

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08335

Priority: June 8, 1983

Maximum Diversion Rate: 0.04 CFS
Maximum Diversion Volume:¹ 1.2 AF

This is to certify, that CHUCK SANDERS
CANDIE MC ELDERRY

N. 2550 IDAHO RD.

RATHDRUM, ID 83858

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated June 8, 1983; and has submitted Proof of Beneficial Use on June 14, 1988. 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:

NWSW , Sec. 2, Township 51N, Range 05W
KOOTENAI County

PLACE OF USE: DOMESTIC
TWN RGE SEC

51N 05W 2 NWSW

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 and household stock.

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 11th day of JANUARY, 1991.

MICROFILMED

JAN 18 1991

Attest:

R. Keith Higginson, Director

WATER RIGHT SUMMARY

<u>ACTION</u>	<u>RIGHT NO.</u>	<u>NAME</u>	<u>AMOUNT CFS</u>
Original Permit	95-8335	Sanders, Chuck	.20 total
Full Assignment	95-8335	Sanders, Chuck McElderry, Candie	.20 total

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JAN 10 1989

RECEIVED

JUN 17 1988

State of Idaho
Department of Water Resources

RECEIVED

JUN 14 1988

Department of Water Resources

ASSIGNMENT OF PERMIT

Department of Water Resources
Northern District Office

I, Chuck Sanders, hereby assign to Chuck Sanders &/or Candie McElderry
of N. 2550 Idaho Rd. Rathdrum, Id. 83858
Address

CHECK ONE

☒ All my right, title, and interest in and to Permit No. 95-8335
to appropriate the public waters of the State of Idaho.

☐ The following described portion of my right, title, and interest in and to Permit
No. _____ to appropriate the public waters of the State of Idaho.

(Describe that portion of the permit being assigned by listing the acreage within
each 40acre subdivision, the point of diversion and the amount of water in cubic
feet per second for direct diversion, or acre feet for storage)

Made this 14th day of June, 19 88.

Chuck Sanders
Permit Holder

Spouse of Permit Holder

State of Idaho)
County of Kootenai) ss.

On this 14th day of June, 19 88, personally
appeared before me the signer(s) of the above instrument, who duly acknowledged to me
that he ~~(she)~~ ~~(they)~~ executed the same.

seal

John H. Lipp
Notary Public residing at Rathdrum

My commission expires:
12/10/93

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JAN 10 1989

CK #2071

Form 202
3/78Ident. No. 95-8335

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

APPROVED

To appropriate the public waters of the State of Idaho

1. Name of applicant Chuck Sanders Phone 687-1604
 Post office address N 2550 N Idaho Rd, Rathdrum 83858
 2. Source of water supply Groundwater which is a tributary of _____
 3. Location of point of diversion is NW $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 2 Township 51N
 Range 5W B.M. Kootenai County, additional points of diversion if any: _____

4. Water will be used for the following purposes:

Amount 0.14 for Irrigation purposes from 3/15 to 11/15 (both dates inclusive)
(cfs or acre-feet per annum)
 Amount 0.02 for Stock purposes from 1/1 to 12/31 (both dates inclusive)
(cfs or acre-feet per annum)
 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)

5. Total quantity to be appropriated:

a. 0.20 cubic feet per second and/or b. _____ acre-feet per annum.

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. Well, pump and pipeline

b. Height of storage dam _____ feet, active reservoir capacity _____ acre-feet; total reservoir capacity _____ acre-feet, materials used in storage dam: _____

Period of year when water will be diverted to storage _____ to _____ inclusive.
(Month/Day) (Month/Day)

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

7. Time required for the completion of the works and application of the water to the proposed beneficial use is 5 years (minimum 1 year — maximum 5 years).

8. Description of proposed uses:

a. If water is not for irrigation:

(1) Give the place of use of water: NW $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 2 Township 51N
 Range 5W B.M.

(2) Amount of power to be generated: _____ horsepower under _____ feet of head.

(3) List number of each kind of livestock to be watered Goats, cattle

(4) Name of municipality to be served _____, or number of families to be supplied with domestic water 1.

(5) If water is to be used for other purposes describe: _____

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b. If water is for irrigation, indicate acreage in each subdivision in the tabulation below:

[illegible]

Total number of acres to be irrigated 7

c. Describe any other water rights used for the same purposes as described above. None

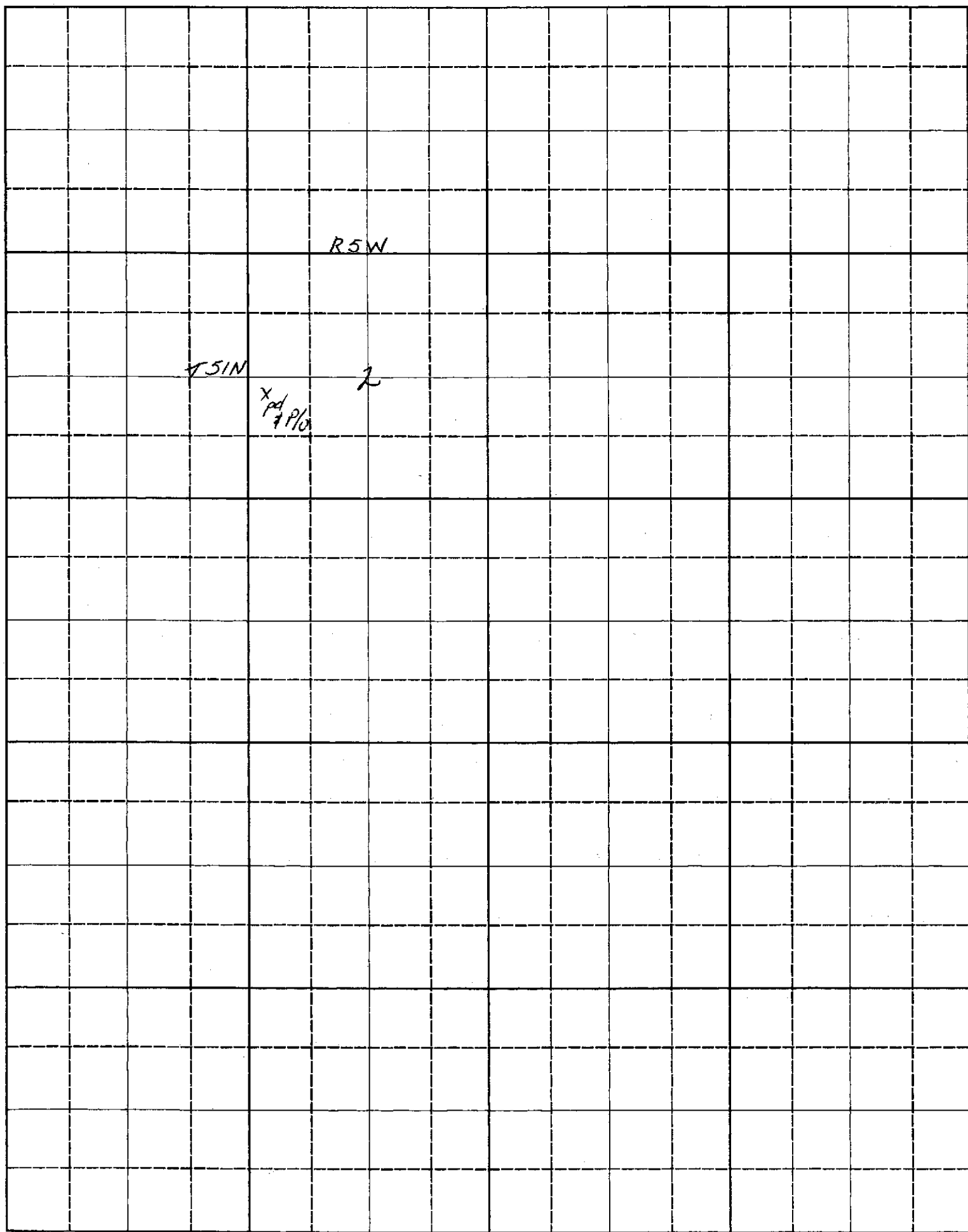
9. a. Who owns the property at the point of diversion App

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

10. Remarks _____

~~UNCLASSIFIED~~



Scale: 2 inches equal 1 mile.

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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.

Chuck Sanders
(Applicant)

Proposed Priority 6/8/1983

Received by ALB Date 6/8/83 Time 9:30

Preliminary check by ALB Fee \$ 30.00

Receipted by ALB Date 6/8/83 (27154)

Publication prepared by ALB Date 6/8/83

Published in Coeur d'Alene Press

Publication dates 6/16 - 6/23/83

Publication approved ALB Date 7/12/83

Protests filed by: none

MICROFILMED

Copies of protests forwarded by _____

Hearing held by _____ Date _____

Recommended for approval denial by ALB RC

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. 95-8335, 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 August 1, 19 88.
- 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. Other:

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 12th day of August, 1983.

A. Glen Saylor
Chief, Operations Bureau

LICENSE REVIEW CHECKLIST

Permit No. 95-8335

Name/Address change? ok ☒

Priority date Advance? yes no ☒

Memo to advance no ☒

Order to reinstate needed? yes no ☒

Total cfs Limited by fee .04 ☒

Limited by capacity no ☒

Total volume Limited by flow no ☒

Chart checked for AF rate/ac N/A

Capacity Actual measurement checked NONE

Theoretical checked NONE

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 1/4? 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 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 ☒
Not filed - send form no ☒
Not needed no ☒

Comments/Changes to Examiner's Recommendations:

License 10-day ☒ 30-day no ☒

Back of field report signed? no ☒

Reviewer S. Curtis Date 11-27-90 Review time 8 min.

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT SUPPLEMENT
C O N T E N T S

RECEIVED
JUN 27 1990

Department of Water Resources

() B/U Acknowledgment Letter Sent

This Examination Report Contains the Following Documents.

(☒) Field Report

(☒) Quad Sheet

(☒) Gov. Lot Plat

(☒) Rules Check list

() Aerial Photo

() Photo, PD/PU

() Well Log - NOT FOUND

Number of Diagrams Attached _____

Number of Calculation Sheets Attached _____

() Correspondence (Date) _____

() Other (List) _____

Contacts: _____

Remarks: _____

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JAN 18 1991

Exam Completed By _____

Date _____

Sr. Agent Review _____

Date _____

Regional Manager Review *PKA*

Date *6/11/90*

PERMIT NUMBER

95-08335

SENIOR AGENT REVIEW

Check List
for
Beneficial Use Field Report

Permit 9508335

A. GENERAL INFORMATION

- ✓ 1. Name and address are most current available. (Check BU statement)
✓ 2. Exam Date
✓ 3. Source (Check Permit)

B. OVERLAP REVIEW

- ✓ 1. & 2. (Rule 5,1,4)

C. SYSTEM DESCRIPTION

- ✓ 1. Diversion System Diagram (Rule 5,1,3 / 5,1,4)
✓ 2. USGS (Rule 5,1,7 / 5,1,9) Aerial (Rule 5,1,17)
✓ 3. Word Picture (Rule 5,1,3 / 5,1,4)
✓ 4. Diversion (Rule 5,1,3)
✓ 5. Compare with USGS Map, Land Survey Maps, Aerial Photos and Permit.
✓ 6. Irrigation (Rule 5,1,8)

D. FLOW MEASUREMENTS Check math (Rule 5,1,13 / 5,1,14)

E. FLOW CALCULATIONS Check math (Rule 5,1,13 / 5,1,14)

F. OPTIONAL

G. VOLUME CALCULATIONS

- Three significant figures and no more than 1/10's (Rule 6,1,2)
Fish (Rule 5,1,11) number stock, homes, etc... (Rule 5,1,12)

H. REMARKS AND OVERLAP ANALYSES

- ✓ All actual uses listed; all permitted uses not used, also listed; (Rule 5,1,2):
✓ Overlaps (Rule 5,1,4):
✓ Return flows (Rule 5,1,5):
✓ Conditions (Rule 5,1,6).

I. RECOMMENDATIONS

- ✓ 1. Municipal (Rule 5,1,10): Compare with items E & G, permit, fee, capacity
(Rule 5,1,15): Measured flows for each use listed separately (Rule 5,1,14).
Period of year (Rule 5,1,13)
✓ 2. Compare permit to exam for amendments (Rule 5,1,16)

J. AUTHENTICATION

- ✓ Name, Signature, Certification Date, Exam Date.

WELL INSPECTION REPORT

- ✓ Check with permit and well log for discrepancies

Signature

J. King

Date

4/12/89

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED
JUN 27 1990

Department of Water Resources

A. GENERAL INFORMATION

Permit No. 95-08335

1. Owner: CHUCK SANDERS

Phone No. 687-1604

Current Address: N 2550 N. IDAHO RD. RATHDRUM ID 83858

2. Accompanied by: SAME

EXAM. DATE: 4-6-89

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

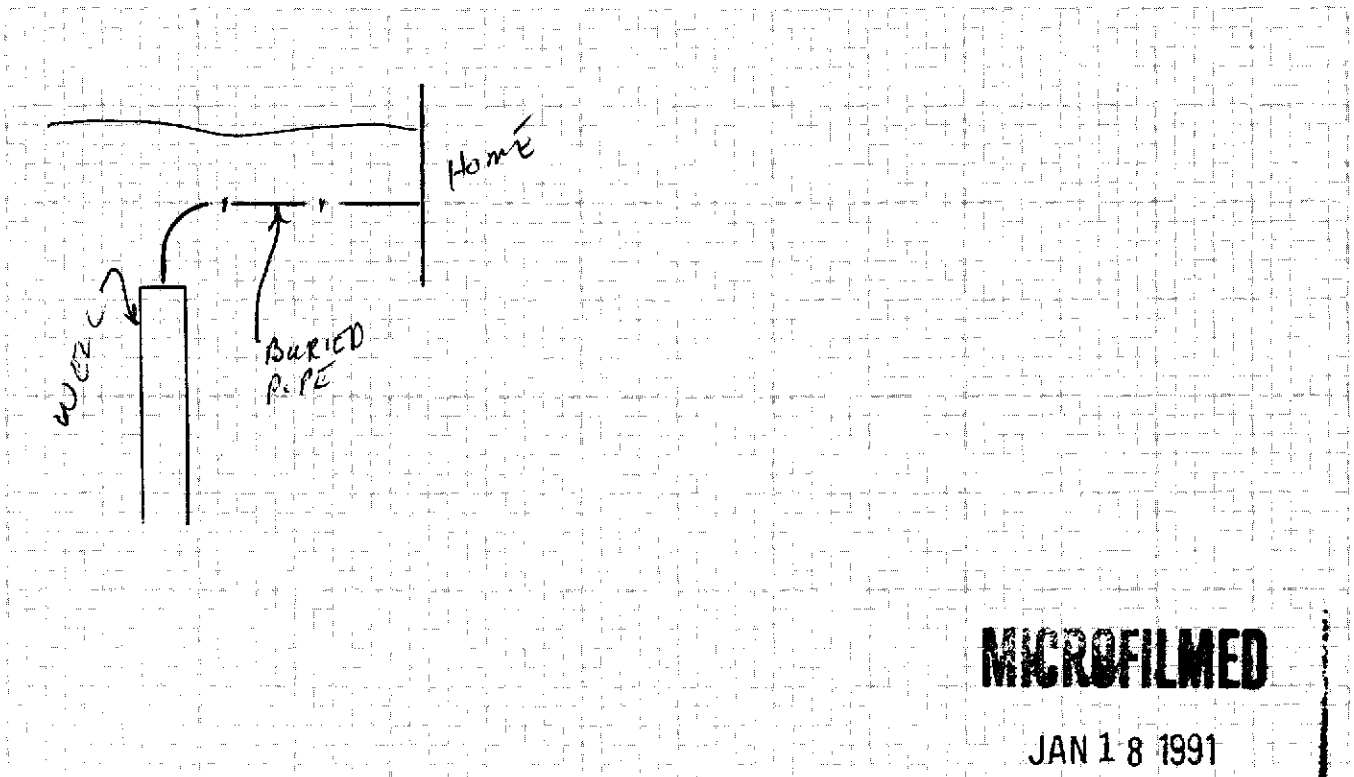
2. Other water rights with same point of diversion: NONE

☐ 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



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Scale: 1" = _____

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 CAMERA DISFUNCTION
(required for all but single household domestic groundwater, and stockwater).

System Description (continued)

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

6" WELL, 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
SUBMERSIBLE		1.5			

*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
			NW	SW	2	51N	5W	KOOTENAI	MAP

6. Place(s) of Use:

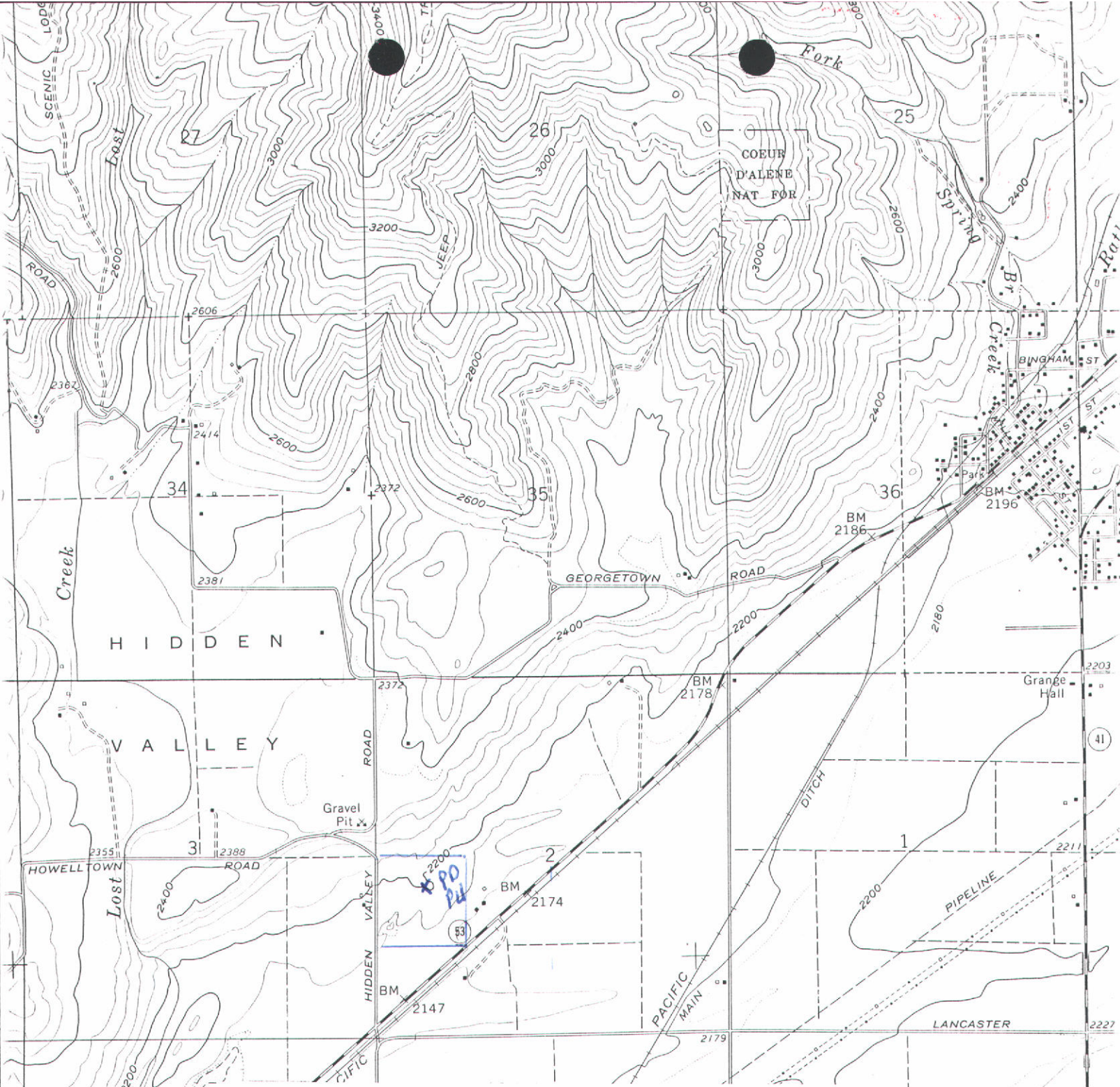
Indicate Method of Determination MAP

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	
51N	5W	2										D							

Do not use this space

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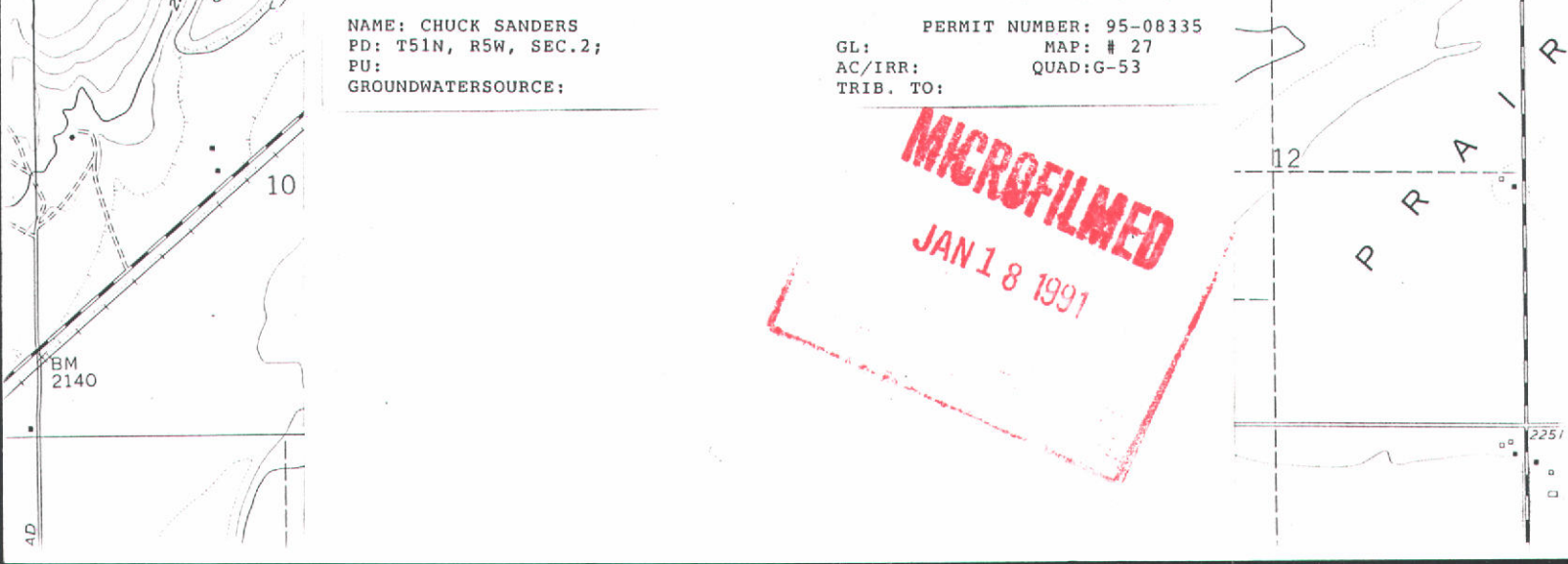
JAN 18 1991



NAME: CHUCK SANDERS
PD: T51N, R5W, SEC.2;
PU:
GROUNDWATER SOURCE:

PERMIT NUMBER: 95-08335
GL: MAP: # 27
AC/IRR: QUAD: G-53
TRIB. TO:

MICROFILMED
JAN 18 1991



5W

T 51N
R 5W

A

IV 40...	III 40...	II 40...	I 40...	IV 40...	III 39.81	II 39.63	I 39.44	IV 39.44	III 39.63	II 39.81	I 40...
3				2				1			

UNRECORDED
JAN 18 1991

Do not use this space

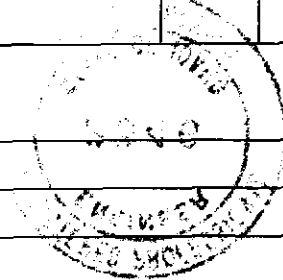
D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1. *NONE POSSIBLE*

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 + STOCK

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:

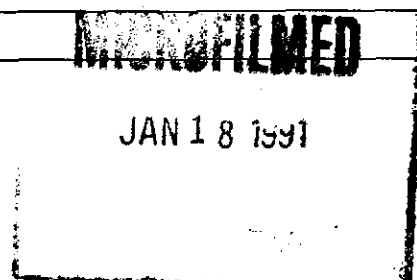
$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$ _____

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

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

2. Volume Calculations for Other Uses:

ONE HOME + STOCK



H. REMARKS AND OVERLAP REVIEW ANALYSIS

NO STOCK AT TIME OF EXAM. DOM INCLUDES
STOCK

I. RECOMMENDATIONS

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>0.04</u>	<u>12</u>
Totals:				

2. Recommended Amendments

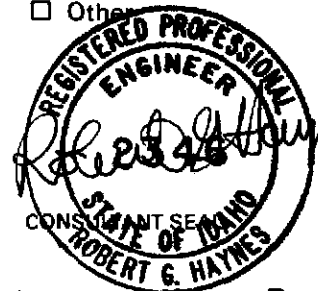
- ☐ Change P.D. as reflected above ☐ Add P.D. as reflected above
☐ Change P.U. as reflected above ☐ Add P.U. as reflected above

☒ None

☐ Other

J. AUTHENTICATION

Field Examiner's Name Tam King
Signature Tam King
Certification Date 2/17/89
Field Report Preparation Date 4/6/89



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

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JAN 18 1991

State of Idaho
Department of Water Resources
WELL INSPECTION FORM

This form should be completed by the examiner when conducting a field examination to determine the extent of beneficial use of water from a well or whenever a well is inspected for other reasons. The form should be forwarded to Groundwater Protection Section in the State Office upon completion.

1. Legal Description of well location. Twp. 51N, Rge: 5W,
Sec. 2, Qtr./Qtr. NW SW or Lot _____
2. Owner CHUCK SANDERS
Address N 2550 N. IDAHO RD., City RATHDRUM, State ID
3. Approx. date of well construction 1983
Well Driller UNK
4. Casing: Diameter 6" Condition Good
5. Casing length above land surface 2'
6. Well depth (ft) UNK Flowing _____ Temp. _____
Access port NO
7. Condition of piping and valving Good
8. Evidence of well seal _____
9. Shut in pressure or static water level UNK
10. Evidence of leakage around the casing NO
11. Does well need repair NO
12. Comments _____

(OVER)

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JAN 18 1991

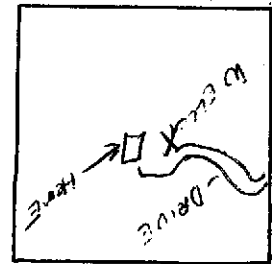
SCHEMATIC

Provide a schematic diagram showing the location of the well in the quarter-quarter with respect to houses, roads, other wells or readily identifiable features.

MICROFILMED
JAN 18 1991



W 5.0



HIDDEN VALLEY RD

W 4.000 2

Inspected by

JK

Date

6/8/89

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 95-8335

Date: 11.16.88

General Considerations:

Y Name same as permit
Y Signature the same as permit holder
N Address change _____ If yes, prepare a data entry
Y Proof received timely _____
_____ Reinstated

Source of Water:

Y Surface water
Y Groundwater
* N 1. well log in file
N/A 2. drilling permit
_____ A. amount of drilling fee paid for proposed uses

Extent of Use and Rate of Diversion:

Y Rate of diversion appropriate for uses
Y Is rate or volume and fee appropriate?
Y Has permit holder indicated when water was first put to a beneficial use?

Measuring Device:

N/A Is a measuring device or access port required?
N/A Has one been installed?
N/A Waiver or modification of measuring device requested

Remarks:

Proof acceptable
* Not found, due to reported age of well

N/A Priority Calculation:

Date proof received	_____	_____
Date proof due	_____	_____
No. of days late	_____	_____
Priority date	_____	_____
NEW PRIORITY DATE	_____	_____

SEND FILES TO DATA ENTRY AND THEN TO MICROFILM

RECEIVED
JUN 17 1988

RECEIVED
JUN 21 1988

For Office Use Only
Fee Received _____
Date _____
Receipt # _____
Receipt by _____
Reviewed by 93
Sent to region _____

Department of Water Resources

STATE OF IDAHO

Department of Water Resources
Northern District Office

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 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.

Permit No. 95-8335

Name(s) of Permit Holder: Chuck Sanders

Post Office Address: N. 2550 Idaho Rd. Rathdrum, Id. 83858

Telephone No. 687-1604

Source of Water: Groundwater

Extent of Use:

Domestic 1 (number of households) Stockwater domestic animals (maybe some pigs) (number and type of stock)
Irrigation _____ (acres) Other/Remark _____

Total rate and/or volume for which proof is submitted 0.05 cfs _____ acre-feet

Show the date water was first diverted and beneficially used under this permit: 1981

Measuring Device: Required? Yes X No
Installed? Yes X No

Fee enclosed \$ N/A
(See License Examination Fee Schedule)

Flow Measurement Port: Required? Yes X No
Installed? Yes X No

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

Applicant

(Name)

(Telephone Number)

(Address)

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.

RECORDED

JAN 10 1989

6/14/88

Date

Chuck Sanders
Signature of Permit Holder (and title, if appropriate)

To: File 95-8335

From: Groundwater Protection

Date: 9/13/88

Drilling Permit: ☒ Not Applicable
☐ Found and in file
☐ Not Found

Well Drillers Report:

☒ Not found, due to reported age of well
probably not available
☐ Found and is in file
☒ Not found

Follow-up

☐ Request from permit holder the well
drillers report and/or the name of the
well driller.
☐ Ask permit holder when well was drilled
and notify holder of drilling permit
requirement if after July 01, 1987.

We have no record
of a Jim or Don Hendrix
As Driller

Due to age of well
no further action recommended

JP

MICROFILMED

JAN 10 1989

Permit No. 95-8335

ASSIGNMENT REVIEW CHECK LIST

1. Signature of Permit Holder? ✓
2. Notary? ✓
3. a. Full Assignment? ✓
b. Partial Assignment? *N/A*
4. "No assignment" condition on permit? *N/A*
5. Commencement of Works received? *- proof rec'd*
 - a. Commencement of works requested?
 - b. Show Cause Order drafted & sent?
 - c. Cancellation necessary?
6. Affidavit of residency required?
7. Extension granted due to litigation?
(If yes, commencement of works is not required.)

1. Type permit summary sheet. ✓
2. Coding sheet. ✓
3. Acknowledgement letter type. *Letter with b/w*
4. Copy to region.

Date 11-15-88

Employee S. Curtis

MICROFILMED

JAN 10 1989

CONVERSATION MEMORANDUM

DATE 9-13-1988FILE 95-8335NAME OF PARTY Chuck SandersEMPLOYEE Edna Fleck

RE: _____

In response to our letter of Aug. 29th,
he doesn't have a copy of well log.
The well was drilled by Don + Jim
Hendrix. The well is:

300 ft. deep

Cased to 24 ft.

drilled thru solid rock.

MICROFILMED

JAN 10 1989

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: RYH

APPLICATION NUMBER: 95-8335

CHECK:

- ☒ Source.
☒ Point of diversion.
☒ County.
☒ Quantity of water and period of use.
☒ Description of diverting works.
☒ Time required for beneficial use of water.
☒ Place of use or acres irrigated.
☒ Map.
☒ Signature.
☒ Fee.
☐ Yes ☒ No Field check required.
☐ Yes ☒ No Critical groundwater area.
☐ Yes ☒ No Request dam safety information. Sent by: _____ Date: _____
☒ Yes ☐ No* In form to receipt.

Field check by: _____

Date: _____

Comments: _____

*REQUEST THE FOLLOWING ADDITIONAL INFORMATION FROM THE APPLICANT: _____

SEND COPIES TO:

- ☐ Idaho State Health Department. Copies sent by: _____ Date: _____
☐ Idaho Fish and Game Department. _____
☐ Idaho Department of Lands. _____
☐ U.S. Bureau of Land Management. _____
☐ U.S. Forest Service. _____
☐ Other _____

PROCESSING:

- ☐ Yes ☐ No Platted by: _____ Map No. _____
☐ Yes ☐ No Other rights on same place of use. _____
☒ Yes ☐ No* In form for advertising. 7/5/83 ✓
☐ Yes ☒ No Final date for protests: _____
☐ Yes ☒ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 6/24/83 ✓
☒ Application published correctly. If not, record action taken: _____
☒ Fee amount, receipt date & number, recorded on application.
☒ Publication dates and paper, recorded on application.
☒ Protests, dates, withdrawal, etc., recorded on application.
☒ Recommendation & initial, recorded on application.
☐ Yes ☒ No Measuring device required.
☐ Yes ☒ No Access port required.
☐ Yes ☒ No Will water be delivered by watermaster? If yes, what district? _____
☒ 6/8/83 Date of priority recommended.
✓ Special conditions of approval or cover letter. _____

By: SLB Date: 7/18/83

STATE OFFICE REVIEW:

SLB/LT 26
☐ See attached sheet for more information.
By: RYH Date: 8/8/83

RECEIVED
AUG 3 1983

Department of Water Resources

MICROFILMED

POINT OF DIVERSION AND STREAM INDEX INFORMATION

TRACT	SEC	TWP	RGE	gov't lot	rediv. (R)	REACH
-----	-----	-----	-----	-----	-----	-----
IDAHO STREAM CODE INDEX						

TRACT	SEC	TWP	RGE	gov't lot	rediv. (R)	REACH
-----	-----	-----	-----	-----	-----	-----
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TRACT	SEC	TWP	RGE	gov't lot	rediv. (R)	REACH
-----	-----	-----	-----	-----	-----	-----
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TRACT	SEC	TWP	RGE	gov't lot	rediv. (R)	REACH
-----	-----	-----	-----	-----	-----	-----
IDAHO STREAM CODE INDEX						

TRACT	SEC	TWP	RGE	gov't lot	rediv. (R)	REACH
-----	-----	-----	-----	-----	-----	-----
IDAHO STREAM CODE INDEX						

95-8335-

SANDERS, CHUCK

N. 2550 N. IDAHO RD., RATHDRUM, ID 83858

Source: GROUNDWATER

Date Filed: 06/08/1983

Diversion Pt: NWSW Sec 02 T 51N R 05W

Use: IRRIGATION	(0.14 CFS)
STOCKWATER	(0.02 CFS)
DOMESTIC	(0.04 CFS)

In: NWSW Sec 02 T 51N R 05W FOR 7 ACRES