

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 93-07019

Priority: August 5, 1980

Maximum Diversion Rate:
Maximum Diversion Volume:¹

0.04 CFS
11.9 AF

This is to certify, that WILLARD LACY
RT. 2

WORLEY, ID 83876 has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated August 5, 1980; and has submitted Proof of Beneficial Use on April 27, 1988. An examination indicates that the works have a diversion capacity of .060 cfs of water from a GROUNDWATER source, and a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
IRRIGATION	03/15 to 11/15	0.04 CFS	7.5 AF
COMMERCIAL	03/15 to 11/15	0.04 CFS	3.8 AF
DOMESTIC	01/01 to 12/31	0.04 CFS	0.6 AF
	Totals	0.04 CFS	11.9 AF

LOCATION OF POINT(S) OF DIVERSION:

NWNE , Sec. 12, Township 47N, Range 06W
KOOTENAI County

PLACE OF USE: IRRIGATION

<u>TWN</u>	<u>RGE</u>	<u>SEC</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>TOTAL</u>
47N	06W	12	NWNE	2.5		2.5

Total number of acres irrigated: 2.5

PLACE OF USE: COMMERCIAL, same as IRRIGATION use

PLACE OF USE: DOMESTIC, same as IRRIGATION use

CONDITIONS/REMARKS:

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to more accurately describe the beneficial use or to implement accepted standards of diversion and use efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.

INDEXED & FILMED

MAR 22 1991

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

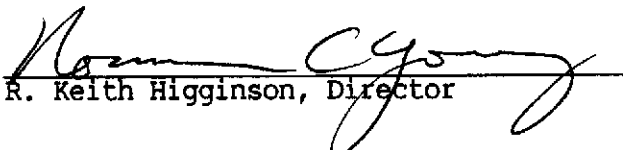
WATER RIGHT NO. 93-07019

CONDITIONS/REMARKS:

5. This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.0 afa per acre for the lands above.
6. Commercial use is for crop spraying; stockwater use is for 25 head; 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 7TH day of MARCH, 1991.

Acting for


R. Keith Higginson, Director

MICROFILMED

MAR 24 1991

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

For Office Use Only
\$15 FEE Received 14
Date 8-28-85
Receipt # 37092

REQUEST FOR EXTENSION OF TIME

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

RECEIVED

AUG 26 1985

Willard Lacy of Norley
(Name) (Address)
State of Idaho 83876, deposes and says: Department of Water Resources

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. 93-7019

That under the terms and conditions of said permit, work thereunder was required to be completed on or before
September, 19 85

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.)

Most of our work was completed before applying for
permit - we still are putting in lines and shafts have
all of the basic needs done in 2 or 3 years

Costing \$ 5500

That he is unable to complete the remainder of the work within the required time for the following reasons, to-wit:

Our plans are to install some more lines in
connection with some plant research we are working
on.

Wherefore, he asks that the Department of Water Resources extend the time for the completion of obligations
under said permit to Sept, 19 90 Willard Lacy
(1 yr. minimum, (Signature)*
5 yrs. maximum)

*IF OTHER THAN HOLDER, Power of Attorney must be supplied.

FEE: \$15.00

MICROFILMED

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 proof of beneficial use is extended to September 1, 1990.

Signed this 25th day of September, 19 85

J. 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 Willard Lacy Phone 231-5625

Post office address Rt 2 Warley, Id. 83876

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

3. Location of point of diversion is NW $\frac{1}{4}$ of NE $\frac{1}{4}$ of Section 12 Township 47N

Range 6W B.M. Kootenai County, additional points of diversion if any: _____

4. Water will be used for the following purposes:

Amount 0.05 for Irrigation purposes from 3-15 to 11-15 (both dates inclusive)
(cfs or acre-feet per annum) Commercial

Amount 0.20 for Spr purposes from 3-15 to 11-15 (both dates inclusive)
(cfs or acre-feet per annum)

Amount 0.04 for Domestic purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per annum)

Amount 0.02 for Stock purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per annum)

5. Total quantity to be appropriated:

a. 0.20 cubic feet per second and/or b. _____ acre-feet per annum.

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. Well, 1/2 hp pump & pipeline

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 8 inches; proposed depth of well is 62 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: (NENW) G.L. 1, } RH 9-9-80
NE $\frac{1}{4}$ of NE $\frac{1}{4}$, }

a. If water is not for irrigation:
(1) Give the place of use of water: NW $\frac{1}{4}$ of NE $\frac{1}{4}$ of Section 12 Township 47N

Range 6W 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 25 Range

(4) Name of municipality to be served _____, or number of families to be supplied with domestic water 1.

(5) If water is to be used for other purposes describe: Commercial for Crop spraying

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

[illegible]

Total number of acres to be irrigated 2.5

c. Describe any other water rights used for the same purposes as described above. App #93-7018

for crop spraying

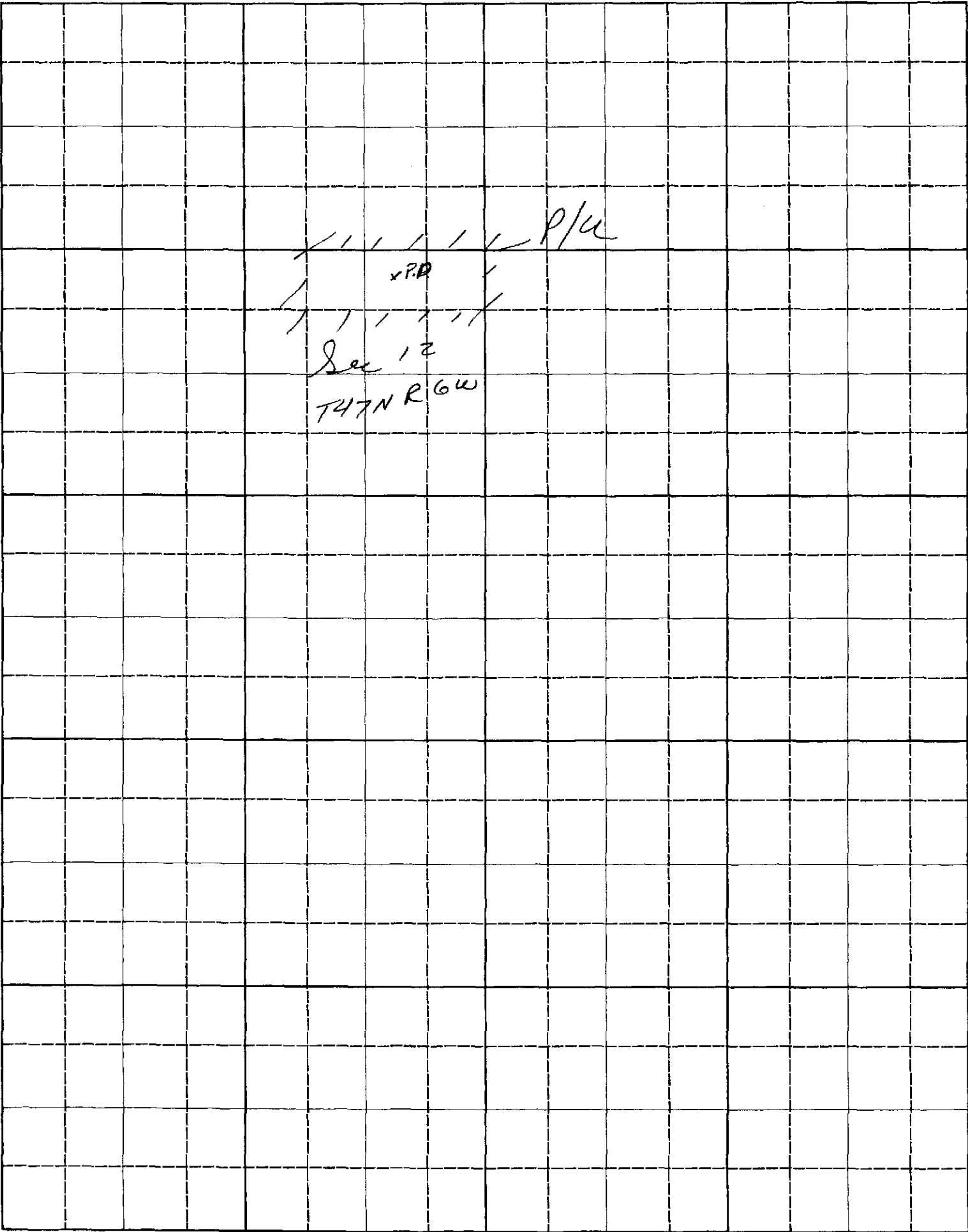
9. a. Who owns the property at the point of diversion Applicant & Son (Honey Farm Ent.)

b. Who owns the land to be irrigated or place of use Applicant & Son (Lacy Farm Ent.)

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.



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 Willard Lacy
(Applicant)

Proposed Priority 8/5/80
Received by mm Date 8/5/80 Time noon
Preliminary check by KK Fee \$ 30.00
Receipted by mm Date 8/7/80 (15345)
Publication prepared by mm Date 8/1/80
Published in Coeur d'Alene Press
Publication dates 8/14-21/80
Publication approved mm Date 8/25/80
Protests filed by: none

Copies of protests forwarded by _____
Hearing held by _____ Date _____
Recommended for approval denial by RAA RA

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. 93-7019, 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 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:

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

Witness my hand this 17 day of September 19 80.

David R. Tutthill
Acting Chief, Operations Bureau

LICENSE REVIEW CHECKLIST

Permit No. 93-7019

Name/Address change? ok ☒

Priority date Advance? yes no ☒

Memo to advance
Order to reinstate needed? yes no ☒

Total cfs Limited by fee .04 ☒

Limited by capacity

Total volume Limited by flow

Chart checked for AF rate/ac ☒ 3.0

Capacity Actual measurement checked ☒

Theoretical checked ☒

If greater than permit, check for other rts

Source Changed? yes no ☒

If so, is memo needed to clarify?

P/D Verify with map permit ☒

More than one per 44? Remember remark

Check p/d overlap

Uses Check irrigation period of use w/ chart ☒

P/U Verify with map permit ☒

> 5 acres irrigated, run overlap

Remarks More than one p/d in 44 ☒

Description of non-irrig uses ☒

Special overlap condition

Conditions -

Measuring device
W.Master control Reg
Overlap
Water quality
Other

Dates/Misc. -

Water Dist 7
App Rec'd 7
Proof Rec'd 7

CHECK FOR ADJ. CLAIM Needed according to proof filed

Filed - needs amended

Add'l fee required

Not filed ☒

Not needed ☒ **proof made 1/30/91**

Comments/Changes to Examiner's Recommendations:

MAR 22 1991

License 10-day ☒

30-day

Back of field report signed?

Reviewer Q Curtis Date 1/23/91 Review time 8 min.

SENIOR AGENT REVIEW

RECEIVED
JUN 27 1990

Check List
for
Beneficial Use Field Report

Department of Water Resources

Permit 93-07019

☒ **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)
☒ 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 and Permit.
☒ 6. 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 and no more than 1/10's (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; all permitted uses not used, also 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

Date

8/21/89

CABLE LINES
SHOW COMMERCIAL?

WHAT IS COMMERCIAL
USE?

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT SUPPLEMENT
C O N T E N T S

☒ B/U Acknowledgment Letter Sent

This Examination Report Contains the Following Documents.

☐ Field Report ☒ Quad Sheet ☒ Gov. Lot Plat ☐ Sr. Agent Review
☐ Aerial Photo ☐ Photo PD/PU ☐ Well Log

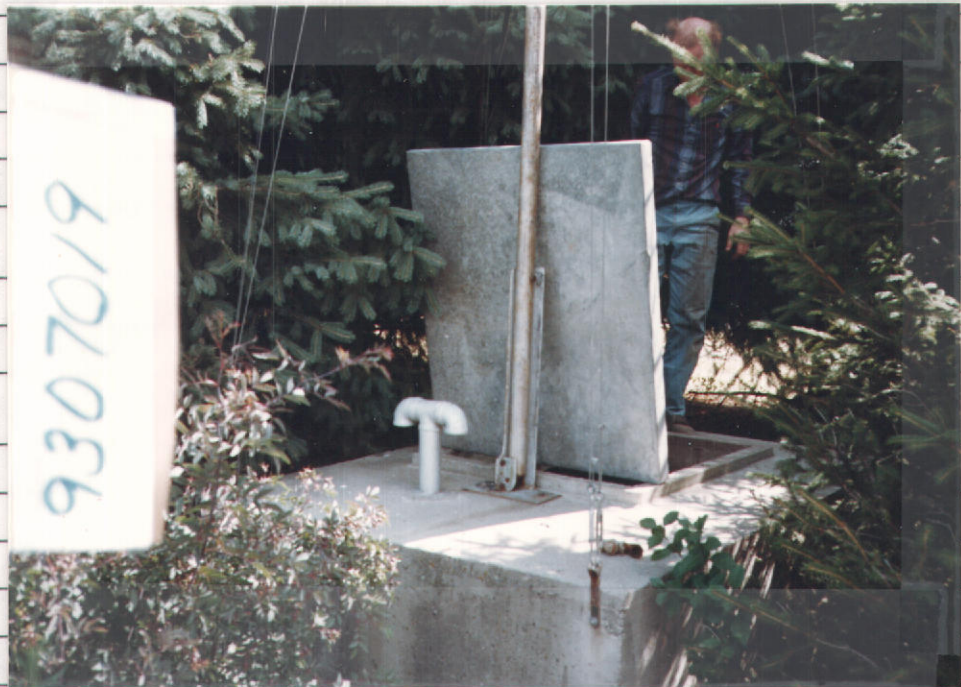
Number of Diagrams Attached _____ Number of Calculation Sheets Attached _____

☐ Correspondence (Date) _____

☐ Other (List) _____

Contacts: _____

Remarks: *The*
well
house



Exam Completed By *Brian Schow* Date *7/14/89*

Sr. Agent Review _____ Date _____

Regional Manager Review *MSA* Date *6/8/90*

PERMIT NUMBER

9307019

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MAR 22 1991

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED
JUN 27 1990

Department of Water Resources

A. GENERAL INFORMATION

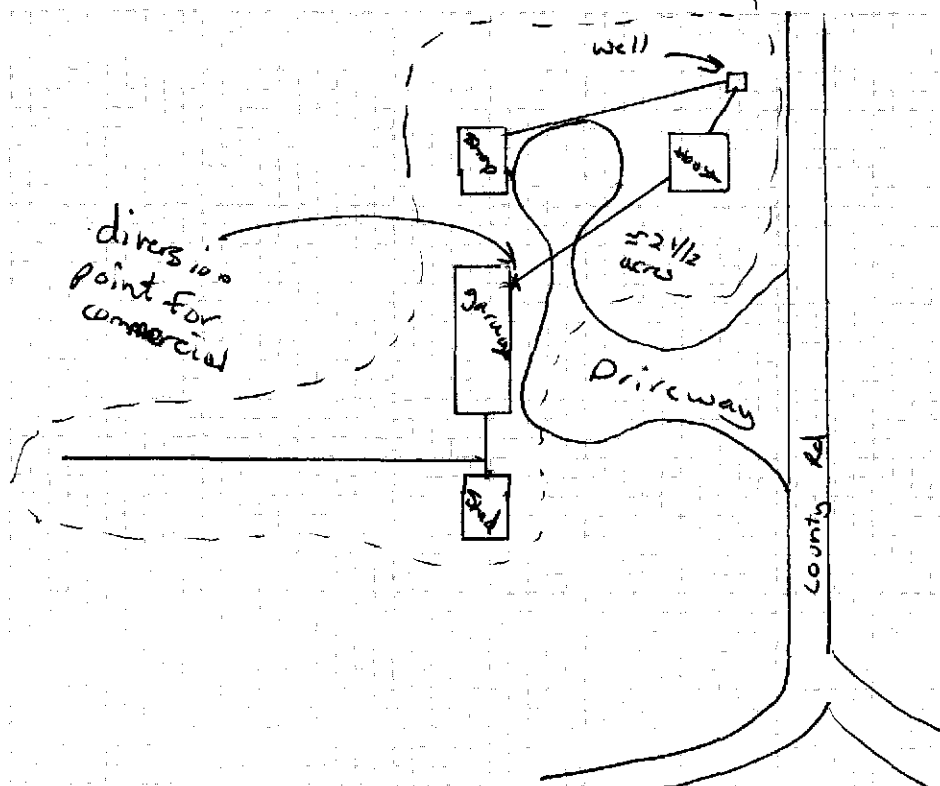
1. Owner: Willard Lacy Permit No. 93-7019
Current Address: Rt 2 Worley, Id 83876 Phone No. 231-5625
2. Accompanied by: Ted Lacy EXAM. DATE: 7/10/89
Address: Rt 2 Worley Id 83876 Phone No. Same
Relationship to Permit Holder: Son
3. Source: groundwater tributary to

B. OVERLAP REVIEW

1. Other water rights with same place of use: Commercial overlap on 93-7018 and 93-7032 ☐ Copies Attached
2. Other water rights with same point of diversion: NONE ☐ Copies Attached ☐ Copies of Field Exam's Attached

C. SYSTEM DESCRIPTION

1. **Diversion System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



Scale: 1" = NTS

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

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MAR 22 1991

System Description (continued)

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

A 62ft well that pumps water for irrigation domestic and commercial by ~~buried~~ buried line. Commercial use is for spraying of crops.

☐ 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
	Starite	3/4	H74	Starite	1"

*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
		SE	NW	NE	12	47N	6W	Kootenai	Map

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

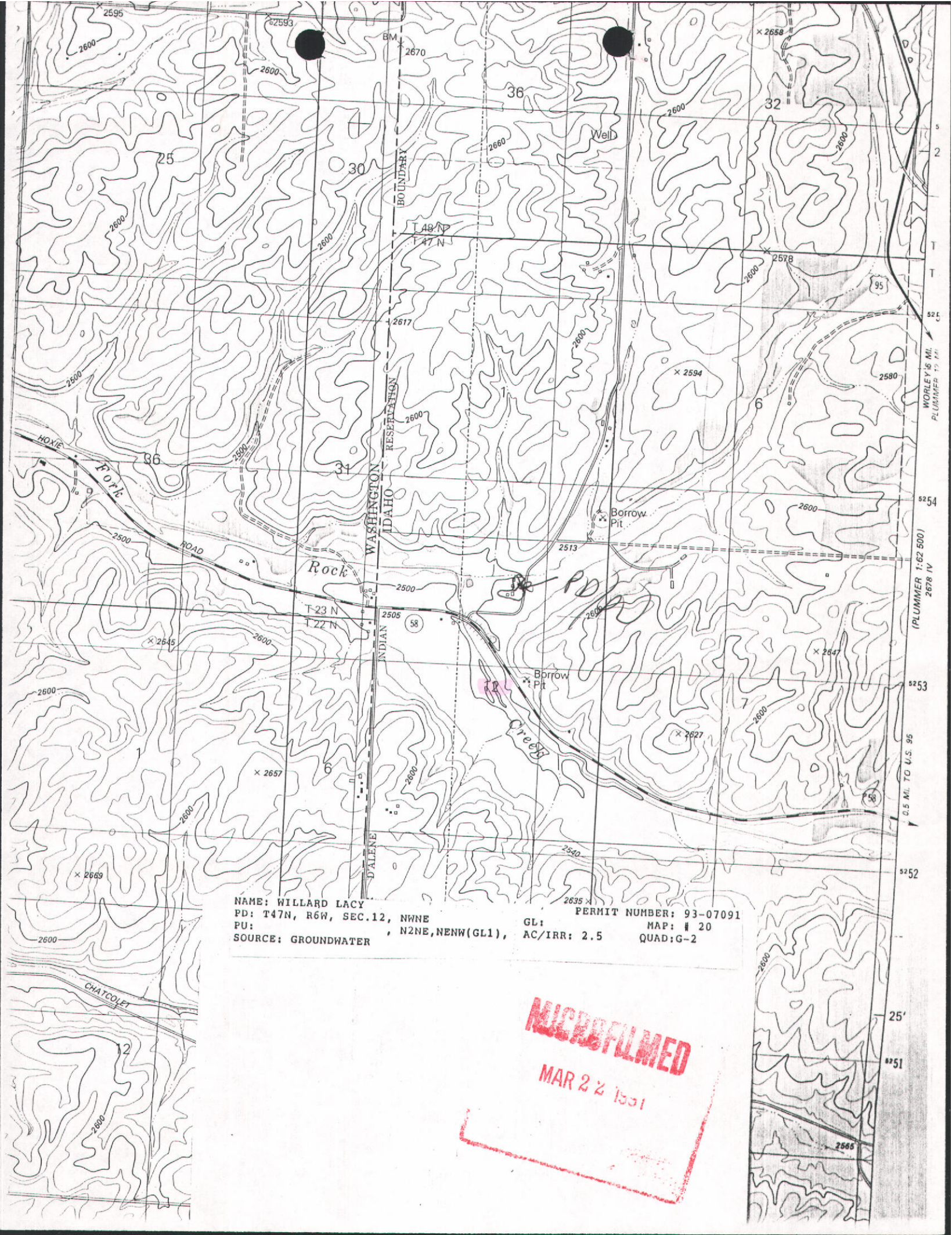
Indicate Method of Determination map

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	
47N	6W	12		D															
				2 1/2															2 1/2
				C															

RECORDED

MAR 22 1981

Do not use this space



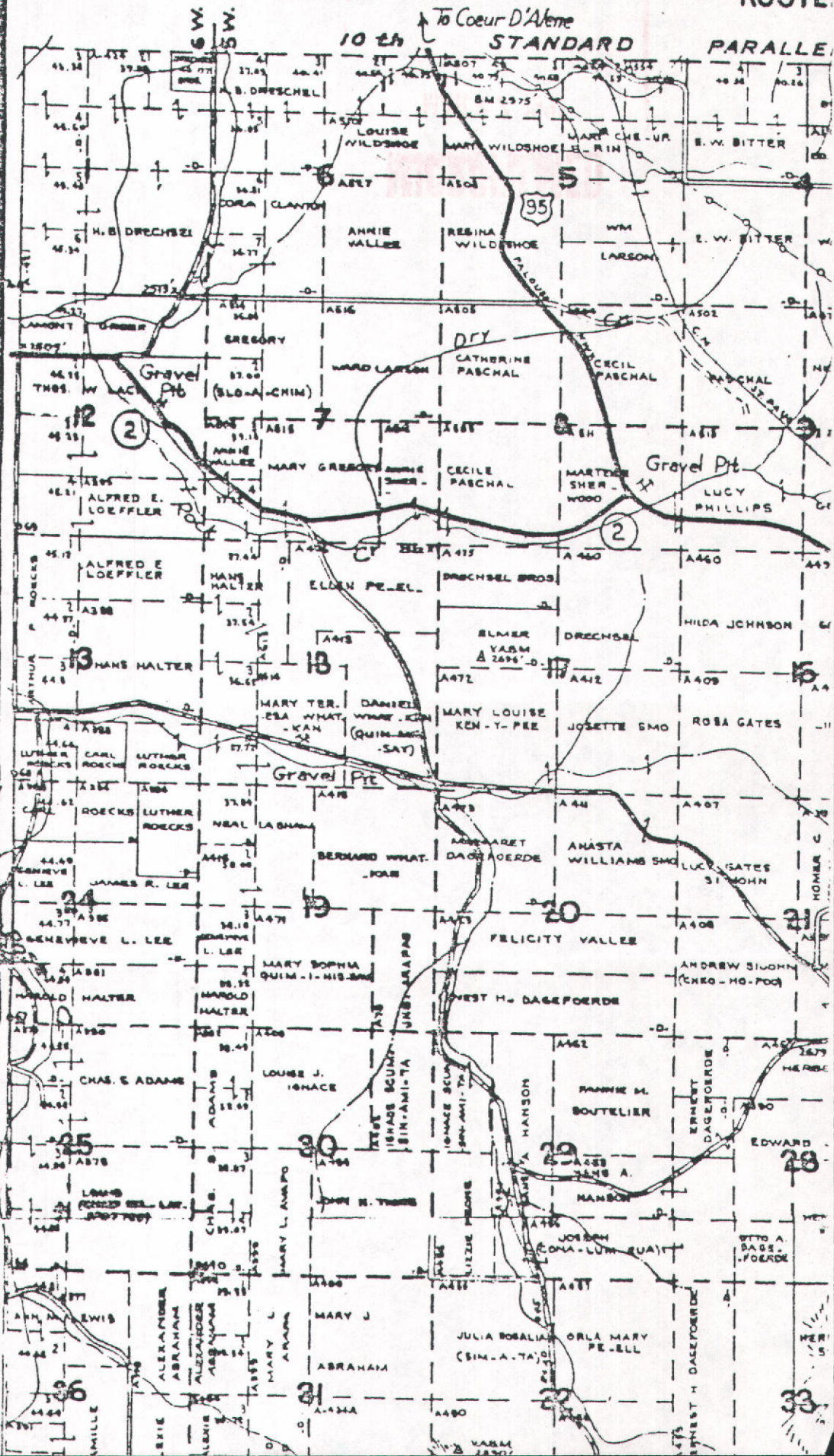
NAME: WILLARD LACY
PD: T47N, R6W, SEC.12, NWNE
PU: , N2NE,NENW(GL1),
SOURCE: GROUNDWATER

PERMIT NUMBER: 93-07091
GL: AC/IRR: 2.5
MAP: # 20
QUAD:G-2

MICROFILMED
MAR 22 1991

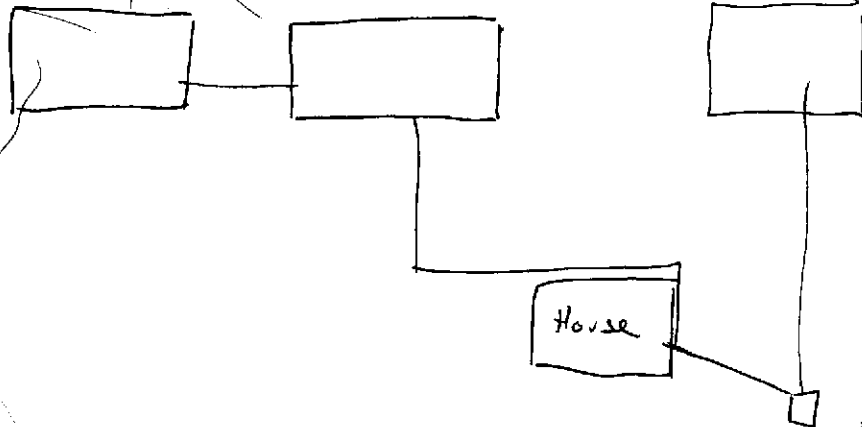
FOR SALE BY
METSKER MAPS
111 SOUTH 10TH ST., TACOMA WASHINGTON
1020 THIRD AVE., SEATTLE WASHINGTON

TOWNSHIP
KOOTE



REPRODUCED
MAR 24 1991

300



stock
25 head

static water level
dpth ^{3'} 62 ft
correct

MICROFILMED

MAR 22 1991

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:

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

Potential of well

$$Q = 8.8(1.7)(\frac{3}{4})$$

$$\frac{30(2.3) + 3}{}$$

Domestic
0.04 cfs
Commercial

2. Alternate Method for Checking Purposes:

F. PUMP EFFICIENCY DATA (Optional)

limited to = .064 cfs
by fee sheet.

0.04 cfs
Irrigation
49.04 cfs

Discharge Pressure: _____ psi x 2.31 = _____ ft (1); Dynamic pumping level: _____ ft (2)

Total Head: (1) + (2) = _____ (3)

Flow rate: _____ cfs

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:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 2.5 \text{ afa}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = 19.4 \text{ afa}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 2.5 \text{ afa}$$

2. Volume Calculations for Other Uses:

Domestic 0.6 afa

$$\text{Commercial } (5,000 \text{ gal/day})(25 \text{ days}) = 125,000 \text{ gal}$$

$$\frac{125,000 \text{ gal}}{7.48 \text{ gal}} = 16,710 \text{ cfs/yr}$$

$$= 3.8 \text{ afa}$$

RECEIVED
MAR 26 1991

H. REMARKS AND OVERLAP REVIEW ANALYSIS

NOT TO EXCEED 0.04 cfs or 3.8 afa for commercial
when combined with 93-7018 and/or 93-7032
93-07018, 93-07019, 93-07032 EXAMINED CONCURRENTLY -JK

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
IRRIGATION	3/15	11/15	0.04 cfs	2.5 afa
COMMERCIAL	3/15	11/15	0.04 cfs	3.8 afa
DOMESTIC	1/1	12/31	0.04 cfs	0.6 afa
Totals:			0.04 cfs	11.9 afa

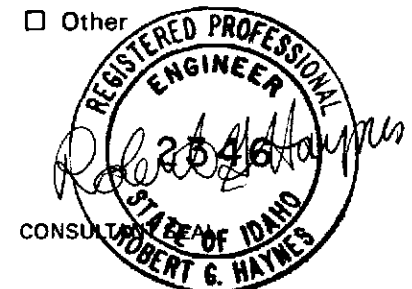
2. Recommended Amendments

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

- ☒ None
☐ Other

J. AUTHENTICATION

Field Examiner's Name Louis Sukovaty
Signature [Signature]
Certification Date 2/17/89
Field Report Preparation Date 2/12/89



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

1/23/91
SL

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MAR 22 1991

State of Idaho
Department of Water Resources
WELL INSPECTION FORM

This form should be completed by the examiner when conducting a field examination to determine the extent of beneficial use of water from a well or whenever a well is inspected for other reasons. The form should be forwarded to Groundwater Protection Section in the State Office upon completion.

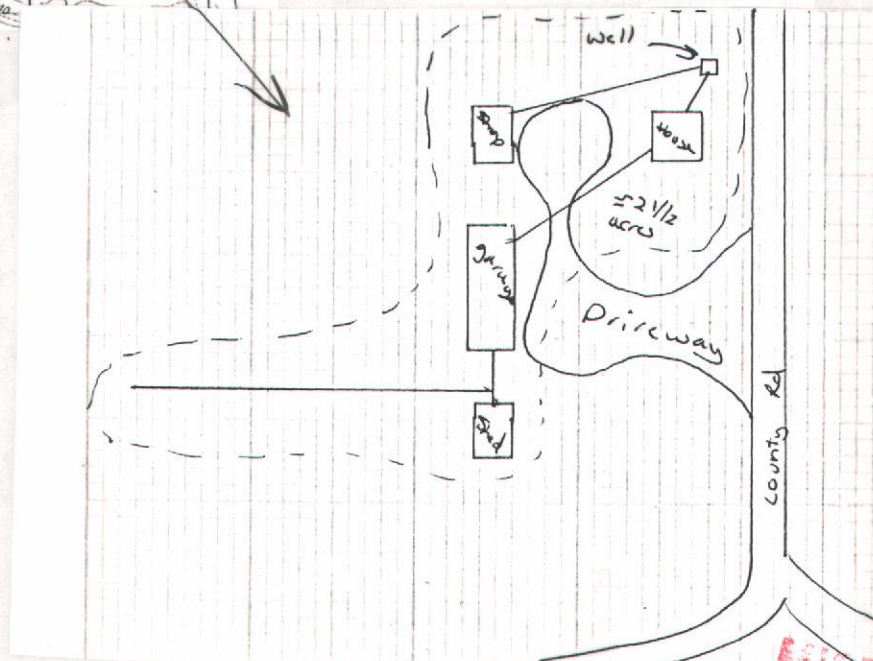
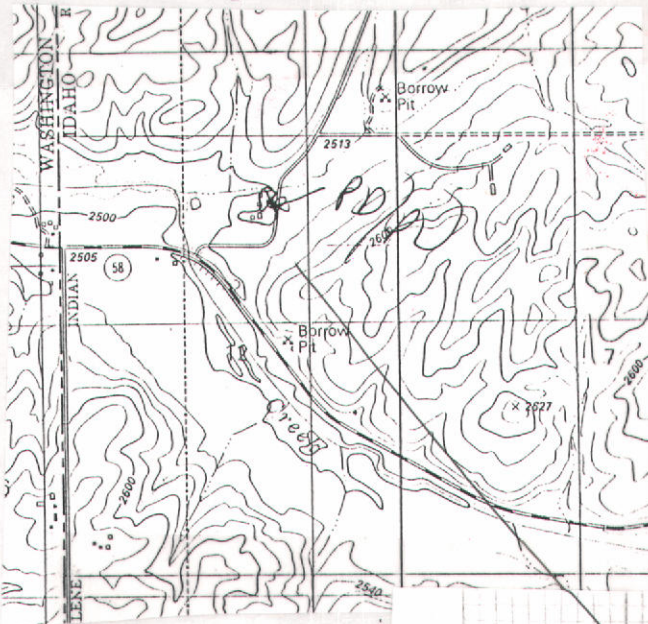
1. Legal Description of well location. Twp. 47N, Rge. 6W,
Sec. 12, Qtr./Qtr. NW/NE or Lot _____
2. Owner Willard Lacy
Address Rt 2, City Worley, State ID
3. Approx. date of well construction ?
Well Driller ?
4. Casing: Diameter 6" Condition good
5. Casing length above land surface 2'+
6. Well depth (ft) 62' Flowing — Temp. —
Access port —
7. Condition of piping and valving good
8. Evidence of well seal yes
9. [Shut in pressure or static water level] 3'
10. Evidence of leakage around the casing no
11. Does well need repair no
12. Comments NONE

(OVER)

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MAR 22 1991

SCHEMATIC

Provide a schematic diagram showing the location of the well in the quarter-quarter with respect to houses, roads, other wells or readily identifiable features.



Inspected by Brian L. Lohr

Date 7/12/89 **MAR 22 1991**

RECORDED

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 93-7019

Date: 10-4-88

General Considerations:

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

Source of Water:

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

Extent of Use and Rate of Diversion:

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

Measuring Device:

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

Remarks:

Proof acceptable

N/A Priority Calculation:
Date proof received _____

Date proof due _____

No. of days late _____

Priority date _____

NEW PRIORITY DATE _____

SEND FILES TO DATA ENTRY AND THEN TO MICROFILM

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APR 27 1988

STATE OF IDAHO

no fee
Department of Water Resources

DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

For Office Use Only

Fee Received ☒

Date 4/27/88

Receipt # 111

Receipt by JH

Reviewed by JH

Sent to region 2

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. 93-7019

Name(s) of Permit Holder: Willard A or Dorothy L Lacy

Post Office Address: RT 2 Worley IDAHO 83876

Telephone No. (208) 231-5622

Source of Water: WELL

Extent of Use:

Domestic 1 (number of households)

Stockwater UP TO 25 head of Beef Cattle (number and type of stock)

Irrigation 2.5 (acres)

Other/Remark Commercial Spraying for Ag Crops

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

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

Measuring Device: Required? ☐ Yes ☒ No
Installed? ☐ Yes ☒ No

Fee enclosed \$ 0
(See License Examination Fee Schedule)

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

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

Willard Lacy (Name) (208) 231 5622 (Telephone Number)

RT 2 Worley IDAHO 83876 (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.

4-25-88
Date

Willard Lacy
Signature of Permit Holder (and title, if appropriate)

MICROFILMED
DEC 27 1988

To: File 93-7019

From: Groundwater Protection

Date: 10/6/88

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

2 well Logs.

Person may have 1 or 2 wells.
?

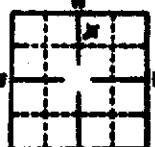
JB

MICROFILMED

DEC 27 1988

WELL DRILLER'S REPORT

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>Willard Jay (TM)</u> Address <u>Rt 2 Rock Ford Wash.</u> Owner's Permit No. _____	7. WATER LEVEL Static water level <u>18</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 _____ °F. Quality _____																																																																																																																																																																																																																																																																																																																																
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandonment) _____	8. WELL TEST DATA ☐ Pump ☐ Sailer ☒ Air ☐ Other _____																																																																																																																																																																																																																																																																																																																																
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	<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 style="text-align: center;"><u>55</u></td> <td style="text-align: center;"><u>100</u></td> <td style="text-align: center;"><u>3</u></td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>55</u>	<u>100</u>	<u>3</u>																																																																																																																																																																																																																																																																																																																										
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Well Depth</th> <th>From</th> <th>To</th> <th>Material</th> <th>Water Yield</th> </tr> </thead> <tbody> <tr><td>0</td><td>0</td><td>4</td><td>Topsoil Brown Dark</td><td></td></tr> <tr><td>4</td><td>4</td><td>8</td><td>Clay Brown Dark</td><td></td></tr> <tr><td>8</td><td>8</td><td>12</td><td>Gravel Brown Medium</td><td></td></tr> <tr><td>12</td><td>12</td><td>21</td><td>Gravel Brown Medium</td><td></td></tr> <tr><td>21</td><td>21</td><td>31</td><td>Gravel Brown Medium</td><td></td></tr> <tr><td>31</td><td>31</td><td>38</td><td>Gravel Blue hard</td><td></td></tr> <tr><td>38</td><td>38</td><td>40</td><td>Gravel Brown Medium</td><td></td></tr> <tr><td>40</td><td>40</td><td>42</td><td>Gravel Blue hard</td><td></td></tr> <tr><td>42</td><td>42</td><td>48</td><td>Gravel Blue hard</td><td></td></tr> <tr><td>48</td><td>48</td><td>52</td><td>Gravel Blue hard</td><td></td></tr> 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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><u>150</u> inches</td> <td><u>6</u> inches</td> <td><u>1-6</u> feet</td> <td><u>38</u> 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 pecker or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ 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>_____ perforations</td> <td>_____ feet</td> <td>_____ 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 _____ 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 depth <u>32</u> Material used in seal: ☐ Cement grout ☒ Puttying clay ☐ Well cuttings Sealing procedure used: ☐ Sherry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strings Describe access port <u>14" well seal Ed Pump</u>	Thickness	Diameter	From	To	<u>150</u> inches	<u>6</u> inches	<u>1-6</u> feet	<u>38</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	10. WORK CORRECTED Work corrected <u>6/27/80</u> <u>6/27/80</u>																																																																																																																																																																																																																																																																																																
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. <u>1</u> Block No. _____ County <u>Laramie</u> State <u>WY</u>	11. DRILLING CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Print Name <u>Willard Jay</u> Signature <u>Willard Jay</u> Signed by <u>Willard Jay</u>																																																																																																																																																																																																																																																																																																																																

1. WELL OWNER Name <u>W.A. Lacy</u> Address <u>Worley, Idaho</u> Owner's Permit No. _____	7. WATER LEVEL Static water level <u>2</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow <u>---</u> Temperature <u>68.0</u>° F. Quality <u>Good</u> Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug
--	--

7. WATER LEVEL

Static water level 2 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow 100
Temperature 60° F. Quality Good
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

2. WELL TEST DATA

☐ Pump ☐ Boiler ☒ Other *AA*

Discharge S.P.M.	Gross Head	Hours Pumped
15 RPM		

9. LITHOLOGIC LOG

Hole Down	Depth		Material	Time	
	From	To		Van	Ho
8	0	2	Basalt Cap		2
	2	2.3	Basalt Basalt		2
	4.3	6.2	Basalt	X	

--	--	--	--

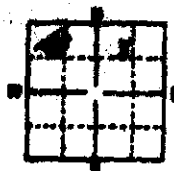
4/10/58 to 4/11/58

--	--	--	--

[illegible][illegible][illegible][illegible][illegible]

1

Black Forest, 1912-1913



Country: USA

DATE: 10/12/71

7. REMARKS:

The following information was obtained from the report
sent to the head of my family.

~~SECRET~~

REFILMED

DEC 27 1988

IDENT. NO. 93-7019

WATER RIGHT
DATA ENTRY LOG

Date _____

Item



8/7/80
8/7/80

Original form entered

Edit Report Correct

Date Protested

Date of Hearing

W

9/22/80

Date Approved/Denied
(Proof due date, stage and/or status,
conditions of approval, water district)

Record Verified

Amendment Approved

Extension Approved

Partial Proof

Proof Complete

Field Exam Received

Field Exam Accepted
and changes entered

License Signed

Transfer Approved

Keypunched by State Office

ew

10-1-85

EXT. - TROOP DUE.

STAFF REVIEW OF REQUESTS FOR EXTENSION OF TIME

Permit No. 93-7019

BASIC INFORMATION ABOUT EXTENSION REQUEST

Check for the following:

- ☒ Date received stamp
☒ Extension received within six months of due date (if greater than, return extension)
☒ Fee received and receipted
☒ Name and signature same as on permit
☒ Address change? If so, complete coding sheet
☒ Source of water the same?
☒ Extension previously approved?
☒ Do conditions of approval restrict the extension?
 Indicate basis: _____

REASON FOR GRANTING EXTENSION

- ☒ Due diligence
 _____ Work completed - Adequate to show due diligence?
 _____ Cost incurred - Adequate to show due diligence?
 _____ Litigation _____ Swan Falls _____ Dismissed from Swan Falls
 _____ Have supporting documents been submitted?
 Date litigation completed _____
 Date litigation began _____
 Total period of delay = _____
 Proof due date _____
 NEW PRIORITY DATE _____
 _____ Delayed by a governermental agency
 _____ Permit holder provided supporting documents?

REASON FOR DENIAL _____

RECOMMENDATION FOR ACTION Recommend approval - due diligence

Additional conditions:

- ☒ Reinstate: Date extension received _____ = _____
 Proof due date _____ = _____
 No. of days late _____
 Priority date _____ = _____
 ADJUSTED PRIORITY DATE _____
☒ Is there commencement of works?
☒ Prepared coding sheet?
☒ Change rolodex card

Reviewed by [signature] Date 9-25-1985**MICROFILMED**

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: KK

APPLICATION NUMBER: 93-7019

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.

Field check by: _____

Date: _____

Comments: _____

☐ 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.

*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. 93-7013 7 different well

☒ Yes ☐ No*

In form for advertising. 9/2/80 ✓

Final date for protests: 9/2/80 ✓

☐ Yes ☒ No

Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

☒ Affidavit of publication received. Date: 8/22/80 ✓

☒ 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? _____

8/5/80 ✓

Date of priority recommended.

☒ Special conditions of approval or cover letter. _____

By: MSA Date: 9/4/80

STATE OFFICE REVIEW: return receipt w/ cover letter Con't item 8A1

SW/O cond 04

☐ See attached sheet for more information.

By: Kobayashi Date: 9/9/80

MICROFILMED