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Ident. No. 37-22953

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STATE OF IDAHO MAY 11 2015

DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT

WATER RESOURCES
WESTERN REGION

To appropriate the public waters of the State of Idaho

1. Name of applicant(s) Elizabeth Fredericksen and/or Justin W Howard Phone (208) 994-8365Name connector (check one): ☐ and ☐ or ☒ and/orMailing address P.O. Box 181 City BruneauState ID Zip 83604 Email elizabethfredericksen@yahoo.com2. Source of water supply springs which is a tributary of n/a

3. Location of point(s) of diversion:

TWP	RGE	SEC	Govt Lot	1/4	1/4	1/4	County	Source	Local name or tag #
1N	15E	2S		SE	SE	SE	Camas	spring	n/a

4. Water will be used for the following purposes:

Amount 0.02-04 for domestic purposes from 1/1 to 12/31 (both dates inclusive)
(cfs or acre-feet per year)Amount .02 for stockwater purposes from 1/1 to 12/31 (both dates inclusive)
(cfs or acre-feet per year)Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)5. Total quantity to be appropriated is (a) 0.02 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. spring box with gravity flow to stockwater tank & to household tank (see diagram)b. Height of storage dam n/a 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? _____; drilling firm _____; 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. 50 cattlec. Municipal; complete and attach the Municipal Water Right Application Checklist.d. Domestic; show number of households 2 total for property; 1 for this spring

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	
1N	15E	25																D/S	

Total number of acres to be irrigated: _____

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?

n/a no landscaping

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

n/a

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

Please see the attached.

12. Time required for completion of works and application of water to proposed beneficial use is 5 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.

Justin Howard
Signature of Applicant
Justin Howard
Print Name (and title, if applicable)

Elizabeth Fredericksen
Signature of Applicant
Elizabeth Fredericksen
Print Name (and title, if applicable)

Received by CS Date 5/1/15 Time 12:30 Preliminary check by _____
Fee \$ 100.00 Received by CS Receipt No. W043055 Date 5/1/15

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