



State of Idaho

**DEPARTMENT OF WATER RESOURCES**

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Web Site: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

GARY SPACKMAN  
Director

C.L. "BUTCH" OTTER  
Governor

August 1, 2016

ANDREA BENEDICT  
6505 LITTLE FREEZEOUT RD  
CALDWELL ID 83607

RE: Transfer Application for Water Right 63-8269A

Dear Water Right Holder:

The Department of Water Resources received your Application for Transfer of Water Right- Point of Diversion on July 6, 2016. A transfer is not required with the point of diversion is within the same legal public land survey subdivision if there are no apparent injury concerns to nearby wells. The Department is returning your application.

Please notify the Department and provide a map of the irrigated acres when the domestic well is used for irrigation under this right. This information is needed in order to update the related point of diversion shape in our GIS database.

If you have any questions or concerns, please contact Pam Skaggs at (208) 287-4951. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Jean Hersley".

Jean Hersley  
Technical Records Specialist II

Enclosure

c: Andrew J Waldera

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUL 06 2016

## APPLICATION FOR TRANSFER OF WATER RIGHT – POINT(S) OF DIVERSION

DEPARTMENT OF  
WATER RESOURCES

This form may be used to apply to change and/or add points of diversion for existing water rights and to report an ownership change for a water right(s) in connection with the proposed point of diversion change(s). Do not use this form to apply for changes to other elements of a water right. See the Application for Transfer Instructions for help completing this form and for mailing addresses of Department offices where your application can be submitted.

Check all that apply:

- ☒ Change diversion point(s)    ☐ Add diversion point(s)    ☐ Ownership change    ☐ Ownership split

1. APPLICANT(S) ANDREA MARIE BENEDICT Phone 208-830-9891  
 2. MAILING ADDRESS 6505 Little Freezeout Road City CALDWELL, ID  
 State IDAHO Zip 83607 Email modeltgirl26@hotmail.com

- ☐ If the applicant is not an individual and not registered to do business in the State of Idaho, attach documentation identifying officers authorized to sign for the applicant.
- ☐ If the applicant is not the current water right(s) owner, attach documentation of authority to file the application.
- ☐ If the application includes a change in ownership of water right(s), attach a copy of the conveyance document, such as a warranty deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property conveyed or description of the water right if no land is conveyed. Additional fee(s) are required for water right ownership changes; see Item 9 for the fee schedule.

If the ownership change resulted in the water right(s) being split, how did the division occur? Mark one:

- ☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
- ☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.

- ☐ If the application is not signed by the applicant, attach a Power of Attorney or other documentation providing authority to sign for the applicant.

3. LIST WATER RIGHT NUMBER(S) 63-8269A

- ☒ Attach a copy of the water right(s) as recorded, available at [www.idwr.idaho.gov](http://www.idwr.idaho.gov), *Water Right Transfers, Step 1*, or by contacting any Department office.

4. TOTAL AMOUNT OF WATER transferred is 0.070 cubic feet per second and/or 45.00 acre-feet per annum.  
 (diversion rate) (storage volume)

5. POINT OF DIVERSION – Describe all the point(s) of diversion to be included on the water right(s) after the proposed change.

- ☐ Attach Eastern Snake Plain Aquifer (ESPA) analysis if this transfer proposes to change a point of diversion affecting the ESPA. ESPA analysis information is available at [www.idwr.idaho.gov](http://www.idwr.idaho.gov), *Water Right Transfers, Online Resources*.

| New? | Lot | 1/4 | 1/4 | 1/4 | Sec | Twp | Rge | County | Source                 | Local name or tag # |
|------|-----|-----|-----|-----|-----|-----|-----|--------|------------------------|---------------------|
| New  |     | SE  | SW  |     | 36  | 6N  | 3W  | Gem    | Benedict, 63-8269A     | Domestic/Irrigation |
| Old  |     | SE  | SW  |     | 36  | 6N  | 3W  | GEM    | PAIKINS (63-8269B) - 1 | Irrigation          |
|      |     |     |     |     |     |     |     |        |                        |                     |
|      |     |     |     |     |     |     |     |        |                        |                     |
|      |     |     |     |     |     |     |     |        |                        |                     |
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|      |     |     |     |     |     |     |     |        |                        |                     |
|      |     |     |     |     |     |     |     |        |                        |                     |

## 6. GENERAL INFORMATION

- a. Describe the complete diversion system, including how you will accommodate a measuring device and lockable controlling works should they be required now or in the future:

SE 1/4, SW 1/4, Section 36, T6N, 3W to my domestic well located at SE 1/4, SW 1/4, S36, T6N, 3W.

- b. Who owns the property at the point(s) of diversion? Myself, Calkin (Water Right 63-82698)  
If other than the applicant, describe the arrangement enabling the applicant to access the property for the diversion system:

- c. To your knowledge, has/is any portion of the water right(s) proposed to be changed:

Yes No

- ☐ ☒ undergone a period of five or more consecutive years of non-use,  
☐ ☒ currently used in a mitigation plan limiting the use of water under the right(s), or  
☐ ☒ currently enrolled in a Federal set-aside program limiting the use of water under the right(s)?

If yes, describe:

- d. Is any portion of the water right(s) proposed to be changed currently leased to the Water Supply Bank? ☐ Yes ☒ No  
☐ If yes and there are multiple owners, attach a Lessor Designation form.  
☐ If yes, the individual owner or designated lessor must complete, sign and attach an IRS Form W-9.  
(Disregard if these items are on file and ownership has not changed.)

7. MAP - ☒ Attach a map of the diversion, measurement, control and distribution system. Include the place of use if a split of the water right occurred. Clearly label the map with township, range, section and 1/4 1/4 of section information. The Map Tool, available at [maps.idwr.idaho.gov/Transfer/ApplicationLayouts/](http://maps.idwr.idaho.gov/Transfer/ApplicationLayouts/) provides a satisfactory template for creating the required map.

8. SIGNATURE - The information in this application is true to the best of my knowledge. I understand any willful misrepresentations in this application may result in rejection of the application or cancellation of an approval.

Andrew M. Benedict  
Signature of applicant or authorized agent

ANDREA M. BENEDICT, owner  
Print name and title if applicable

7/3/16  
Date

Signature of applicant or authorized agent

Print name and title if applicable

Date

9. FEE - ☐ The application filing fee provided in Section 42-221, Idaho Code, must be submitted with the application for transfer. The Application fee is based on the total amount of water proposed for transfer in Item 4: the larger fee for either cubic feet per second (diversion rate) or acre-feet per annum (storage volume). The Fee Schedule is available at [www.idwr.idaho.gov](http://www.idwr.idaho.gov), Water Right Transfers, Step 4 and in the Application for Transfer Instructions.

## FOR DEPARTMENT USE ONLY

Transfer includes \_\_\_\_\_ pages of attachments. Received by \_\_\_\_\_ Date \_\_\_\_\_

Fee paid \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_ Receipt # \_\_\_\_\_

Preliminary review by \_\_\_\_\_ Date \_\_\_\_\_ Active in the Water Supply Bank? Yes ☐ No ☐

W-9 received? Yes ☐ No ☐ Name on W-9 \_\_\_\_\_ W-9 forwarded to fiscal? Yes ☐ No ☐

State of Idaho  
Department of Water Resources

# Water Right

63-8269A

## IRRIGATION

The map depicts the place of use for the water use listed above and point(s) of diversion of this right as currently derived from interpretations of the paper records and is used solely for illustrative purposes. Discrepancies between the computer representation and the permanent document file will be resolved in favor of the actual water right documents in the water right file.



-  Point of Diversion
-  Place Of Use Boundary
-  Townships
-  PLS Sections
-  Quarter Quarters
-  Taxlots

0 0.0425 0.085 0.17 Miles



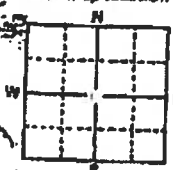
USE TYPEWRITER OR  
"BALL POINT PEN"

RECEIVED State of Idaho  
Department of Water Resources

230

## DEC 23 1975 WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30  
Department of Water Resources

| <b>1. WELL OWNER</b><br>Name <u>Jerry Estep</u><br>Address <u>4095 Shamrock - Boise, Idaho</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | <b>7. WATER LEVEL</b><br>Static water level <u>155</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 type="checkbox"/> Plug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |               |       |  |          |       |  |      |    |     |    |    |   |   |          |  |   |  |   |    |            |  |   |  |    |     |                  |  |   |  |     |     |           |   |  |  |     |     |           |  |   |  |     |     |           |   |  |  |     |     |           |  |   |  |     |     |            |   |  |  |     |     |                    |   |  |  |     |     |                         |   |  |  |     |     |             |   |  |
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| <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 checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Other<br>Discharge G.P.M. <u>600</u> Drawn Down _____ Hours Pumped <u>24</u><br><u>033402</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |               |       |  |          |       |  |      |    |     |    |    |   |   |          |  |   |  |   |    |            |  |   |  |    |     |                  |  |   |  |     |     |           |   |  |  |     |     |           |  |   |  |     |     |           |   |  |  |     |     |           |  |   |  |     |     |            |   |  |  |     |     |                    |   |  |  |     |     |                         |   |  |  |     |     |             |   |  |
| <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> <table border="1"><thead><tr><th rowspan="2">Hole<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>14</td><td>0</td><td>1</td><td>Top soil</td><td></td><td>X</td></tr><tr><td></td><td>1</td><td>22</td><td>Brown clay</td><td></td><td>X</td></tr><tr><td></td><td>22</td><td>155</td><td>Brown sandy clay</td><td></td><td>X</td></tr><tr><td></td><td>155</td><td>162</td><td>Fine sand</td><td>X</td><td></td></tr><tr><td></td><td>162</td><td>189</td><td>Gray clay</td><td></td><td>X</td></tr><tr><td></td><td>189</td><td>207</td><td>Fine sand</td><td>X</td><td></td></tr><tr><td></td><td>207</td><td>212</td><td>Gray clay</td><td></td><td>X</td></tr><tr><td></td><td>212</td><td>220</td><td>White sand</td><td>X</td><td></td></tr><tr><td></td><td>220</td><td>238</td><td>Gray sand w/gravel</td><td>X</td><td></td></tr><tr><td></td><td>238</td><td>270</td><td>Gray clay w/sand lenses</td><td>X</td><td></td></tr><tr><td></td><td>270</td><td>271</td><td>Coarse sand</td><td>X</td><td></td></tr></tbody></table> |                         | Hole<br>Diam. | Depth |  | Material | Water |  | From | To | Yes | No | 14 | 0 | 1 | Top soil |  | X |  | 1 | 22 | Brown clay |  | X |  | 22 | 155 | Brown sandy clay |  | X |  | 155 | 162 | Fine sand | X |  |  | 162 | 189 | Gray clay |  | X |  | 189 | 207 | Fine sand | X |  |  | 207 | 212 | Gray clay |  | X |  | 212 | 220 | White sand | X |  |  | 220 | 238 | Gray sand w/gravel | X |  |  | 238 | 270 | Gray clay w/sand lenses | X |  |  | 270 | 271 | Coarse sand | X |  |
| Hole<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Depth |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Material                |               | Water |  |          |       |  |      |    |     |    |    |   |   |          |  |   |  |   |    |            |  |   |  |    |     |                  |  |   |  |     |     |           |   |  |  |     |     |           |  |   |  |     |     |           |   |  |  |     |     |           |  |   |  |     |     |            |   |  |  |     |     |                    |   |  |  |     |     |                         |   |  |  |     |     |             |   |  |
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| 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Top soil                |               | X     |  |          |       |  |      |    |     |    |    |   |   |          |  |   |  |   |    |            |  |   |  |    |     |                  |  |   |  |     |     |           |   |  |  |     |     |           |  |   |  |     |     |           |   |  |  |     |     |           |  |   |  |     |     |            |   |  |  |     |     |                    |   |  |  |     |     |                         |   |  |  |     |     |             |   |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 220   | 238                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Gray sand w/gravel      | X             |       |  |          |       |  |      |    |     |    |    |   |   |          |  |   |  |   |    |            |  |   |  |    |     |                  |  |   |  |     |     |           |   |  |  |     |     |           |  |   |  |     |     |           |   |  |  |     |     |           |  |   |  |     |     |            |   |  |  |     |     |                    |   |  |  |     |     |                         |   |  |  |     |     |             |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 238   | 270                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Gray clay w/sand lenses | X             |       |  |          |       |  |      |    |     |    |    |   |   |          |  |   |  |   |    |            |  |   |  |    |     |                  |  |   |  |     |     |           |   |  |  |     |     |           |  |   |  |     |     |           |   |  |  |     |     |           |  |   |  |     |     |            |   |  |  |     |     |                    |   |  |  |     |     |                         |   |  |  |     |     |             |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 270   | 271                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Coarse sand             | 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>14</u> inches Total depth <u>271</u> feet<br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete<br>Thickness Diameter From To<br><u>.250</u> inches <u>14</u> inches <u>1</u> feet <u>226</u> feet<br><u>.250</u> inches <u>10</u> inches <u>216</u> feet <u>256</u> feet<br>_____ inches _____ feet _____ feet<br>_____ inches _____ feet _____ feet<br>_____ 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 checked="" type="checkbox"/> No<br>Perforated? <input checked="" 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>1/8</u> inches by <u>3</u> inches<br>Number From To<br><u>20</u> <u>600</u> perforations <u>226</u> feet <u>256</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>22</u> Material used in seal <input type="checkbox"/> Cement grout<br><input type="checkbox"/> Pudding clay <input checked="" type="checkbox"/> Well cuttings<br>Sealing procedure used <input type="checkbox"/> Slurry 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 <u>N9E8</u><br>Lot No. _____ Block No. _____<br>County _____ Gap _____<br>SE SW 36 NE N/S, R. 3W E/W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | <b>10.</b><br>Work started <u>2-24-75</u> finished <u>3-25-75</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |               |       |  |          |       |  |      |    |     |    |    |   |   |          |  |   |  |   |    |            |  |   |  |    |     |                  |  |   |  |     |     |           |   |  |  |     |     |           |  |   |  |     |     |           |   |  |  |     |     |           |  |   |  |     |     |            |   |  |  |     |     |                    |   |  |  |     |     |                         |   |  |  |     |     |             |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       | <b>11. DRILLER'S CERTIFICATION</b><br>Firm Name <u>L. R. Hunnenger Well Drilling</u> Firm No. <u>192</u><br>Address <u>6065 Oreana Dr., Boise</u> Date <u>11-15-75</u><br>Signed by (Firm Official) _____<br>and<br>(Operator) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |               |       |  |          |       |  |      |    |     |    |    |   |   |          |  |   |  |   |    |            |  |   |  |    |     |                  |  |   |  |     |     |           |   |  |  |     |     |           |  |   |  |     |     |           |   |  |  |     |     |           |  |   |  |     |     |            |   |  |  |     |     |                    |   |  |  |     |     |                         |   |  |  |     |     |             |   |  |

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT