

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 94-07308

Priority: August 12, 1987

Maximum Diversion Rate:

0.04 CFS

Maximum Diversion Volume:

0.6 AF

This is to certify, that R WILSON

HCO 1 BOX 385

WALLACE ID 838730000

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated July 13, 1987; and has submitted Proof of Beneficial Use on October 31, 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	0.6 AF

LOCATION OF POINT(S) OF DIVERSION: Lot 6(NESW), Sec. 10, Township 50N, Range 04E
SHOSHONE County

PLACE OF USE: DOMESTIC

TWN RGE SEC

50N 04E 10 Lot 6(NESW)

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 10TH day of SEPTEMBER, 1992.

Acting for R. Keith Higginson, Director

RECORDED

SEP 22 1992

BEFORE THE DEPARTMENT OF WATER RESOURCES
OF THE STATE OF IDAHO

IN THE MATTER OF PERMIT NO. 94-7308 IN THE
NAME OF R. WILSON

)
) ORDER OF REINSTATEMENT
)

WHEREAS, the Department issued the above-captioned permit with the condition that proof of construction of works and application of water to beneficial use (proof of beneficial use) be submitted on or before October 1, 1988; and,

WHEREAS, the Department notified the permit holder by certified mail that proof was due and instructed the permit holder of the steps to be taken to submit the proof of beneficial use; and,

WHEREAS, the Department notified the permit holder that the permit lapsed for failure of the permit holder to submit the proof of beneficial use; and,

WHEREAS, Section 42-218a of the Idaho Code provides that a permit may be reinstated upon a showing of reasonable cause within sixty days of the date of the notice of lapsing; and,

WHEREAS, the permit holder has provided a reasonable showing why the permit should be reinstated by submitting proof of beneficial use on October 31, 1988;

IT IS, THEREFORE, HEREBY ORDERED that Permit No. 94-7308 be REINSTATED and the priority advanced to August 12, 1987.

Dated this 9th day of November, 1988.

MICROFILMED

DEC 27 1988


L. GLEN SAXTON
Chief, Operations Bureau

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 R. WILSON Phone 6822885
Post office address HCO-1-BX405 WALLACE, ID 83873

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

3. Location of point of diversion is _____ $\frac{1}{4}$ of NE $\frac{1}{4}$ of SW $\frac{1}{4}$, Govt. Lot 6
Sec. 10 Township 50 N Range 4E B.M. SHOSHONE 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 cubic feet per second and/or (b) _____ acre feet per annum

6. Proposed diverting works:

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

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 115 feet.

d. Is ground water with a temperature of greater than 90°F being sought? _____

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

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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	4E	10									GL6*								
											0								

*kw 9/3/1987

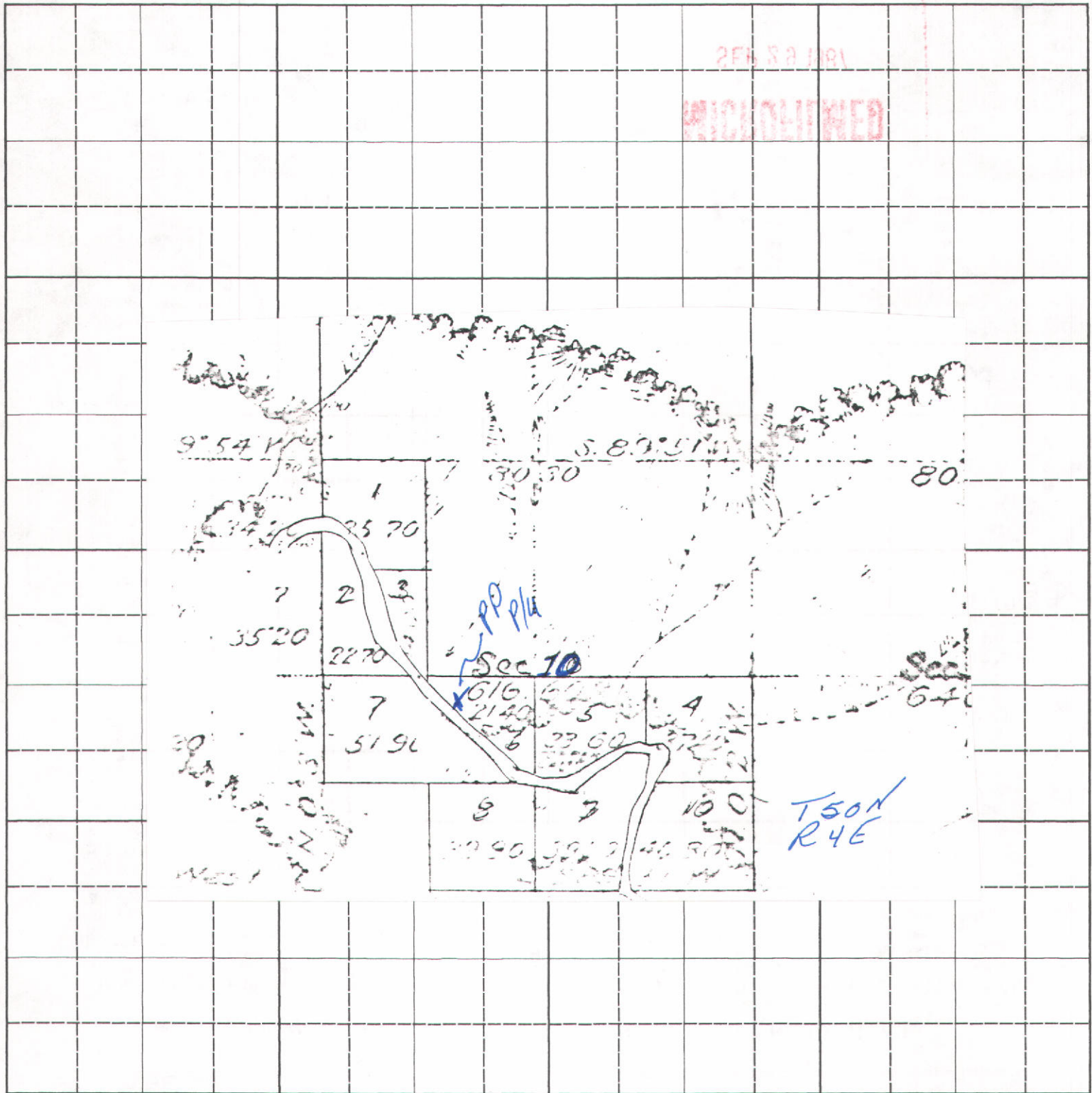
Total number of acres to be irrigated _____

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

- Who owns the property at the point of diversion? APP.
- Who owns the land to be irrigated or place of use? APP
- If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing. _____

12. Remarks: WELL DRILLED JUNE 1987 BRAND X

13. 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.

x B. Wilson
(Applicant)

Proposed Priority 7/13/87

Received by K Date 7/13/87 Time 10:20A Preliminary check by RJA

Fee \$ 30.00 Received by K # 38388 Date 7/13/87

Publication prepared by pm Date 7/30/87 Published in Shoshone News Bureau 8/6/87

Publication approved pm Date 8/8/87

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. 94-7308, 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 October 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. 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:

Witness my hand this 14th day of September, 1987.

J. New Saylor
Chief, Operations Bureau

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SEP 29 1987

LICENSE REVIEW CHECKLIST

Permit # 94-07308

Date 09-03-92

NAME	<u>Yes</u>	<u>No</u>	Address Change?
PRIORITY DATE	<u>Yes</u>	<u>No</u>	Advance? _____
	<u>Yes</u>	<u>No</u>	Memo to Advance _____
	<u>Yes</u>	<u>No</u>	Order to Reinstate Needed? <u>DONE</u>
TOTAL CFS	<u>Yes</u>	<u>No</u>	Incorrect Fee for rate recommended? _____
	<u>Yes</u>	<u>No</u>	Disagree with Actual Measurement? _____
	<u>Yes</u>	<u>No</u>	<u>.04 cfs (DOM)</u>
	<u>Yes</u>	<u>No</u>	Disagree with Theoretical? <u>No pump Info</u>
	<u>Yes</u>	<u>No</u>	Limited by Capacity? <u>.04 cfs</u>
TOTAL VOLUME	<u>Yes</u>	<u>No</u>	Rate/ac _____ AFA Irr. Season _____
	<u>Yes</u>	<u>No</u>	Standard Irr. Season _____
	<u>Yes</u>	<u>No</u>	Season Recommended _____
	<u>Yes</u>	<u>No</u>	Disagree with Examiner's Calculations? _____
	<u>Yes</u>	<u>No</u>	<u>.60 cfs (DOM)</u>
	<u>Yes</u>	<u>No</u>	Limited by Flow? _____
SOURCE	<u>Yes</u>	<u>No</u>	Changes? Clarification of <u>Originally</u>
	<u>Yes</u>	<u>No</u>	<u>Intended</u> source _____
	<u>Yes</u>	<u>No</u>	Notice of Intent to Void. _____
P/D	<u>Yes</u>	<u>No</u>	Verify with Map _____
	<u>Yes</u>	<u>No</u>	Amendment Needed? _____
	<u>Yes</u>	<u>No</u>	Is Overlap Analysis a Consideration? _____
P/U	<u>Yes</u>	<u>No</u>	Verify with Map _____
	<u>Yes</u>	<u>No</u>	Amendment Needed? _____
	<u>Yes</u>	<u>No</u>	Is Overlap Analysis a Consideration? _____
USES	<u>Yes</u>	<u>No</u>	Change(s) in Nature of Use? _____
	<u>Yes</u>	<u>No</u>	Amendment Needed? _____
REMARKS	<u>Yes</u>	<u>No</u>	Multiple P/Ds in 1/4 1/4? _____
	<u>Yes</u>	<u>No</u>	Non-Irr. Uses <u>DOM / Home</u>
	<u>Yes</u>	<u>No</u>	Special Overlap Condition _____
	<u>Yes</u>	<u>No</u>	Other _____
CONDITIONS	<u>Yes</u>	<u>No</u>	Measuring Device _____
	<u>Yes</u>	<u>No</u>	W/Master Control _____
	<u>Yes</u>	<u>No</u>	Overlap _____
	<u>Yes</u>	<u>No</u>	Water Quality _____
	<u>Yes</u>	<u>No</u>	DATES/MISC _____
	<u>Yes</u>	<u>No</u>	Water Dist. _____
	<u>Yes</u>	<u>No</u>	App Rec'd _____
	<u>Yes</u>	<u>No</u>	Exam Made _____

COMMENTS/MEMOS NEEDED: _____

License ✓ 10-Day _____ 15-Day _____ Special Correspondence _____

RECEIVED
JUL 27 1992

SENIOR AGENT REVIEW

Check List
for

Department of Water Resources

Beneficial Use Field Report

Permit 94-07308

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.
Government Lot ?
Method of determination
6. Compare USGS/Land Survey? Aerial Photos/Permit.
Method of determination,
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/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

Tom D. King
Tom D. King Sr. Water Resource Agent

Date

9/19/91

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No. 94-07308

1. Owner: R. Wilson Phone No. 682-2564

Current Address: HCO 1 Box 385 Wallace ID 83873

2. Accompanied by: Roy Wilson EXAM. DATE: 6/20/91

Address: 5A me Phone No.

Relationship to Permit Holder: _____

3. Source: Groandwater tributary to _____

B. OVERLAP REVIEW

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

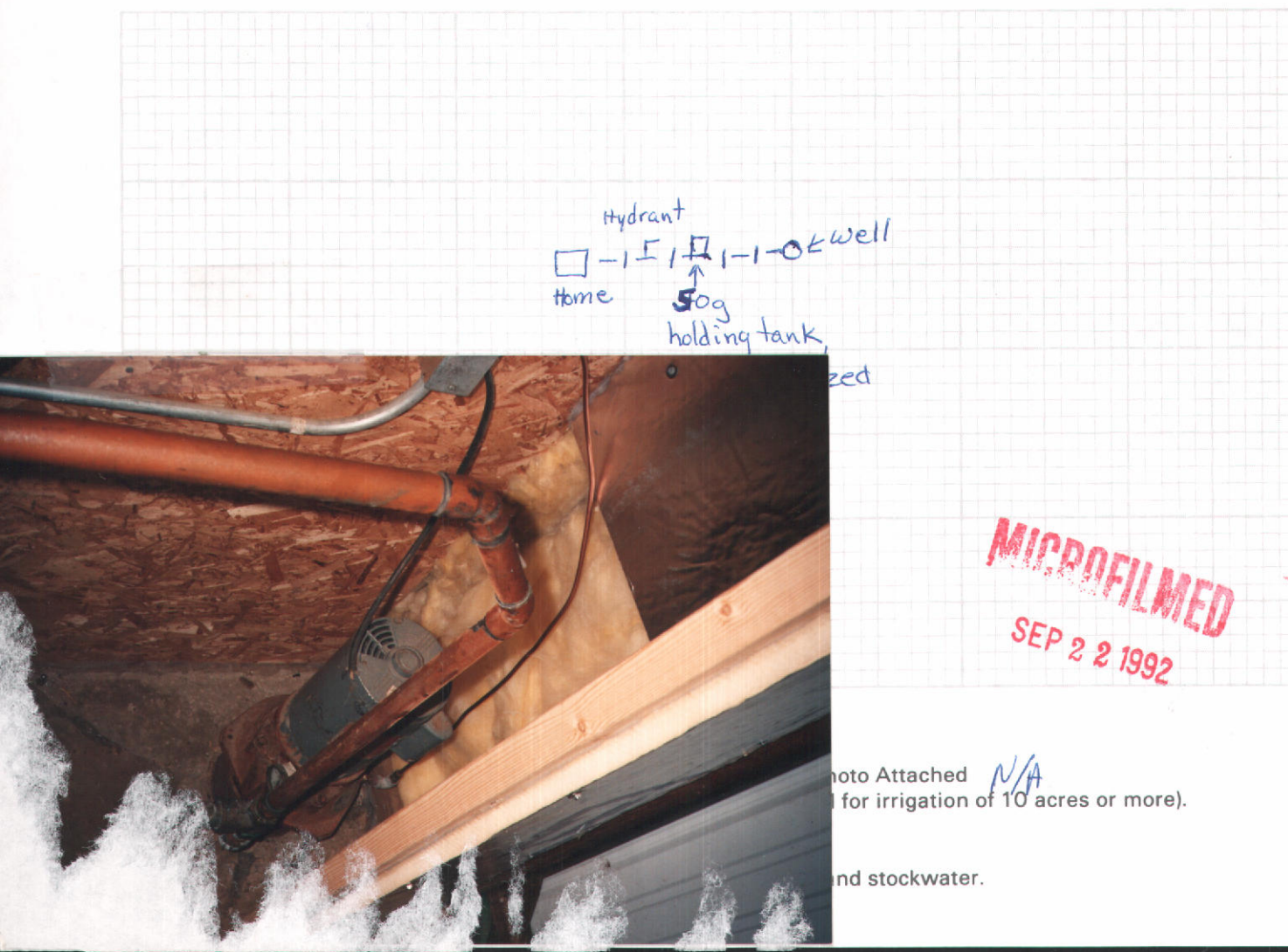
☐ Copies Attached

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



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No. 94-07308

1. Owner: R. Wilson

Phone No. 682-2564

Current Address: HCO 1 Box 385 Wallace ID 83873

2. Accompanied by: Ray Wilson

EXAM. DATE: 6/20/91

Address: SAME 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

☐ Attached ☐ Copies of Field Exam's Attached

d distances between components. Indicate weir
attached

well

not pressurized

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Scale: 1" = N+5

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 N/A
(required for irrigation of 10 acres or more).

System Description (continued)

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

6"x11/5' Well with pipeline to 50gallon holding tank,
and then 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
<u>Inaccessible</u>		<u>Unknown</u>			

*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
	<u>6</u>	<u>NW</u>	<u>NE</u>	<u>SW</u>	<u>10</u>	<u>50N</u>	<u>4E</u>	<u>Shoshone</u>	<u>Map</u>

6. **Place(s) of Use:**

Indicate Method of Determination Map

Twp.	Rge.	Sec.	NE1/4				NW1/4				SW1/4				SE1/4				Totals
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	
<u>50N</u>	<u>4E</u>	<u>10</u>								<u>D</u>									

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: *None*

E. FLOW CALCULATIONS ☐ Additional Computation Sheets Attached

1. Measured Method:

*0.04 cfs 1 home
as per permit*

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:

1 home

SEP 22 1992

[illegible]

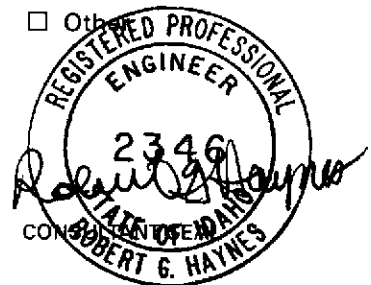
1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
Domestic	1-1	12-31	0.09 cfs	0.6 afa
Totals:			0.09 cfs	0.6 afa

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

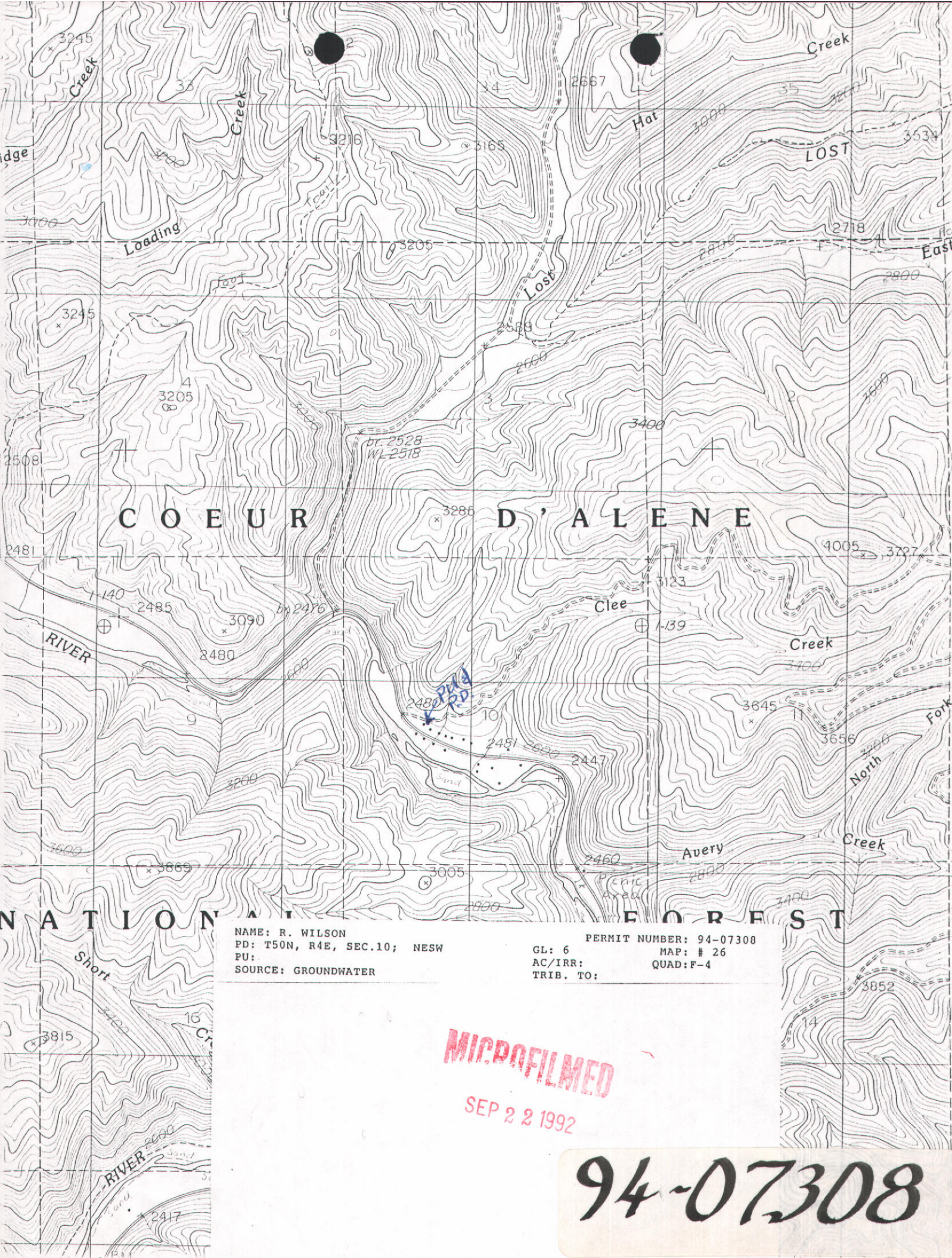
☐ Change P.U. as reflected above ☐ Add P.U. as reflected above ☐ Other

Field Examiner's Name Theresa J. Dright
Signature Theresa J. Dright
Certification Date 4/10/91
Field Report Preparation Date 6/25/91



REPORT

SEP 22 1992



COEUR

D'ALENE

NATIONAL

FOREST

NAME: R. WILSON
PD: T50N, R4E, SEC.10; NESW
PU:
SOURCE: GROUNDWATER

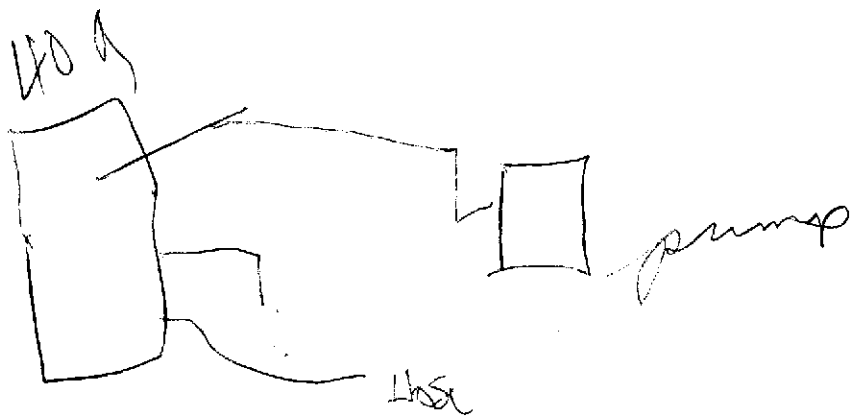
PERMIT NUMBER: 94-07308
GL: 6
AC/IRR: MAP: # 26
TRIB. TO: QUAD: F-4

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SEP 22 1992

94-07308

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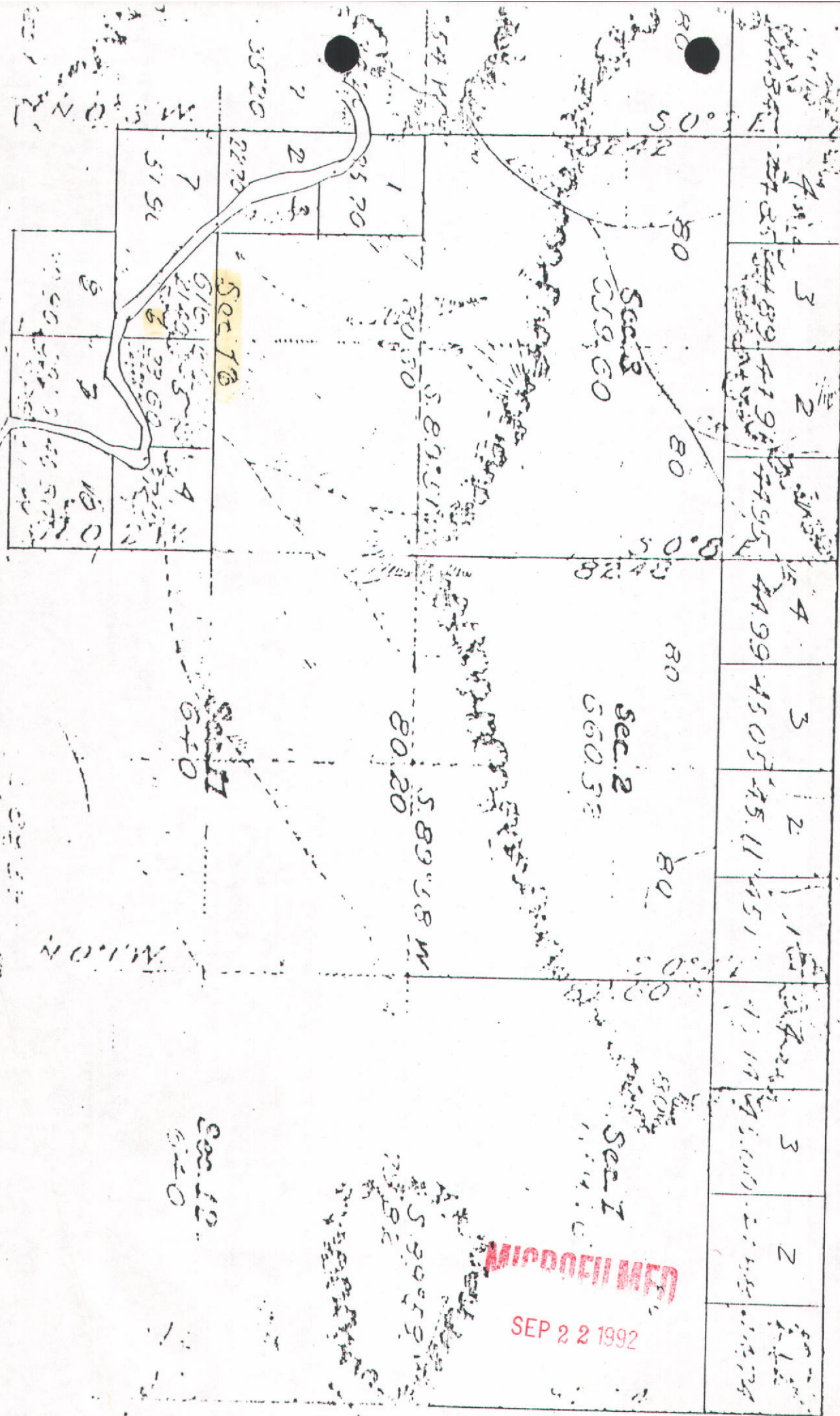
LAKE CHIEF DOISE MEMORIAL

D C C B B B

TSAN
R 4E

N 89° 48 E

A



SEP 22 1992

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 attached to the beneficial use field report. If well construction standards do not appear to be met, a copy of this form should be forwarded to Groundwater Protection Section.

Water Right Permit No. 94 7308

1. Legal Description of Well Location:

Twp. 50 N, Rge. 4E Sec. 10 $\frac{1}{4}$ NE SW Gov. Lot 6

2. Owner: ~~R. Witt~~ Ron Wilson (Ralph Wilson)

Address: HCOI, Box 385, City Wallace, State ID

3. Approximate date of well construction 5/87

Well driller: Brand x

4. Casing: Diameter 6" Condition OK

5. Casing length above land surface ~~8"~~ 8" above concrete floor

6. Well depth (ft) 115 Flowing No Temperature Cold Access Port _____

7. Condition of piping and valving OK

8. Evidence of well seal not on concrete floor!

9. Shut in pressure or static water level 31' as per well log

10. Evidence of leakage around the casing No

11. Does well need repair No

12. Well casing 8" above concrete floor Comments

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SEP 22 1992

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 94-7308Date: 11/7/88General Considerations:

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

Source of Water:

☐ Surface water
☒ Groundwater
 ☒ 1. well log in file
 ☒ 2. drilling permit
 _____ A. amount of drilling fee paid for proposed uses

Extent of Use and Rate of Diversion:

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

Measuring Devices:

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

Remarks:

Proof acceptable
 Reinstated

☒	<u>Priority Calculation:</u>		
	Date proof received	<u>Oct. 31, '88</u>	<u>304</u>
	Date proof due	<u>Oct. 1, '88</u>	<u>-274</u>
	No. of days late		<u>= 30</u>
	Priority date	<u>July 13, '87</u>	<u>+194</u>
	NEW PRIORITY DATE	<u>Aug. 12, '87</u>	<u>=224</u>

SEND FILES TO DATA ENTRY AND THEN TO MICROFILM

RECEIVED
NOV 03 1988

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

For Office Use Only
Fee Received N/A
Date 10/31/88
Receipt #
Receipt by
Reviewed by
Sent to region

PROOF OF BENEFICIAL USE

Department of Water Resources

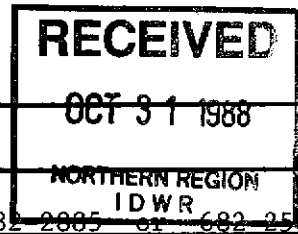
The Idaho Department of Water Resources will consider this form as a statement that the permit holder(s) has completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must 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. 94-7308

Name(s) of Permit Holder: R. Wilson

Post Office Address: HCO 1 Box 385 Wallace, Id. 83873

Telephone No. 682-2885 or 682-2564



Source of Water: Groundwater

Extent of Use:

Domestic 0.04 (number of households) Stockwater (number and type of stock)

Irrigation (acres) Other/Remark

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

Show the date water was first diverted and beneficially used under this permit: Spring of 1988

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.

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DEC 27 1988

10/31/88

Date

R. Wilson
Signature of Permit Holder (and title, if appropriate)

To: File 94-7308

From: Groundwater Protection

Date:

Sec 10

50 N

4 E

Drilling Permit: X 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, *and date drilled.*
 Ask permit holder when well was drilled
and notify holder of drilling permit
requirement if after July 01, 1987.

OK
JB.

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

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.

1. WELL OWNER Name <u>Ralph Wilson</u> Address <u>HCO-1 BOX 405</u> Owner's Permit No. <u>WALLACE, IDA 83873</u>	7. WATER LEVEL Static water level <u>31</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ of _____ Quality _____ Describe artesian or temperature zones below																																		
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>66 gpm</u></td> <td></td> <td></td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>66 gpm</u>																														
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection (specify type) ☐ Other _____	9. LITHOLOGIC LOG <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore 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><u>6</u></td> <td><u>0</u></td> <td><u>31</u></td> <td><u>WET CLAY</u></td> <td></td> <td>☒</td> </tr> <tr> <td></td> <td><u>31</u></td> <td><u>48</u></td> <td><u>BROKEN SHALE-SEEP</u></td> <td></td> <td>☒</td> </tr> <tr> <td></td> <td><u>48</u></td> <td><u>90</u></td> <td><u>FIRM SHALE BROKEN AREAS</u></td> <td></td> <td>☒</td> </tr> <tr> <td></td> <td><u>90</u></td> <td><u>115</u></td> <td><u>" " " "</u></td> <td></td> <td>☒</td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	<u>6</u>	<u>0</u>	<u>31</u>	<u>WET CLAY</u>		☒		<u>31</u>	<u>48</u>	<u>BROKEN SHALE-SEEP</u>		☒		<u>48</u>	<u>90</u>	<u>FIRM SHALE BROKEN AREAS</u>		☒		<u>90</u>	<u>115</u>	<u>" " " "</u>		☒
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	RECEIVED JUL 02 1987 Department of Water Resources																																		
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☒ Yes ☐ No Perforated? ☐ Factory ☐ Knife ☒ Torch How perforated? _____ inches by _____ inches Size of perforation <u>3</u> inches by <u>3/4</u> inches <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>12</u> perforations</td> <td><u>40</u> feet</td> <td><u>47</u> feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Model No. _____ Type _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ feet Placed from _____ feet to _____ feet Surface seal depth <u>31</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ Sealing procedure used: ☐ Slurry pit ☒ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port _____		Thickness	Diameter	From	To	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	<u>12</u> perforations	<u>40</u> feet	<u>47</u> feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet		
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. Subdivision Name _____ Lot No. _____ Block No. _____ County <u>SKOSHONE</u> <u>NE 1/4 Sec. 10, T. 50 N., R. 4 E.</u>	10. Work started <u>5-19-87</u> finished <u>5-20-87</u>																																		
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>BRAND X WW</u> Firm No. <u>289</u> Address <u>RATHDRUM IDA</u> Date <u>6-10-87</u> Signed by (Firm Official) <u>Lindor</u> and <u>Cordon</u> (Operator)																																			

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

DEC 27 1988

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: RyH

APPLICATION NUMBER: 94-7308

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.
Final date for protests: 8/24/87
☐ Yes ☒ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 8/17/87
☒ 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? _____
☒ 7/13/87 Date of priority recommended.
Special conditions of approval or cover letter. _____

By: [Signature] Date: 8/24/87
STATE OFFICE REVIEW:

DBS, L/L

☐ See attached sheet for more information.

By: KW

Date: 9/3/87 AUG 31 1987

Department of Water Resources