

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 94-07261

Priority: June 22, 1983

Maximum Diversion Rate:
Maximum Diversion Volume:¹

0.04 CFS
1.2 AF

This is to certify, that KATHLEEN ACOSTA PORTER
RT. 2 BOX 307

ST. MARIES, ID 83861 has complied with the terms and conditions
of the permit, issued pursuant to Application for Permit dated June 22, 1983; and
has submitted Proof of Beneficial Use on May 17, 1984. 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: LOT 8(NESE), Sec. 2, Township 47N, Range 03W
KOOTENAI County

PLACE OF USE: DOMESTIC

TWN RGE SEC

47N 03W 2 LOT 8(NESE)

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 reflect cropping patterns or acceptable standards of water delivery 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 20TH
day of NOVEMBER, 1989.

acting for R. Keith Higginson, Director

MICROFILMED

NOV 24 1989

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 Kathleen Acosta Porter Phone 689-3901
Post office address Rt 2 Box 307 St. Maries, Id. 83861
2. Source of water supply Groundwater which is a tributary of _____
3. Location of point of diversion is NE $\frac{1}{4}$ of SE $\frac{1}{4}$ of Section 2 Township 47N
Range 3W B.M. Kootenai County, additional points of diversion if any: _____

4. Water will be used for the following purposes:

Amount .08 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. .08 cfs cubic feet per second and/or b. _____ acre-feet per annum.

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. shallow well with pump
motor, and pipeline to 2 households.

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: NE $\frac{1}{4}$ of SE $\frac{1}{4}$ of Section 2 Township 47N
Range 3W 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 2.

(5) If water is to be used for other purposes describe: Domestic purposes
for 2 households

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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 _____

c. Describe any other water rights used for the same purposes as described above. There are

2 unnamed springs which are also used for domestic purposes.

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

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

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 _____

2019年12月16日

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.

Kathleen Acosta Porter
(Applicant)

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proposed project

Proposed Priority 6/22/1983

Received by JE Date 6/22/83 Time 12:00 p.

Preliminary check by JA Fee \$ 30⁰⁰

Receipted by JE Date 6/22/83 # 28204

Publication prepared by JA Date 8/7/83

Published in Coeur d'Alene Press

Publication dates 7/14 & 21/83

Publication approved JA Date 8/4/83

Protests filed by: NONE

Copies of protests forwarded by _____

Hearing held by _____ Date _____

Recommended for approval denial by JA 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. 94-7261, 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 25th day of August, 1983.

A. Glen Saylor
Chief, Operations Bureau

POINT OF DIVERSION OVERLAP REVIEW

WR-NUMBER	TWP	RNG	SC	TRACT			LT	#SOURCE	#NAME
				1\4	1\4	1\4			
9407261	47N	03W	2	NE	SE			GROUNDWATER	PORTER, KATHLEEN ACO

RECEIVED
JAN 14 1996

NOV 14 1995

INTER-DEPARTMENT MEMO — 1

DATE 8-20-87

FROM Jennifer Argraves

TO File

SUBJECT Exam # 94-7261

Kathleen Porter does not ~~want~~ want this Water Right. Her home is the only one on this well. I sent her a ~~RECEIVED~~ **RECEIVED** dishment form 7-14-87 but have not heard back from her.

Jennifer Argraves
SIGNATURE

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

94-7261
Permit No.

Staff Analysis Sheet
for
Beneficial Use Field Report

RECEIVED
OCT 05 1987

A. Prior to Conducting the Exam, the File Contains:

- ☒ Blank Field Report Form
- ☒ Copy of Permit
- ☒ Copies of any Amendments/Orders with conditions of approval Department of Water Resources
- ☒ Computer Data Proof Report
- ☒ Copy of U.S.G.S. Quad
- ☒ Check for Government Lots. If so, make a copy of Government Plat

Check of P/D index R 1/14/87 (Initial and date)

Overlap? ☐ yes ☒ no If yes: ☐ copy of exam(s) attached?
Type of Overlap? ☐ Add acres or uses to existing system
☐ Increase rate of flow or volume
☐ Other: _____

Check of P/U index R 1-14-87 (Initial and date)

Overlap? ☐ yes ☒ no If yes: ☐ copy of water right(s) attached?
Type of Overlap? ☐ Increase rate of flow or volume
☐ Add P/D's
☐ Increase number of acres within tracts
☐ Other: _____

Aerial Photo

Required? ☐ yes ☒ no If yes: ☐ copy attached?

Scheduling Letter sent? _____ (Initial and date)

☐ Appointment made and telephone conversation memo attached

B. After Conducting the Exam, the File Contains:

- ☒ Fully completed and signed Field Report Form
- ☐ Photographs of Point of Diversion and Place of Use
- ☐ Corrected Computer Data Proof Report with recommended license information, and date and signature of examiner.

C. Review and Processing:

Exam Completed Permitting Agent 7-7-87 (Signature of examiner and date)
Exam Reviewed by Senior Water Resource Agent per 8/87 (Initial and date)
Exam Reviewed by Manager of Regional Office PWA 9/30/87 (Initial and date)
Exam Date Entered in Computer per 10/2/87 (Initial and date)
Exam sent to State Office per 10/2/87 (Initial and date)
Copy of Staff Analysis Sheet sent to Manager of Regional Office and Original
Réfiled in White File _____ (Initial and date)



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

NORTHERN REGION

REMARKS / PHOTOS

PERMIT # 94-7861

DATE

INITIALS

7-7-87 Th Talked to * Kathleen Porder

only her home is presently on system
and she does not want the lic. She
asked me to cancel it

J.A.

8-19-87 Legal check ASSR.:

Lot 8 T47N 3W/ sec 2

~~NESE~~

J.A.

RECORDED

NOV 24 1989

Dec 26 - 1986

Dear Mr. Fay:

I sent all of this information to Baise 6 mos. ago. & wonder why your office was not informed?

I applied for the permit to full fill the requirement of 2 households on one water source. This was a temporary situation while they were building & were using my well.

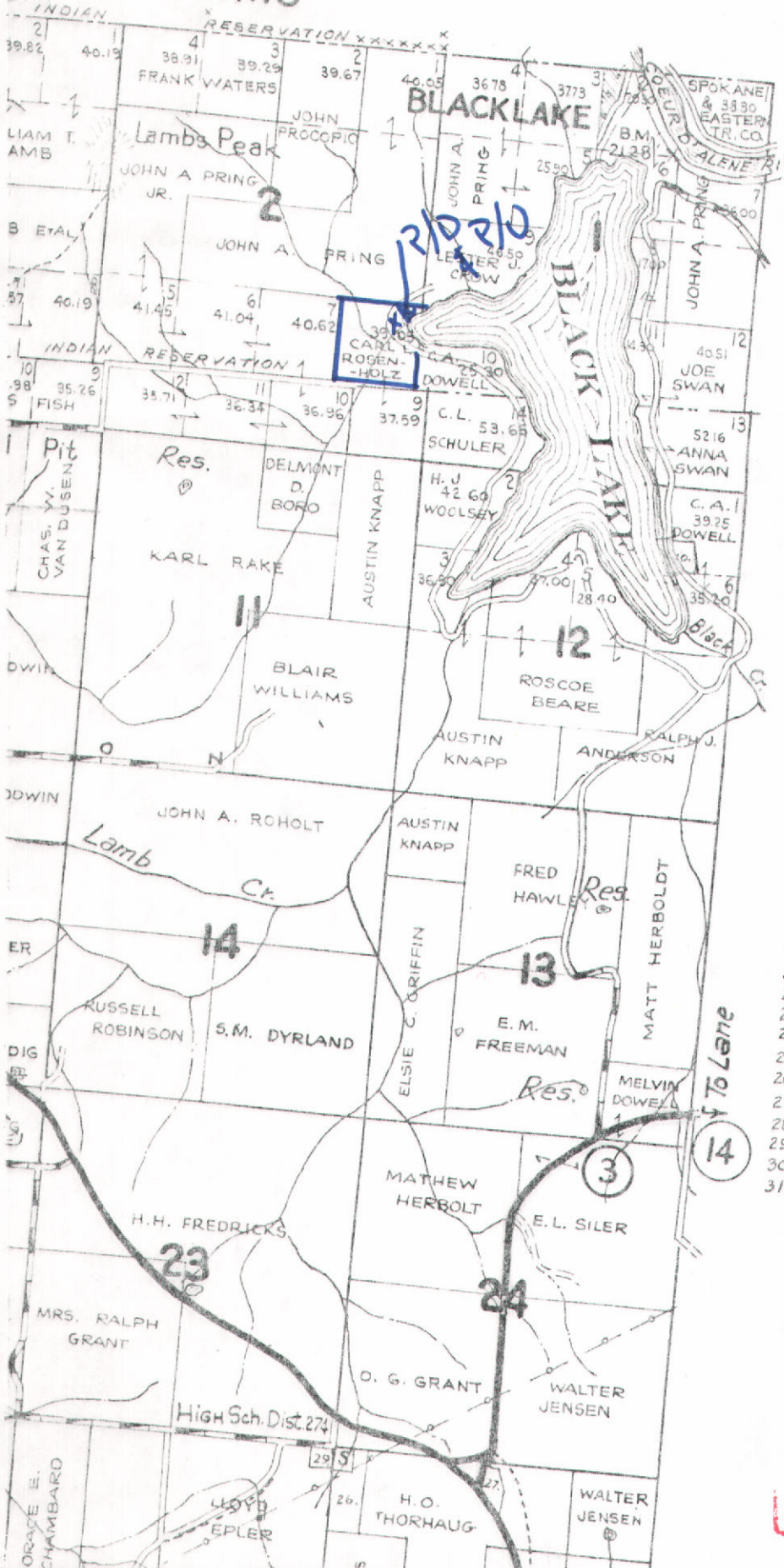
I am the only person using my well for the past 3 yrs. I have two party household. It are no stock or irrigation.

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Sincerely yours,
Kathleen Porter

RANGE 3 W. B. M. COUNTY, IDAHO



SMALL TRACTS

1. KOOTENAI COUNTY
2. VICTOR R. MUNSON
3. JOHN ROSENBERRY
4. RAY S. GRANT
5. JAS. D. CHAMBERLINE
6. FRED U. WILLSON
7. CARROLL S. HUNT
8. HARRISON GUN CLUB
9. CHARLES WATERS
10. SYLVESTER MORLEY
11. LESLIE ALLEN
12. JOHN RADDEKOPP
13. GLENN HARMON
14. TED BENSON
15. ORVILLE HICKMAN NEBEL'S Add.
16. ANNA C. SWAN
17. M. A. COLBY

BLACK LAKE TOWNSITE

1. TO A. SPokane & Eastern Trust Co.
2. H. C. BUCHANAN
3. SPokane & Eastern Trust Co.
4. JAS. ESTES
5. A. SCHOOL

LAKESIDE ADD. (Sec. 19)

- | | |
|---------------------------|----------------------------|
| 1. TO G. MERRILL & DETERS | 19. LEE B. GREGORY |
| 2. J. D. J. HOWARD COON | 20. HARRY S. SANDERS |
| 3. A. J. H. SCHEER | 21. ROY O. ASSBURY |
| 4. MRS. MABEL SCHEER | 22. CLARENCE JENKS |
| 5. CLARENCE A. BAKEN | 23. DONALD D. DORMAN, SR. |
| 6. DONALD D. DORMAN, SR. | 24. DONALD D. DORMAN, SR. |
| 7. EARL R. SHoup | 25. DONALD D. DORMAN, SR. |
| 8. Wm. A. SCHENFELDT | 26. DONALD D. DORMAN, SR. |
| 9. JACK R. FLENGENHAUER | 27. DONALD D. DORMAN, SR. |
| 10. ROY J. BAILEY | 28. DONALD D. DORMAN, SR. |
| 11. R. B. CUNNINGHAM | 29. DONALD D. DORMAN, SR. |
| 12. LEE B. GREGORY | 30. HARRY S. SANDERS |
| 13. ROY O. ASSBURY | 31. CLARENCE JENKS |
| 14. DONALD D. DORMAN, SR. | 32. DONALD D. DORMAN, SR. |
| 15. DONALD D. DORMAN, SR. | 33. DONALD D. DORMAN, SR. |
| 16. DONALD D. DORMAN, SR. | 34. DONALD D. DORMAN, SR. |
| 17. DONALD D. DORMAN, SR. | 35. DONALD D. DORMAN, SR. |
| 18. DONALD D. DORMAN, SR. | 36. DONALD D. DORMAN, SR. |
| 19. DONALD D. DORMAN, SR. | 37. DONALD D. DORMAN, SR. |
| 20. DONALD D. DORMAN, SR. | 38. DONALD D. DORMAN, SR. |
| 21. DONALD D. DORMAN, SR. | 39. DONALD D. DORMAN, SR. |
| 22. DONALD D. DORMAN, SR. | 40. DONALD D. DORMAN, SR. |
| 23. DONALD D. DORMAN, SR. | 41. DONALD D. DORMAN, SR. |
| 24. DONALD D. DORMAN, SR. | 42. DONALD D. DORMAN, SR. |
| 25. DONALD D. DORMAN, SR. | 43. DONALD D. DORMAN, SR. |
| 26. DONALD D. DORMAN, SR. | 44. DONALD D. DORMAN, SR. |
| 27. DONALD D. DORMAN, SR. | 45. DONALD D. DORMAN, SR. |
| 28. DONALD D. DORMAN, SR. | 46. DONALD D. DORMAN, SR. |
| 29. DONALD D. DORMAN, SR. | 47. DONALD D. DORMAN, SR. |
| 30. DONALD D. DORMAN, SR. | 48. DONALD D. DORMAN, SR. |
| 31. DONALD D. DORMAN, SR. | 49. DONALD D. DORMAN, SR. |
| 32. DONALD D. DORMAN, SR. | 50. DONALD D. DORMAN, SR. |
| 33. DONALD D. DORMAN, SR. | 51. DONALD D. DORMAN, SR. |
| 34. DONALD D. DORMAN, SR. | 52. DONALD D. DORMAN, SR. |
| 35. DONALD D. DORMAN, SR. | 53. DONALD D. DORMAN, SR. |
| 36. DONALD D. DORMAN, SR. | 54. DONALD D. DORMAN, SR. |
| 37. DONALD D. DORMAN, SR. | 55. DONALD D. DORMAN, SR. |
| 38. DONALD D. DORMAN, SR. | 56. DONALD D. DORMAN, SR. |
| 39. DONALD D. DORMAN, SR. | 57. DONALD D. DORMAN, SR. |
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| 41. DONALD D. DORMAN, SR. | 59. DONALD D. DORMAN, SR. |
| 42. DONALD D. DORMAN, SR. | 60. DONALD D. DORMAN, SR. |
| 43. DONALD D. DORMAN, SR. | 61. DONALD D. DORMAN, SR. |
| 44. DONALD D. DORMAN, SR. | 62. DONALD D. DORMAN, SR. |
| 45. DONALD D. DORMAN, SR. | 63. DONALD D. DORMAN, SR. |
| 46. DONALD D. DORMAN, SR. | 64. DONALD D. DORMAN, SR. |
| 47. DONALD D. DORMAN, SR. | 65. DONALD D. DORMAN, SR. |
| 48. DONALD D. DORMAN, SR. | 66. DONALD D. DORMAN, SR. |
| 49. DONALD D. DORMAN, SR. | 67. DONALD D. DORMAN, SR. |
| 50. DONALD D. DORMAN, SR. | 68. DONALD D. DORMAN, SR. |
| 51. DONALD D. DORMAN, SR. | 69. DONALD D. DORMAN, SR. |
| 52. DONALD D. DORMAN, SR. | 70. DONALD D. DORMAN, SR. |
| 53. DONALD D. DORMAN, SR. | 71. DONALD D. DORMAN, SR. |
| 54. DONALD D. DORMAN, SR. | 72. DONALD D. DORMAN, SR. |
| 55. DONALD D. DORMAN, SR. | 73. DONALD D. DORMAN, SR. |
| 56. DONALD D. DORMAN, SR. | 74. DONALD D. DORMAN, SR. |
| 57. DONALD D. DORMAN, SR. | 75. DONALD D. DORMAN, SR. |
| 58. DONALD D. DORMAN, SR. | 76. DONALD D. DORMAN, SR. |
| 59. DONALD D. DORMAN, SR. | 77. DONALD D. DORMAN, SR. |
| 60. DONALD D. DORMAN, SR. | 78. DONALD D. DORMAN, SR. |
| 61. DONALD D. DORMAN, SR. | 79. DONALD D. DORMAN, SR. |
| 62. DONALD D. DORMAN, SR. | 80. DONALD D. DORMAN, SR. |
| 63. DONALD D. DORMAN, SR. | 81. DONALD D. DORMAN, SR. |
| 64. DONALD D. DORMAN, SR. | 82. DONALD D. DORMAN, SR. |
| 65. DONALD D. DORMAN, SR. | 83. DONALD D. DORMAN, SR. |
| 66. DONALD D. DORMAN, SR. | 84. DONALD D. DORMAN, SR. |
| 67. DONALD D. DORMAN, SR. | 85. DONALD D. DORMAN, SR. |
| 68. DONALD D. DORMAN, SR. | 86. DONALD D. DORMAN, SR. |
| 69. DONALD D. DORMAN, SR. | 87. DONALD D. DORMAN, SR. |
| 70. DONALD D. DORMAN, SR. | 88. DONALD D. DORMAN, SR. |
| 71. DONALD D. DORMAN, SR. | 89. DONALD D. DORMAN, SR. |
| 72. DONALD D. DORMAN, SR. | 90. DONALD D. DORMAN, SR. |
| 73. DONALD D. DORMAN, SR. | 91. DONALD D. DORMAN, SR. |
| 74. DONALD D. DORMAN, SR. | 92. DONALD D. DORMAN, SR. |
| 75. DONALD D. DORMAN, SR. | 93. DONALD D. DORMAN, SR. |
| 76. DONALD D. DORMAN, SR. | 94. DONALD D. DORMAN, SR. |
| 77. DONALD D. DORMAN, SR. | 95. DONALD D. DORMAN, SR. |
| 78. DONALD D. DORMAN, SR. | 96. DONALD D. DORMAN, SR. |
| 79. DONALD D. DORMAN, SR. | 97. DONALD D. DORMAN, SR. |
| 80. DONALD D. DORMAN, SR. | 98. DONALD D. DORMAN, SR. |
| 81. DONALD D. DORMAN, SR. | 99. DONALD D. DORMAN, SR. |
| 82. DONALD D. DORMAN, SR. | 100. DONALD D. DORMAN, SR. |

LAKESIDE 1st ADD. (Sec. 19)

1. A. B. GRANT BUTNAM
2. THOS. C. NEILL
3. MILDRED PALMER

SMALL TRACTS (con't)

18. ALMA C. CLOVER
19. RUSSELL & PUGH
20. WM. L. HANKS
21. TED MUHS
22. KOOTENAI COUNTY
23. THOMAS FISH
24. ST. JOE BOOM CO.
25. MILDRED RYAN
26. SCHOOL DIST. 274 HIGH SCHOOL
27. E. C. HAY
28. STATE
29. CHARLES JENIECK
30. GLADYS T. M'CROSKY
31. JOHN C. VAN BUECKEN

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NOV 24 1989

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

Department of Water Resources

OCT 05 1987

A. GENERAL INFORMATION

Permit No. 689-3901

1. Owner: Kathleen Acosta Porter Phone No. _____

Current Address: Rt 2 Box 307, St. Maries, Id. 83861

2. Accompanied by: _____ EXAM. DATE: 7-7-87

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

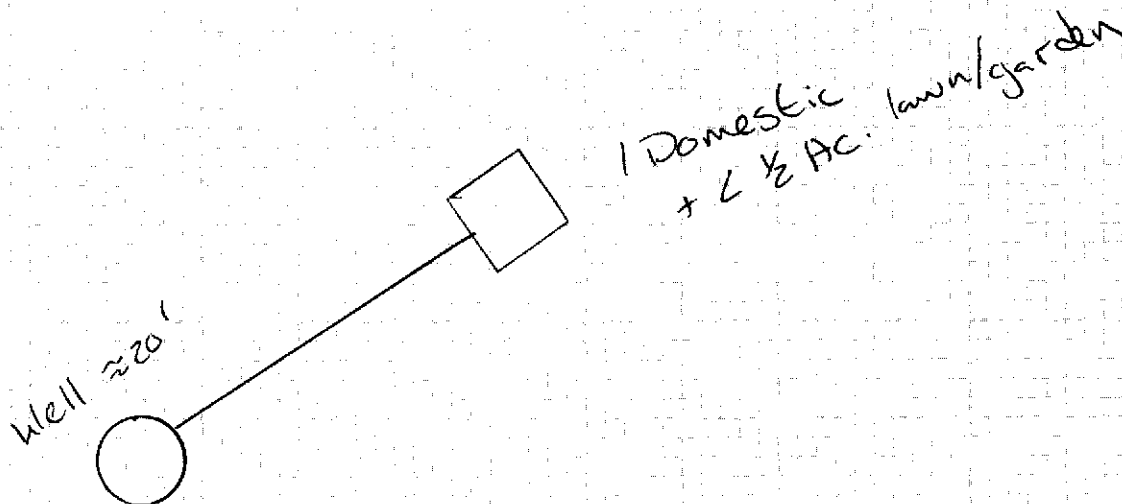
2. Other water rights with same point of diversion: NONE

☐ 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" = NFS

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 - No Photo
(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.)

From well to 1 Domestic + 1/2 Ac. lawn and garden. System specifics (pump size) unknown. She does not want this water right because it is ~~is~~ the well is only for her home now.

☐ 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
—	—	—	—	—	—

*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
	8		NESE		2	47N	3W	hootenai	Map - permit

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

Indicate Method of Determination MAP - JK

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	
47N	3W	2													D				
															G	JK			
															L				
															S				

RECORDED

NOV 24 1988

Do not use this space

Do not use this space

D. FLOW MEASUREMENTS *NONE - JK* ☐ 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:

Q_{Domestic} = .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:

V_{Domestic} = 1.2 AF

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H. REMARKS AND OVERLAP REVIEW ANALYSIS

NONE

I. RECOMMENDATIONS

1. Recommended Amounts

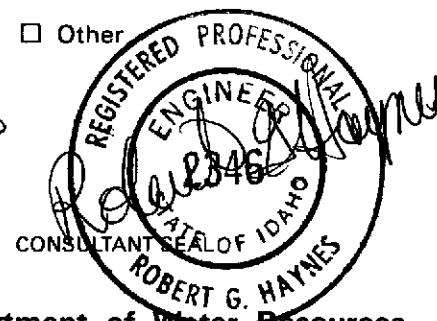
Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
Domestic	1-1	12-31	1.04 cfs	1.2 AF
Totals:			1.04 cfs	1.2 AF

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 Jennifer Argraves
Signature Jennifer Argraves
Certification Date _____
Field Report Preparation Date _____



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

JOM 9/11/89

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NOV 24 1989

4/86

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
EXAMINATION FEE INFORMATION

For Office Use Only
Fee Received _____
Date _____
Receipt # _____
Receipt by _____
Sent to S.O. _____

RECEIVED

JUN 11 1986

1. Permit No. 94-7261 CW

no check

Department of Water Resources

ONE OF THE FOLLOWING BOXES SHOULD BE MARKED TO DESIGNATE YOUR CHOICE.

☐ I choose to have the department make the field examination of this permit; attached is the examination fee. (If this box is marked, complete items 1 thru 8.)

2. Permit Holder: None needed - Kathleen Porter

3. Post Office Address: P.R. 2 BX 309 - ST. MARIES

Idaho - 83861 Telephone No. None

4. Source of Water: 20 Ft. Well

5. Extent of Use:

Domestic 1 (No. of households) Stockwater None (No. and type of stock)

Irrigation None (acres) Other/Remark Use a 30 yr old

spring for small garden - have no stock -

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

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

8. Person to contact to accompany the department representative during the field examination:

(Name)

(Address)

(Telephone Number)

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☐ I choose to have the field examination conducted by a certified water right examiner. Attached is a statement from the certified examiner I have selected verifying that he has been retained to conduct the examination. (If this box is marked, complete items 1 thru 7.)

Date

Signature of Permit Holder (and title, if appropriate)

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: JK

APPLICATION NUMBER: 94-7261

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 _____

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.
Final date for protests: 8/1/83 ✓
☐ Yes ☒ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 7/22/83 ✓
☒ 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? _____
6/22/83 Date of priority recommended.
✓ Special conditions of approval or cover letter. _____

By: JK Date: 8/4/83

STATE OFFICE REVIEW:

SLW/L17

- ☐ See attached sheet for more information.

By: JK Date: 8/24/83

RECEIVED
AUG 23 1983
Department of Water Resources

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