

RECEIVED

FORM 202 10/07

OCT 08 2008

Ident. No.

\$100.00
+125.00 F.O.D.P.
Total 225.00

67-14974

WATER RESOURCES
WESTERN REGION

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of Applicant ADAMS COUNTY HEALTH CENTER, INC. Phone 208-253-4242
Mailing address P.O. Box 428, Council, ID 83612 Email DENISEG@CTCWEB.NET
2. Source of water supply Groundwater which is a tributary of N/A
3. Location of point of diversion is Township 16N Range 1W Sec. 11 in the SW $\frac{1}{4}$,
SW $\frac{1}{4}$, Govt. Lot _____, B.M., Adams County;
additional points of diversion if any: _____
4. Water will be used for the following purposes:
Amount 0.15 for Irrigation purposes from 3/15 to 11/15 (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)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)
5. Total quantity to be appropriated is (a) 0.15 and/or (b) _____
cubic feet per second acre feet per year
6. Proposed diverting works:
 - a. Describe type and size of devices used to divert water from the source _____
 - b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet;
total reservoir capacity _____ acre-feet
 - c. Proposed well diameter is 10" inches; proposed depth of well is 100± feet
 - d. Is ground water with a temperature of greater than 85°F being sought? NO
 - 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. _____
 - e. Other; describe fully. _____

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	
16N	1W	11											5						5
																			5

Total number of acres to be irrigated: 5

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? _____

11. a. Who owns the property at the point of diversion? Applicant
- b. Who owns the land to be irrigated or place of use? 11
- 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.

Donna L. Hughes, EXECUTIVE DIRECTOR

F. Fred Werner chairman
Signature of Applicant

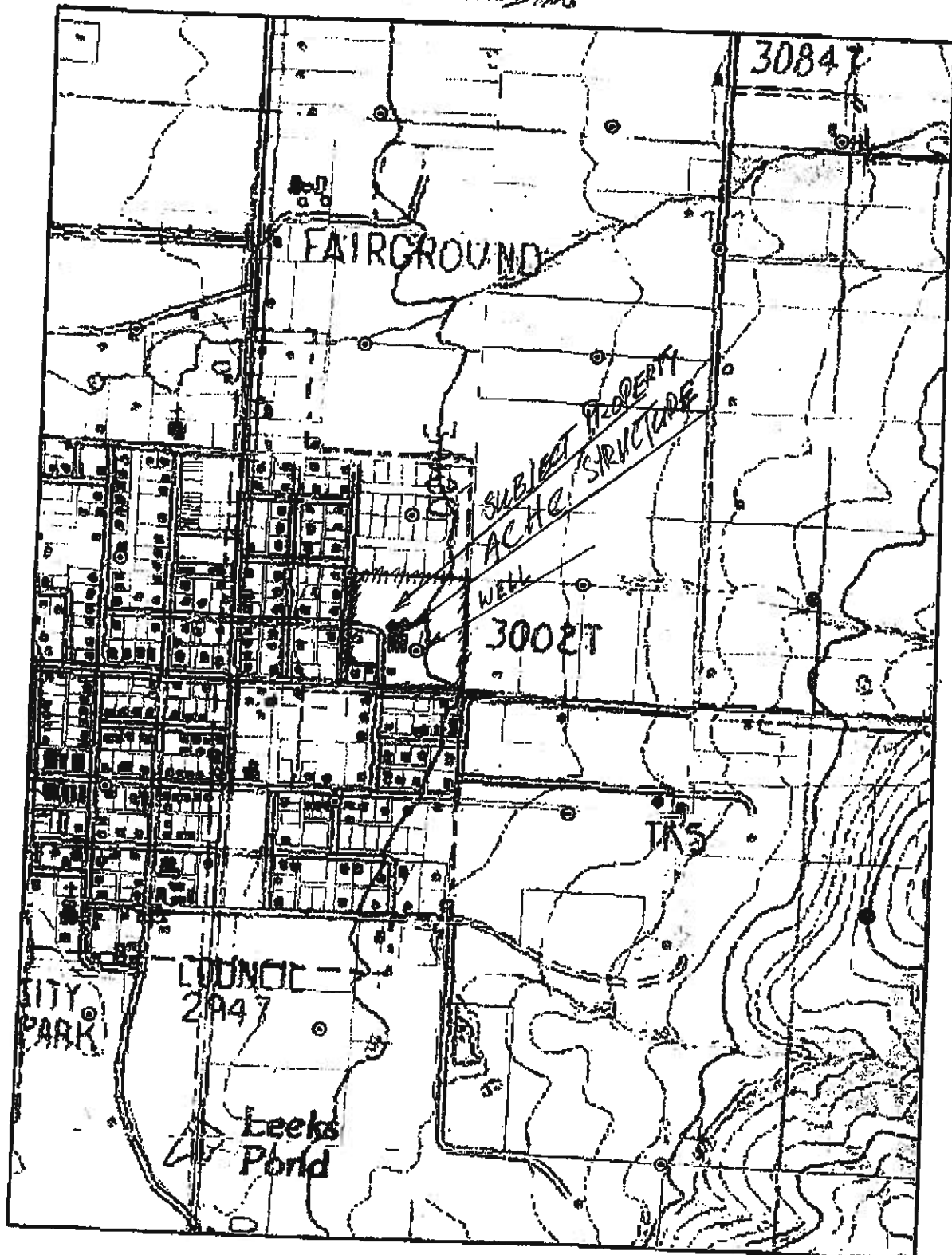
Print Name (and title, if applicable)

For Department Use:

Received by JMH Date 10-8-08 Time 10:31 AM Preliminary check by VWM
Fee \$ 100.00 Received by DB Receipt No. W036971 Date 10-8-08

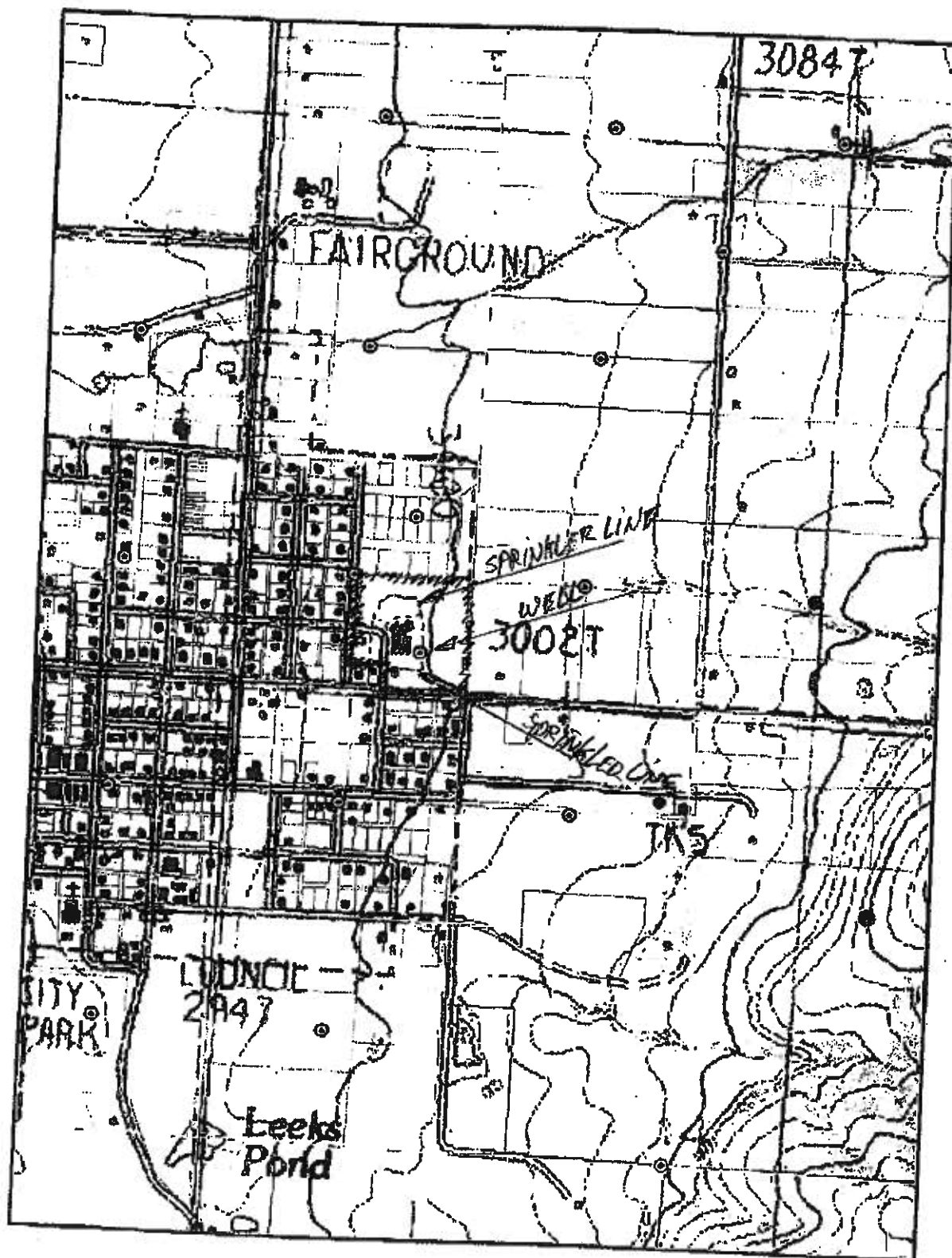
Publication prepared by DB Date _____ Published in _____
Publication approved _____ Date _____ Dates Published _____

- PROPERTY LINE - SERRATED
- 1- SHOWING SUBJECT PROPERTY 7 ACRES
 - 2- WELL HEAD
 - 3- HEALTHCARE CENTER BUILDING



T16N R1W S11 SWSW

PROPERTY LINE SERRATED ~~HAUNDED~~
SPRINKLER LINE - DOTTED LINE
WELL HEAD



T16N R1W S11 SWSW

WorkCentre 7345 Transmission Report

G3 ID

Date/Time: 06/11/2009:10:56AM

Page: 1 (Last Page)

Local Name
Logo

Document has been sent.
Document Size 8.5X11"SEF

FAX Transmittal Cover Sheet

State of Idaho
Department of Water Resources
Western Region
Boise, ID
PH: (208) 334-2190
FAX NO. (208) 334-2348

Number of total pages: 4

Date: June 11, 2009

To: The Record (Adams County), Attn: Gamaliel Masters

From: Denise Buffington

Fax: 208-253-6801

Attached please find (2) legal notices being submitted for publication. Please contact me if you have any questions about the attached information; or if you are not able to run the ads on the dates listed. This information was also sent via e-mail earlier today.

Thank you in advance,

Denise Buffington
Administrative Assistant

Total Pages Scanned: 4 Total Pages Sent : 4

No.	Doc.	Remote Station	Start Time	Duration	Pages	Mode	Contents	Status
1	8350	2082536801	6-11:10:54AM	58s	4 / 4	ECM		CP

Note:

RE: Resend	MB: Send to Mailbox	BC: Broadcast	MP: Multi Polling	RV: Remote Service
PO: Polling	RB: Relay Broadcast	RS: Relay Send	BF: Box Fax Forward	CP: Completed
SA: Send Again	EN: Engaged	AS: Auto Send	TM: Terminated	

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Denise Buffington
Administrative Assistant

Buffington, Denise

From: Buffington, Denise
Sent: Thursday, June 11, 2009 10:46 AM
To: 'Gamaliel Masters'
Subject: LEGAL NOTICES
Attachments: Adams County Ads - Cover Letter.RTF; X-fer 75369 Ad.doc; 67-14974 Ad.RTF

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Thank You,

Denise Buffington
Administrative Assistant
Dept of Water Resources
Western Region

6/11/2009

The following application(s) have been filed to appropriate the public waters of the State of Idaho:

67-14974

ADAMS COUNTY HEALTH CENTER INC
PO BOX 428
COUNCIL ID 83612

Point(s) of Diversion SWSW S11 T16N R01W ADAMS County Source GROUND WATER

Use: IRRIGATION 03/15 To 11/15 0.15 CFS

Total Diversion: 0.15 CFS

Date Filed: 10/08/2008

Place Of Use: IRRIGATION

T16N R01W S11 SWSW

Number of Acres 5

Permits will be subject to all prior water rights. Protests may be submitted based on the criteria of Sec 42-203A, Idaho Code.

Any protest against the approval of this application must be filed with the Director, Dept. of Water Resource, Western Region, 2735 Airport Wy, Boise ID 83705 together with a protest fee of \$25.00 for each application on or before 07/06/2009. The protestant must also send a copy of the protest to the applicant.

DAVID R. TUTHILL, JR., Director

Published on June 18th & 25th, 2009

June 11, 2009

Legal Notice Department
THE RECORD
PO BOX R
COUNCIL ID 83612

RE: Application for Permit No. 67-14974

RE: Transfer No. 75369
Water Right No(s). 67-381

Dear LEGAL NOTICE DEPARTMENT:

Enclosed you will find a legal notice which we wish to have published in your newspaper on the dates indicated (once a week for two consecutive weekly issues). If you cannot publish the notice on the proposed dates, please contact us immediately.

An affidavit of publication must be submitted to the Department along with the publication bill. Please send the affidavit and bill to this office before 07/06/2009. Your cooperation is appreciated.

Sincerely,

Denise Buffington
Administrative Assistant

Denise

FOR VICKY MUSIC FAX 334-2348

From: Music, Vicky [Vicky.Music@idwr.idaho.gov]

Sent: Friday, May 15, 2009 1:56 PM

To: deniseg@ctcweb.net

Subject: FW: application for permit 65-14974

Hello Denise -

The Adams Co. Health Center application for water right has been assigned to me for review and processing. There are a few items that must be completed before processing can continue.

A map showing the place of use and the point of diversion [well] is required as part of the application but was not provided. As a courtesy, I have attached a scanned topo map of the location of the place of use according to the applications. Please outline the place of use/ parcel and label. Please do the same for the well location. I must have a legible copy so either please scan it and send it back or mail it to my attention at the address provided below.

You can provide the following information is an email response.

The signature below yours on the application is not legible. It looks like it may be "Fred". Who signed this application and what is his complete title?

The application also requires a description of the diverting works so please provide. Example - size of pump, sprinklers?

Are there other rights used on this property such as irrigation shares? What is the source of the domestic use?

Please submit the requested information to allow final evaluation of your application to be completed. The information requested here must be received by June 15, 2009. The application will be voided without a timely reply. Please call me if you have additional questions.

Thank you -

Vicky L. Music
Sr. Water Resource Agent
DWR/Western Region
2735 Airport Way
Boise, Idaho 83705-5082
(208) 334-2190
334-2348
img-515133645.pdf>>

ATT: VICKY

A virus found in this incoming message.
Checked by AVG - www.avg.com

Version: 8.5.287 / Virus Database: 270.12.20/2100 - Release Date: 05/18/09 06:28:00

18/2009

Music, Vicky

From: Music, Vicky
Sent: Friday, May 15, 2009 1:56 PM
To: 'deniseg@ctcweb.net'
Subject: FW: application for permit 65-14974
Attachments: img-515133645.pdf

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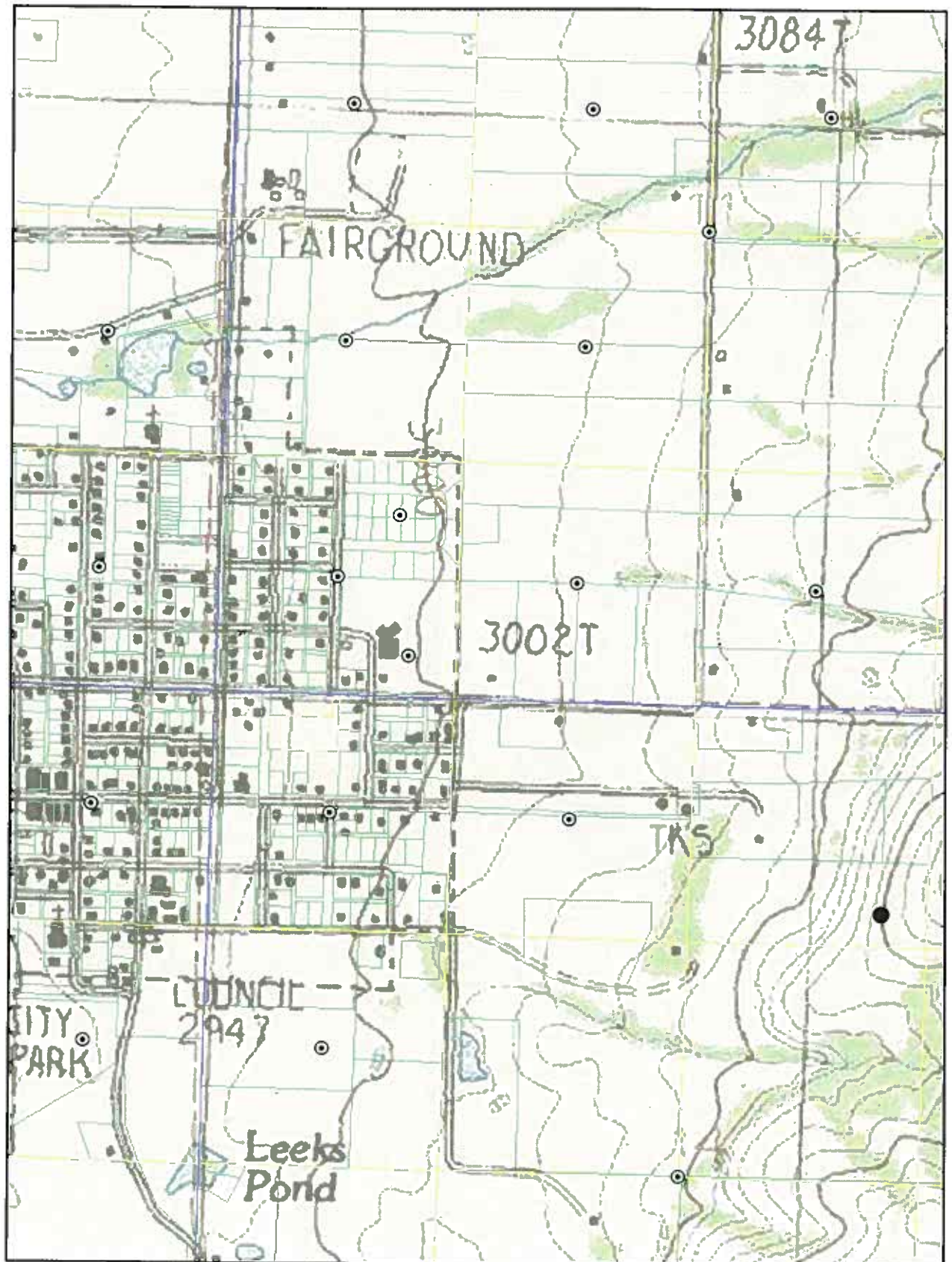
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Thank you -

Vicky L. Music
Sr. Water Resource Agent
IDWR/Western Region
2735 Airport Way
Boise, Idaho 83705-5082
(208) 334-2190



mg-515133645.pdf
(90 KB)



T16N R1W S11 SWSW

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

854002

1. WELL TAG NO. D 0053310

Drilling Permit No. 906596-854002

Water right or injection well # 67-14974 (Pending)

2. OWNER: Adams Co. Health Clinic

Name Adams Co. Health Clinic

Address PO Box 428

City Council State Id Zip 83612

3. WELL LOCATION:

Twp. 16 North ☒ or South ☐ Rge. 1 East ☐ or West ☒

Sec. 11 1/4 SW 1/4 SW 1/4

Gov't Lot _____ County Adams

Lat. 44 ° 43 53.4 (Deg. and Decimal minutes)

Long. 116 ° 25 43.8 (Deg. and Decimal minutes)

Address of Well Site 205 N. Berkley

City Council

(Give at least name of road or distance to road or landmark)

Lot. _____ Blk. _____ Sub. Name _____

4. USE:

☐ Domestic ☐ Municipal ☐ Monitor ☒ Irrigation ☐ Thermal ☐ Injection

☐ Other _____

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well

☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method/procedure
Bentonite	0	50	1350	over bore + temp casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
8	2	139	250	Steel	☒	☐	☒
			SDR17		☐	☐	☐
4	-1	290	250	PVC	☐	☒	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 139'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type Slotted PVC

Method of installation lowered

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
260	290	0.20		4	PVC	SDR14 1480

Length of Headpipe 260 Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 45 Static water level (ft) 45

Water temp. (°F) 59° Bottom hole temp. (°F) _____

Describe access port _____

Well test:	Test method:
Drawdown (feet)	Pump ☐ Bailer ☐ Air ☒ Flowing artesian ☐
Discharge or yield (gpm)	
Test duration (minutes)	
<u>45</u>	<u>2 HRS</u>

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water
12	0	7	Broken Brown + black shale rock	
12	7	18	Brown Clay	
12	18	24	Brown Rock	
12	24	36	Brown Clay	
12	36	60	Black Basalt Rock	
9.5	60	92	Blue clay	
9.5	92	95	Gravel + Silt	☒
9.5	95	112	Broken Brown Rock	
9.5	112	139	Black Basalt	
6	139	180	Black Basalt	
6	180	195	Red + Brown Rock	
6	195	237	Black Basalt	
6	237	240	Red Cynders	☒
6	240	282	Green Basalt	
6	282	290	Brown + Red Porous Rock	☒

Completed Depth (Measurable): 290'

Date Started: 10-30-08 Date Completed: 11-10-08

14. DRILLER'S CERTIFICATION:

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Dallas Drilling Co. No. 445

*Principal Driller [Signature] Date 11-12-08

*Driller _____ Date _____

*Operator II [Signature] Date _____

Operator I [Signature] Date 11-12-08

*Signature of Principal Driller and rig operator are required

NOV 19 2008

WATER RESOURCES
WESTERN REGION