

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 93-07018

Priority: August 5, 1980

Maximum Diversion Rate:
Maximum Diversion Volume:¹

0.04 CFS
8.9 AF

This is to certify, that TED 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 August 18, 1988. An examination indicates that the works have a diversion capacity of .070 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	4.5 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	8.9 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	1.5		1.5

Total number of acres irrigated: 1.5

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.

MAR 22 1991

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

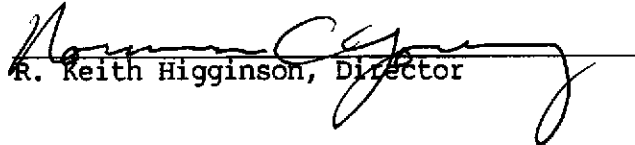
WATER RIGHT NO. 93-07018

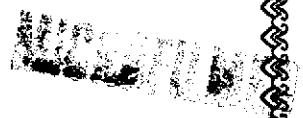
CONDITIONS/REMARKS:

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; 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


MAR 26 1991

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

For Office Use Only
\$15 FEE Received <i>AA</i>
Date <i>8-28-85</i>
Receipt # <i>37092</i>

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

Ted Lacy of RT2 Worley
(Name) (Address)
State of IDAHO, 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. 93-7018

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.)

WE HAVE DRILLED THE WELLS - installed Pump
INSTALLED 90% of MAIN LINES, Pressure Tanks
ARE INSTALLED, wiring etc, 20% of Secondary
LINES ARE INSTALLED, MAIN System is Costing \$ 10,000
IN operation

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

WE NEED to finish the remaining 10% of
MAIN LINES and 80% of Secondary Lines - install
some Electric Valves, wiring etc.,

Wherefore, he asks that the Department of Water Resources extend the time for the completion of obligations
under said permit to Sept., 19 90

(1 yr. minimum,
5 yrs. maximum)

Ted Lacy
(Signature)*

*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 the 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 TED LACY Phone 231-5631

Post office address Rt #2 Worley 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)

Amount 0.20 for Commercial purposes from 3-15 to 11-15 (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)

Amount 0.04 for Domestic 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, 3hp 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 240 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: (NEMW) GL #1, NE $\frac{1}{4}$ of NE $\frac{1}{4}$ RH 9-9-80

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.

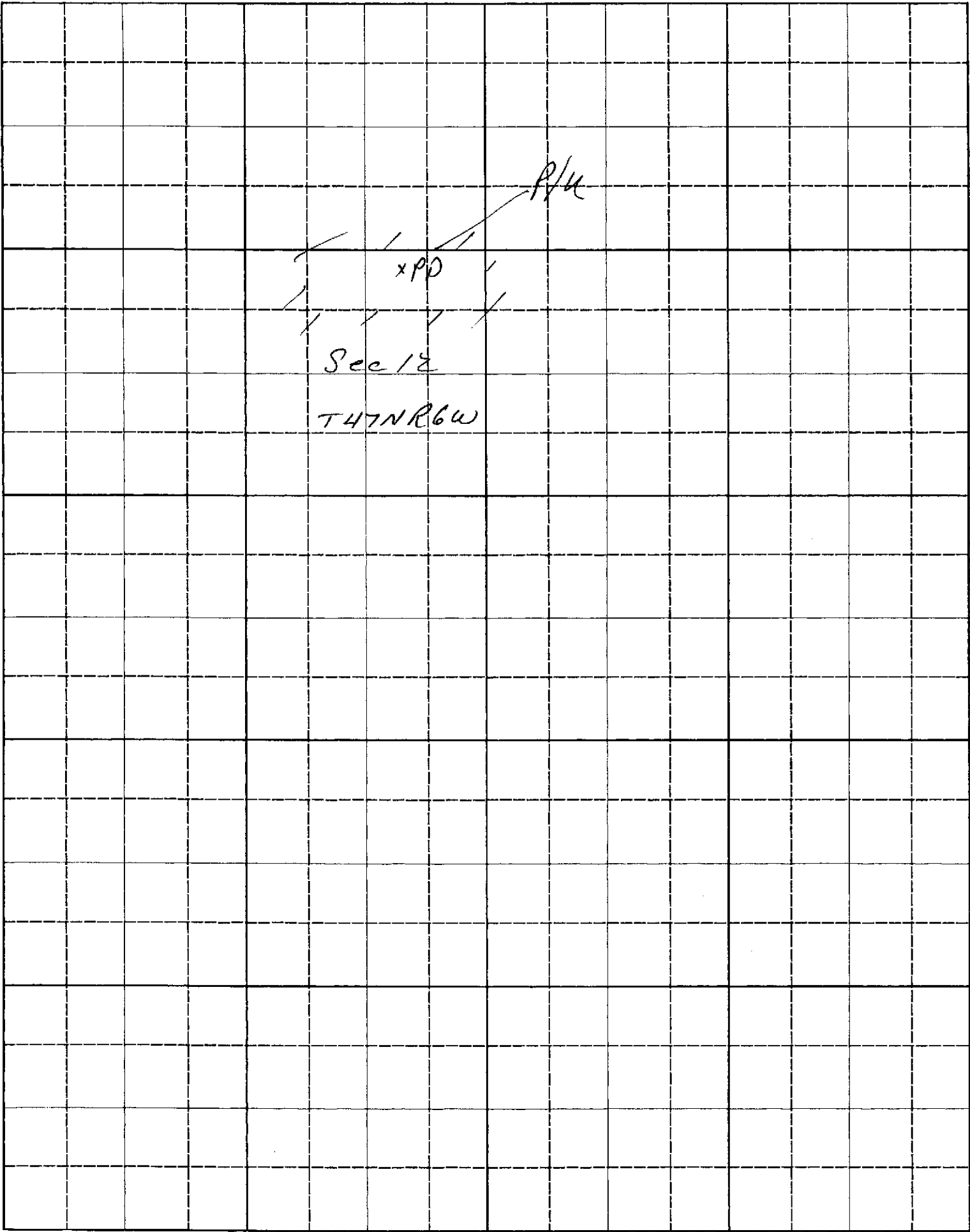
(2) Amount of power to be generated: _____ horsepower under _____ feet of head.

(3) ~~Est~~ Number of each kind of livestock to be watered 25 hd. 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

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 Ted Lay
(Applicant)

Proposed Priority 8/5/80

Received by pm Date 8/5/80 Time noon

Preliminary check by KK Fee \$ 30.00

Receipted by pm Date 8/7/80 (15346)

Publication prepared by pm Date 8/7/80

Published in Coeur d'Alene Press

Publication dates 7/14-21-80

Publication approved pm Date 8/25/80

Protests filed by: none

Copies of protests forwarded by _____

Hearing held by _____ Date _____

Recommended for approval denial by MA RK

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. 93-7018, 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. 93-7018

Name/Address change? ok ✓

Priority date Advance? yes no ✓
Memo to advance no ✓
Order to reinstate needed? yes no ✓

Total cfs Limited by fee .04 ✓
Limited by capacity no

Total volume Limited by flow no
Chart checked for AF rate/ac 3.0 ✓

Capacity Actual measurement checked NONE
Theoretical checked no ✓
If greater than permit, check for other rts no

Source Changed? yes no ✓
If so, is memo needed to clarify? no

P/D Verify with map no permit no ✓
More than one per 1/4? Remember remark no
Check p/d overlap N/A

Uses Check irrigation period of use w/ chart no ✓

P/U Verify with map no permit no ✓
> 5 acres irrigated, run overlap N/A

Remarks More than one p/d in 1/4
Description of non-irrig uses no ✓
Special overlap condition no

Conditions -

Measuring device no
W.Master control no
Overlap no
Water quality no
Other no

Dates/Misc. -

Water Dist no
App Rec'd no
Proof Rec'd no

CHECK FOR ADJ. CLAIM

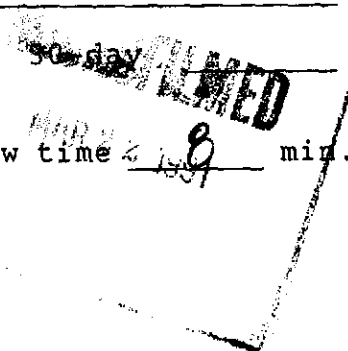
Needed according to proof filed no
Filed - needs amended no
Add'l fee required no
Not filed - no
Not needed yes proof made 1988

Comments/Changes to Examiner's Recommendations:

License no 10-day no

Back of field report signed? no

Reviewer S. 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 93-07018

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) → *COMMERCIAL* ?
✓ 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) — *COMMERCIAL* ?

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

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 (☒) Rules Check list
() Aerial Photo () Photo PD/PU (☒) Well Log

Number of Diagrams Attached _____ Number of Calculation Sheets Attached _____

() Correspondence (Date) _____

() Other (List) _____

Contacts:

The well is
in those
trees

Remarks:

DO - 93-170

" 93-070 3

93-08488

Make sure



Exam Completed By Brian Johnson

Date 2/14/89

Sr. Agent Review _____

Date _____

Regional Manager Review RJA

Date 6/8/90

PERMIT NUMBER

93-7018

MICROFILMED

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

Permit No. 93-7018

1. Owner: TED LACY

Phone No. 231-5621

Current Address: Rt 2 Worley Id, 83876

2. Accompanied by: Same

EXAM. DATE: 7/10/89

Address: —

Phone No. —

Relationship to Permit Holder: —

3. Source: ground water tributary to —

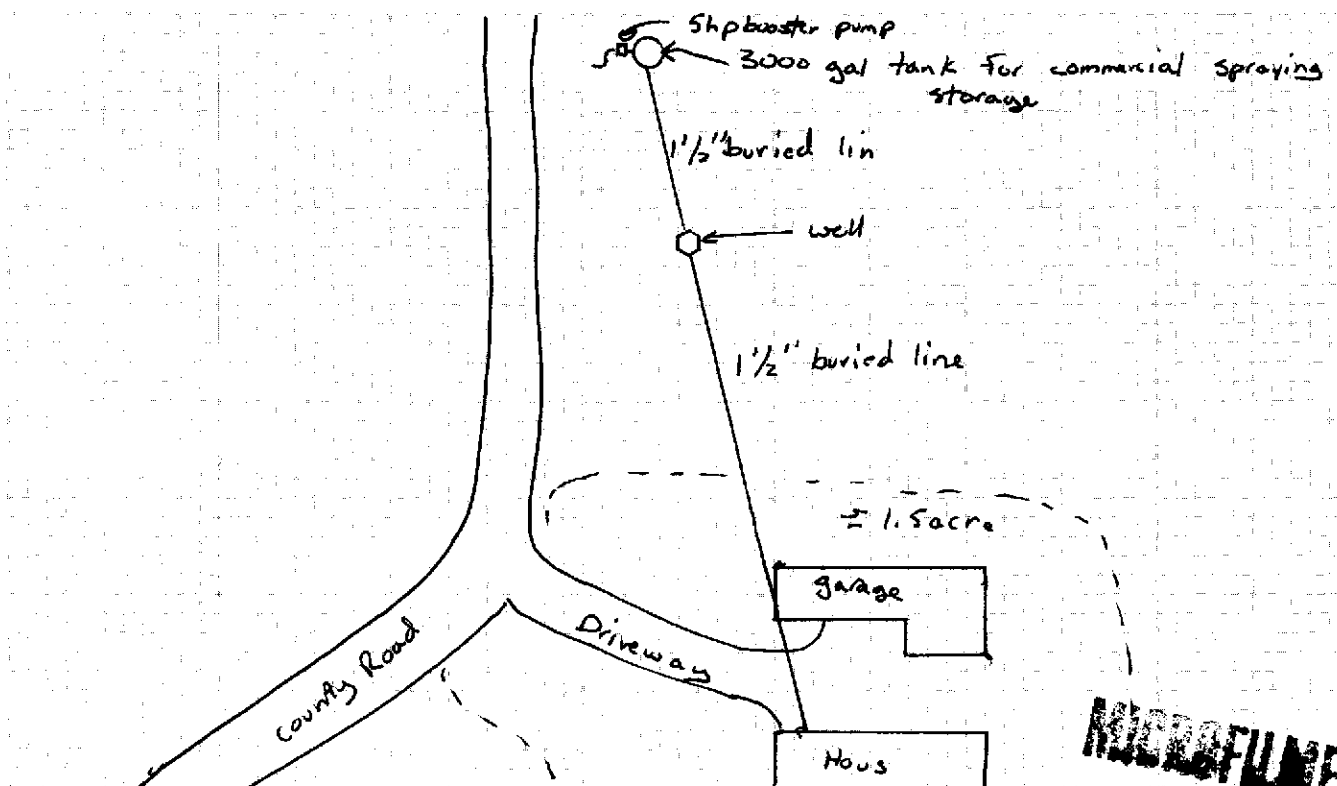
B. OVERLAP REVIEW

1. Other water rights with same place of use: Commercial overlap on 93-7019 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 240 ft well with a 1 1/2 hp pump pumps to 3000 gal storage tank and to Domestic ~~in~~ in house and 1 acre of irrigation around home. Commercial is for ^{CROP}spraying and is directed at storage tank.

☐ 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
~~#1~~	Briggs-Stratton	5	?	Pacer	3'
#7	Submersible	1 1/2 hp			

*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

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															
				1 1/2															1 1/2
				C															

Do not use this space

RECORDED

MAR 24 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:

IRRIGATION 4 heads 3/16 nozzles 5.5 gal/min @ 30 psi
22 gal/min (23 gal/min) $(\frac{cf}{7.48 gal}) (\frac{1 min}{60 sec}) = .049 cfs$
limited by fee sheet

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

.04 cfs for single household domestic
commercial .04 cfs by fee sheet

2. Alternate Method for Checking Purposes:

capability of pump for commercial $(8.8)(7)(11.5) = .23$ but limited by fee sheet to .04 cfs
40(2.3) + 28

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:

$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 1.5 \times 3 = 4.5 \text{ afa}$
 $V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = .04 cfs \times 245 = 19.4 \text{ afa}$
 $V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 4.5 \text{ afa}$

2. Volume Calculations for Other Uses:

Domestic 0.6 afa
Commercial $(5000 \text{ gal/day}) (245 \text{ day}) = 1,225,000 \text{ gal}$
 $\frac{1,225,000 \text{ gal}}{7.48 \text{ gal/cf}} = 163,770 \text{ cf/y}$
 $\frac{163,770 \text{ cf/y}}{43860} = 3.8 \text{ afa}$

H. REMARKS AND OVERLAP REVIEW ANALYSIS

Found no stock watering

Not to exceed 0.04 cfs or 3.8 afa for commercial use
when combined with 93-~~2032~~²⁰³³ and/or 93-2019

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		
<u>Irrigation</u>	<u>3/15</u>	<u>11/15</u>	<u>0.04 cfs</u>	<u>4.5 afa</u>
<u>Commercial</u>	<u>3/15</u>	<u>11/15</u>	<u>0.04 cfs</u>	<u>3.8 afa</u>
<u>Domestic</u>	<u>1/1</u>	<u>12/31</u>	<u>0.04 cfs</u>	<u>0.6 afa</u>
Totals:			<u>0.04 cfs</u>	<u>8.9 afa</u>

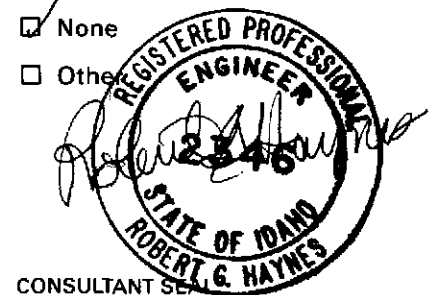
2. Recommended Amendments

- ☐ 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 Sukoraty
 Signature [Signature]
 Certification Date _____
 Field Report Preparation Date 2/12/89

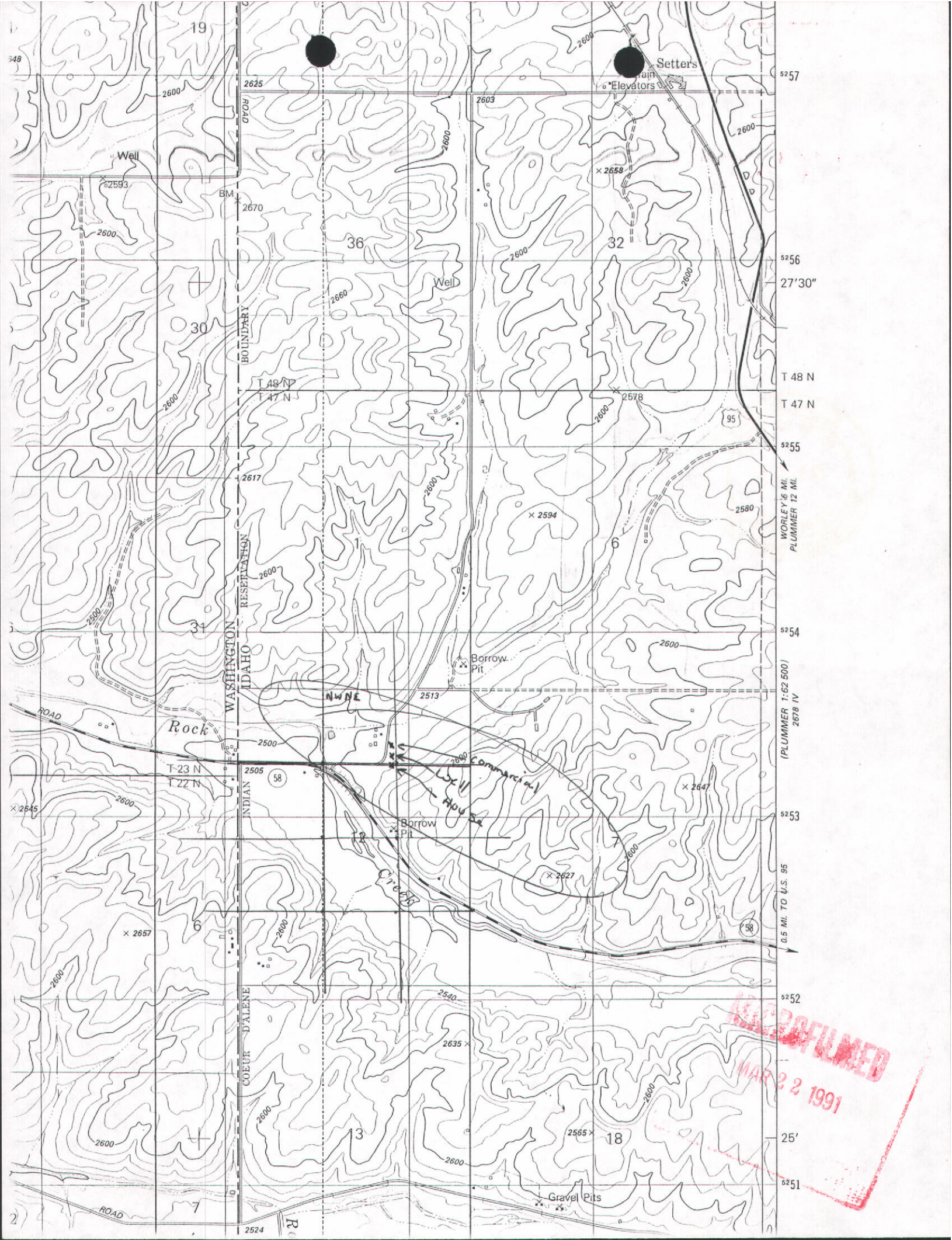


K. Licensing recommendation shall be prepared by an Idaho Department of Water Resources employee on a computer printout attached hereto.

1/23/91
SC

RECEIVED

MAR 2 1989



348

19

Setters

Elevators

5257

Well

BM

2625

2603

X 2658

5256

36

Well

32

27'30"

BOUNDARY

T 48 N
T 47 N

T 48 N

T 47 N

5255

WORLEY 1/8 MI
PLUMMER 1/2 MI

WASHINGTON
IDAHO
RESERVATION

2617

X 2594

95

5254

(PLUMMER 1/2-2 500)
2678 N

NWNE

2513

Borrow Pit

Rock

T 23 N
T 22 N

2505

58

Commercial

Borrow Pit

5253

0.5 MI. TO U.S. 95

X 2657

2600

X 2627

5252

REPRODUCTION
MAR 22 1991

25'

5251

Gravel Pits

2524

2

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. NWNE or Lot _____
2. Owner TED LACY
Address Rt 2, City Worley, State Id
3. Approx. date of well construction 1980
Well Driller E. A. Helman Drilling
4. Casing: Diameter 6" Condition good
5. Casing length above land surface 1'+
6. Well depth (ft) 340 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 18'
10. Evidence of leakage around the casing no
11. Does well need repair no
12. Comments NONE

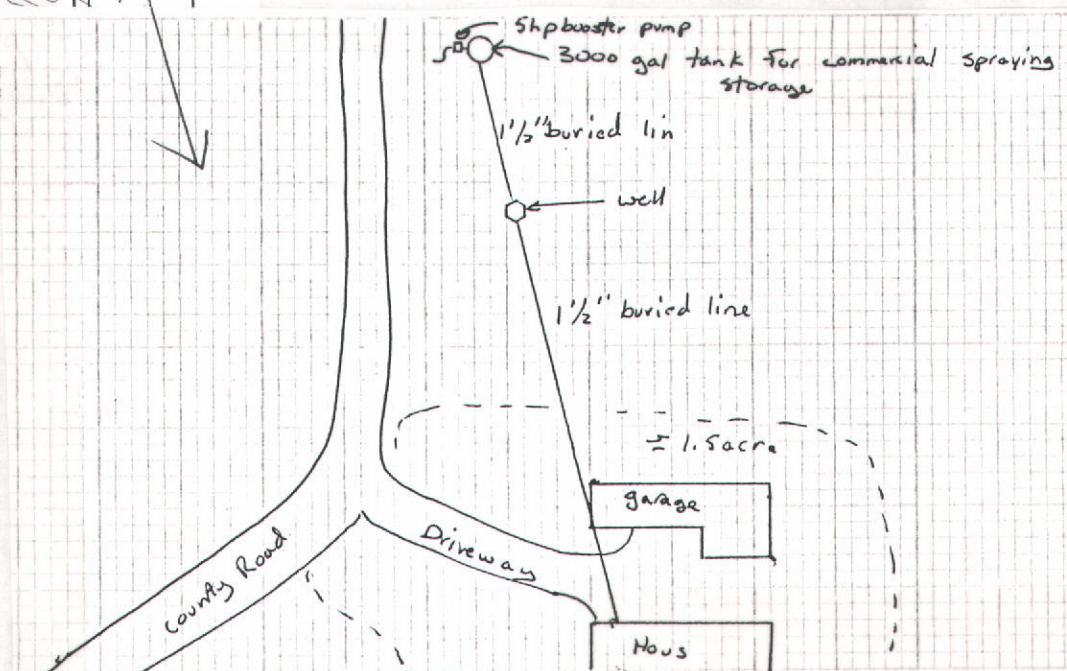
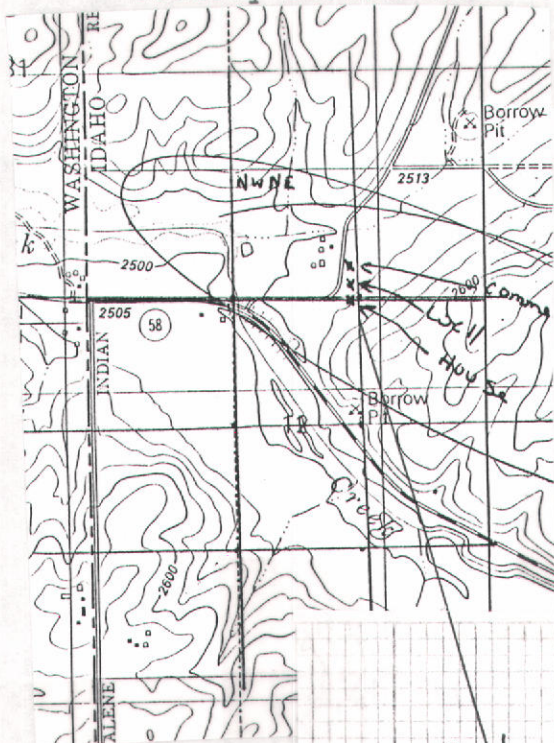
RECEIVED

MAR 22 1991

(OVER)

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 Louis Dubow

Date 7/10/89

MICROFILMED
MAR 22 1991

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 937018

Date: 9/21/88

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:

_____ 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?
Y 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

RECEIVED
APR 27 1988

STATE OF IDAHO

Department of Water Resources

AUG 18 1988

For Office Use Only
Fee Received _____
Date _____
Receipt # _____
Receipt by _____
Reviewed by *JP*
Sent to region _____

PROOF OF BENEFICIAL USE

no \$ encl JP
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. 93-7018

Name(s) of Permit Holder: TED M. OR Kathy Y. Lacy

Post Office Address: RT 2 Worley IDAHO 83876

Telephone No. (208) 231-5628

Source of Water: WELL

Extent of Use:

Domestic 1 (number of households) Stockwater _____ (number and type of stock)

Irrigation 2.5 (acres) Other/Remark Commercial Sprinkling 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: Well Drilled in 1981
Water used first in 1982

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:

TED LACY Same as Above
(Name) (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.

7-25-88
Date

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

OCT 13 1988

To: File 93-7018

From: Groundwater Protection

Date: 9/20

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.

OK.

OCT 13 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 Willard Jay (Ted)Address Rt. 2 - ~~Paul~~ ~~Wade~~Owner's Permit No. Warley, Idaho

7. WATER LEVEL

Department of Water Resources

Static water level 18 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 abandoning) _____

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____Discharge G.P.M. 50Pumping Level 100Hours Pumped 3

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal☐ Industrial ☐ Stock ☐ Waste Disposal or Injection☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other

Thickness	Diameter	From	To
<u>250</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

Was casing drive shoe used? ☐ Yes ☒ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☐ Yes ☒ NoHow perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 38 Material used in seal: ☐ Cement grout☒ Puddling clay ☐ Well cuttingsSealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☐ Overbore to seal depthMethod of joining casing: ☐ Threaded ☐ Welded ☐ Solvent

Weld

☐ Cemented between strata

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	1	TOP Soil Brown Dark		/
8	1	2	CLAY Brown Dark		/
8	2	3	POSSIBLY Brown Broken Shells		/
8	3	4	POSSIBLY Brown Broken		/
8	4	5	POSSIBLY Broken w/ light Brown clay		/
8	5	6	POSSIBLY BLUE hard		/
8	6	7	POSSIBLY Brown Broken		/
8	7	8	POSSIBLY Gray hard		/
8	8	9	POSSIBLY BLUE hard		/
8	9	10	POSSIBLY Gray hard		/
8	10	11	POSSIBLY Black hard w/ gravel		/
8	11	12	POSSIBLY Gray hard		/
8	12	13	POSSIBLY BLUE hard		/
8	13	14	POSSIBLY Black sand		/
8	14	15	POSSIBLY Black hard		/
8	15	16	POSSIBLY Gray hard		/
8	16	17	POSSIBLY Black medium hard		/
8	17	18	POSSIBLY Gray hard		/
8	18	19	POSSIBLY Black hard		/
8	19	20	POSSIBLY Black Pot's		/
8	20	21	POSSIBLY Black medium hard		/
8	21	22	POSSIBLY Gray hard		/

OCT 13 1988

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other

Thickness _____ Diameter _____ From _____ To _____
 250 inches 6 inches +1-6 feet 38 feet
 inches inches feet feet
 inches inches feet feet
 inches inches feet feet

Was casing drive shoe used? ☐ Yes ☒ No

Was a packer or seal used? ☐ Yes ☐ No

Perforated? ☐ Yes ☒ No

How perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation _____ inches by _____ inches

Number _____ From _____ To _____
 perforations _____ feet _____ feet
 perforations _____ feet _____ feet
 perforations _____ feet _____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 38 Material used in seal: ☐ Cement grout

☒ Puddling clay ☐ Well cuttings

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing

☐ Overbore to seal depth

Method of joining casing: ☐ Threaded ☐ Welded ☐ Solvent

Weld

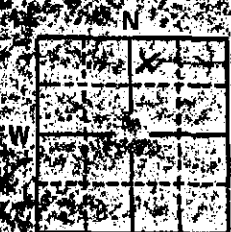
☐ Cemented between strata

Describe access port 1 1/2" well head 1" pump P.

8	21	10	100 ft Blue band	07
6	24	10	100 ft Brown Bickon	07
10	27	10	100 ft Gray band	07
14	30	10	100 ft Blue band	07
18	33	10	100 ft Gray band	07
22	36	10	100 ft Black band	07
26	39	10	100 ft Gray band	07
30	42	10	100 ft Blue band	07
34	45	10	100 ft Black band	07
38	48	10	100 ft Gray band	07
42	51	10	100 ft Blue band	07
46	54	10	100 ft Black band	07
50	57	10	100 ft Gray band	07
54	60	10	100 ft Blue band	07
58	63	10	100 ft Black band	07
62	66	10	100 ft Gray band	07
66	69	10	100 ft Blue band	07
70	72	10	100 ft Black band	07
74	75	10	100 ft Gray band	07
78	78	10	100 ft Blue band	07
82	81	10	100 ft Black band	07
86	84	10	100 ft Gray band	07
90	87	10	100 ft Blue band	07
94	90	10	100 ft Black band	07
98	93	10	100 ft Gray band	07
102	96	10	100 ft Blue band	07
106	99	10	100 ft Black band	07
110	102	10	100 ft Gray band	07
114	105	10	100 ft Blue band	07
118	108	10	100 ft Black band	07
122	111	10	100 ft Gray band	07
126	114	10	100 ft Blue band	07
130	117	10	100 ft Black band	07
134	120	10	100 ft Gray band	07
138	123	10	100 ft Blue band	07
142	126	10	100 ft Black band	07
146	129	10	100 ft Gray band	07
150	132	10	100 ft Blue band	07
154	135	10	100 ft Black band	07
158	138	10	100 ft Gray band	07
162	141	10	100 ft Blue band	07
166	144	10	100 ft Black band	07
170	147	10	100 ft Gray band	07
174	150	10	100 ft Blue band	07
178	153	10	100 ft Black band	07
182	156	10	100 ft Gray band	07
186	159	10	100 ft Blue band	07
190	162	10	100 ft Black band	07
194	165	10	100 ft Gray band	07
198	168	10	100 ft Blue band	07
202	171	10	100 ft Black band	07
206	174	10	100 ft Gray band	07
210	177	10	100 ft Blue band	07
214	180	10	100 ft Black band	07
218	183	10	100 ft Gray band	07
222	186	10	100 ft Blue band	07
226	189	10	100 ft Black band	07
230	192	10	100 ft Gray band	07
234	195	10	100 ft Blue band	07
238	198	10	100 ft Black band	07
242	201	10	100 ft Gray band	07
246	204	10	100 ft Blue band	07
250	207	10	100 ft Black band	07

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. 1 Block No. _____

County Keokuk

NW 1/4 Sec. 12, T. 47 N/S, R. 4 E/W.

10.

Well completed 6/12/83 Sealed 6/12/83

11. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were completed prior to the time the rig was removed.

Firm Name Keokuk Drilling Co. Firm No. 105

Address 1000 1st St. N.E. Date 6/12/83

Signature (Print Name) John A. Smith

(Signature) John A. Smith

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD TO THE DEPARTMENT

RECEIVED

OCT 10 1983

1. WELL OWNER

Name Willard Lee (Tid)Address Rt 2, Rock Ford Wash.

Owner's Permit No. _____

7. WATER LEVEL

Static water level 18 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 _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning) _____

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____Discharge G.P.M. 53Pumping Level 100Hours Pumped 3

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type) _____

4. METHOD DRILLED

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
250 inches	6 inches	1.6 feet	38 feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☐ Yes ☒ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☐ Yes ☒ NoHow perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 38 Material used in seal: ☐ Cement grout☒ Puddling clay ☒ Well cuttingsSealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent☐ Weld☐ Cemented between strataDescribe access port 14" Well Seal Ed Pump

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. 1 Block No. _____County KeetonaiN.W. 1/4 NE 1/4 Sec 12, T. 47, N/S, R. 6 E/W.

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Ed. Helman Drill Co. License No. 105Address Lot 4, Paris Rd Date 6/12/80Signed by (Firm Official) [Signature](Operator) [Signature]

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

OCT 13 1988

To: File 93-7018

From: Groundwater Protection

Date: 9/1/88

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.

*Dunn indicates well drilled in
1981. may be a chance he
has well log.*

JD

MICROFILMED

OCT 13 1988

RECEIVED
APR 27 1988

no incl
Department of Water Resources

STATE OF IDAHO

PROOF OF BENEFICIAL USE

For Office Use Only
Fee Received _____
Date _____
Receipt # _____
Receipt by _____
Reviewed by _____
Sent to region _____

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. 93-7018

Name(s) of Permit Holder: TED M. OR Kathy Y. Lacy

Post Office Address: RT 2 Worley IDAHO 83876

Telephone No. (208) 231-5625

Source of Water: WELL

Extent of Use:

Domestic 1 (number of households) Stockwater _____ (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 \$ _____
(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:

TED LACY
(Name)

Same as Above
(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

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

STAFF REVIEW OF REQUESTS FOR EXTENSION TIME

Permit No. 93-7018

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 governmental 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

MICROFILMED

Reviewed by ly Date 9-25-1985

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: KK APPLICATION NUMBER: 93-7018

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. 93-7019 7 Different Well
No Overlap

☒ Yes ☐ No*

In form for advertising.

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? _____

✓ 8/15/80

Date of priority recommended.

Special conditions of approval or cover letter. _____

By: [Signature] Date: 9/2/80

STATE OFFICE REVIEW:

Return receipt of cover letter. Cover letter sent

SL to card

☐ See attached sheet for more information.

By: [Signature] Date: 9/9/80