

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08265

Priority: February 15, 1983

Maximum Diversion Rate:
Maximum Diversion Volume:¹

0.20 CFS
22.8 AF

This is to certify, that HILBYS ADDITION TO SQUAW BAY
C/O BARBARA NIMKE
RT. 2 BOX 131
HARRISON, ID 83833

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated February 15, 1983; and has submitted Proof of Beneficial Use on March 9, 1988. An examination indicates that the works have a diversion capacity of .200 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>
IRRIGATION	03/15 to 11/15	0.08 CFS	12.0 AF
DOMESTIC	01/01 to 12/31	0.20 CFS	10.8 AF
	Totals	0.20 CFS	22.8 AF

LOCATION OF POINT(S) OF DIVERSION: LOT 5(NWSW), Sec. 4, Township 49N, Range 03W
KOOTENAI County

PLACE OF USE: IRRIGATION

<u>TWN</u>	<u>RGE</u>	<u>SEC</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>TOTAL</u>
49N	03W	4	LOT 5(NWSW)	4		4

Total number of acres irrigated: 4

PLACE OF USE: DOMESTIC, same as IRRIGATION use

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.

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JAN 18 1991

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08265

CONDITIONS/REMARKS:

5. This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.0 afa per acre for the lands above.
6. Domestic use is for 18 homes.

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 20th day of December, 1990.

Attest for

R. Keith Higginson, Director

MICROFILMED

JAN 18 1991

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 Hilby's Addition to Squaw Bay c/o Nimke Phone 664-3996

Post office address Route 2, Box 131, Harrison, Idaho 83833

2. Source of water supply ground water which is a tributary of _____

3. Location of point of diversion is 1/4 of Govt. Lot 5 (NE1/4) RC 4/12/83 of Section 4 Township 49N

Range 3W B.M. Kootenai County, additional points of diversion if any: _____

AKA Lot 8 Hilby's Addition to Squaw Bay

4. Water will be used for the following purposes:

Amount 0.20 for DOMESTIC purposes from JAN 1 to MAR 15 (both dates inclusive)
(cfs or acre-feet per annum)

Amount 0.08 for IRRIGATION purposes from MAR 15 to NOV 15 (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:

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

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 6 inches; proposed depth of well is 51' 6" 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: 1/4 of Govt. Lot 5 of (NE1/4) RC 4/12/83 of Section 4 Township 49N

Range 3W B.M. AKA: Lots 1-19 Hilby's Add. to Squaw Bay

(2) Amount of power to be generated: X ^{hp} horsepower under not determined feet of head.

(3) List number of each kind of livestock to be watered none

(4) Name of municipality to be served _____, or number of families to be supplied with domestic water 18.

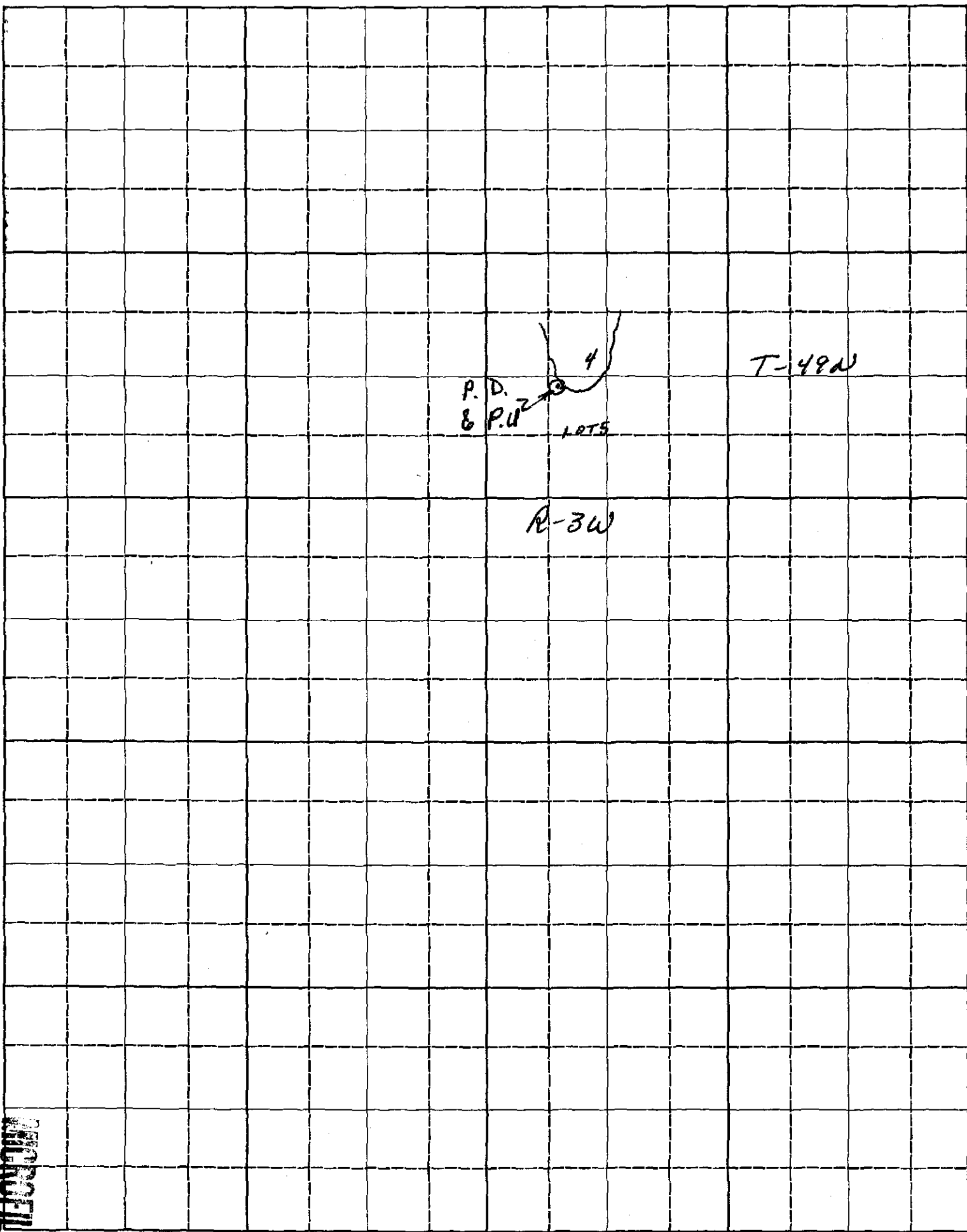
(5) If water is to be used for other purposes describe: _____

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Lots 1-19 are all in Govt Lot 5.

No power to be produced.

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



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.

Barbara Nimke
(Applicant)

Proposed Priority 2/15/1983

Received by RYA

Date

2-24-83

Time

12:30 PM

Preliminary check by JK

Fee \$

30.00

Receipted by JK

Date

2/24/83 (24928)

Publication prepared by JK

Date

3/3/83

Published in Coeur d'Alene Press

Publication dates

3/10-17/83

Publication approved JK

Date

3/22/83

Protests filed by: none

Copies of protests forwarded by _____

Hearing held by _____

Date

Recommended for approval

denial

by RYA

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. 95-8265, 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 April 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.
The issuance of this permit in no way grants any right-of-way or easement across the land of another.

Witness my hand this 13th day of April, 1983.

A. Glen Saxton
Chief, Operations Bureau

LICENSE REVIEW CHECKLIST

Permit No. 95-8265

Name/Address change? ok ☒

Priority date Advance? yes no ☒
Memo to advance

Total cfs Order to reinstate needed? yes no ☒
Limited by fee ok
Limited by capacity permit ☒

Total volume Limited by flow
Chart checked for AF rate/ac ☒ 3.0

Capacity Actual measurement checked NONE
Theoretical checked NONE
If greater than permit, check for other rts

Source Changed? yes no ☒
If so, is memo needed to clarify?

P/D Verify with map ☒ permit ☒
More than one per 1/4? Remember remark
Check p/d overlap N/A

Uses Check irrigation period of use w/ chart ☒

P/U Verify with map ☒ permit ☒
> 5 acres irrigated, run overlap N/A

Remarks More than one p/d in 1/4 ☒
Description of non-irrig uses ☒
Special overlap condition

Conditions -

Measuring device
W. Master control
Overlap 229
Water quality
Other

Dates/Misc. -

Water Dist
App Rec'd
Proof Rec'd

CHECK FOR ADJ. CLAIM Needed according to proof filed
Filed - needs amended
Not filed - send form
Not needed ☒

Comments/Changes to Examiner's Recommendations:

JAN 18 1987

License ☒ 10-day 30-day

Back of field report signed? ☒

Reviewer J. Curtis Date 11-26-90 Review time 10 min.

SENIOR AGENT REVIEW

RECEIVED
JUN 27 1990

Check List
for
Beneficial Use Field Report

Department of Water Resources

Permit 95-08265

☒ **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)
Photo of pd and/or pu or explanation
☒ 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/Permit.
Method of determination
☒ 6. Irrigation (Rule 5,1,8), Method of determination,
Compare USGS/Land Survey?Aerial Photos/Permit.

☒ **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/not less than 0.10 (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 (Rule 5,1,2):
☒ All unused, permitted uses 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

James O. King

Date

2/12/90

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED
JUN 27 1990

Department of Water Resources

A. GENERAL INFORMATION

Permit No. 95-08265

1. Owner: HILBY'S ADDITION TO SQUAW BAY Phone No. 464-3996

Current Address: RT 2 Box 131 HARRISON ID. 83833

2. Accompanied by: KEITH MARROW EXAM. DATE: 6-13-89

Address: _____ Phone No. 464-1032

Relationship to Permit Holder: USER

3. Source: GROUNDWATER tributary to _____

B. OVERLAP REVIEW

1. Other water rights with same place of use: NONE

☐ Copies Attached

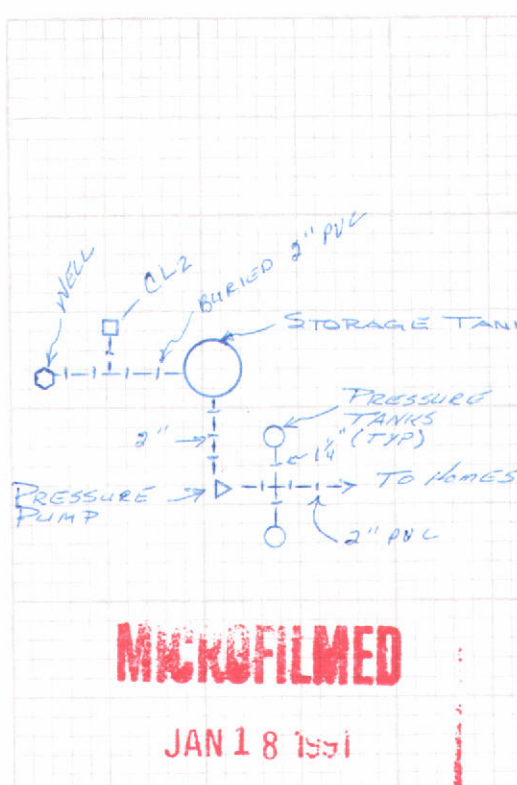
2. Other water rights with same point of diversion: NONE

☐ 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 (req
☒ Photo of Diversion and System Attached
(required for all but single household domestic groundwater)

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED
JUN 27 1990

Department of Water Resources

A. GENERAL INFORMATION

Permit No. 95-08265

1. Owner: HILBY'S ADDITION TO SQUAW BAY

Phone No. 664-3996

Current Address: RT 2 Box 131

2. Accompanied by: KEITH MORRIS

Address: _____

Relationship to Permit Holder: USE

3. Source: GROUNDWATER tribu

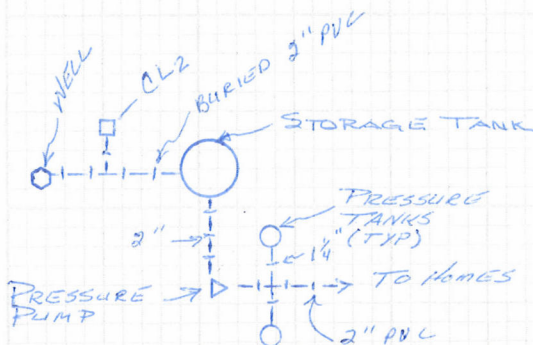
B. OVERLAP REVIEW

1. Other water rights with same place of u

2. Other water rights with same point of d

C. SYSTEM DESCRIPTION

1. **Diversion System Diagram:** Indicate
size/ditch size/pipe i.d. as applicable.

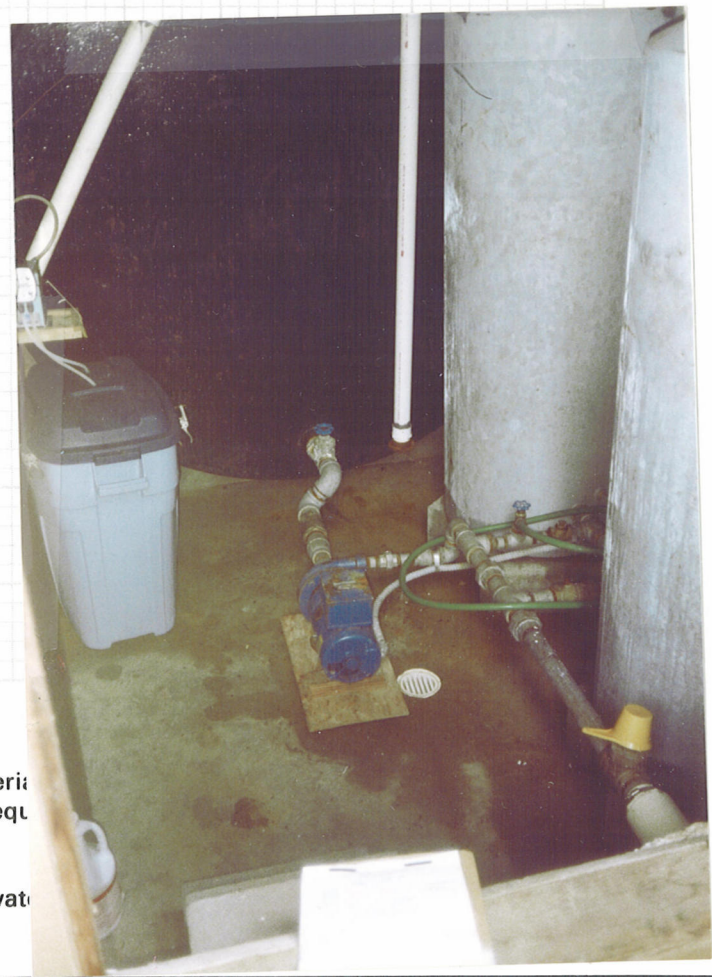


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Scale: 1" = NTS

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 of Diversion and System Attached
(required for all but single household domestic groundwater)



Do not use this space

D. FLOW MEASUREMENTS *NONE*

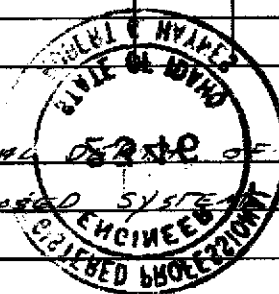
☐ Additional Data Sheets Attached

1.

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

2. Measurements:

NOTE: NO ONE KNOWS THE SIZE OF PUMP, ACTUAL SIZE OF WELL, OR OTHER RELATED INFORMATION. NO CLOSED SYSTEM. NO METHOD OF MEASUREMENT



E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

2. Alternate Method for Checking Purposes:

none

*18 HOMES = .20 cfs *
* BASED ON 10W 10. WATER LAW
HANO BOOK APPENDIX IV*

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:

$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = \frac{12}{.08} \times \frac{3}{.45} = 12$

$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = 12 \times 589 = 7068$

$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 12$

2. Volume Calculations for Other Uses:

*18 HOMES @ .6 = 10.8
72 = 816*

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H. REMARKS AND OVERLAP REVIEW ANALYSIS

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
DOMESTIC (18)	1-1	12-31	0.20	846 10.8
IRRIGATION	3-15	11-15	0.08	12
Totals:			0.28	21.6 22.8

2. Recommended Amendments

☐ 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

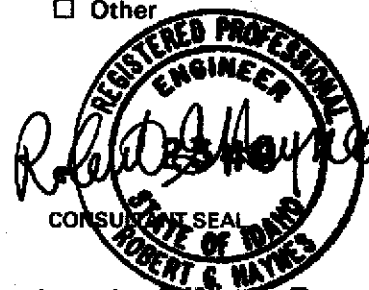
J. AUTHENTICATION

Field Examiner's Name Tom D. King

Signature Tom D. King

Certification Date 2/17/89

Field Report Preparation Date 2/12/90



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

49 North Range N^o 3 West of the Bois



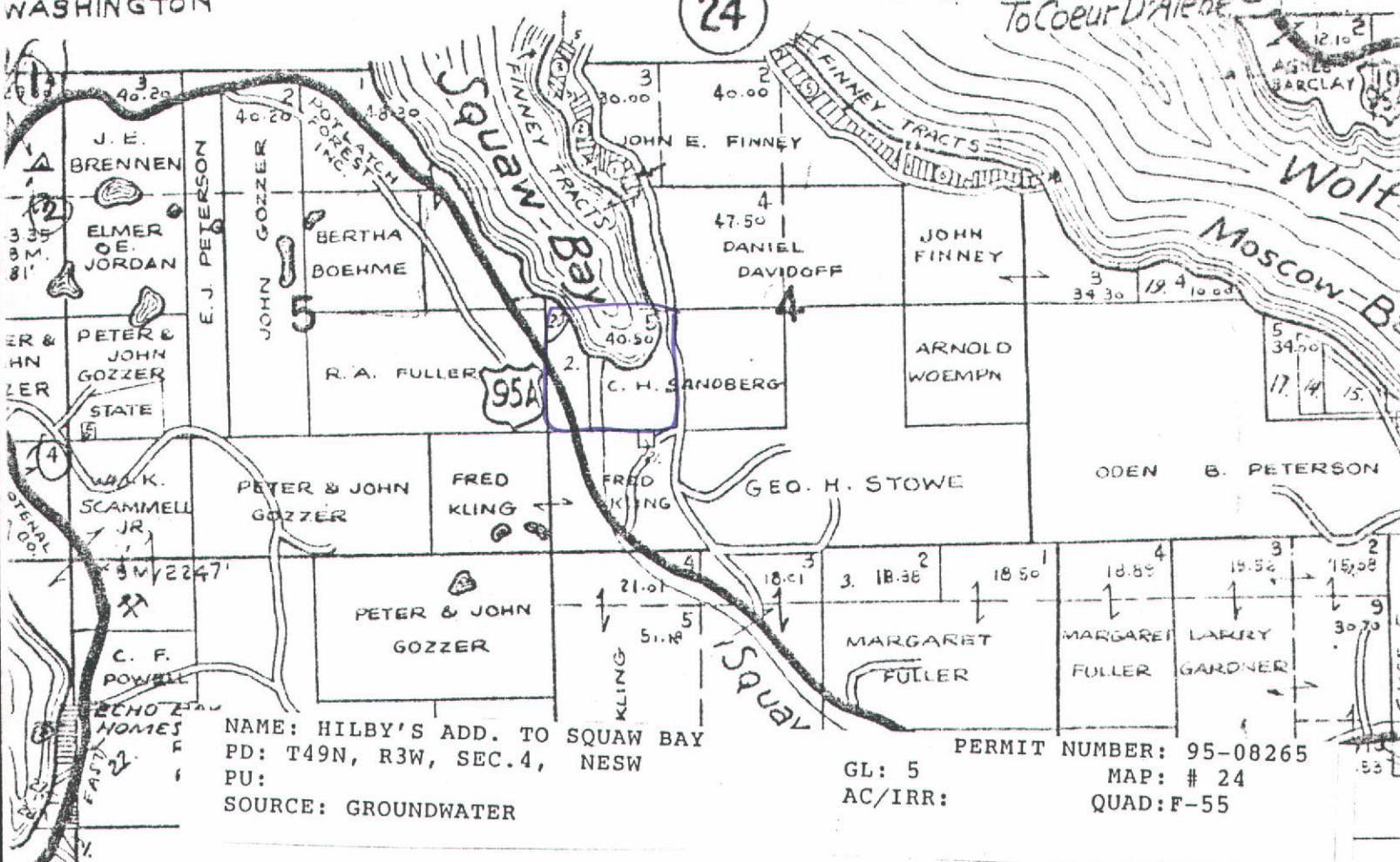
APS

WASHINGTON
WASHINGTON

TOWNSHIP 49N., KOOTENAI COUNTY

24

To Coeur D'Alene

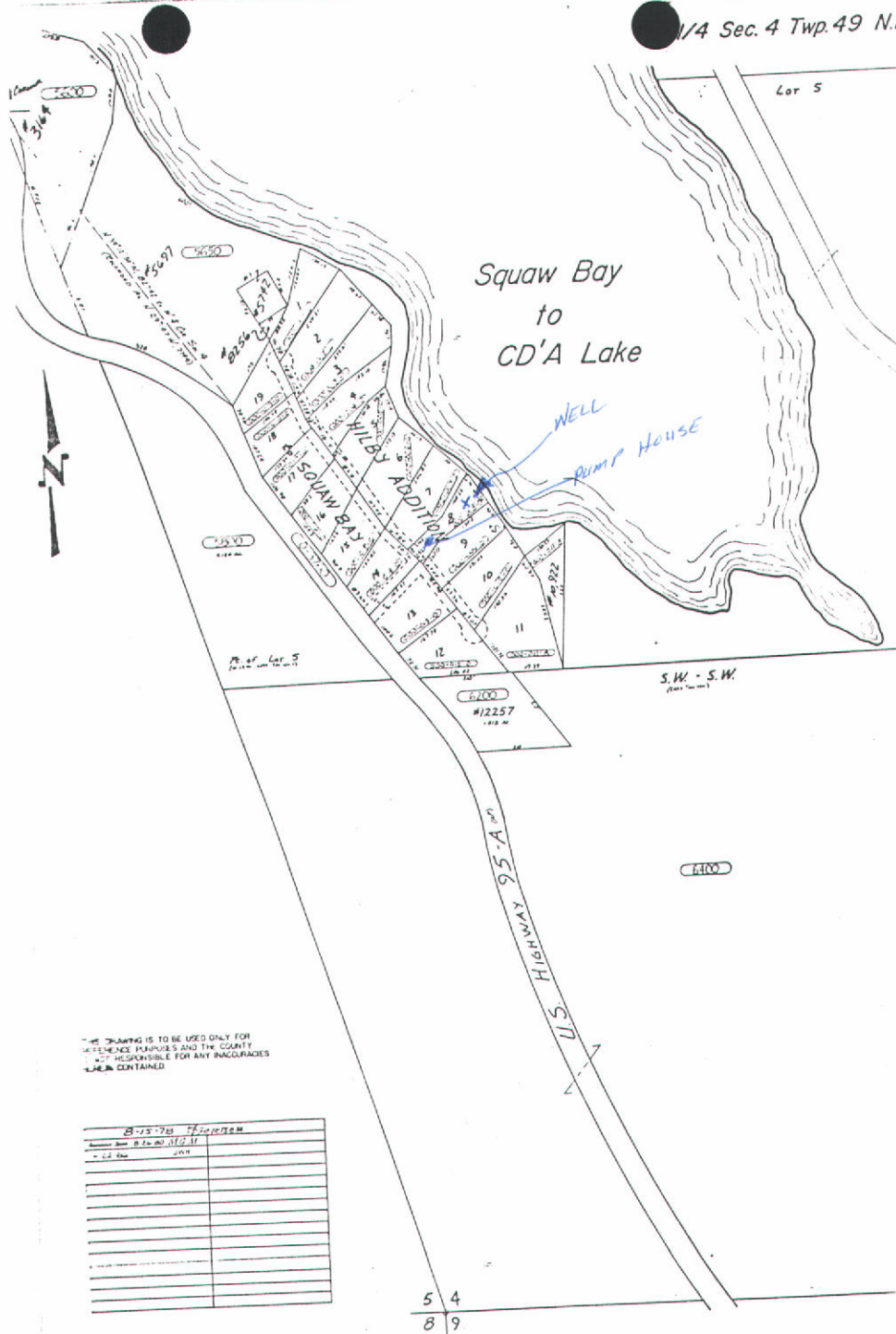


NAME: HILBY'S ADD. TO SQUAW BAY
PD: T49N, R3W, SEC.4, NESW
PU:
SOURCE: GROUNDWATER

PERMIT NUMBER: 95-08265
GL: 5
AC/IRR: MAP: # 24
QUAD: F-55

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JAN 18 1991

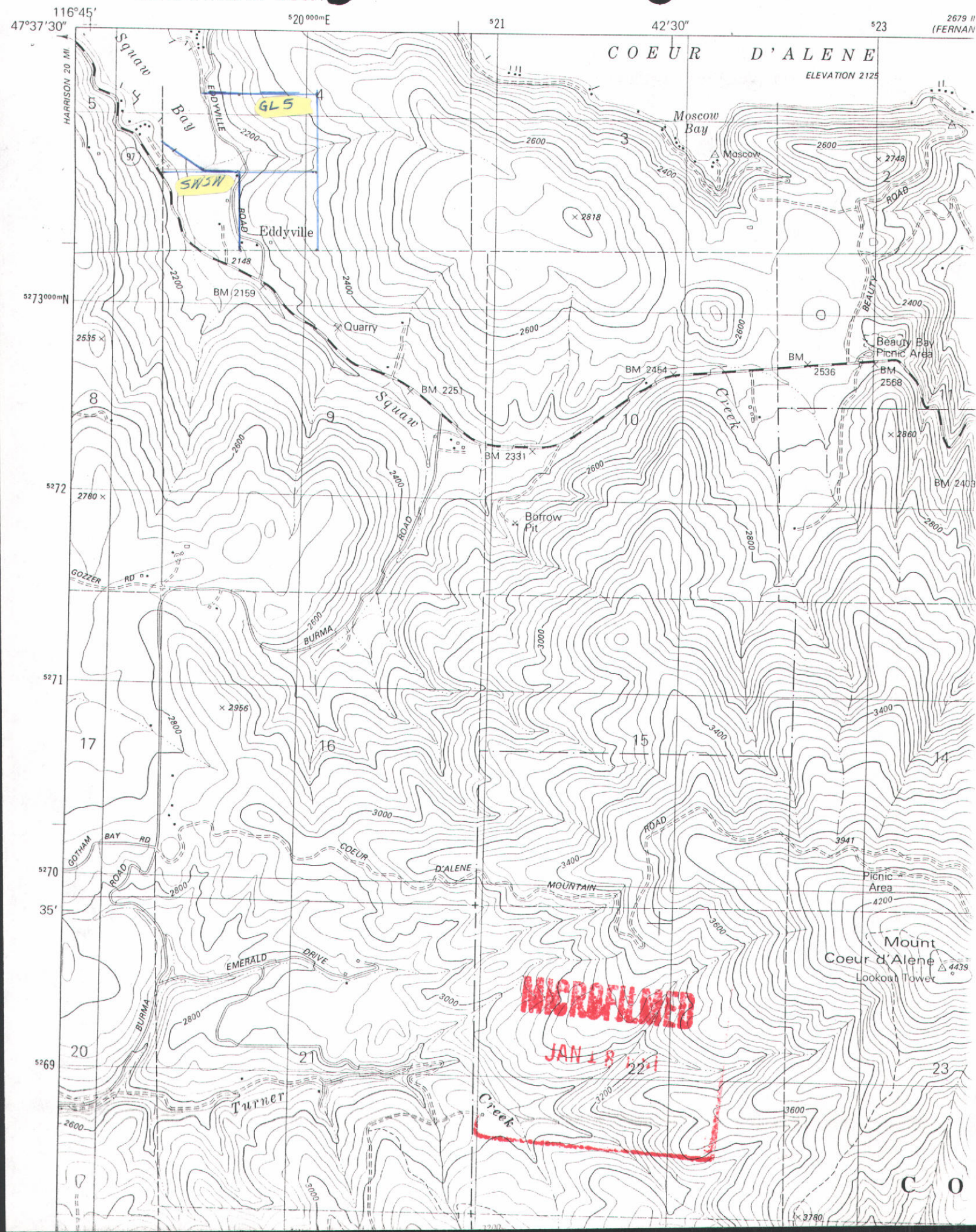


THIS DRAWING IS TO BE USED ONLY FOR
REFERENCE PURPOSES AND THE COUNTY
IS NOT RESPONSIBLE FOR ANY INACCURACIES
HEREIN CONTAINED

MICROFILMED

JAN 18 1991

2679 II
(FERNAN



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. 49N, Rge. 3W,
Sec. 4, Qtr./Qtr. NE SW or Lot 40N. 5
2. Owner Shelby's Addition s/o White
Address Route 2 Box 131, City Tarrison, State Id
3. Approx. date of well construction _____
Well Driller _____
4. Casing: Diameter _____ Condition _____
5. Casing length above land surface 2'
6. Well depth (ft) _____ Flowing _____ Temp. _____
Access port Y
7. Condition of piping and valving _____
8. Evidence of well seal _____
9. Shut in pressure or static water level _____
10. Evidence of leakage around the casing _____
11. Does well need repair _____
12. Comments Well log not found

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JAN 18 1991

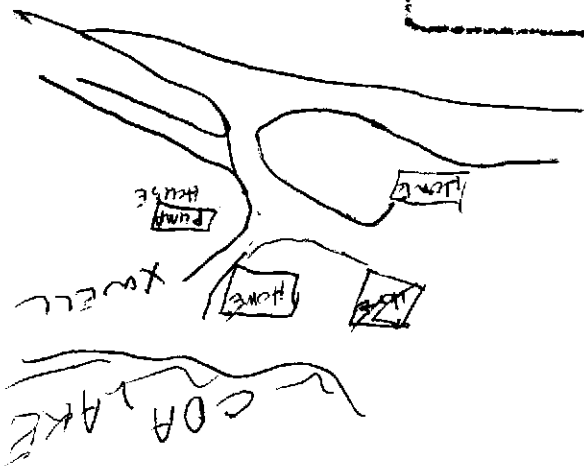
(OVER)

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



Inspected by

Date

[Signature]

6/13/89

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 95-8265

Date: 10/5/88

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 Not found, due to reported age of well
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

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
MAR - 9 1988

For Office Use Only
Fee Received \$50.00
Date 3-18-88
Receipt # C.000175
Receipt by [Signature]
Reviewed by [Signature]
Sent to region

STATE OF IDAHO
Department of Water Resources
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. 95-8265

Name(s) of Permit Holder: Hilby's Addition to Squaw Bay

Post Office Address: Route 2, Box 131, Harrison, Idaho 83833

Telephone No. 664-3996

Source of Water: ground water

Extent of Use: * 7 homes at present / * Per telephone conversation with Barbara Nimke
Domestic 18 possible (number of households) 18 homes subbed into a water system. (number and type of stock) 3-18-1988
Irrigation 4 (acres) Other/Remark

Total rate and/or volume for which proof is submitted .20 cfs acre-feet

Show the date water was first diverted and beneficially used under this permit: 2/15/83

Measuring Device: Required? Yes No Fee enclosed \$ 50.00
Installed? Yes No (See License Examination Fee Schedule)

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

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

Mrs. Barbara Nimke 664-3996
(Name) (Telephone Number)

Route 2, Box 131 (Squaw Bay), Harrison, Idaho 83833
(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.

OCT 14 1988

March 7, 1988

Barbara Nimke, Trustee - Hilby's Addition
Signature of Permit Holder (and title, if appropriate)

OCT 14 1988

RECEIVED

SEP 29 1988

Department of Water Resources

Phil Hilby

Govt Lot 5

Sec 4 T49N R3W

NW 1/4 of Sec 4

Well.

50' - 6" drilling

44' - 6" Casing

Static 12'

25 GPM

COEUR D'ALENE DRILLING, INC.
P. O. Box 237 — Ph. 772-5609
Hayden Lake, Idaho 83835

RECEIVED

OCT 14 1988

RECEIVED

SEP 29 1988

LABORATORIES

BOISE
LEWISTON
COCONO D'ALENE
POCATELLO
TWIN FALLS

STATE OF IDAHO
DEPARTMENT OF HEALTH

Department of Water Resources

WATER SAMPLE
FOR BACTERIOLOGICAL QUALITY TEST
(PURITY TEST)

PLEASE PRINT PLAINLY

SOURCE Domestic Well
(Type of Well, Spring, Stream, Etc.)

LOCATION OF SOURCE Squares Bay
(Address if City; Distance and Direction from Town if Farm)

REPORT RESULT TO:

NAME Coccon d'Alene Drilling Inc. IF WELL, GIVE DEPTH 50
Feet

ADDRESS Box 237 SAMPLE COLLECTED 1:00
Hour

CITY Hayden Lake, IDAHO 5-27-73
Date

RESULT OF WATER TEST:

INTESTINAL BACTERIA WERE ☐ FOUND IN THE WATER SAMPLE

INTESTINAL BACTERIA WERE NOT ☒ FOUND IN THE WATER SAMPLE

SEE BACK OF FORM FOR
COLLECTING INSTRUCTIONS

DATE RECEIVED 5-30-73 Walter G. Smith
Microbiologist

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 recommendations or approval of your water supply, please contact your sanitation or public health engineer.

PRESUMPTIVE TEST

DATE	10cc	10cc	10cc	10cc	10cc
		500	=	0	
		5000	=	0	

CONFIRMATORY TEST

DATE	RESULT

MEMBRANE FILTER 0 COLIFORMS/100 ml.

DO NOT FILL BOTTLE MORE THAN TWO-THIRDS (2/3) FULL.

FORM DH 5127

RECEIVED

OCT 14 1988

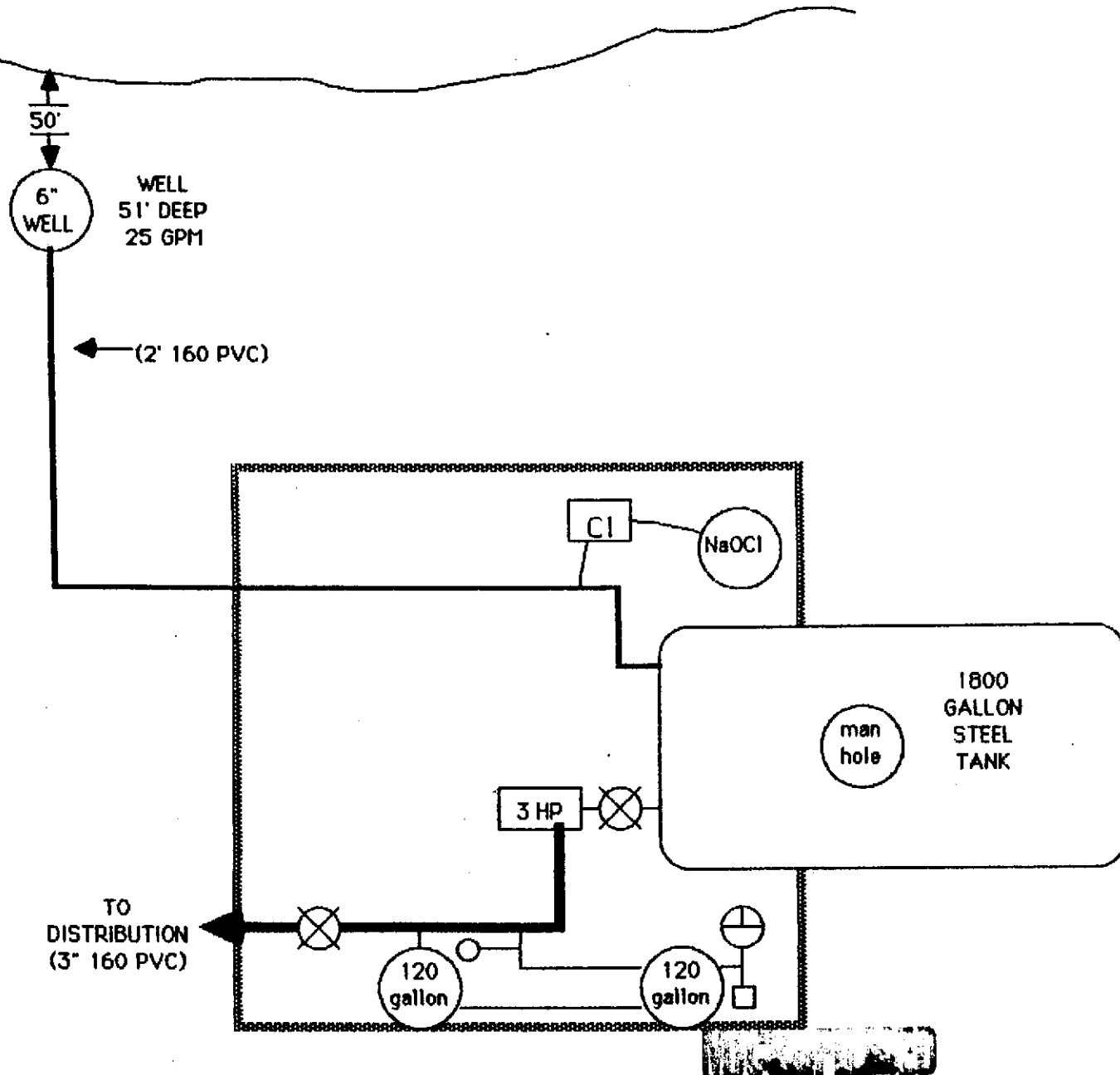
RECEIVED

SEP 29 1988

HILBY'S SUBDIVISION

Department of Water Resource

SQUAW BAY COEUR D'ALENE LAKE



KEY

- CI CHLORINATOR
- ⊗ GATE VALVE
- ⊕ PRESSURE GAUGE
- SOLENOID PRESSURE SWITCH
- SAMPLE TAP (HOSE BIB)

OCT 14 1988

2.

$$\leftarrow 6' \rightarrow$$


OCT 14 1988

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: SK

APPLICATION NUMBER: 95-8265

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.
☐ Idaho Fish and Game Department.
☐ Idaho Department of Lands.
☐ U.S. Bureau of Land Management.
☐ U.S. Forest Service.
☒ Other PHD

Copies sent by: _____ Date: _____

PROCESSING:

- ☐ Yes ☐ No Platted by: _____ Map No. _____
☐ Yes ☐ No Other rights on same place of use. _____
☒ Yes ☐ No* In form for advertising.
☐ Yes ☒ No Final date for protests: 3/28/83 ✓
Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 3/18/83 ✓
☒ 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? _____
3/15/83 Date of priority recommended.
Special conditions of approval or cover letter. _____

By: SK Date: 4/5/83

STATE OFFICE REVIEW:

- ☐ See attached sheet for more information.

By: SK Date: 4/12/83

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APR 11 1983

Department of Water Resources

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