

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08012

Priority: April 25, 1980

Maximum Diversion Rate:

0.04 CFS

Maximum Diversion Volume:

2.4 AF

This is to certify, that GOMER DAVIS
CHARLES MC CARTHY
SHIRLEY MC CARTHY
GOMER W DAVIS
BONNIE DAVIS
GERTRUDE DAVIS

C/O LITTLE BEAR DRIVE INN
9310 N GOVT WAY
HAYDEN ID 83835

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated April 25, 1980; and has submitted Proof of Beneficial Use on April 30, 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	2.4 AF

LOCATION OF POINT(S) OF DIVERSION: Lot 2(SWNW), Sec. 30, Township 50N, Range 04W
KOOTENAI County

PLACE OF USE: DOMESTIC
TWN RGE SEC

50N 04W 30 Lot 2(SWNW)

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. The issuance of this right in no way grants any right-of-way or easement across the land of another.
6. Domestic use is for 2 homes.

RECORDED

SEP 17 1992

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE
WATER RIGHT NO. 95-08012

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 10TH
day of SEPTEMBER, 1992.

Acting for *R. Keith Higginson*, Director

SEP 17 1992

RECEIVED

MAY 21 1985

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

REQUEST FOR EXTENSION OF TIME

To provide additional time in which to submit
proof of beneficial use on a water right permit

RECEIVED
MAY 24 1985

Department of Water Resources
Northern District Office

Department of Water Resources

Charles T. McCarthy or Shirley L. McCarthy of South 2280 Greens Ferry Road
(Name) (Address)

State of Coeur d'Alene, Idaho, deposes and says:

That he is the holder, or the duly authorized agent of the holder*, of Permit to appropriate the Public Water of
the State of Idaho No. 95-8012

That under the terms and conditions of said permit, work thereunder was required to be completed on or before
June 1, 1985

That he has heretofore performed the following work described under said permit: _____
(This must be filled out! If no work has been completed put none.)
Water system and two homes are complete.

Costing \$ 150,000

That he is unable to complete the remainder of the work within the required time for the following reasons, to-wit:
Waiting to sell the Property that there is no Home on.

Wherefore, he asks that the Department of Water Resources extend the time for the completion of obligations
under said permit to June 1, 1990
(1 yr. minimum, 5 yrs. maximum)

NOTE
AS OF JULY 1, 1980,
THERE IS A \$15.00
CHARGE FOR REQUESTS
FOR EXTENSION OF
TIME

Charles T. McCarthy
(Signature)*
*IF OTHER THAN HOLDER, Power of Attorney must be supplied.

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

IT IS HEREBY ORDERED that the above application for extension of time be APPROVED and the time within
which to submit the proof of beneficial use is extended to June 1, 1990.

Signed this 6th day of June, 1985.

A. Shaw Sayton
Chief, Operations Bureau

MICROFILMED

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 Gomer &/or Gertrude Davis &/or Charles &/or Shirley McCarthy &/or Gomer W &/or Bonnie Davis Phone 664-8554
Post office address Rt 1 Box 44 Coeur d'Alene ID 83814
2. Source of water supply Groundwater which is a tributary of _____
3. Location of point of diversion is GL 2 1/4 of _____ 1/4 of Section 30 Township 50N
Range 4W B.M. Rootenai County, additional points of diversion if any: _____

4. Water will be used for the following purposes:

- Amount 0.16 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:

- a. 0.16 cubic feet per second and/or b. _____ acre-feet per annum.

6. Proposed diverting works:

- a. Description of ditches, flumes, pumps, headgates, etc. well and 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 185 feet.

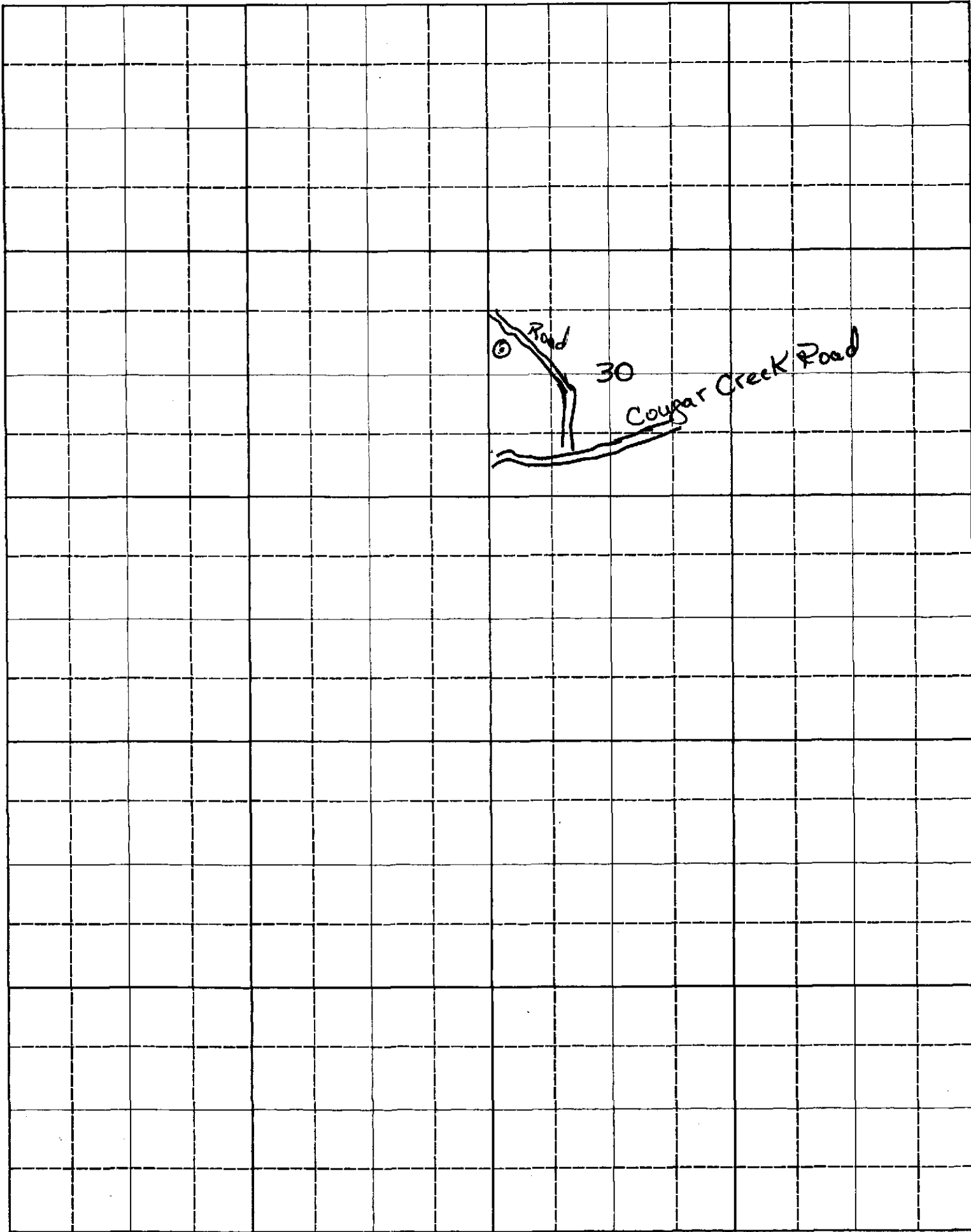
7. Time required for the completion of the works and application of the water to the proposed beneficial use is 5 years (minimum 1 year - maximum 5 years).

8. Description of proposed uses:

- a. If water is not for irrigation:
(1) Give the place of use of water: GL 2 1/4 of ~~30~~ 1/4 of Section 30 Township 50N
Range 4W 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 _____
- (4) Name of municipality to be served _____, or number of families to be supplied with domestic water 34.
- (5) If water is to be used for other purposes describe: _____

RECORDED

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.

Gertrude Davis
(Applicant)

Proposed Priority 4/25/80
Received by RJA Date 4-25/80 Time 11:30 AM
Preliminary check by KIC Fee \$ 20.00
Receipted by RJA Date 4/25/80 #16942
Publication prepared by pm Date 5/1/80
Published in Coeur d'Alene Press
Publication dates 7/8-15/80
Publication approved pm Date 5/21/80
Protests filed by: none

Copies of protests forwarded by _____
Hearing held by _____ Date _____
Recommended for approval denial by RJA Jim

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. 95-8012, 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 June 1, 19 85.
- 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: (1) The issuance of this permit in no way grants any right-of-way or easement across the land of another.

Witness my hand this 3rd day of June, 19 80.

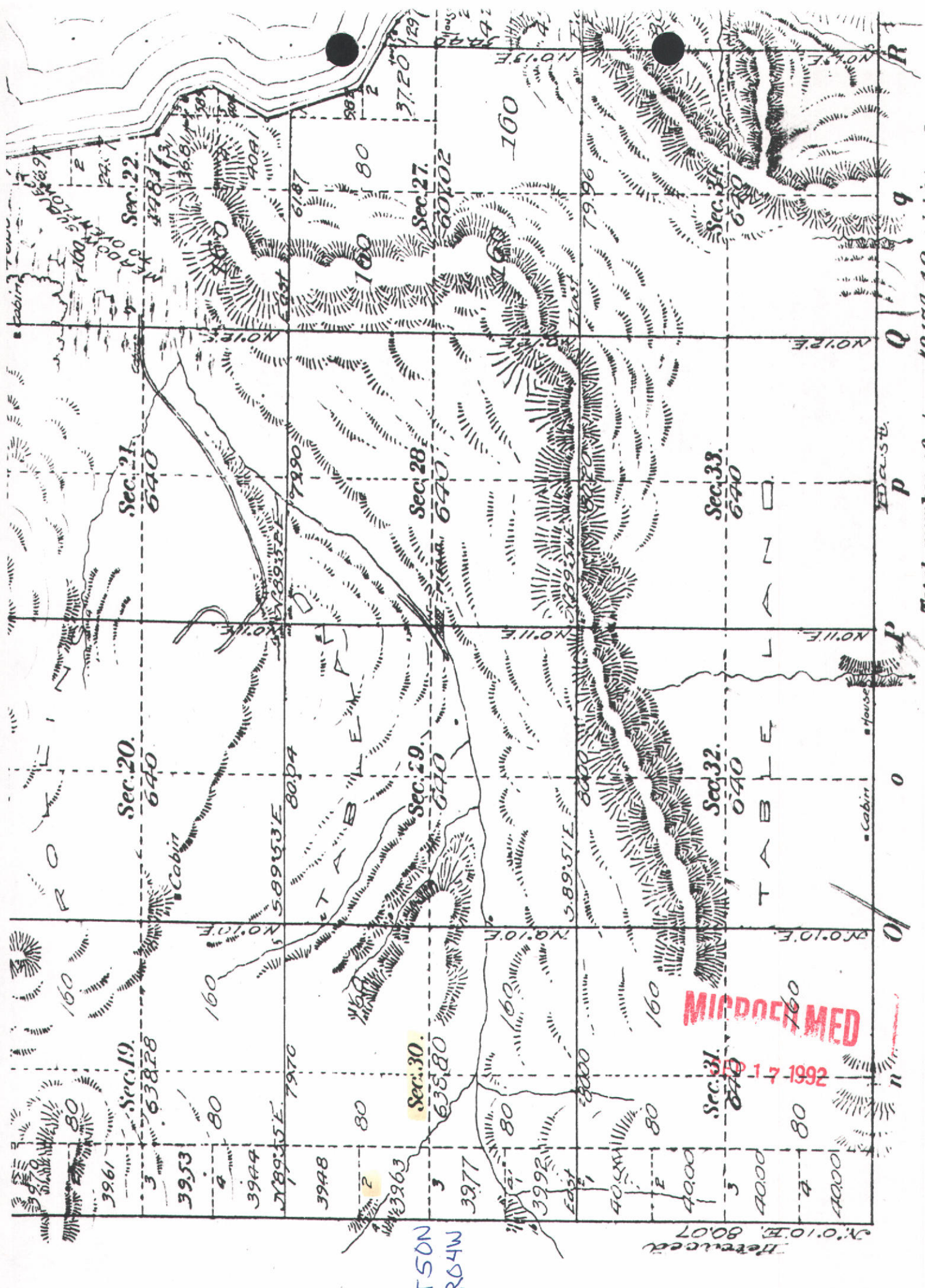
A. Glen Sayton
State Engineer

LICENSE REVIEW CHECKLIST

Permit # 95-08012

Date 9-4-92

	Yes	No	
NAME	_____	<u>✓</u>	Address Change? _____
PRIORITY DATE	_____	<u>✓</u>	Advance? _____
	_____	<u>✓</u>	Memo to Advance _____
	_____	<u>✓</u>	Order to Reinstate Needed? _____
TOTAL CFS	_____	<u>✓</u>	Incorrect Fee for rate recommended? _____
	<u>NA</u>	_____	Disagree with Actual Measurement? _____
			<u>.04 cfs (DOM)</u>
	<u>NA</u>	_____	Disagree with Theoretical? <u>No Pump Info</u>
	_____	<u>✓</u>	Limited by Capacity? <u>.04 cfs</u>
TOTAL VOLUME			Rate/ac _____ AFA Irr. Season _____
			Standard Irr. Season _____
			Season Recommended _____
	_____	<u>✓</u>	Disagree with Examiner's Calculations? _____
			<u>2 x 1.2 = 2.4 afa (DOM)</u>
	_____	<u>✓</u>	Limited by Flow? _____
SOURCE	_____	<u>✓</u>	Changes? Clarification of <u>Originally</u>
			<u>Intended</u> source _____
	_____	<u>✓</u>	Notice of Intent to Void. _____
P/D	_____	<u>✓</u>	Verify with Map _____
	_____	<u>✓</u>	Amendment Needed? <u>Lot 2, SWNW</u>
	_____	<u>✓</u>	Is Overlap Analysis a Consideration? _____
P/U	_____	<u>✓</u>	Verify with Map _____
	_____	<u>✓</u>	Amendment Needed? <u>Lot 2, SWNW</u>
	_____	<u>✓</u>	Is Overlap Analysis a Consideration? _____
USES	_____	<u>✓</u>	Change(s) in Nature of Use? _____
	_____	_____	Amendment Needed? _____
REMARKS	_____	<u>✓</u>	Multiple P/Ds in 1/4 1/4? _____
	<u>✓</u>	_____	Non-Irr. Uses <u>DOM / 2 Homes</u>
	_____	<u>✓</u>	Special Overlap Condition _____
	_____	<u>✓</u>	Other _____
CONDITIONS	_____	<u>✓</u>	Measuring Device _____ DATES/MISC _____
	_____	<u>✓</u>	W/Master Control _____ <u>✓</u> Water Dist. _____
	_____	<u>✓</u>	Overlap _____ <u>✓</u> App Rec'd _____
	_____	<u>✓</u>	Water Quality _____ <u>✓</u> Exam Made _____
COMMENTS/MEMOS NEEDED:	<u>Reduced rate</u>		
License _____ 10-Day <u>✓</u> 15-Day _____ Special Correspondence _____			



Total number of Acres 12174.49 additional

Keys Designated	By Whom Surveyed	Date of Contract	Amount of Surveys	When Surveyed	Mean Declinations

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No. 95-08012

1. Owner: Gomer / Gertrude Davis Et. Al. Phone No. 772-5185

Current Address: 1/2 Little Bear Drive Inn

2. Accompanied by: 9310 N. Goutway EXAM. DATE: 9/23/91

Address: Hayden, Id. 83835

Phone No. _____

Relationship to Permit Holder: Unaccompanied

3. Source: Groundwater tributary to _____

B. OVERLAP REVIEW

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

☐ Copies Attached

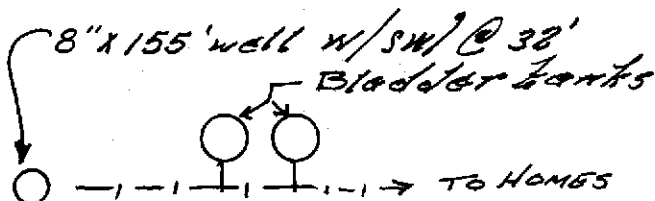
2. Other water rights with same point of diversion: NONE

☐ 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" = 275

2. ☒ Copy of U.S.G.S. Quadrangle Attached
Showing location(s) of point(s) of diversion and
place(s) of use (required).

☒ Photo of Diversion and System Attached
(required for all but single household domestic groundwater, and stockwater.

☐ Aerial Photo Attached
(required for irrigation of 10 acres or more).

NOT RECORDED

SEP 17 1992

System Description (continued)

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

An 8" x 155' well w/ sub @ 32', buried pipe to pressure tanks then to two homes

☐ 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
<i>Submersible</i>		<i>UNK</i>			

*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
		<i>SE</i>	<i>SW</i>	<i>NW</i>	<i>30</i>	<i>50N</i>	<i>4W</i>	<i>Kentucky</i>	<i>Map</i>

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	
<i>50N</i>	<i>4W</i>	<i>30</i>							<i>0</i>										

Do not use this space

SEP 17 1992

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:

E. FLOW CALCULATIONS ☐ Additional Computation Sheets Attached

1. Measured Method:

2 HOMES - NO FEE 0.04 cfs

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:

2.4 AF

SEP 17 1992

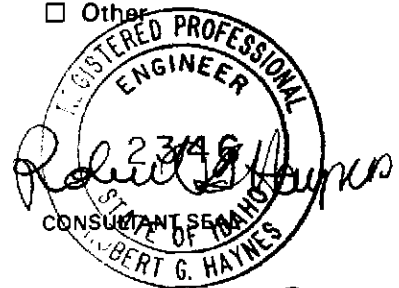
[illegible]

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
Domestic (2)	1-1	12-31	0.04	2.4
Totals:			0.04	2.4

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

Field Examiner's Name Tom D. K. 199
Signature Tom D. K. 199
Certification Date 4/10/91
Field Report Preparation Date 9/23/91



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



9508012

Primary high
hard surface

MICROFILMED

SEP 17 1992

T. 50N R 4W sec 30

78 meters east as shown by dashed contour ticks

Red tint indicates areas in which only landmark buildings are shown

Fine red dashed lines indicate selected fence and field lines

the Geological Survey

from aerial photographs
dated 1981

coordinate

grid, zone 11

datum 1983

and

UTM GRID AND
DECLINATION A

0°14'
4 MIL

RECEIVED
JUL 27 1992

PERMIT # 95-8012

STATE OF IDAHO
Department of Water Resources DEPARTMENT OF WATER RESOURCES
FIELD REPORT SUPPLEMENT

PHOTOGRAPHS



MISSING
SEP 17 1992

State of Idaho
Department Of Water Resources
WELL INSPECTION FORM

If well is associated with water right, provide WR Permit No. 95-08012

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. 30, NE $\frac{1}{4}$ NE $\frac{1}{4}$ Gov. Lot 2

2. Owner: _____

Address: _____

City _____, State _____

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

4. Access Port:	Y ☒	N ☐	Static Water Level:	<u>32'</u>
Pressure Gauge:	Y ☐	N ☒	Casing Diameter:	<u>8"</u>
Flowing:	Y ☐	N ☒	Temperature:	<u> </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 : _____

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SEP 17 1992

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Reclamation

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Reclamation Engineer JUL 15 1970
within 30 days after completion or abandonment of the well.

RECEIVED

1. WELL OWNER Name <u>GOMER E. DAVIS</u> Address <u>RT #1 BOX 44 COEUR D'ALENE, IDAHO</u> Owner's Permit No. _____		7. WATER LEVEL Static water level <u>32'</u> feet below land surface Flowing? ☐ Yes ☐ No G.P.M. flow _____ Temperature _____ ° F. Quality <u>GOOD TASTE - SWEET</u> Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug																																																											
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Other <u>AR</u> Discharge G.P.M. <u>60+</u> Draw Down <u>125'</u> Hour Pumped <u>1 1/2</u>																																																											
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8"</td><td>0</td><td>15</td><td>RED CLAY (NO ROCK)</td><td></td><td>X</td></tr><tr><td></td><td>15</td><td>44</td><td>BLUE GRAY CLAY</td><td></td><td>X</td></tr><tr><td></td><td>44</td><td>63</td><td>SAND + SILT - FINE SAND</td><td></td><td>X</td></tr><tr><td></td><td>63</td><td>68</td><td>BROWN CLAY</td><td></td><td>X</td></tr><tr><td></td><td>68</td><td>72</td><td>SAND</td><td></td><td>X</td></tr><tr><td></td><td>72</td><td>77</td><td>GRAVEL - DECOMPOSED</td><td></td><td>X</td></tr><tr><td></td><td>77</td><td>155</td><td>GRANITE - SOFT DECOMPOSED SPOTS</td><td></td><td>X</td></tr><tr><td></td><td></td><td></td><td>WATER AT 151'</td><td></td><td></td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	8"	0	15	RED CLAY (NO ROCK)		X		15	44	BLUE GRAY CLAY		X		44	63	SAND + SILT - FINE SAND		X		63	68	BROWN CLAY		X		68	72	SAND		X		72	77	GRAVEL - DECOMPOSED		X		77	155	GRANITE - SOFT DECOMPOSED SPOTS		X				WATER AT 151'		
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4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other		95/8012																																																											
5. WELL CONSTRUCTION Diameter of hole <u>8"</u> inches Total depth <u>155</u> feet Casing schedule: ☐ Steel ☐ Concrete Thickness <u>0.25</u> inches Diameter <u>8"</u> inches From <u>11</u> feet To <u>72</u> feet <u>Rock</u> inches <u>6"</u> inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal? ☒ Yes ☐ No To what depth <u>73</u> feet Material used in seal ☐ Cement grout ☒ Puddling clay																																																													
6. LOCATION OF WELL Sketch map location must agree with written location. N W E S 92 2 SET 1-1-1962 County <u>KOOTENAI</u> Lot # <u>2</u> Sec. <u>70</u> T. <u>50</u> N. R. <u>4</u> E/W <u>NE</u> <u>NW</u>																																																													
10. Work started <u>5-29-70</u> finished <u>5-30-70</u>																																																													
11. DRILLER'S CERTIFICATION This well was drilled under my supervision and this report is true to the best of my knowledge. <u>163</u> Driller's or Firm's Name <u>AQUA DRILLING & DEVELOPMENT INC.</u> RT # <u>1</u> OROFINO, IDAHO Number _____ Address _____ Signed By <u>Richard N. Brown</u> Date <u>5-30-70</u>																																																													

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 95-80121

Date: 5-25-90

General Considerations:

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

Source of Water:

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

Extent of Use and Rate of Diversion:

4 Rate of diversion appropriate for uses
4 Is rate or volume and fee appropriate?
3 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?
_____ 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

Form 21
03/86

RECEIVED
APR 30 1990

For Office Use Only
Fee \$ 0.00
Date
Receipt #
Received by TDK

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/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.

Permit Number 95-08012

Telephone No: 667-7048

Home

Business
772-5125

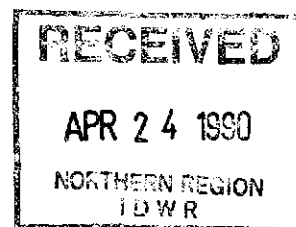
Name(s) of Permit Holder(s):

Shirley / Charles Mc Carthy et al

Post Office Address:

Little Bear Drive Inn
9310 N. Gvt. Way
Hayden, Id. 83835

9310



Source of water: Groundwater

Well

→ Well driller:

Agua ~~Water~~ Driller

→ Date drilled:

1969 or

Extent of use: →

Domestic →

* 2 *(No. of homes)

Irrigation

*(No. of acres)

Stock

*(No. and type of stock)

Other/Remarks

Total Rate and/or volume for which proof is submitted 0.04 cfs/ acre-feet

Date water was first diverted and beneficially used under this permit: 1980

One of the following may be a condition of approval of your permit:

Measuring Device: Required ? *No

Installed ? *No

Measurement Port: Required ? *No

Installed ? *No

Fee Enclosed: \$ 0.00

(See License Examination Fee Sched.)

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

Name

SAME AS ABOVE

Telephone Number

Address

MICROFILMED
JUN 29 1990

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.

→ 4-21-90
Date

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

STAFF REVIEW OF REQUESTS FOR EXTENSION OF TIME

Permit Number 95-8012

Y Date received stamp
Y Fee received and receipted
Y Name on request same as on permit
N Address same permit as on latest correspondence
Y Proof due date within six months of due date
N Signature same as permit - *other owner*
- Source of water the same
N Permit holder named in Swan Falls lawsuit
Y Proceed diligently
N Is delay caused by litigation:
Date lit. completed _____
Date lit. began _____
Period of delay _____
New proof due date _____

ACTION: *Recommend approval based on due diligence*

Y Is the extension timely received?
N Reinstate: Extension received _____
Proof due date _____
Days late _____
Priority date _____
Adjusted priority date _____
Y Is there commencement of works?
Cover letter - _____
Coding sheet - *address*
Rolodex card updated and refiled _____

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Reviewed by _____

Date: 6-5-85

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: KIC

APPLICATION NUMBER: 85-8012

CHECK:

- ☒ Source.
☒ Point of diversion.
☒ County.
☒ 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 _____

Copies sent by: pm Date: 5/12/80

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: 5/27/80
☐ Yes ☒ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 5/21/80
☒ 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? _____
4/25/80 Date of priority recommended.
Special conditions of approval or cover letter. _____

By: RAH Date: 5/27/80

STATE OFFICE REVIEW:

04

S.L. w/o cond.

- ☐ See attached sheet for more information.

By: Jmi Date: 6/2/80

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