

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08591

Priority: June 23, 1988

Maximum Diversion Rate:
Maximum Diversion Volume:¹

0.04 CFS
1.2 AF

This is to certify, that KATHERINE SCHMIDT
S. 1395 MEADOWBROOK RD.

COEUR D ALENE ID 83814 has complied with the terms and conditions
of the permit, issued pursuant to Application for Permit dated June 23, 1988; and
has submitted Proof of Beneficial Use on November 19, 1990. An examination indicates
that the works have a diversion capacity of .040 cfs of water from a **GROUNDWATER**
source, and a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
DOMESTIC	01/01 to 12/31	0.04 CFS	1.2 AF

LOCATION OF POINT(S) OF DIVERSION: SESW , Sec. 20, Township 50N, Range 04W
KOOTENAI County

PLACE OF USE: DOMESTIC
TWN RGE SEC

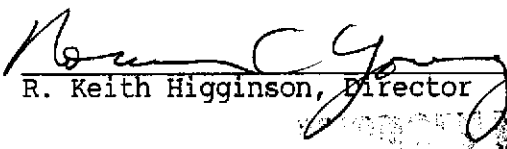
50N 04W 20 SESW

CONDITIONS/REMARKS:

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to more accurately describe the beneficial use or to implement accepted standards of diversion and use efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
5. Domestic use is for 1 home.

This license is issued pursuant to the provisions of Section 42-219, Idaho Code.
Witness the seal and signature of the Director, affixed at Boise, this 17TH
day of OCTOBER, 1991.

Acting for


R. Keith Higginson, Director

NOV 21 1991

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

Ident. No. 95-07591

APPROVED

To appropriate the public waters of the State of Idaho

1. Name of applicant KATHERINE SCHMIDT Phone 214-775-6089

Post office address 16108 MT HICKS, FOUNTAIN VALLEY, CA. 92708

2. Source of water supply GROUND WATER which is a tributary of _____

3. Location of point of diversion is NE $\frac{1}{4}$ of SE $\frac{1}{4}$ of SW $\frac{1}{4}$, Govt. Lot _____

Sec. 20 Township 50 N Range 4 W B.M. KOOTENAI County; additional

points of diversion if any: _____

4. Water will be used for the following purposes:

Amount 0.04 for DOMESTIC purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per annum)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)

5. Total quantity to be appropriated is (a) 0.04 and/or (b) _____
cubic feet per second acre feet per annum

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. WELL, PUMP & PIPELINE

b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total
reservoir capacity _____ acre-feet; period of year when water will be diverted to storage:
_____ to _____ inclusive.

c. Proposed well diameter is 6" inches; proposed depth of well is _____ feet.

d. Is ground water with a temperature of greater than 90°F being sought? NO

7. Time required for the completion of the works and application of the water to the proposed beneficial use is
2 years (minimum 1 year).

MICROFILMED

JAN 11 1989

8. Description of proposed uses (if irrigation only, go to item 9):

- Hydropower; show total feet of head and proposed capacity in KW. _____
- Stockwatering; list number and kind of livestock. _____
- Municipal; show name of municipality. _____
- Domestic; show number of households. 1
- Other; describe fully. _____

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- 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	RANGE	SEC.	NE¼				NW¼				SW¼				SE¼				TOTALS
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
50N	4W	20	TYPE - JK	7/11/88										D					

Total number of acres to be irrigated _____

10. Describe any other water rights used for the same purposes as described above. NONE

11. a. Who owns the property at the point of diversion? APP

b. Who owns the land to be irrigated or place of use? APP

c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing. _____

12. Remarks: _____

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JAN 11 1989

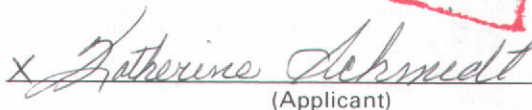
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MEADOWBROOK
ESTATES

KOOTENAI COUNTY IDAHO

5 to 11 ACRE PARCELS

4 MILES TO
COEUR D'ALENE



Proposed Priority 6/23/88

Received by J. King Date 6/23/88 Time 6/23/88 Preliminary check by JL
Fee \$ 38.95 Received by MA # N 310 Date 6/23/88
Publication prepared by MA Date 6/29/88 Published in 7/7 & 14/88
Publication approved MA Date 9/15/88

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No. 95-8591, and said application is hereby APPROVED.

1. Approval of said application is subject to the following limitations and conditions:

a. SUBJECT TO ALL PRIOR WATER RIGHTS.

b. Proof of construction of works and application of water to beneficial use shall be submitted on or before January 1, 19 91.

c. The rate of diversion, if water is to be used for irrigation under this permit, when combined with all other water rights for the same land shall not exceed 0.02 cubic feet per second for each acre of land.

d. The water right acquired under this permit if for hydropower purposes shall be junior and subordinate to all rights to the use of water, other than hydropower, within the State of Idaho that are initiated later in time than the priority of this permit and shall not give rise to any right or claim against any future rights to the use of water, other than hydropower, within the State of Idaho initiated later in time than the priority of this permit.

e. Other:

Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.

Permit holder shall commence the excavation or construction of diverting works within one year of the date this permit is issued and shall proceed diligently until the project is complete.

Witness my hand this 8th day of December, 1988.

J. New Saylor

REPROFILMED

JAN 11 1989

LICENSE REVIEW CHECKLIST

Permit No. 95-8591

Name/Address change? ok ☒

Priority date Advance? yes no ☒

Memo to advance no ☒

Total cfs Order to reinstate needed? yes no ☒

Limited by fee N/A

Total volume Limited by capacity no ☒

Limited by flow no ☒

Capacity Chart checked for AF rate/ac N/A

Actual measurement checked no ☒

Theoretical checked no ☒

If greater than permit, check for other rts no ☒

Source Changed? yes no ☒

If so, is memo needed to clarify? no ☒

P/D Verify with map no ☒ permit no ☒

More than one per $\frac{1}{4}$? no ☒ Remember remark no ☒

Check p/d overlap N/A

Uses Check irrigation period of use w/ chart N/A

P/U Verify with map no ☒ permit no ☒
> 5 acres irrigated, run overlap N/A

Remarks More than one p/d in $\frac{1}{4}$ no ☒
Description of non-irrig uses no ☒
Special overlap condition no ☒

Conditions -

Measuring device no ☒
W.Master control no ☒
Overlap no ☒
Water quality no ☒
Other no ☒

Dates/Misc. -

Water Dist no ☒
App Rec'd no ☒
Proof Rec'd no ☒

CHECK FOR ADJ. CLAIM

Needed according to proof filed no ☒
Filed - needs amended no ☒
Add'l fee required no ☒
Not filed - no ☒
Not needed no ☒

Comments/Changes to Examiner's Recommendations:

License no ☒ 10-day no ☒ 30-day no ☒

Back of field report signed? no ☒

Reviewer 2 Carter Date 8/13/91 Review time 5 min.

STATE OF IDAHO
DEPATRMANT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT SUPPLEMENT
INITIAL CHECK LIST

RECEIVED
JUN 28 1991

Department of Water Resources

STATUS
Y/N/*

(* = see remarks)

- N Non-Standard Approval Conditions (If yes attach copy of conditions)
N Measuring Device required
Y Report labled and Quad sheet attached
N Aerial Photo requested: date _____ by _____
N Aerial Photo attached
Y Subdivision or Ownership Plat attached
Y Government Lot Plat attached
N Additional Information from microfische attached
N Possible Overlap found, Abstract attached
Y Well log numbered and attached
Y Well inspection form numbered and attached
Y Plotted on exam maps
Y Ready For Field Examination

Person to contact for Appointment:

Phone

664 1307

Address

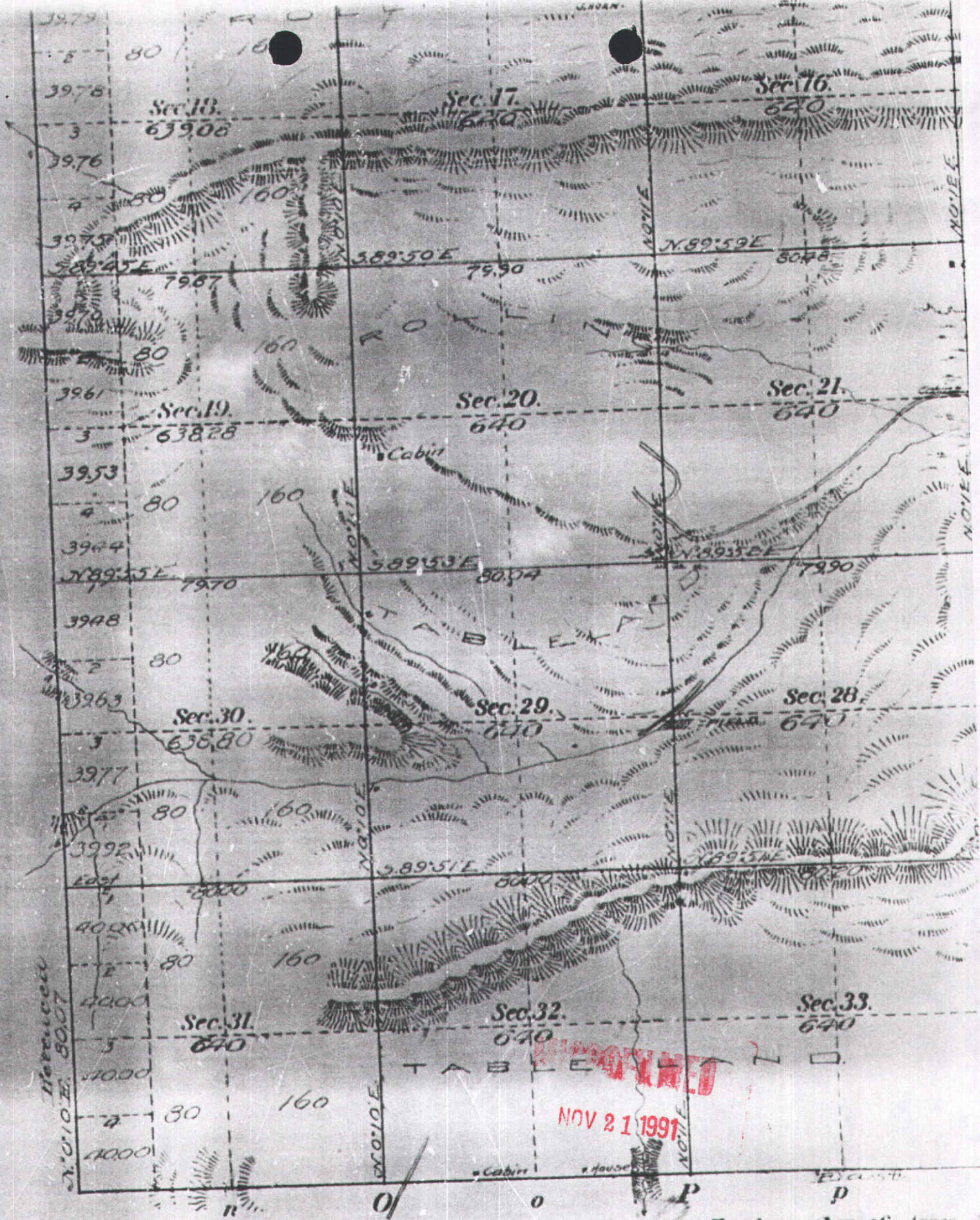
Katherine Schmidt
51395 meadowbrook Rd
Coeur d'Alene, ID 83814

Remarks:

PERMIT NUMBER

958591

NOV 21 1991



Total number of Acres

Survey Designated	By Whom Surveyed	Date of Contract	Amount of Surveys M. Ch. Lk.	When Surveyed
Township lines	N Clayton Miller	June 19th 1891		

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

- Permit No. 95-08591
Phone No. 664 1307
1. Owner: Katherine Schmidt
Current Address: 51395 Meadowbrook Rd, Coeur d'Alene, ID 83814
2. Accompanied by: None EXAM. DATE: 4/4/91
Address: _____ Phone No. _____
Relationship to Permit Holder: _____
3. Source: Groundwater tributary to _____

B. OVERLAP REVIEW

1. Other water rights with same place of use: None ☐ Copies Attached
2. Other water rights with same point of diversion: None ☐ Copies Attached ☐ Copies of Field Exam's Attached

C. SYSTEM DESCRIPTION

1. **Diversion System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



Scale: 1" = NTS

2. ☒ Copy of U.S.G.S. Quadrangle Attached
Showing location(s) of point(s) of diversion and
place(s) of use (required). ☐ Aerial Photo Attached
(required for irrigation of 10 acres or more).
☒ Photo of Diversion and System Attached
(required for all but single household domestic groundwater, and stockwater).

MICROFILMED

NOV 21 1991

System Description (continued)

3. Narrative: Description (As operating at time of measurement. Indicate pressure, number of sprinklers, etc.)

A 6" X 125' WELL W/SIDE @ 8', SUBMERSIBLE PUMP & PIPELINE TO HOME

☐ See Remarks on page 4 for continuation

4.

Well or Diversion Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
8 SUBMERSIBLE		UNK			

*Code to correspond with No. on map and aerial photo

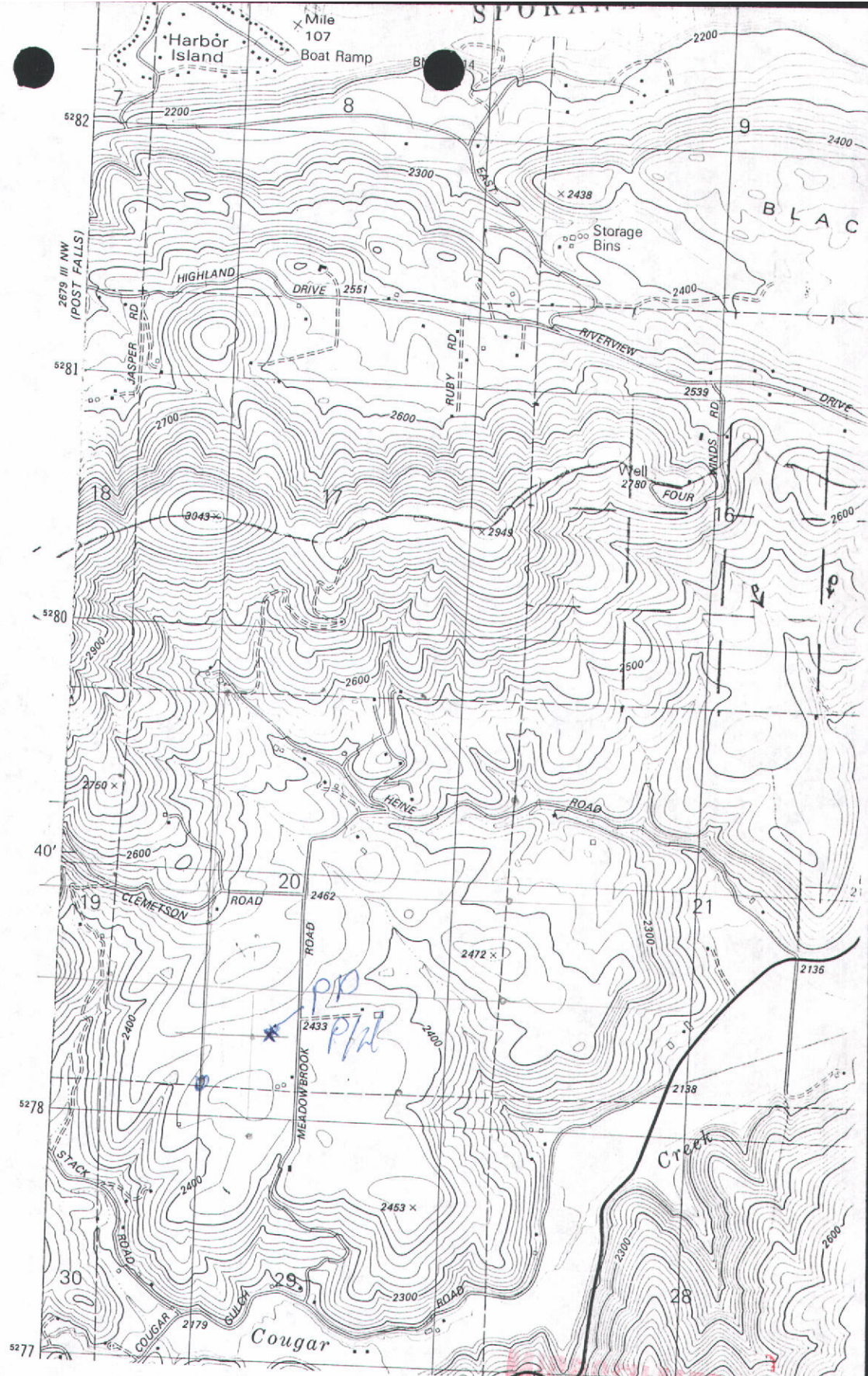
5. Point(s) of Diversion:

Ident. No.	Gov't. Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Method of Determination/Remarks
		NE	SE	SW	20	50N	4W	KOOTENAI	MAP
									(MAY BE SESESW)

6. Place(s) of Use:

Indicate Method of Determination MAP

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
50N	4W	20												D					



95-8591
T. 50 N. R. 4 W. Sec. 20
NESESW

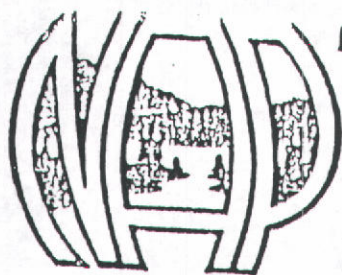
NOV 21 1991

2 180 00

FEE

527

13. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



NATIONAL
ASSOCIATED
PROPERTIES

MEADOWBROOK
ESTATES

IN THE $S\frac{1}{2}$ $SW\frac{1}{4}$ OF SEC. 20
AND IN THE $N\frac{1}{2}$ $NW\frac{1}{4}$ OF SEC. 29
T50N, R4W B1M

KOOTENAI COUNTY IDAHO

5 to 11 ACRE PARCELS

4 MILES TO
COEUR D'ALENE

ACCESS
ROAD

MEADOWBROOK RD.
(OILED COUNTY RD)

DOMESTIC POWER
LINE

EXISTING
2 1/4 COR HOME
COMMON
TO SECTIONS 20 & 29

POWER

STACK RD
COUNTY RD

EXISTING HOMES

Scale: 2 inches equal 1 mile.

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

X Katherine Schmidt
(Applicant)

(Applicant)

Do not use this space

D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calib. Date

2. Measurements:

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

one home

2. Alternate Method for Checking Purposes:

F. PUMP EFFICIENCY DATA (Optional)

Discharge Pressure: _____ psi x 2.31 = _____ ft (1); Dynamic pumping level: _____ ft (2)

Total Head: (1) + (2) = _____ (3)

: Flow rate: _____ cfs (4)

Water HP: (3) x (4) ÷ 8.8 = _____ (5)

Meter Input KW: 3.6 x _____ KH x _____ CTR or _____ MULT x _____ PTR x _____ N/ _____ T = _____ (6)

Meter Input HP: (6) x 1.34 = _____ (7)

Panel Input KW: _____ Ave PF x _____ Ave Volts x _____ Ave Amps x .001732 = _____ (6)

Panel Input HP: (6) x 1.34 = _____ (7) Efficiency: (5)/(7) x 100 = _____ %

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$ _____

$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 =$ _____

$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} =$ _____

2. Volume Calculations for Other Uses:

only home

APPROVED
JAN 1 1997

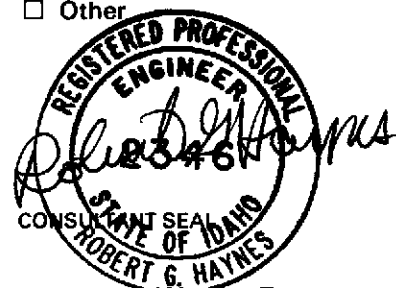
[illegible]

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
<u>DOMESTIC</u>	<u>1-1</u>	<u>12-31</u>	<u>.04</u>	<u>1.2</u>
		Totals:	<u>.04</u>	<u>1.2</u>

☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☒ None
☐ Change P.U. as reflected above ☐ Add P.U. as reflected above ☐ Other

Field Examiner's Name Tom D King
Signature Tom D King
Certification Date 4/10/91
Field Report Preparation Date 4/4/91



K. Licensing recommendation shall be prepared by an Idaho Department of Water Resources employee on a computer printout attached hereto.

UNCLASSIFIED

NOV 21 1991

State of Idaho
Department Of Water Resources
WELL INSPECTION FORM

If well is associated with water right, provide WR Permit No. 95-08591

Otherwise provide legal description and a sketch map and/or address so that the well can be located easily.

1. Legal Description of Well Location:

Twp. 50 N, Rge. 4W Sec. 20, SE $\frac{1}{4}$ SE $\frac{1}{4}$ Gov. Lot _____

2. Owner: Katherine Schmidt

Address: #5 1395 Meadowbrook Rd, Coeur

City Coeur d'Alene, State ID 83814

3. Casing $\geq$ 12 inches above ground: Yes _____ No _____

4. Access Port:	Y _____ N _____	Static Water Level:	<u>8'</u>
Pressure Gauge:	Y _____ N _____	Casing Diameter:	<u>6"</u>
Flowing:	Y _____ N <u>X</u>	Temperature:	<u>Cold</u>

5. Are there any obvious construction problems that may be a source for contamination or waste of water: Y _____ N _____

If answer to Item 5 is Yes, describe in remarks and attach photo.

Remarks: well log attached

RECORDED

NOV 21 1991

ANALYSIS SHEET
for
PROOF OF BENEFICIAL USE

Permit No. 95-8591

Date 12-24

GENERAL CONSIDERATIONS

X N Name same as permit?
X Address same as permit? If no, prepare data entry form.
X Proof timely received? If no, complete priority
advancement below.

SOURCE OF WATER

✓ Surface water source
✓ Ground water source
X Drill permit req'd?
Y Copy in file? Drill permit no. _____
Y Well log in file?
Y Amt paid for drilling permit? _____ Correct?

LICENSE EXAMINATION FEE

N Required?
/ Amount submitted?
/ Correct amount?

MEASURING DEVICE

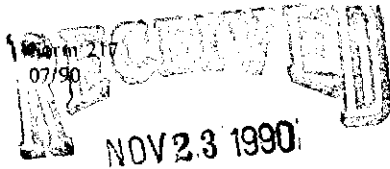
N Measuring device or access port required?
/ Installed?
/ Waiver requested or needed?

DEFICIENCIES OR ACTION ITEMS

- address change
OK check drilling permit compliance
Proof acceptable

PRIORITY CALCULATION

Date proof received	<u>/</u>	_____
Date proof due	<u>/</u>	- _____
No. of days late	<u>/</u>	= _____
Priority date	<u>/</u>	+ _____
NEW PRIORITY DATE	<u>/</u>	= _____



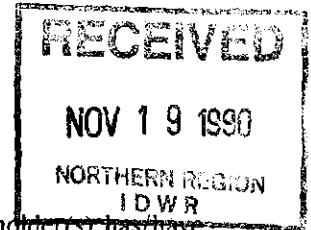
For Office Use Only
Amt. of Fee \$
Date
Receipt No. N/A
Received by

Department of Water Resources

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE



The Idaho Department of Water Resources will consider this form as a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee or a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

1. Permit No. 95-08591 Telephone No. (208) 664-1307

2. Name(s) of Permit Holder(s): Katherine Schmidt

3. Post Office Address: So 1395 Meadowbrook Rd, Coeur d'Alene, Idaho 83814

4. Source of Water: Well

a. If ground water, well driller's name: H2O John Wheeler Date drilled: 8/10/88

b. Pump horsepower: 1/2 Pressure (psi): 50 Dynamic pumping level (ft.): 8 ft

5. Extent of Use:

Domestic 1 (No. of households)

Irrigation _____ (No. of acres)

Stockwater _____ (No. and type of stock)

Other _____

6. Total rate and/or volume for which proof is submitted .04 cfs _____ acre/feet

7. Refer to the approval conditions on your permit and respond accordingly:

Measuring device: Required? Yes ☒ No Installed? Yes ☐ No

OR

Flow Measurement Port: Required? Yes ☒ No Installed? Yes ☐ No

8. Fee Enclosed: \$ _____ (See License Examination Fee Schedule)

9. Person to contact to accompany the Department representative during the field examination:

Katherine Schmidt (208) 664-1307
Name Telephone No.

So 1395 Meadowbrook Rd Coeur d'Alene, Idaho 83814
Address

10. The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho.

RECEIVED

11/15/90
Date

Katherine Schmidt
Signature (and title if on behalf of a company or organization)

MAR 22 1991

Form 235-1
4/88

Drilling Permit No. 5 96-88-N-87
Water Permit No. _____
Injection Permit No. _____

RECEIVED
SEP 16 1988

State of Idaho
Department of Water Resources

DRILLING PERMIT

Department of Water Resources

(Authorizing Construction of a Well)*

16108 Mt. Hicks
Fountain Valley
CA 92708

1. Applicant Katie Schmidt
2. Address 9061 Orangewood Ave.
Boulder Stone Co. Telephone 714-539-7213
(☒ Well Owner () Well Operator () Other, specify _____)
3. Proposed well location SE 1/4 SE 1/4, or Gov't lot No. _____,
Sec. 20, Twp. 50N Rge. 4W, County Kootenai,
Lot, block and subdivision _____
4. Proposed use of well: (Check all that apply)
(☒ Domestic () Stockwater () Monitoring
() Irrigation () Industrial () Municipal
() Injection () Other, Specify _____)
5. Well construction information:
(☒ New well () Deepen () Replace
Proposed surface diameter 6" Maximum depth 125
Anticipated bottom hole temperature: _____
(☒ 85°F or less (Cold water well)
() 85°F to 212°F (Low temp. geothermal well)
() 212°F or more (Geothermal well)
6. Anticipated construction start date 8-8-88
7. Well Driller (if known) AJO # 448
Address Hayden
8. Applicant's signature [Signature]
Title Driller
Date 8-8-88

RECEIVED
MAR 22 1991

* After other pre-requisite approvals have been obtained.

* Fee is \$10 for single family domestic. Other uses may be \$100, \$50 or \$10.

ACTION OF IDWR

☒ Approved ☐ Denied

The approval of this permit authorizes the construction of a well as described on this application subject to the conditions on this permit.

GENERAL CONDITIONS:

1. The well must be constructed in compliance with the applicable statutes, specific conditions of approval shown on the water right permit, injection well permit, transfer or amendment and the rules and regulations of the Department for water appropriation, injection wells and well construction standards.
2. This drilling permit is valid for two (2) months from its date of issuance for the start of construction and is valid for one (1) year from the date of issuance for completion of the well unless an extension has been granted.
3. This permit does not constitute the approval of the District Health Department or the Idaho Department of Health and Welfare which may be required before construction of this well.
4. The well shall be constructed by a driller currently licensed in the State of Idaho who must maintain a copy of the drilling permit at the drilling site.
5. Issuance of this drilling permit does not authorize trespass on the land of another party.
6. This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.
7. This drilling permit does not represent a right to divert and use the water of the State of Idaho.

SPECIFIC CONDITIONS:

Dated this 12 day of September, 1988

Signed

Robert G. Hume

Title

REGIONAL SUPERVISOR

Received by Kew

Fee \$10.00

Date 9/12/88

MAR 22 1989

Receipt No. N 1226

Construction start extension to _____

Extension approved by _____

LABORATORIES:

Boise
Coeur d'Alene
Idaho Falls
Lewiston
Pocatello
Twin Falls

**DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF LABORATORIES**
**Water Sample for
BACTERIOLOGICAL QUALITY TEST**
(Purity Test)

190
89-90

See Back of Form for Collection Instructions

PLEASE PRINT PLAINLY

SOURCE	Type of Well, Spring, Stream, Etc. <u>Drilled</u>	Bottle #																																
LOCATION OF SOURCE	Address if City - Distance and Direction from Town if Farm <u>Meadow Brook</u>																																	
REPORT RESULT TO <u>Kate Schmidt</u>		IF WELL, GIVE DEPTH																																
Name <u>H₂O Well Services, Inc.</u>	Feet <u>100'</u>																																	
Street Address <u>582 W. Hayden Ave</u>	SAMPLE COLLECTED																																	
City, State, Zip Code <u>Hayden Lake, ID 83835</u>	Hour <u>3:10</u>	Date <u>3-5-90</u>																																
Time & Date Received	Time & Date Set Up <u>3/6/90 1600</u>																																	
RESULT OF WATER TEST Intestinal Bacteria ☐ were ☒ were not / found in the water sample. Membrane Filter <u>< 1</u> Coliforms/100 ml.																																		
Date Reported/Microbiologist <u>JD 3/7/90</u>																																		
EXPLANATION: Intestinal bacteria should not be present in your water supply. The presence of these organisms indicates that your water is contaminated. This may be due either to poor quality of water at its source or improper construction and maintenance of the system. Because the quality of water may vary from time to time, it is recommended that repeat samples be submitted. For Department of Health & Welfare recommendations or approval of your water supply, please contact your environmentalist or public health engineer.																																		
<table border="1"> <thead> <tr> <th colspan="6">PRESUMPTIVE TEST</th> <th colspan="2">CONFIRMATORY TEST</th> </tr> <tr> <th>Date</th> <th>10cc</th> <th>10cc</th> <th>10cc</th> <th>10cc</th> <th>10cc</th> <th>Date</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			PRESUMPTIVE TEST						CONFIRMATORY TEST		Date	10cc	10cc	10cc	10cc	10cc	Date	Result																
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HWH-0261
Rev. 7/86

DO NOT FILL BOTTLE MORE THAN TWO-THIRDS (2/3) FULL
Allow an Air Space at the Top

Bill

MICROFILMED
MAR 22 1991

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

SEP 16 1998

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY RJA

DATE 6/30/88

APPLICATION NUMBER 95-8591

REQUIRED INFORMATION

- ☒ Name (If applicant is a corporation or partnership, names must be provided for the director, officers, & other partners.)
- ☒ Address
- ☒ Source (See USGS Quad for names of water sources)
- ☒ Point of Diversion (10 acres for spring, lot & block descriptions for subdivisions, local name, flow and/or volume)
- ☒ County
- ☒ Quantity (flow and/or volume)
- ☒ Period of Use
- ☒ Nature of proposed use (Include description of use.)
- ☒ Description of diverting works
- ☒ Time required for beneficial use of water
- ☒ Place of use or acres irrigated
- ☒ Map
- ☒ Signature (If applicant is corp. partnership, or municipality, title of signator is required)
- ☒ Fee
- ☒ Yes ☐ No* In form to receipt

ADDITIONAL INFORMATION

- ☐ Overlapping place of use (Describe source & relationship to present application on the back.)
- ☐ Overlapping point of diversion
- ☐ Yes ☒ No Field check required
- ☐ Yes ☒ No Field check by _____
- ☐ Yes ☒ No Field report attached
- ☐ Yes ☒ No Critical groundwater area
- ☐ Yes ☒ No Groundwater management area
- ☐ Yes ☒ No Send dam safety information
- ☐ Yes ☒ No Send power requirement letter
- ☐ Yes ☒ No Send fish farm requirement letter
- ☐ Yes ☒ No Power residency affidavit
- ☐ Yes ☒ No Power efficiency form
- ☐ Yes ☒ No Within trustwater boundary (If yes, attach trust water supplementary analysis sheet.)
- ☐ Yes ☐ No Diversion greater than 5 cfs or 500 acre ft. (If yes, attach large diversion supplementary analysis sheet.)
- ☐ See reverse side for additional information

*REQUEST THE FOLLOWING ADDITIONAL INFORMATION FROM THE APPLICANT

Date Requested _____

RECEIVED

OCT 24 1988

PROCESSING

☒ Yes ☒ No In form for advertising
☒ Yes ☒ No Statewide advertising
☒ Yes ☒ No Fee amount, receipt date & No. recorded on application

SEND COPIES TO

☐ Idaho Dept. of Health & Welfare ☐ U.S. BLM
☐ Idaho Dept. of Fish & Game ☐ U.S. Forest Service
☐ Idaho Dept. of Lands ☐ Water District
☐ Adjudication Bureau Unit ☐ Other _____

FINAL REGIONAL PROCESSING REVIEW

☒ Yes ☐ No Affidavit of publication received
☒ Yes ☐ No Application published correctly. If not, record action taken.
Pub. of decision wrong - re-adv.

☒ Yes ☐ No Publication dates & paper, recorded on application

☒ Yes ☒ No Protests received

Final date for protest 9/19/88

☐ Yes ☒ No Protests, dates, resolution of protest, recorded on application

☐ Yes ☒ No Recommendations attached

☐ Yes ☒ No Measuring device required

☐ Yes ☒ No Access port required

☐ Yes ☒ No Will water be delivered by watermaster? If yes, what Dist. _____

☐ Yes ☒ No Special conditions of approval or cover letter below. _____

Date of priority recommended _____
By PSA

☐ See below for additional information

Date 10/27/88 6-23-1988
10/19/88

STATE OFFICE REVIEW

P23

P17

46 26

By KW ☐ See below for additional information

Date 12/5/88

ADDITIONAL INFORMATION

ok to allow 2 yrs. for B/U development