

LICENSE REVIEW CHECKLIST

Permit No. 29-7607 Date: 9/23/2011 Reviewer: Craig L. Saxton

Name/Address: Ok Fred McDaniel is an authorized representative for Lacey Vista Acres Water Corp

Source: Ok Does change clarify original intended source? If no, void permit

Point of Diversion: Yes Change?
Yes Add? **Add one POD within the develop period totaling 3 PODs**

No F06 (overlap POD)

Yes X59 (subdivision description)

Lot 21B, Lacey Vista Acres Sub & Lot 9A, Block 1, 1st Addition to Lacey Vista Acres

Place of Use: Yes Change

Yes X60? (subdivision description)

no E55? (PPU acre Limit)

yes Overlaps: Right(s): 29-11962

Diversion Rate:

Permitted Rate: 0.96 AF

Diversion rate from rights with same POD: 0.04

Fee Limit: \$1 cfs \$100

Measured: 0.67 cfs

Total = 0.67

Theoretical: cfs

Recommended Total Diversion Rate: 0.67 cfs

Water Uses: Yes Change? Changed Dom & irrigation to just Domestic use

Irrigation	<u>n/a</u> cfs	<u> </u> af
Domestic	<u>0.67</u> cfs	<u> </u> af
Municipal	<u>n/a</u> cfs	<u> </u> af
Storage	<u>n/a</u> cfs	<u> </u> af
other	<u>n/a</u> cfs	<u> </u> af
Total =	<u>0.67</u> cfs	<u> </u> af

SOU:

Evap Loss: Seep Loss 0

Volume Determination

0.67 cfs x 1.9835 x 365 days = 485 af

30 acres x 4 (FHR) vs. 120 af

60 Dom uses @ 0.6 AF per use = 36

Total Max Div Vol = 156

Remarks: Needs amendment for POD, POU, purpose of use

Additional Conditions

 Watermaster Control
 GW Measurement/Measuring devices
 Other

GW Dist?
Water Msmt. Dist?
Crit. GWMA?
GWMA?
Govt Lots?

Advance Priority? yes/no
No

If yes, explain why below:

Adjust Memo Yes

No. C 50522		Due no later than Dec 31, 2010	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form	
1. Mailing Address: Correct in this box if needed. LACEY'S VISTA ACRES WATER CORPORATION KENNETH R. WHITHAM PO BOX 5432 CHUBBUCK ID 83202-0003 USA		2. Registered Agent and Address (NO PO BOX) KEN WHITHAM 14548 W LACEY RD POCATELLO ID 83202-0003	
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature: *	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).			
Office Held	Name	Street or PO Address	City State Country Postal Code
DIRECTOR	JAY CHRISTENSEN	15170 W. LACEY RD.	POCATELLO ID USA 83202
DIRECTOR	JIM SIEVERSON	15451 W. LACEY RD.	POCATELLO ID USA 83202
DIRECTOR	JOHN BOBISH	15273 W. LACEY RD.	POCATELLO ID USA 83202
DIRECTOR	FRED MCDANIEL	14810 W. LACEY RD.	POCATELLO ID USA 83202
DIRECTOR	DAVID PACKER	P. O. BOX 4251	POCATELLO ID USA 83205
SECRETARY	NELSON C. DOOPER	14646 W. LACEY RD.	POCATELLO ID USA 83202
PRESIDENT	KEN WHITHAM	14548 W. LACEY RD	POCATELLO ID USA 83202
5. Organized Under the Laws of:		6. Annual Report must be signed.* Signature: Kenneth R. Whitham Name (type or print): Kenneth R. Whitham	
ID C 50522		Date: 10/29/2010 Title: President	
Processed 10/29/2010 * Electronically provided signatures are accepted as original signatures.			