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JUN 14 2016

Department of Water Resources
Eastern RegionSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT
To appropriate the public waters of the State of Idaho

Ident. No.

25-14438

1. Name of applicant(s)

Mavis J Olson Personal Trust

Phone

208-201-0233

Name connector (check one): ☐ and ☐ or ☐ and/or

Mailing address:

1796 E 97th N

City

Idaho Falls

State

ID

Zip

83401

Email:

2. Source of water supply

Well

which is a tributary of

3. Location of point(s) of diversion:

Twp	Rge	Sec	Govt Lot	1/4	1/4	1/4	County	Source	Local name or tag #
3N	38E	21			NW	NW	Bonneville	groundwater	

4. Water will be used for the following purposes:

Amount

.04

for

Domestic

purposes from

1-1

to

12-31

(both dates inclusive)

(cfs or acre-feet per year)

Amount

(cfs or acre-feet per year)

for

purposes from

to

(both dates inclusive)

Amount

(cfs or acre-feet per year)

for

purposes from

to

(both dates inclusive)

Amount

(cfs or acre-feet per year)

for

purposes from

to

(both dates inclusive)

5. Total quantity to be appropriated is (a) .04 cubic feet per second (cfs) and/or (b) _____ acre-feet per year (af).

6. Proposed diverting works:

a. Describe type and size of devices used to divert water from the source.

Well to two houses

b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total reservoir capacity _____ acre-feet. If the reservoir will be filled more than once each year, describe the refill plan in item 11.

For dams 10 feet or more in height OR reservoirs with a total storage capacity of 50 acre-feet or more, submit a separate Application for Construction or Enlargement of a New or Existing Dam. Application required? ☐ Yes ☐ No

c. Proposed well diameter is _____ inches; proposed depth of well is _____ feet.

d. Is ground water with a temperature of greater than 85°F being sought? ☐ Yes ☐ No

e. If well is already drilled, when?

1986

drilling firm

Andrew Well Drilling

Well was drilled for (well owner)

; Drilling Permit No.

7. Description of proposed uses (if irrigation only, go to item 8):

a. Hydropower; show total feet of head and proposed capacity in kW.

b. Stockwatering; list number and kind of livestock.

c. Municipal; show name of municipality or the applicant's qualifications as a municipal provider.

d. Domestic; show number of households

2 homes - In House only.

e. Other; describe fully.

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8. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of the use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
31N	38E	21					D												

Total number of acres to be irrigated: 0

9. Describe any other water rights used for the same purposes as described above. Include water delivered by a municipality, canal company, or irrigation district. If this application is for domestic purposes, do you intend to use this water, water from another source, or both, to irrigate your lawn, garden, and/or landscaping? Progressive water used for lawn & garden - This application is for TN-house only.

10. a. Who owns the property at the point of diversion? Applicant
- b. Who owns the land to be irrigated or place of use? Applicant
- c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: _____

11. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. _____
- _____
- _____
- _____
- _____

12. Time required for completion of works and application of water to proposed beneficial use is 1 years (minimum 1 year).
13. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½" x 11" map clearly identifying the proposed point of diversion, place of use, section #, township & range. A photocopy of a USGS 7.5 minute topographic quadrangle map is preferred.

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

Monte Olson
 Signature of Applicant
Monte Olson.
 Print Name (and title, if applicable)

 Signature of Applicant

 Print Name (and title, if applicable)

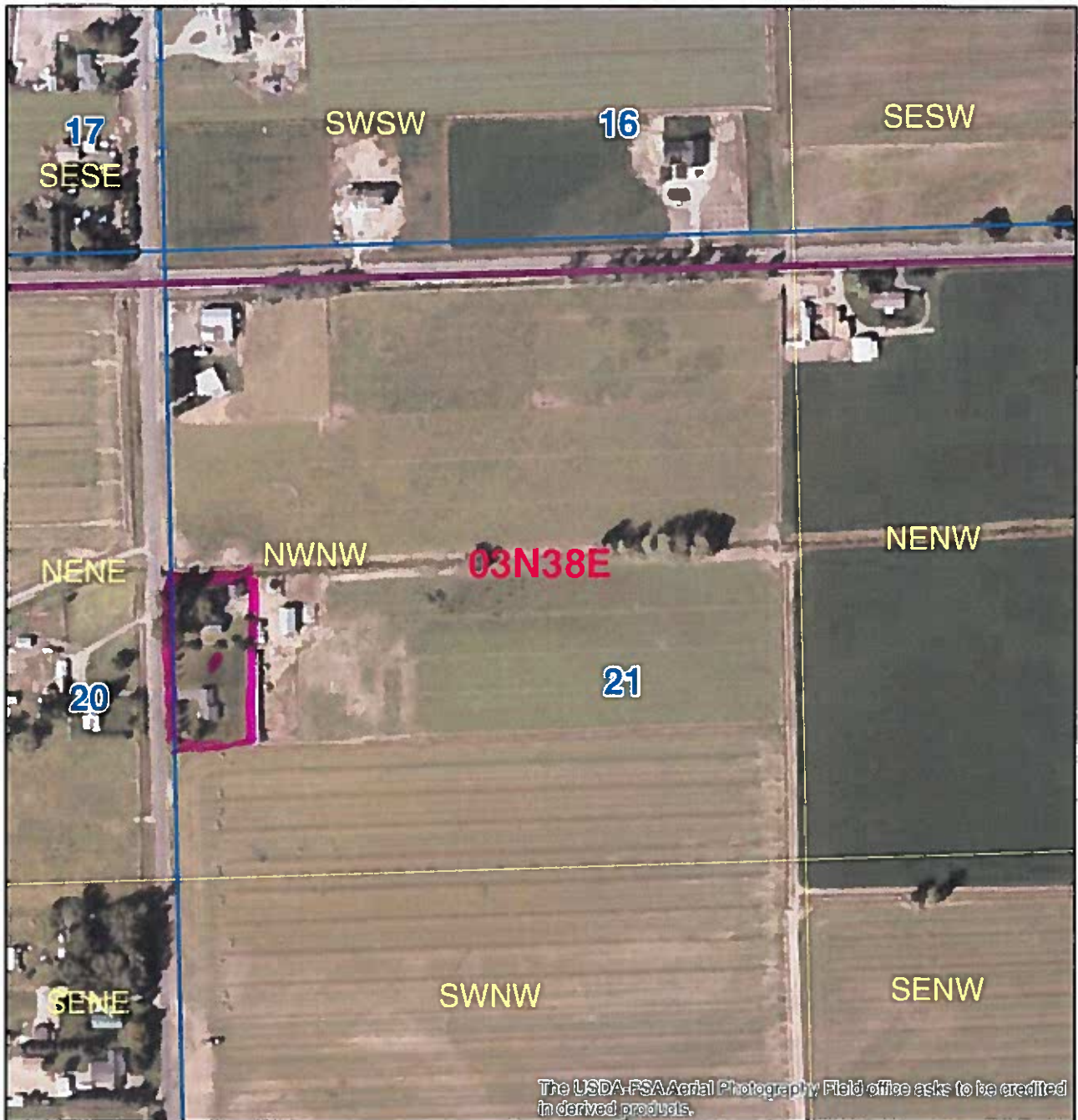
For Department Use:

Received by sc Date 6/14/16 Time _____ Preliminary check by _____
 Fee \$ 100- Received by sc Receipt No. E042169 Date 6/14/16

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Water Right Application

Application for Permit



Legend

- Water Right POD
- Water Right POU
- Township/Range
- Sections
- QQ

0 155 310 620 Feet

1 inch = 335 feet



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DURABLE POWER OF ATTORNEY

I, MAVIS J. OLSON, presently domiciled in and a resident of IDAHO FALLS, Bonniville County, State of Idaho, hereby substitute and appoint MONTE J. OLSON MY SON, but if MONTE J. OLSON is unable or unwilling to serve then I appoint MY SONS RONALD DEE OLSON and A. VAUGHN OLSON, as my Attorney in Fact, to act in my behalf and sign my name as though that act and signature were my own.

To ask, demand, sue for, recover, collect, and receive all sums of money, debts, dues, accounts, legacies, bequests, interest, dividends, annuities, and demands whatsoever as are now or shall hereafter become due, owing, payable, or belonging to me and take all lawful ways and means in my name or otherwise for the recovery thereof, and to compromise and agree to the same and give releases or other sufficient discharges for the same;

For me and in my name, to make, seal, and deliver, bargain, contract, agree for, purchase, receive, and take lands, tenements, hereditaments, and accept the deeds and possession of all lands and to lease, let, demise, bargain, sell, remise, release, convey, mortgage, and hypothecate lands, tenements, and hereditaments upon such terms and conditions and under such covenants as my power of attorney shall think fit; including, but not limited to, the making of a gift as the Trustee(s) shall see fit;

Also to bargain and agree to, buy, sell, mortgage, hypothecate, and in any and every way and manner deal in and with goods, wares, and merchandise, chooses in action, and other property in possession or in action, and to make, do, and transact all and every kind of business of whatsoever nature and kind;

Also as my act and deed, to sign, seal, execute, deliver, and acknowledge such deeds, leases, mortgages, bills of lading, bills, notes, receipts, evidence of debt, releases and satisfaction of mortgage, judgements and other debts, and such other instruments in writing of whatsoever kind and nature as may be necessary or proper in the premises;

Also to endorse checks, notes, drafts and any other commercial paper in my name, and to withdraw money from any of my checking or savings accounts at any commercial bank, savings and loan association or other financial institution, and to sign orders or receipts therefore in my name;

GIVING AND GRANTING unto my said Attorney-in-Fact full power and authority to do and perform every act necessary, requisite, or

Initials MJO

proper to be done in and about the premises as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney-in-fact shall lawfully do or cause to be done by virtue hereof;

All power and authority granted herein shall not be affected by my disability, incapacity, or adjudged incompetency. My agent may exercise the powers and authorities described in this durable power of attorney only in the event that I am unable to manage my own financial affairs due to my disability or incapacity;

This power of attorney shall specifically not be affected by the passage of time, no matter of what duration;

This power of attorney shall not be limited to any specific geographical location or general area.

IN WITNESS WHEREOF, I have hereunto signed my name this 24th day of MAY, 1998.

Mavis J. Olson
MAVIS J. OLSON

STATE OF IDAHO)
 :SS
COUNTY OF BONNIVILLE)

SUBSCRIBED AND SWORN to before me this ²⁷ DAY OF MAY, 1998

My Commission Expires:

5/16/2002 *[Signature]*

NOTARY PUBLIC
Residing at Bonniville County



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N Skyline Dr., Ste A, Idaho Falls, Idaho 83402-1718

Phone: (208) 525-7161 FAX: (208) 525-7177 www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

June 29, 2016

MAVIS J OLSEN PERSONAL TRUST
1796 E 97TH N
IDAHO FALLS, ID 83401

Application For Permit No. 25-14438

Dear Applicant(s):

The Department of Water Resources has received your water right application. Please refer to the number referenced above in all future correspondence regarding this application.

A legal notice of the application has been prepared and is scheduled for publication in the POST REGISTER on July 7 and 14, 2016. Protests to this application may be submitted for a period ending ten (10) days after the second publication (**at 5:00 pm on July 25, 2016**).

If the application is protested, you will be sent a copy of each protest. All protests must be resolved before the application can be considered for approval. If the protest(s) cannot be resolved voluntarily, the Department will conduct a conference and/or hearing on the matter.

If the application is not protested, the Department will process your application and notify you of any action taken on the application. If your application is approved, the Department will send you a copy of the permit.

Please contact this office if you have any questions regarding the application.

Sincerely,

A handwritten signature in blue ink that reads "Sharla Cox". The signature is written in a cursive, flowing style.

Sharla Cox
Administrative Assistant

Cox, Sharla

From: Cox, Sharla
Sent: Wednesday, June 29, 2016 9:52 AM
To: 'Post Register (legalnotices@postregister.com)'
Subject: Legal Notice for your paper
Attachments: Post Register E-Mail.doc

Contacts: Post Register

Sharla

*Sharla Cox
Administrative Assistant
Idaho Dept of Water Resources
900 N Skyline Dr. Ste A.
Idaho Falls ID 83402
sharla.cox@idwr.idaho.gov
208-525-7161 phone
208-525-7177 fax*

The following application(s) have been filed to appropriate the public waters of the State of Idaho:
25-14438

MAVIS J OLSEN PERSONAL TRUST
1796 E 97TH N
IDAHO FALLS, ID 83401
Point of Diversion
NWNW S21 T03N R38E
BONNEVILLE County
Source GROUND WATER Tributary
Use: DOMESTIC
01/01 to 12/31 0.04 CFS
Total Diversion: 0.04 CFS
Date Filed: 6/14/2016
Place Of Use: DOMESTIC
T03N R38E S21 NWNW

Permits will be subject to all prior water rights. For additional information concerning the property location, contact Eastern Region office at (208) 525-7161. Protests may be submitted based on the criteria of Idaho Code § 42-203A. Any protest against the approval of this application must be filed with the Director, Dept. of Water Resources, Eastern Region, 900 N Skyline Dr Ste A, Idaho Falls ID 83402 together with a protest fee of \$25.00 for each application on or before July 25, 2016. The protestant must also send a copy of the protest to the applicant.

GARY SPACKMAN, Director

Published on July 7 and 14, 2016