

Water Supply Bank No. _____
(for Department use only)

STATE OF IDAHO
WATER RESOURCE BOARD

RECEIVED

APPLICATION TO RENT WATER
FROM THE WATER SUPPLY BANK

MAY 06 2010

Department of Water Resources

Name of Renter Ranch Properties LLC Phone _____

Mailing address 3663 East 3500 North Kimberly, ID 83341 Email _____

A. DESCRIPTION OF WATER SOUGHT FOR RENT

1. Maximum Flow Rate (cfs) Maximum Volume (ac-ft) Nature of Use Period of Use
0.40 80 Irrigation 3/15 to 11/15
 _____ to _____
 _____ to _____
 Total: 0.40 80

2. Source of water Ground Water tributary to _____

3. Point(s) of Diversion:

Twp	Rge	Sec	Lot	¼	¼	¼	County
10S	24E	29			SE	NE	Cassia

4. Lands to be irrigated or place of use:

Twp	Rge	Sec	NE ¼				NW ¼				SW ¼				SE ¼				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
10S	24E	28						11	5										16
		29	0.7		7.1	24					15	9.3				16			72.1
		30													5.7			0.8	6.5

If the use is for irrigation, show total number of acres proposed through rental. **Total Acres** 94.6*

B. OWNERSHIP

*Only 20 Acres will be irrigated in the 94.6 Acre PPU.

1. Do you own the land at the proposed point of diversion?

Yes X No _____ If no, list owner, contact information, and provide documentation of the authority to use the proposed point of diversion. _____

2. Do you own the land at the proposed place of use?

Yes X No _____ If no, list owner, contact information, and provide documentation of the authority to use the proposed place of use. _____

C. MAP

Attach a map identifying the proposed point(s) of diversion, place(s) of use, and water diversion and distribution system details as described by this application in section A. Include legal description labels.

D. GENERAL INFORMATION

1. Please provide a description of the proposed diversion system. Existing well, pumps and piping
2. Describe any other water rights diverted through the same point(s) of diversion or used for the same purpose(s) as described above. Water rights 45-11969 and 1-10443 that are being leased to the Water Supply Bank.
3. Will the proposed place of use receive water from any other source?
No ☒ Yes ☐ If yes, describe. _____
4. If the proposed use is not for irrigation, please provide a detailed description of the proposed use and how you determined the amount of water required. Attach additional sheets if needed. N/A
5. Are there any other applications pending before the Department, such as an application for permit or transfer, for the same use(s) proposed by this rental?
No ☒ Yes ☐ If yes, describe. _____
6. Was this rental application submitted in response to a Notice of Violation or a pending Notice of Violation?
No ☒ Yes ☐ If yes, describe. _____

E. RENTAL TERM

1. Do you wish to rent water from the Board's bank for more than one (1) year?

No ☐ Yes ☒

If yes, please specify the number of years desired through proposed rental. 1

I hereby assert that 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.

If this application is approved, the applicant agrees to the following:

1. The use of water under this agreement shall be subject to the provisions of Section 42-1766, Idaho Code.
2. Renter shall comply with all applicable state and federal laws while using water under this agreement.
3. Renter shall hold the Board, the Director, and the state of Idaho harmless from all liability on account of negligent acts of the renter.
4. The Director may terminate diversion of water if the Director determines there is not a sufficient water supply for the priority of the right or portion thereof being rented.
5. Failure of the renter to comply with the conditions of this agreement is cause for the Director to rescind approval of the rental agreement.
6. Renter is not authorized to use water proposed by this application until the rental fees are paid in full and the renter receives an executed copy of the agreement signed by the Director.

Vicki Patrick, member
Signature of Applicant

Vicki Patrick, member
Printed Name and Title*

5-5-10
Date

Signature of Applicant

Printed Name and Title*

Date

*Please provide title of signatory if signing on behalf of a company or organization or with power of attorney