | 115 | 116 | Brown Lava |  |  | " | 116 | 126 | Brown Cinders |  |  | " | 126 | 135 | Gray lava |  |  | " | 135 | 136 | Brown Cinders |  |  | " | 136 | 150 | Gray Lava |  |  | " | 150 | 156 | Brown Cinders |  |  | " | 156 | 183 | Gray Lava |  |  | " | 183 | 201 | Brown Lava & Cinders |  |  | " | 201 | 225 | Gray lava |  |  | " | 225 | 227 | Brown Cinders |  |  | " | 227 | 231 | Gray Lava |  |  | 6 | 231 | 303 | Brown Cinders 35 GPM |  | X |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>.250</u> inches</td><td><u>6</u> inches</td><td><u>2</u> feet</td><td><u>89</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><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 checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun<br>Size of perforation _____ inches by _____ inches<br><table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>89</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld _____<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ |                 | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Diameter             | From             | To            | <u>.250</u> inches | <u>6</u> inches | <u>2</u> feet | <u>89</u> feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches                                                                                                                                     | _____ inches | _____ feet | _____ feet    | _____ inches | _____ inches | _____ feet | _____ feet | Number | From      | To | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet | _____ feet | <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were<br>compiled with at the time the rig was removed.<br>Firm Name <u>Hiddleston &amp; Son, INC.</u> Firm No. <u>35</u><br>Rt <u>3</u> , Box <u>610-D</u><br>Address <u>Mtn Home, ID 83547</u> Date <u>6-9-92</u><br>Signed by (Firm Official) <u>Roy</u><br>and<br>(Operator) <u>Matt Hiddleston</u> |               |  |  |   |     |     |            |  |  |   |     |     |               |  |  |   |     |     |           |  |  |   |     |     |               |  |  |   |     |     |           |  |  |   |     |     |               |  |  |   |     |     |           |  |  |   |     |     |                      |  |  |   |     |     |           |  |  |   |     |     |               |  |  |   |     |     |           |  |  |   |     |     |                      |  |   |
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| <b>6. LOCATION OF WELL</b><br>Sketch map location <u>must</u> agree with written location.<br><table border="1"><tr><td>N</td><td></td><td></td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td></td><td></td><td></td></tr><tr><td>S</td><td></td><td></td></tr></table><br>County <u>Elmore</u><br>Subdivision Name <u>ON</u><br><u>Mc Murtry RD.</u><br>Lot No. _____ Block No. _____<br>NE <input type="checkbox"/> NW <input type="checkbox"/> Sec. <u>23</u> T. <u>3</u> N <input type="checkbox"/> S <input type="checkbox"/> R. <u>6</u> E <input checked="" type="checkbox"/> W <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                  | W             |                    | E               |               |                |              | S            |            |            | <b>12. RECEIVED</b><br>JUN 2 4 1992<br>Department of Water Resources<br>Western Regional Office<br>JUN 2 2 1992<br>Department of Water Resources |              |            |               |              |              |            |            |        |           |    |                    |            |            |                    |            |            |                    |            |            |                                                                                                                                                                                                                                                                                                                                                                                                       |               |  |  |   |     |     |            |  |  |   |     |     |               |  |  |   |     |     |           |  |  |   |     |     |               |  |  |   |     |     |           |  |  |   |     |     |               |  |  |   |     |     |           |  |  |   |     |     |                      |  |  |   |     |     |           |  |  |   |     |     |               |  |  |   |     |     |           |  |  |   |     |     |                      |  |   |
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USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT