

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 92-07120

Priority: February 23, 1983

Maximum Diversion Rate:

0.04 CFS

Maximum Diversion Volume:

1.2 AF

This is to certify, that NANCY LOCKRIDGE
MIKE LOCKRIDGE

RT 4 BOX 48-F

ST MARIES ID 83861

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated February 23, 1983; and has submitted Proof of Beneficial Use on February 2, 1988. An examination indicates that the works have a diversion capacity of .040 cfs of water from a **GROUNDWATER** source, and a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
DOMESTIC	01/01 to 12/31	0.04 CFS	1.2 AF

LOCATION OF POINT(S) OF DIVERSION:

NESE , Sec. 26, Township 45N, Range 03W
BENEWAH County

PLACE OF USE: DOMESTIC

TWN RGE SEC

45N 03W 26

NESE

CONDITIONS/REMARKS:

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to more accurately describe the beneficial use or to implement accepted standards of diversion and use efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
5. The issuance of this right in no way grants any right-of-way or easement across the land of another.
6. Domestic use is for 1 home.

RECORDED

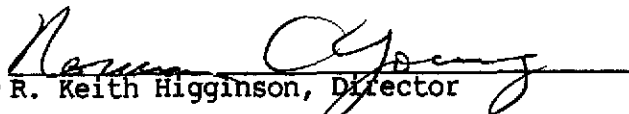
OCT 9 1993

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 92-07120

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 6TH
day of September, 1993.


Acting for R. Keith Higginson, Director

OCT 28 1993

WATER RIGHT SUMMARY

ACTION	RIGHT NO.	NAME	AMOUNT CFS
Original Application	92-07120	Betty S Lee Betty L Brambett Nancy L Lockridge	0.09
Full Assignment	92-07120	Mike Lockridge Nancy L Lockridge	0.09

RECORDED

MAY 22 1992

State of Idaho
Department of Water Resources

ASSIGNMENT OF PERMIT

I, Betty S Lee Betty L Bramblett Mike & Nancy Lockridge
of Nancy L Lockridge hereby assign to
of RT 4 Box 48-F St Maries ID 83861
(Full Address)

Select A. or B.

A. ☒ All my right, title and interest in and to Permit # 92-7120 to appropriate the public waters of the State of Idaho.

B. ☐ The following described portion of my right, title, and interest in and to Permit# _____ to appropriate the public waters of the State of Idaho.

(Describe that portion of the permit being assigned by listing the acreage and/or number and type of uses within each 40 acre subdivision, legal description of the point of diversion and the amount of water in cubic feet per second for direct diversion, or acre feet for storage).

Made this 27 day of February, 19 92.

Betty S. Lee
Permit Holder

Spouse of Permit Holder

State of Idaho)

County of Kootenai)

ss.

On this 27 day of February, 19 92, personally appeared before me the signer (s) of the above instrument, who duly acknowledged to me that he (she) (they) executed the same.

seal

Robert D Haynes
Notary Public residing at

CD A

My commission expires:

11/10/92

MICROFILMED
MAY 22 1992

RECEIVE

FEB 2 1988

RECEIVED

STATE OF IDAHO

FEB 2 1988

RECEIVED

FEB - 3 1988

For Office Use Only

Fee Received 0

Date 2-2-88

Receipt # —

Receipt by JK

Reviewed by JK

Sent to region 20

Department of Water Resources
Northern District Office

PROOF OF BENEFICIAL USE
Department of Water Resources

The Idaho Department of Water Resources will consider this form as a statement that the permit holder(s) has completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee or a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

Permit No. 92-7120

Name(s) of Permit Holder: BETTY LEE

Post Office Address: RT 1 Box 360 C ST. MARIES, ID. 83861

Telephone No. (208) 245-5143

Source of Water: GROUNDWATER

Extent of Use:

Domestic 2 (number of households)

Stockwater _____ (number and type of stock)

Irrigation _____ (acres)

Other/Remark _____

Total rate and/or volume for which proof is submitted 204 cfs _____ acre-feet

Show the date water was first diverted and beneficially used under this permit: X 7-83

Measuring Device: Required? Yes 1 No
Installed? Yes 1 No

Fee enclosed \$ 14
(See License Examination Fee Schedule)

Flow Measurement Port: Required? Yes 1 No
Installed? Yes 1 No

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

(Name)

(Telephone Number)

(Address)

The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho.

MICROFILMED

JUL 27 1988

Date

Signature of Permit Holder (and title, if appropriate)

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 BETTY S. LEE OR NANCY L. LOCKRIDGE Phone _____
OR BETTY L. BRAMBLETT
Post office address RT 1 BOX 3006; ST. MARIES, ID 83861

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

3. Location of point of diversion is NE $\frac{1}{4}$ of SE $\frac{1}{4}$ of Section 26 Township 45N
Range 3W B.M. BENEWAH County, additional points of diversion if any: _____

4. Water will be used for the following purposes:

Amount 0.09 for DOMESTIC purposes from JAN 1 to DEC 31 (both dates inclusive)
(cfs or acre-feet per annum)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)

5. Total quantity to be appropriated:

a. 0.09 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 6 inches; proposed depth of well is 220 feet.

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

8. Description of proposed uses:

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

(1) Give the place of use of water: NE $\frac{1}{4}$ of SE $\frac{1}{4}$ of Section 26 Township 45N
Range 3W B.M.

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

(3) List number of each kind of livestock to be watered _____

(4) Name of municipality to be served _____, or number of families to be supplied with domestic water 3.

(5) If water is to be used for other purposes describe: _____

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

[illegible]

Total number of acres to be irrigated

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

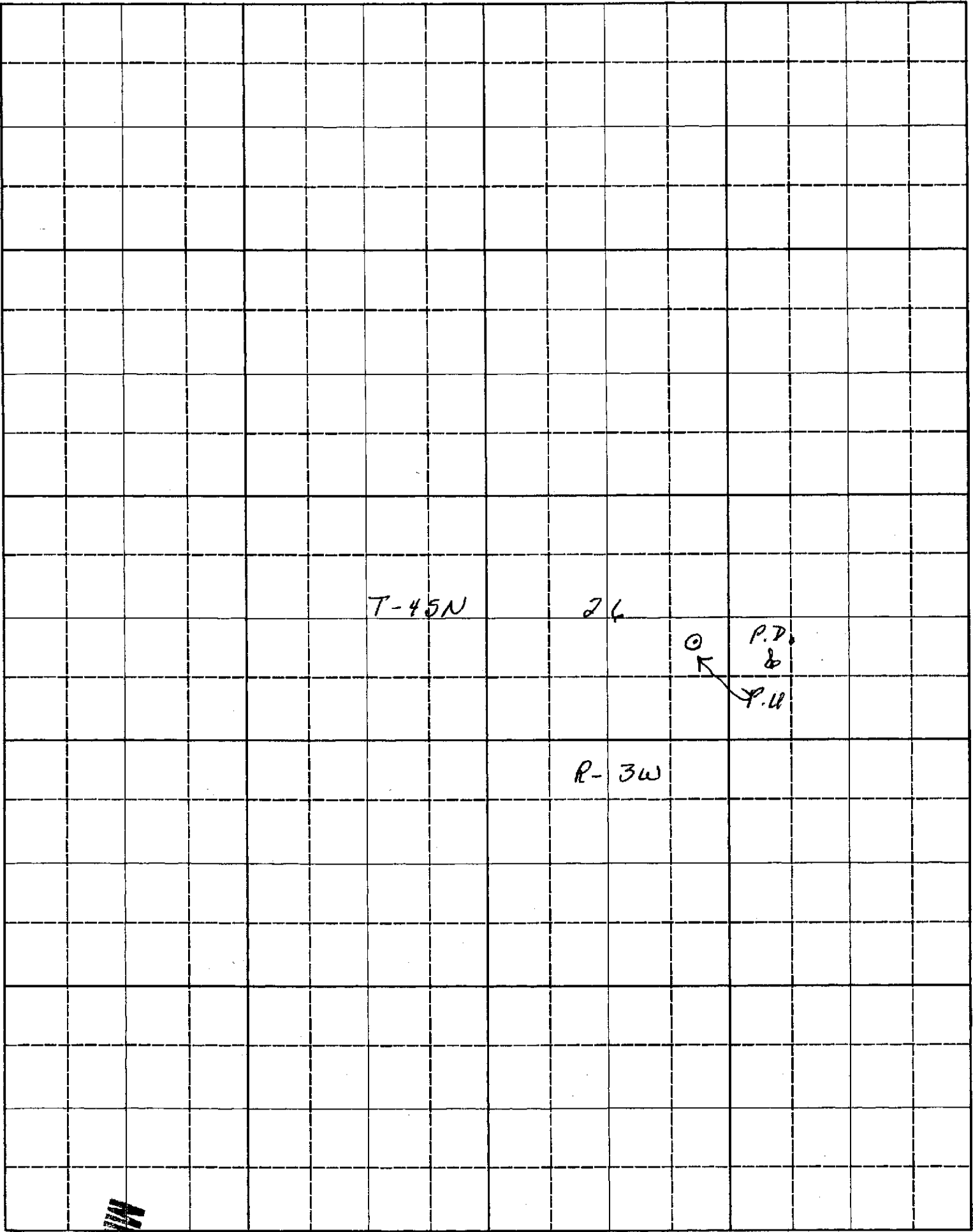
9. a. Who owns the property at the point of diversion APPLICANT

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

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.

Betty L. Lee
(Applicant)

Proposed Priority 2/23/1983

Received by KIC Date 2/23/83 Time 9:30 A.

Preliminary check by JB Fee \$ 30.00

Receipted by KIC Date 2/23/83 # 24921

Publication prepared by pm Date 2/24/83

Published in St. Albans Gazette Record

Publication dates 3/2 & 9/83

Publication approved pm Date 3/15/83

Protests filed by: none

Copies of protests forwarded by _____

Hearing held by _____ Date _____

Recommended for approval denial by pm JB

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. 92-7120, 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 March 1, 19 88.
- c. The rate of diversion, if water is to be used for irrigation under this permit, when combined with all other water rights for the same land shall not exceed 0.02 cubic feet per second for each acre of land.
- d. Other: Permit holder shall commence the excavation or construction of diverting works within one year of the date this permit is issued and shall proceed diligently until the project is complete.
The issuance of this permit in no way grants any right-of-way or easement across the land of another.

Witness my hand this 31st day of March, 1983.

D. Glen Saylor
Chief, Operations Bureau

DATE: 08/17/93
PAGE: 1

Stage: LICENSE

Audit: 08/17/93 CHAPMAN

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No. 92-07120

1. Owner: Mike &/or Nancy Lockridge Phone No. _____

Current Address: Rt. 4 Box 48-F, St. Maries, ID 83861

2. Accompanied by: Paul Struble EXAM. DATE: 7/9/92

Address: PO Box 15, St. Maries, ID Phone No. _____

Relationship to Permit Holder: Lives in house

3. Source: Groundwater tributary to _____

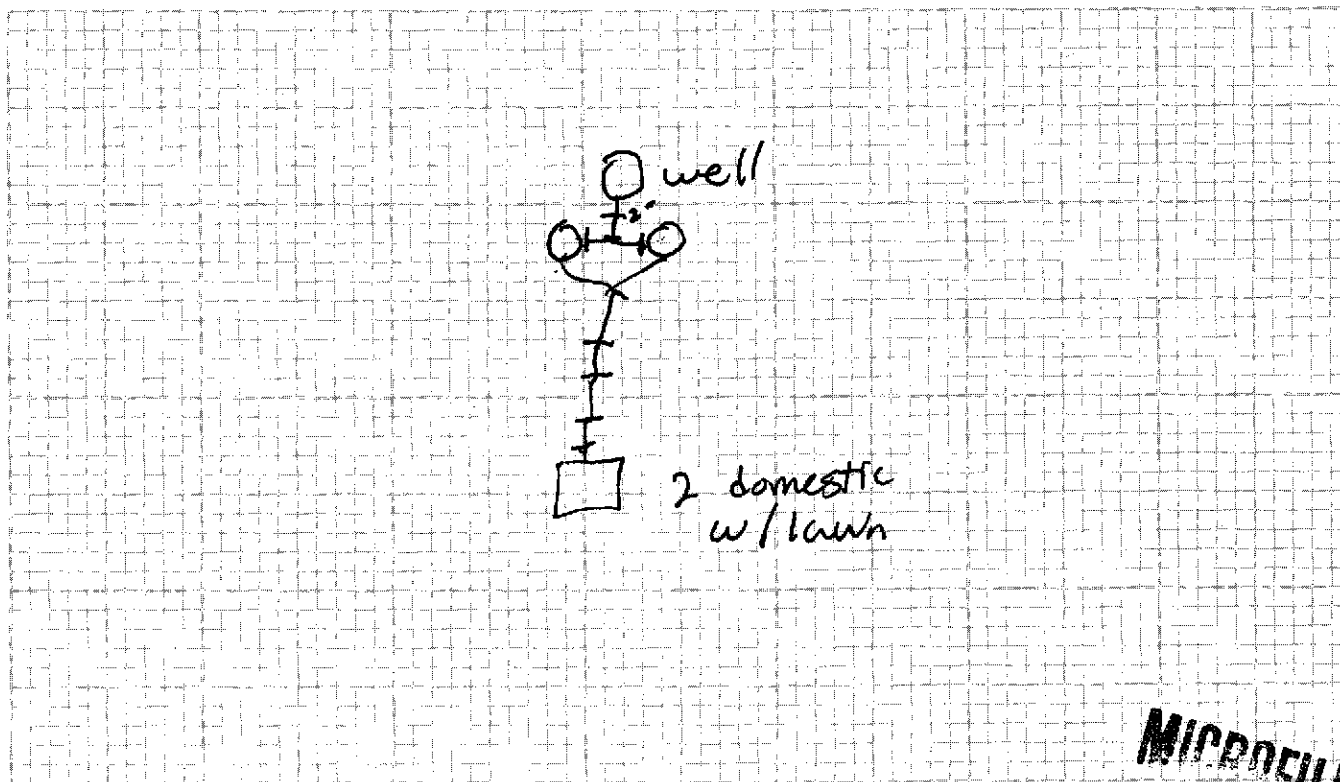
B. OVERLAP REVIEW

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



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).

☒ Photo of Diversion and System Attached
(required for all but single household domestic groundwater, and stockwater.

☐ Aerial Photo Attached
(required for irrigation of 10 acres or more).

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OCT 28 1993

System Description (continued)

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

Water from well is pumped with a 2 hp pump
into two 70 gallon pressure tanks where
water is delivered to two domestic w/lawn

☐ 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
	Franklin	1	2801080103		

*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
			NE	SE	26	45N	03W	Berens	map

6. Place(s) of Use:

Indicate Method of Determination

map

Twp.	Rge.	Sec.	NE1/4				NW1/4				SW1/4				SE1/4				Totals
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	
45N	03W	26													0			0	

Do not use this space

PROCESSED

OCT 28 1993

Do not use this space

D. FLOW MEASUREMENTS *None* ☐ Additional Data Sheets Attached

1.

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calib. Date

2. Measurements:

E. FLOW CALCULATIONS ☐ Additional Computation Sheets Attached

1. Measured Method:

2. Alternate Method for Checking Purposes:

2 domestic w/ lawn 27.04 cfs
 $\frac{8.8 \times .7 \times 1 \text{ HP}}{170 + (2.31 \times 40)} = .02$ (.05 if with a 2 HP pump - discrepancy here)

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:

2 domestic w/ lawn = 2.4 AF

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[illegible]

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
Domestic	1/1	12/31	.04	2.4
Totals:			.04 cfs	2.4 AF

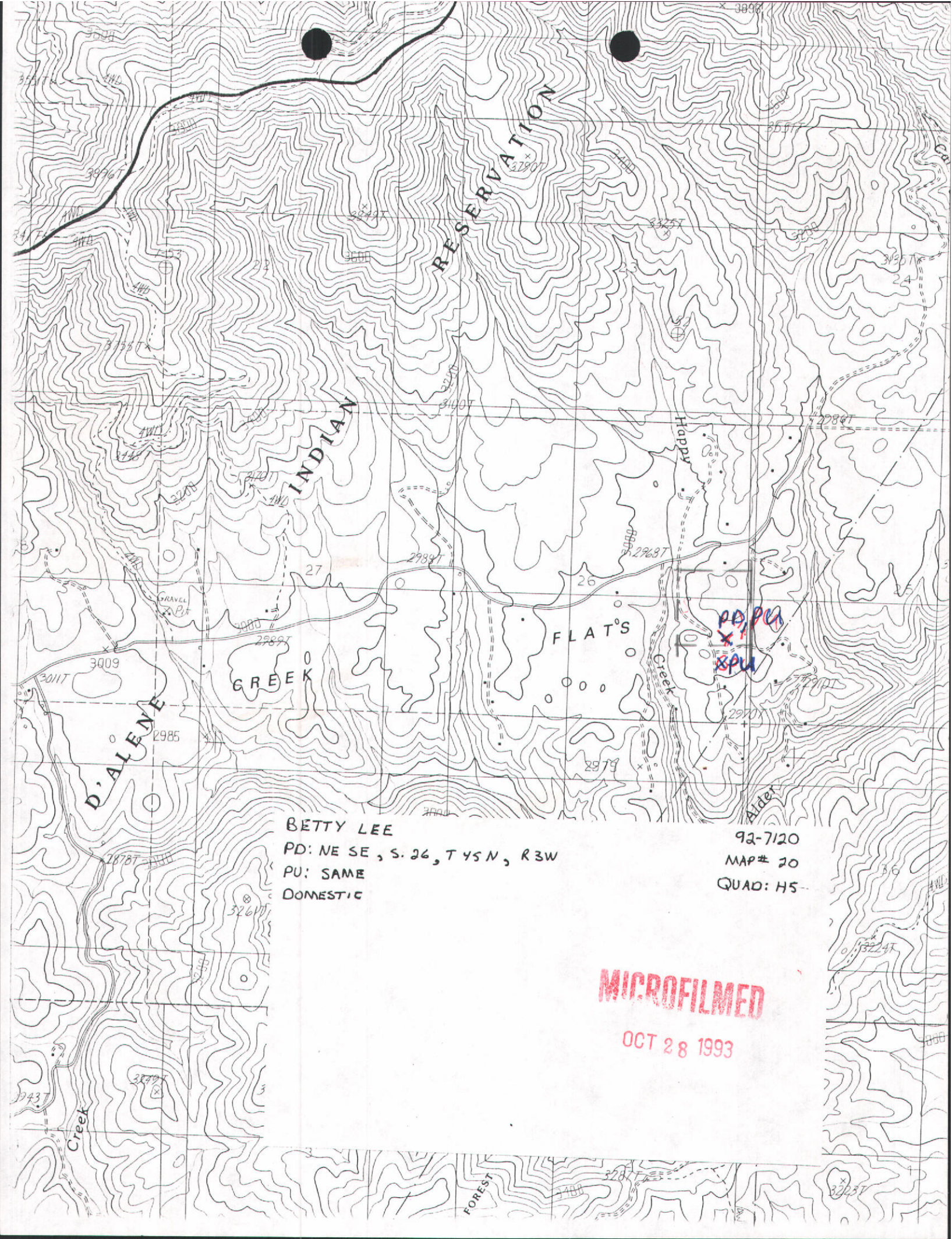
☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☒ None
☐ Change P.U. as reflected above ☒ Add P.U. as reflected above ☐ Other

Field Examiner's Name Robert Knoblock
Signature Robert Knoblock
Certification Date _____
Field Report Preparation Date 7/10/92

CONSULTANT SEAL

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

OCT 28 1993



BETTY LEE
PD: NE SE, S. 26, T 45 N, R 3 W
PU: SAME
DOMESTIC

92-7120
MAP# 20
QUAD: H5

MICROFILMED

OCT 28 1993

PERMIT # 92-07120

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
FIELD REPORT SUPPLEMENT

P H O T O G R A P H S

PD



PU



Other PU
did not
develop

RECORDED

OCT 28 1993



PD

PU



Other PU
did not
develop

RECORDED

OCT 28 1993

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
COMMENCEMENT OF WORKS

Permit No. 92-7150 Betty L. Bramblett
Name(s) of Permit Holder(s): Betty S. Lee, or Nancy L. Lockridge
Post Office Address: RT-1-Box 300 G.
ST. MARIES, Id. 83861 Tel. No. 245-5143

☒ I hereby certify that construction of diversion works for the above referenced permit began on April-1982 - April-1982 (date) don I understand that I must continue to develop the water system with due diligence to maintain a valid permit.

☐ I hereby certify that construction of diverting works on the above referenced project has not yet begun due to the following reason beyond my control*:

*Note: A financing difficulty is not an acceptable reason.

4-18-83
Date

Betty S. Lee
Signature of Permit Holder

NOTIFIED
MAY 2 1982

I get my
phone in May

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState 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>Betty S. Lee</u> Address <u>Route 1, Box 300G, St. Maries, ID 83861</u> Owner's Permit No. _____		7. WATER LEVEL Static water level <u>160</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ of. Quality _____																																									
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. _____ Pumping Level _____ Hours Pumped _____ 14 ESTIMATED AIRLIFT																																									
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type) _____		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6"</td><td>0</td><td>2</td><td>Top soil</td><td></td><td>X</td></tr><tr><td>6"</td><td>2</td><td>45</td><td>Tan clay</td><td></td><td>X</td></tr><tr><td>6"</td><td>45</td><td>55</td><td>Brown clay</td><td></td><td>X</td></tr><tr><td>6"</td><td>55</td><td>174</td><td>Basalt, hard, black</td><td></td><td>X</td></tr><tr><td>6"</td><td>174</td><td>220</td><td>Basalt, fractured, gray</td><td>XXX</td><td></td></tr></tbody></table> 220' PVC Liner Installed Drive shoe installed		Hole Diam.	Depth		Material	Water		From	To	Yes	No	6"	0	2	Top soil		X	6"	2	45	Tan clay		X	6"	45	55	Brown clay		X	6"	55	174	Basalt, hard, black		X	6"	174	220	Basalt, fractured, gray	XXX	
Hole Diam.	Depth		Material		Water																																						
	From	To		Yes	No																																						
6"	0	2	Top soil		X																																						
6"	2	45	Tan clay		X																																						
6"	45	55	Brown clay		X																																						
6"	55	174	Basalt, hard, black		X																																						
6"	174	220	Basalt, fractured, gray	XXX																																							
4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____																																											
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness _____ inches Diameter _____ inches From _____ feet To _____ 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 _____ Model No. _____ Slot size _____ Set from _____ feet to _____ feet Diam. _____ Slot size _____ Set from _____ feet to _____ feet Gravel pack. ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>59'</u> Material used in seal: ☐ Cement grout ☒ Ring clay ☐ Well cuttings Sealing procedure used: ☐ S. ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port _____																																											
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Beneish</u> The W ₂ of SE ₁ NE 1/4 SE 1/4 Sec. 26, T. 45, R. 3W, E. 12th Meridian		10. Work started <u>5/21/82</u> finished <u>5/25/82</u>																																									
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>PONDEROSA DRILLING</u> Firm No. <u>228</u> E. 6010 Broadway Address <u>Spokane, WA 99206</u> Date <u>5/25/82</u> Signed by (Firm Official) <u>W. Scott Barratt, Pres.</u> and <u>Ruth Vermillion</u> (Operator)																																											

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

USE ADDITIONAL SHEETS IF NECESSARY

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 92-7120

Date: 3-10-88
2-9-88

General Considerations:

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

Source of Water:

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

Extent of Use and Rate of Diversion:

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

Measuring Device:

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

Remarks:

3-10 Return proof for b/p date
Proof acceptable
Request a copy of well log
W/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

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: LB

APPLICATION NUMBER: 92-7120

CHECK:

- ☒ Source.
☒ Point of diversion.
☒ County.
☒ Quantity of water and period of use.
☒ Description of diverting works.
☒ Time required for beneficial use of water.
☒ Place of use or acres irrigated.
☒ Map.
☒ Signature.
☒ Fee.
☒ Yes ☒ No Field check required.
☒ Yes ☒ No Critical groundwater area.
☒ Yes ☒ No Request dam safety information. Sent by: _____ Date: _____
☒ Yes ☒ No* In form to receipt.

Field check by: _____

Date: _____

Comments: _____

*REQUEST THE FOLLOWING ADDITIONAL INFORMATION FROM THE APPLICANT: _____

SEND COPIES TO:

- ☐ Idaho State Health Department.
☐ Idaho Fish and Game Department.
☐ Idaho Department of Lands.
☐ U.S. Bureau of Land Management.
☐ U.S. Forest Service.
☐ Other _____

Copies sent by: _____ Date: _____

PROCESSING:

- ☐ Yes ☐ No Platted by: _____ Map No. _____
☐ Yes ☐ No Other rights on same place of use. _____
☒ Yes ☐ No* In form for advertising.
Final date for protests: 3/21/83
☐ Yes ☒ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 3/14/83
☒ Application published correctly. If not, record action taken: _____
☒ Fee amount, receipt date & number, recorded on application.
☒ Publication dates and paper, recorded on application.
☒ Protests, dates, withdrawal, etc., recorded on application.
☒ Recommendation & initial, recorded on application.
☐ Yes ☒ No Measuring device required.
☐ Yes ☒ No Access port required.
☐ Yes ☒ No Will water be delivered by watermaster? If yes, what district? _____
2/13/83 Date of priority recommended.
☒ Special conditions of approval or cover letter. _____

By: [Signature] Date: 3/23/83

STATE OFFICE REVIEW:

SLW/LIT 26 04

- ☐ See attached sheet for more information.

By: [Signature] Date: 3/30/83

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MAR 29 1983

Department of Water Resources

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