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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT
To appropriate the public waters of the State of Idaho

Ident. No. 92-10870

1. Name of applicant(s) Emida Water and Sewer Association, Inc. Phone 208.245.5455
Name connector (check one): ☐ and ☐ or ☐ and/or

Mailing address: 160 S. Main Avenue City St. Maries

State ID Zip 83861 Email: _____

2. Source of water supply Groundwater which is a tributary of _____

3. Location of point(s) of diversion:

Twp	Rge	Sec	Govt Lot	¼	¼	¼	County	Source	Local name or tag #
44N	2W	33		NE	SW		Benewah	Municipal	
44N	2W	33		SE	NW		Benewah	Municipal	

4. Water will be used for the following purposes:

G Amount 0.2 cfs for Municipal purposes from Jan 01 to Dec 31 (both dates inclusive)
(cfs or acre-feet per year)

G Amount 0.2 cfs for FIRE PROTECTION 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) 0.2 GC 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. _____
Both wells have submersible pumps.

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? 1983; drilling firm Well # 1 Coeur d'Alene Drilling; Well # 2 unknown;
Well was drilled for (well owner) Applicant; Drilling Permit No. unknown

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. _____
City of Emida - private water and sewer corporation

d. Domestic; show number of households _____

e. Other; describe fully. _____

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	
44N	2W	33			M				M	M	M					M			n/a

Total number of acres to be irrigated: n/a

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? This is an application for additional use from an existing municipal water system (Water Right No. 92-7005).

10. a. Who owns the property at the point of diversion? Applicant

b. Who owns the land to be irrigated or place of use? n/ac. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: The applicant is in the process of acquiring the land where Well # 1 is located.

11. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. The current system contains two wells, which transfer water to a 35,000 gallon reservoir.

Well # 1 is the primary source, which produces 27 GPM. Well # 2 was drilled in 1926, is used as a back-up only, and can produce 15 GPM. The applicant intends to re-activate Well # 2, and increase the capacity of both wells in order to meet anticipated growth within its service area.

12. Time required for completion of works and application of water to proposed beneficial use is 5⁶⁰ 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.

Signature of Applicant

Signature of Applicant

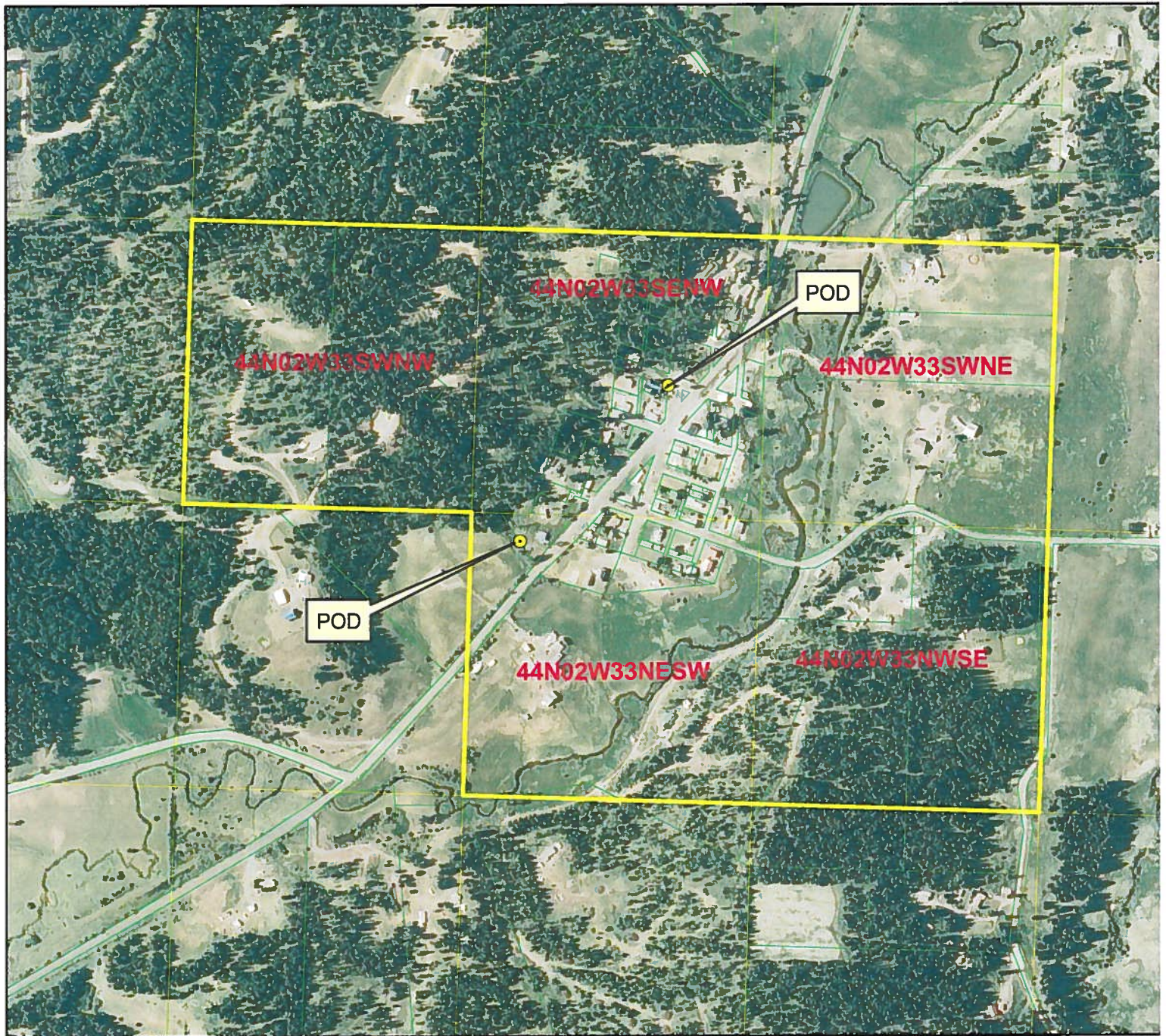
Print Name (and title, if applicable)

Print Name (and title, if applicable)

For Department Use:

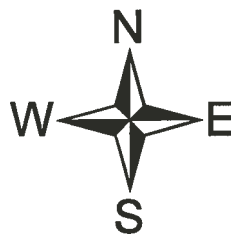
Received by cb Date 6/6/11 Time _____ Preliminary check by _____
 Fee \$ 100.00 Received by cb Receipt No. N027500 Date 6/6/11

92-10870



Legend

-  workingpod
-  workingpou
-  QQ
-  Taxlots



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Kranthi
(Applicant)

92 7005

92-10870

No. C 41434		Due no later than Sep 30, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) GARY CLARK 160 S MAIN AVE ST. MARIES ID 83861	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. EMIDA WATER AND SEWER ASSOCIATION, INC. GARY CLARK 160 S EMIDA AVE ST. MARIES ID 83861		3. <u>New</u> Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
President	GARY CLARK	160 S. EMIDA AVE	ST. MARIES	IDAHO	Bear 83861
Vice President	Allen Quiney	28339 Hwy 6	"	"	" "
Board member's	Jim Warden	28554 Hwy 6	ST. MARIES	IDAHO	Bear 83861
	Bob Short	31054 Hwy 6	"	"	" "
Sec.	JoAnn Clark	160 S. E. Avenue	ST. MARIES	IDAHO	Bear 83861
5. Organized Under the Laws of:		6.			
IDAHO C 41434		Signature: <u>JoAnn Clark</u>		Date: <u>10/11/11</u>	
		Name (type or print): <u>JoAnn Clark</u>		Title: <u>Sec.</u>	
Issued 10/06/2011 by SLD		126433			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

PWS # ID1050009