

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 94-7151

Priority: August 8, 1979 Amount: .04 CFS 1.2 AFA

This is to certify, that IRMA PICKARD
P.O. BOX 9805
MOSCOW, ID 83843

has complied with the terms and conditions
of the permit issued pursuant to Application for Permit dated August 8, 1979, and
has submitted proof to the Department of Water Resources on July 31, 1984, that
water has been applied to a beneficial use; an examination by the Department indicates
that the works have a diversion capacity of .05 cfs of water from a GROUNDWATER
source and that a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>VOLUME</u>
Domestic	01/01 to 12/31	.04 cfs	1.2 afa

LOCATION OF POINT OF DIVERSION(S): NWSW , Sec. 34, Township 49N, Range 1E
Kootenai County

PLACE OF USE: Domestic

TWN RGE SEC

49N 1E 34 NWSW

CONDITIONS/REMARKS:

1. The right to the use of the water hereby confirmed is limited to the amount which can actually be beneficially used and is restricted and appurtenant to the lands or place of use and to the purpose herein described, as provided by the laws of Idaho.
2. This right is subject to all prior water rights and may be forfeited by five years of non-use.
3. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.

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 29th day
of February, 1988.

MICROFILMED

Director

MAR 04 1988

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 IRMA PICKARD Phone _____

Post office address Box 62 CATALDO, ID

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

3. Location of point of diversion is NW $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 34 Township 49N

Range 1E B.M. KOOTENAI County, additional points of diversion if any: _____

4. Water will be used for the following purposes:

Amount 0.08 for DOMESTIC purposes from JAN 1 to DEC 31 (both dates inclusive)
(cfs or acre-feet per annum)

Amount 0.04 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. 0.12 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 _____ inches; proposed depth of well is _____ feet.

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

8. Description of proposed uses:

a. If water is **not** for irrigation:

(1) Give the place of use of water: NW $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 34 Township 49N

Range 1E 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: _____

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

TWP	RANGE	SEC.	NE¼				NW¼				SW¼				SE¼				TOTALS
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
49N	1E	34										2							2

Total number of acres to be irrigated 2

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

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

b. Who owns the land to be irrigated or place of use APPLICANT & EVELYN POWERS

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

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

34 T-49N
 © P.D. ★
 PLACE
 OF
 USE
 R-1E

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.

Ima Pickard
(Applicant)

Proposed Priority 8/8/79

Received by MC Date 8/8/79 Time 9:00 A
Preliminary check by RYA Fee \$ 20.00
Receipted by MC Date 8/8/79 # 14157
Publication prepared by mc Date 8/16/79
Published in Coeur d'Alene Press
Publication dates 8/23-30/79
Publication approved MB Date 9-13-79
Protests filed by: none

Copies of protests forwarded by _____

Hearing held by _____ Date _____

Recommended for approval denial by MC 9/17/79 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. 94-7151, 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 September 1, 19 84.
- 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 21st day of September, 19 79.

L. Glen Saxton
Chief, Operations Bureau

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
LICENSING REPORT

10-DAY

94-7151
Permit No.

1. **Measurement Calculations**

- a) Field Measurement Calculations (Include theoretical capacities and system capacity)

.05 cfs

- b) Volume Calculations for Irrigation:

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

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

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

- c) Volume Calculations for Other Uses:

Dom = 1.2 AF

2. **Overlap Review**

- a) Other water rights with same place of use: _____

- b) Other water rights with same point of diversion: _____

- c) Analysis:

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MAR 04 1988

RECOMMENDED AMOUNTS

- | Permit No. | Priority | Amount | App. Date | Date Proof Submitted | System Capacity |
|------------|----------|--------|-----------|----------------------|-----------------|
| 94-7151 | 8-8-79 | 0.04 | 8-8-79 | 7-31-84 | .05 |

4. Permit Holder: IRMA PICKARD

Address: P.O. Box 9805 - Moscow, ID. 83843

5. Source: GROUNDWATER tributary to _____

6. Beneficial Use	Period of Use		Rate of Diversion	Annual Volume
	From	To	Q (cfs)	V (afa)
DOMESTIC	1-1	12-31	1.04	1.2

Allowable Maximums: .04 1.2

7. Point(s) of Diversion:

[illegible]

8. Place(s) of Use

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				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	
49N	1E	34										X							
Total Acres _____																			

9. Recommended Conditions/Remarks: _____

RETURNED

MAR 04 1988

10. 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 _____

11. Examiner's Signature _____ Date _____

Checked in Regional Office by _____ Date _____

Approved in State Office by Kan Hawerton Date 1-28-88

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED
AUG 1 1986

Department of Water Resources

A. GENERAL INFORMATION

1. Owner: Irma Pickard Permit No. 77-7151
Current Address: Bx 9805 - Moscow, ID. Phone No. 882-0265
2. Accompanied by: _____ EXAM. DATE: 7/21/80
Address: Gr 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

Diagram area with grid lines and a stamp: **RECEIVED** MAR 04 1981

Scale: 1" = _____

2. ☒ Copy of U.S.G.S. Quadrangle Attached Showing location(s) of point(s) of diversion and place(s) of use (required). ☐ Aerial Photo Attached (required for Irrigation of 10 acres or more).
☒ Photo of Diversion and System Attached (required for all but single household domestic groundwater, and stockwater).

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

Dom. + $\frac{1}{2}$ ac lawn & garden

Winterized during Exam

4.

**Code to correspond with No. on map and aerial photo*

[illegible]

Indicate Method of Determination

Map

Total =

Do not use this space

Do not use this space

D. FLOW MEASUREMENTS

☐ 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:

$$Q = \frac{8.8(1.7)(1.5)}{2.23(25) + 10} = .05 \text{ cfs} \quad h_{\text{static}} \approx 10$$

2. Alternate Method for Checking Purposes:

$$Q = .04 \text{ cfs via Exam fee}$$

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:

$$V_{Dom + \text{each lawn \& garden}} = 1.2 \text{ AF}$$

I. RECOMMENDATIONS

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
Dom + 1/2 ac lawn & garden	1/1	12/31	.04 cfs	1.2 AF
Totals:			.04 cfs	1.2 AF

☐ 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 Jennifer Argraves
Signature Jennifer Argrave
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.

REMARKS
ATTACHMENT TO 219A

PERMIT # 94-7151
INITIALS

DATE

7/21 Found Home - with help of Postmaster

Pumphouse was winterized -

call → Write letter to get info

on pump and system and confirm
Location

J.A.

7/22 Called - confirmed - was
able to get needed info

J.A.

FILED

MAR 04 1988



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MAR 04 1988

TWP. 49N RGE. 1E SEC. 34 MAP # F-58 MAP SCALE 9 7 1/2

DATE OF FIELD EXAM 7/21/86 FIELD REPORT MAP PERMIT # 94-7151



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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

94-7/5-1
Permit No.

Staff Analysis Sheet
for
Beneficial Use Field Report

RECEIVED

AUG 1 1986

Department of Water Resources

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
☐ 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 J.A. 7/22/86 (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 J.A. 7/22/86 (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 J.A. 7/22/86 (Signature of examiner and date)

Exam Reviewed by Senior Water Resource Agent 7/28/86 (Initial and date)

Exam Reviewed by Manager of Regional Office 7/29/86 (Initial and date)

Exam Date Entered in Computer 7/29/86 (Initial and date)

Exam sent to State Office 7/30/86 (Initial and date) MAR 04 1988

Copy of Staff Analysis Sheet sent to Manager of Regional Office and Original
Refiled in White File _____ (Initial and date)

4/86

RECEIVED

MAY 12 1986 For Office Use Only

Fee Received A/A

Date 5/8/86

Department of Water Resources Receipt # 7/8/86

Receipt by 7/8/86

Sent to S.O. 7/8/86

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

EXAMINATION FEE INFORMATION

RECEIVED

MAY 12 1986

Department of Water Resources Northern District Office

1. Permit No. 94-7151

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.) NA

2. Permit Holder: IRMA PICKARD

3. Post Office Address: Bx 9805 - MOSCOW ID
83843 Telephone No. 208-882-0265

4. Source of Water: Groundwater

5. Extent of Use:
Domestic 1 (No. of households) Stockwater _____ (No. and type of stock)
Irrigation _____ (acres) Other/Remark _____

6. Total rate &/or volume for which proof is submitted .04 cfs _____ acre-feet

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

21 Sep 79

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

John C or Irma Pickard
(Name)

MAR 04 1988

Bx 9805 MOSCOW Id 83843
(Address)

208-882-0265
(Telephone Number)

☐ 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.)

May 5, 1986
Date

Irma Pickard
Signature of Permit Holder (and title, if appropriate)

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: RGH

APPLICATION NUMBER: 94-7151

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. 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: 9-10-79
☐ Yes ☒ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 9-18-79
☒ 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? _____
☒ 8/8/79 Date of priority recommended.
Special conditions of approval or cover letter. _____

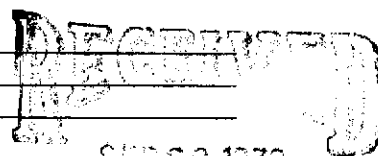
By: [Signature] Date: 9/12/79

STATE OFFICE REVIEW:

04-

- ☐ See attached sheet for more information.

By: [Signature] Date: 9/2/79



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Department of Water Resources

94-2151

PICKARD, IRMA

P.O. BOX 62, CATALDO, ID 83810

Source: GROUNDWATER

Date Filed: 08/08/1979

Amount: 0.12 CFS

Diversion Point: NSW Sec 34 T 49N R 01E, KOOTENAI Co.

Use: IRRIGATION	(0.04 CFS)	from 03/15 to 11/15
DOMESTIC	(0.08 CFS)	from 01/01 to 12/31

Place of Use: NSW Sec 34 T 49N R 01E FOR 2 ACRES

Diversion Means: WELL & PUMP

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