

Ident. No. 94-7538

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of Applicant LARRY AND/OR TERESA JONES Phone 208-773-4258
Mailing address 465 S. LAROLYN RD POST FALLS, IDA Email 83854
2. Source of water supply SPRING UNNAMED SPRING which is a tributary of Treece CRK
3. Location of point of diversion is Township 51N Range 1E Sec. 12 in the SE 1/4,
NE 1/4, SE 1/4, Govt. Lot _____, B.M., Shoshone County;
additional points of diversion if any: _____
4. Water will be used for the following purposes:
Amount 0.02 for Domestic purposes from 1/1 to 12/31 (both dates inclusive)
(cfs or acre-feet per year)
Amount 0.02 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)
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} and/or (b) _____ ^{acre feet per year}
6. Proposed diverting works: GRAVITY flow from SPRING
a. Describe type and size of devices used to divert water from the source GRAVITY flow from
PIPE SIZE 100' SPRING 3" ABS 100' 1/4" ABS 40' 1" Poly Pipe
b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet;
total reservoir capacity _____ acre-feet
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? _____
e. If well is already drilled, when? _____; Drilling firm _____;
Well was drilled for (well owner) _____; Drilling Permit No. _____
7. Time required for completion of works and application of water to proposed beneficial use is 5 years (minimum 1 year)
8. Description of proposed uses (if irrigation only, go to item 9):
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. _____
d. Domestic; show number of households. 1 Campsite / CABIN
e. Other; describe fully. _____

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9. 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	
5N	1E	12													D	D			
															F	F			

Total number of acres to be irrigated: _____

10. 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? None

11. 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: _____

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

13. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½"x11" 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.)

BE IT KNOWN that the undersigned hereby makes this application for permit to appropriate the public waters of the State of Idaho as herein set forth.

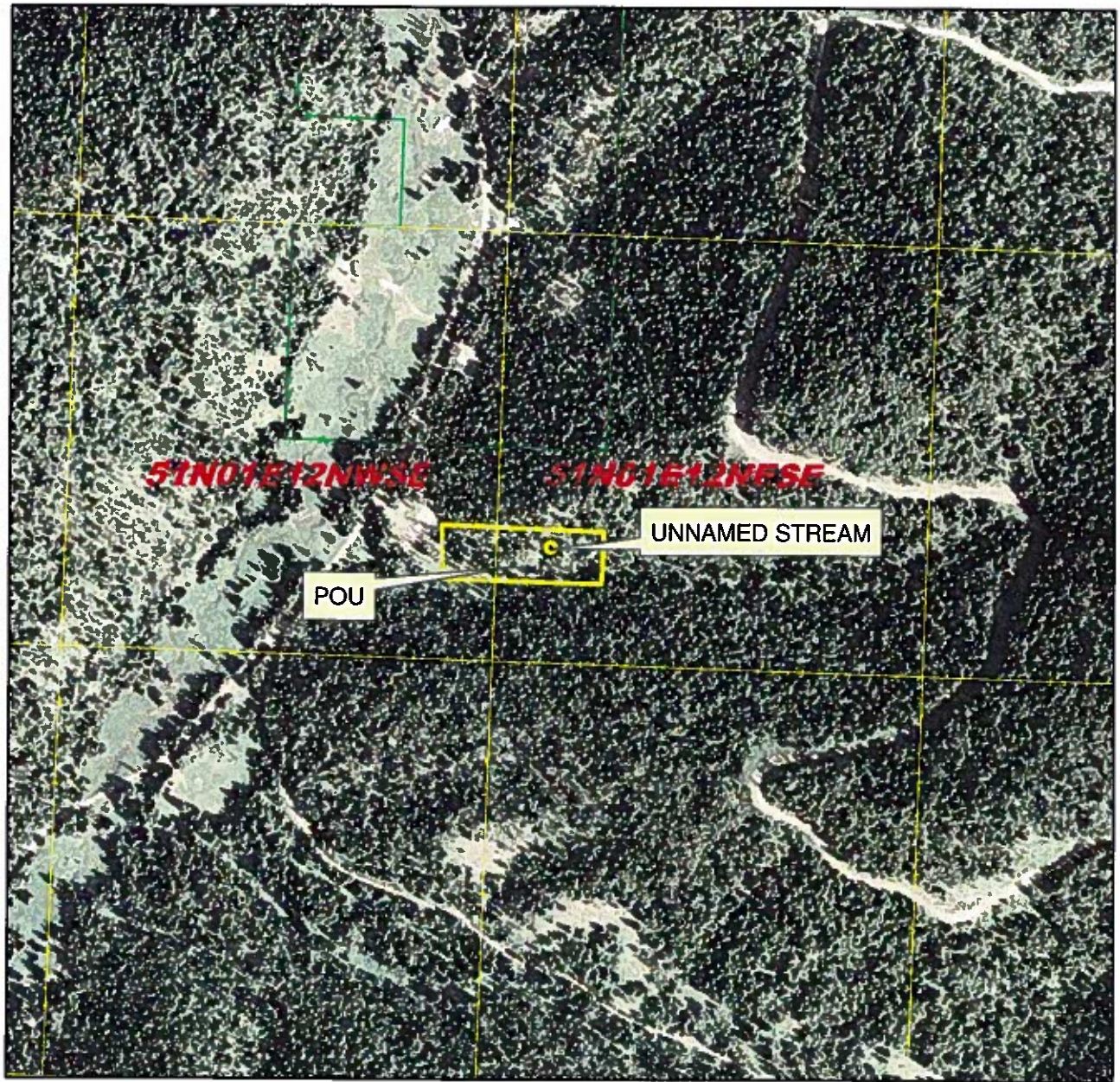
Larry S. Jones
Signature of Applicant

Print Name (and title, if applicable)

For Department Use:

Date Received by 12/1/09 By KJ Time _____ Preliminary check by _____
Fee \$ 100.00 Received by KJ Receipt No. N023015 Date 12/1/09
 Paid

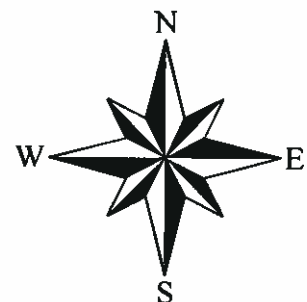
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0 220 440 880 1,320 1,760 Feet

Legend

- workingpod
- workingpou
- QQ
- Taxlots



51N01E12NWSE

51N01E12NESE

UNNAMED STREAM

POU