

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 92-07100

Priority: June 21, 1982

Maximum Diversion Rate: 0.04 CFS
Maximum Diversion Volume:¹ 1.2 AF

This is to certify, that DANIEL NEIRINCKX
HC 4 BOX 94-C

ST. MARIES, ID 83861 has complied with the terms and conditions
of the permit, issued pursuant to Application for Permit dated June 21, 1988; and
has submitted Proof of Beneficial Use on November 25, 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: NENE, Sec. 31, Township 45N, Range 01W
BENEWAH County

PLACE OF USE: DOMESTIC
TWN RGE SEC

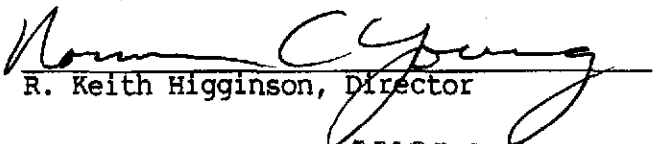
45N 01W 31 NENE

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. 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 27TH
day of JUNE, 1991.

Acting for


R. Keith Higginson, Director

MICROFILMED

JUL 16 1991

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

For Office Use Only
\$15 FEE Received by 19
Date 8-11-87
Receipt # 44413

REQUEST FOR EXTENSION OF TIME

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

AUG 10 1987

The Idaho Department of Water Resources will consider this form as a request that the permit holder(s) be granted an additional period of time in which to complete development of a water right under the provisions of Section 42-204, Idaho Code.

Permit No. 92-7100

Name(s) of Permit Holder: DANIEL NEIRINCKX

Post Office Address: 6860 W. STACK Rd

COEUR D'ALENE, ID 83814 Telephone No. 208 664 1689

Date Proof is Due: 1 AUGUST 1987 (NOTE: MY INITIAL LETTER TO YOU WAS ON 8 MAY 1987)

Describe what work has been completed toward the development of this water right:
(This must be filled out! If no work has been completed, show "none".)

WELLS DRILLED ON 7, 8 & 9 JUNE 1983. PUMP INSTALLED
ON ONE OF TWO WELLS ON 31 JULY 1987. CONSTRUCTION
OF HOME BEGUN ON 13 JULY 1987. WELLS AND PUMP
SERVICES THROUGH UNITED DRILLING & PUMP Costing \$ 5,200.00
INC, P.O. BOX 2499, COEUR D'ALENE, ID. 83814

The permit holder(s) has been unable to complete the remainder of the work for the following reasons:

DUE TO ASSIGNMENT TO OVERSEAS DUTY WHILE ON ACTIVE
DUTY WITH THE U.S. NAVY, FROM OCTOBER 1983 TO OCTOBER
1985, I WAS UNABLE TO PROGRESS WITH DEVELOPMENT.

Permit holder(s) request an extension to 31 DECEMBER 1988.
(1 yr. minimum)

(Signature)*

*IF OTHER THAN PERMIT HOLDER,
POWER OF ATTORNEY MUST BE SUPPLIED.

FEE: \$15.00

RECEIVED

SEP 28 1987

ACTION OF THE DEPARTMENT OF WATER RESOURCES

IT IS HEREBY ORDERED that the above request for extension of time be APPROVED and the time within which to submit proof of beneficial use is extended to January 1, 1989.

IT IS FURTHER ORDERED That the permit be REINSTATED with no advance in priority pursuant Sec. 42-218a, Idaho Code.

Signed this 18th day of August, 19 87.

A. 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 DANIEL NEIRINCKX Phone 664-1689
Post office address 6860 W. STACK ROAD, COEUR D'ALENE, ID 83814
2. Source of water supply GROUNDWATER which is a tributary of _____
3. Location of point of diversion is NE $\frac{1}{4}$ of NE $\frac{1}{4}$ of Section 31 Township 45N
Range 1W B.M. BENEWAH County, additional points of diversion if any: _____
NW $\frac{1}{4}$ NE $\frac{1}{4}$ S 31 T-45N R-1W

4. Water will be used for the following purposes:

Amount 1.00 for IRRIGATION purposes from MAR 15 to NOV 15 (both dates inclusive)
(cfs or acre-feet per annum)
Amount 0.12 for DOMESTIC purposes from JAN 1 to DEC 31 (both dates inclusive)
(cfs or acre-feet per annum)
Amount 0.02 for STOCKWATER 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)

5. Total quantity to be appropriated:

a. 1.00 cubic feet per second and/or b. _____ acre-feet per annum.

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. WELLS & 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 8 inches; proposed depth of well is 30 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 NW $\frac{1}{4}$ of NE $\frac{1}{4}$ of Section 31 Township 45N
Range 1W 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 50 HEAD

(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. PLANS ARE

FOR PONDS TO BE INSTALLED FOR IRRIGATION
AND STOCKWATER. THIS APPLICATION WILL SUPPLEMENT
THOSE SOURCES.

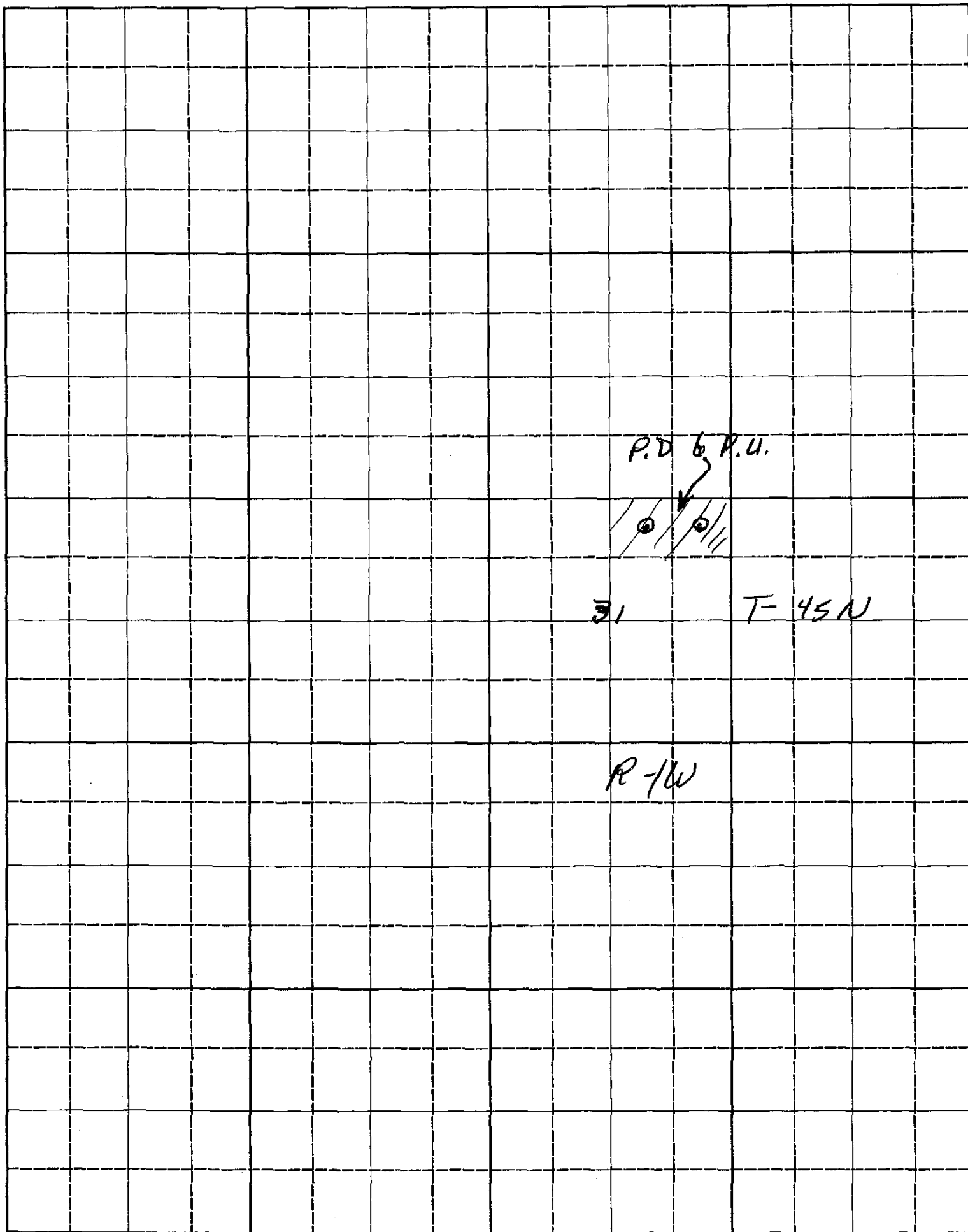
9. a. Who owns the property at the point of diversion APPLICANT

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.

Daniel E. Neunaber
(Applicant)

Proposed Priority 6/21/1982

Received by KK Date 6/21/82 Time 9:00 A
Preliminary check by PSH Fee \$ 45.00
Receipted by KK Date 6/21/82 # 21375
Publication prepared by me Date 6/24/82
Published in St. Maries Gazette Record
Publication dates 6/30 - 7/7/82
Publication approved me Date 7/19/82
Protests filed by: none

Copies of protests forwarded by _____
Hearing held by _____ Date _____
Recommended for approval denial by PSH RC

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No. 92-7100, and said application is hereby APPROVED.

1. Approval of said application is subject to the following limitations and conditions:

- a. SUBJECT TO ALL PRIOR WATER RIGHTS.
- b. Proof of construction of works and application of water to beneficial use shall be submitted on or before August 1, 19 87.
- 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.

An access port or other device as specified by the Department shall be installed by the permit holder to provide for the installation of measuring equipment and the determination of the rate of diversion by the Department.

Witness my hand this 12th day of August, 1982.

J. Glen Saxton
Chief, Operations Bureau

RECEIVED
JUL 1 1982

LICENSE REVIEW CHECKLIST

Permit No. 92-7100

Name/Address change? ok ✓

Priority date Advance? yes no ✓
Memo to advance n/a

Total cfs Order to reinstate needed? yes no ✓
Limited by fee ✓
Limited by capacity ✓

Total volume Limited by flow ✓
Chart checked for AF rate/ac n/a

Capacity Actual measurement checked n/a
Theoretical checked ✓
If greater than permit, check for other rts n/a

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

P/D Verify with map ✓ permit
More than one per 1/4? Remember remark n/a
Check p/d overlap n/a

Uses Check irrigation period of use w/ chart n/a

P/U Verify with map ✓ permit ✓
> 5 acres irrigated, run overlap n/a

Remarks More than one p/d in 1/4 n/a
Description of non-irrig uses ✓
Special overlap condition n/a

Conditions -

Measuring device
W.Master control
Overlap
Water quality
Other

Dates/Misc. -

Water Dist
App Rec'd ✓
Proof Rec'd ✓

CHECK FOR ADJ. CLAIM Needed according to proof filed
Filed - needs amended
Add'l fee required
Not filed -
Not needed

Comments/Changes to Examiner's Recommendations:

License 10-day ✓ 30-day

Back of field report signed?

Reviewer [Signature] Date 6/4/91 Review time min.

JUL 16 1991

SENIOR AGENT REVIEW

Check List
for
Beneficial Use Field Report

RECEIVED
JUN 27 1990

Department of Water Resources

Permit 92-7100

✓ 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 [Signature] Date 8/20/89

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: _____

Remarks: _____



Exam Completed By Don J. Johnson

Sr. Agent Review _____

Regional Manager Review RJA

MICROFILMED

Date 7/7/89

Date _____

Date 6/8/90

JUL 16 1991

PERMIT NUMBER

92-07100

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED
JUN 27 1990

Department of Water Resources

A. GENERAL INFORMATION

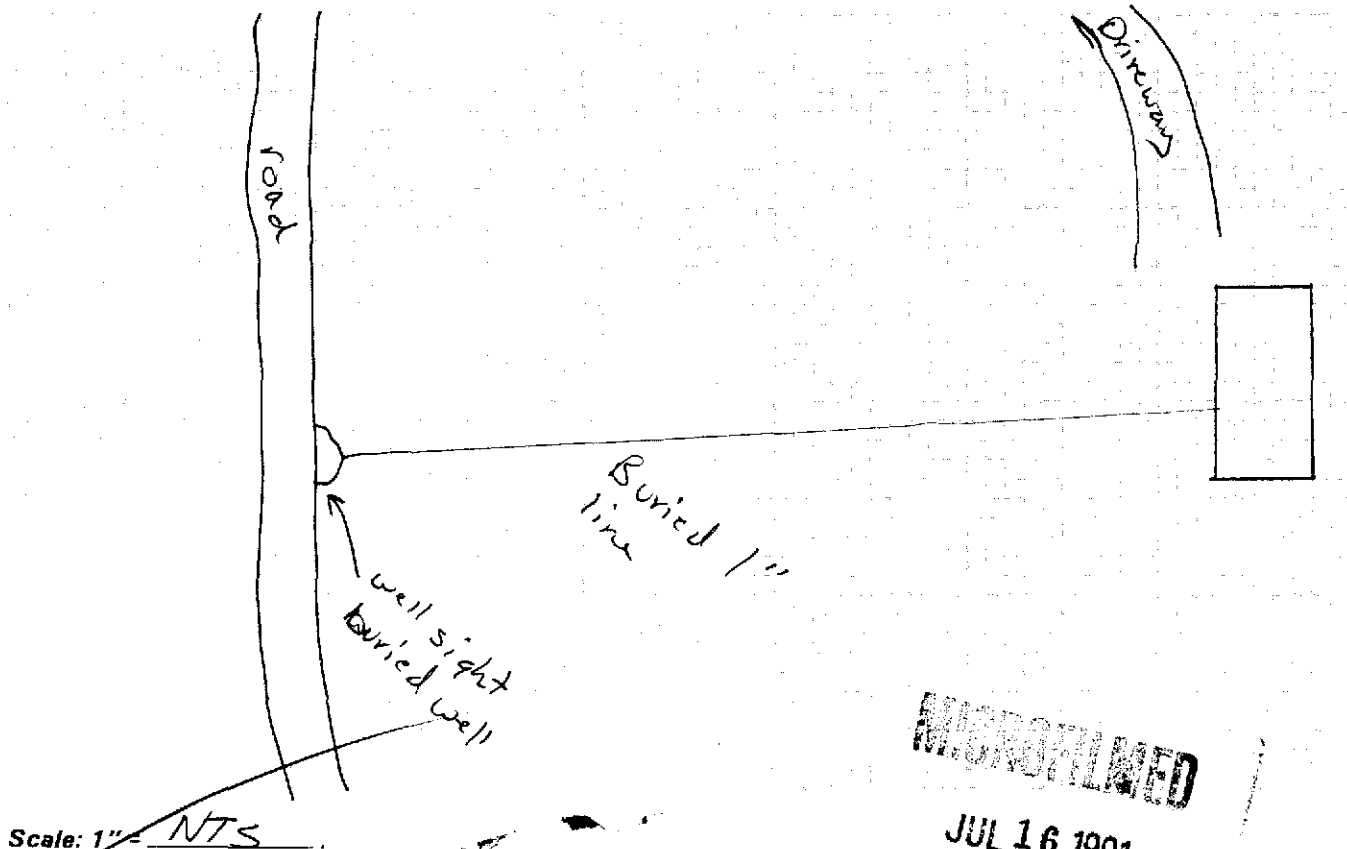
Permit No. 92-7100
1. Owner: Daniel Neirinckx Phone No. 245-5388
Current Address: HC 4 Box 94-C St. Maries 83861
2. Accompanied by: NO ONE EXAM. DATE: ~~10~~ 2/7/89
Address: _____ Phone No. _____
Relationship to Permit Holder: _____
3. Source: groundwater tributary to _____

B. OVERLAP REVIEW

1. Other water rights with same place of use: 92-7136 ☐ Copies Attached
2. Other water rights with same point of diversion: ~~92~~ NONE ☐ Copies Attached ☐ Copies of Field Exam's Attached

C. SYSTEM DESCRIPTION

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



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JUL 16 1991

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).

System Description (continued)

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

buried Well supplies home by buried 1' line
to home.

☐ 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
		Submersible			

*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	NE	31	T 45	1W	Benewah	Map	

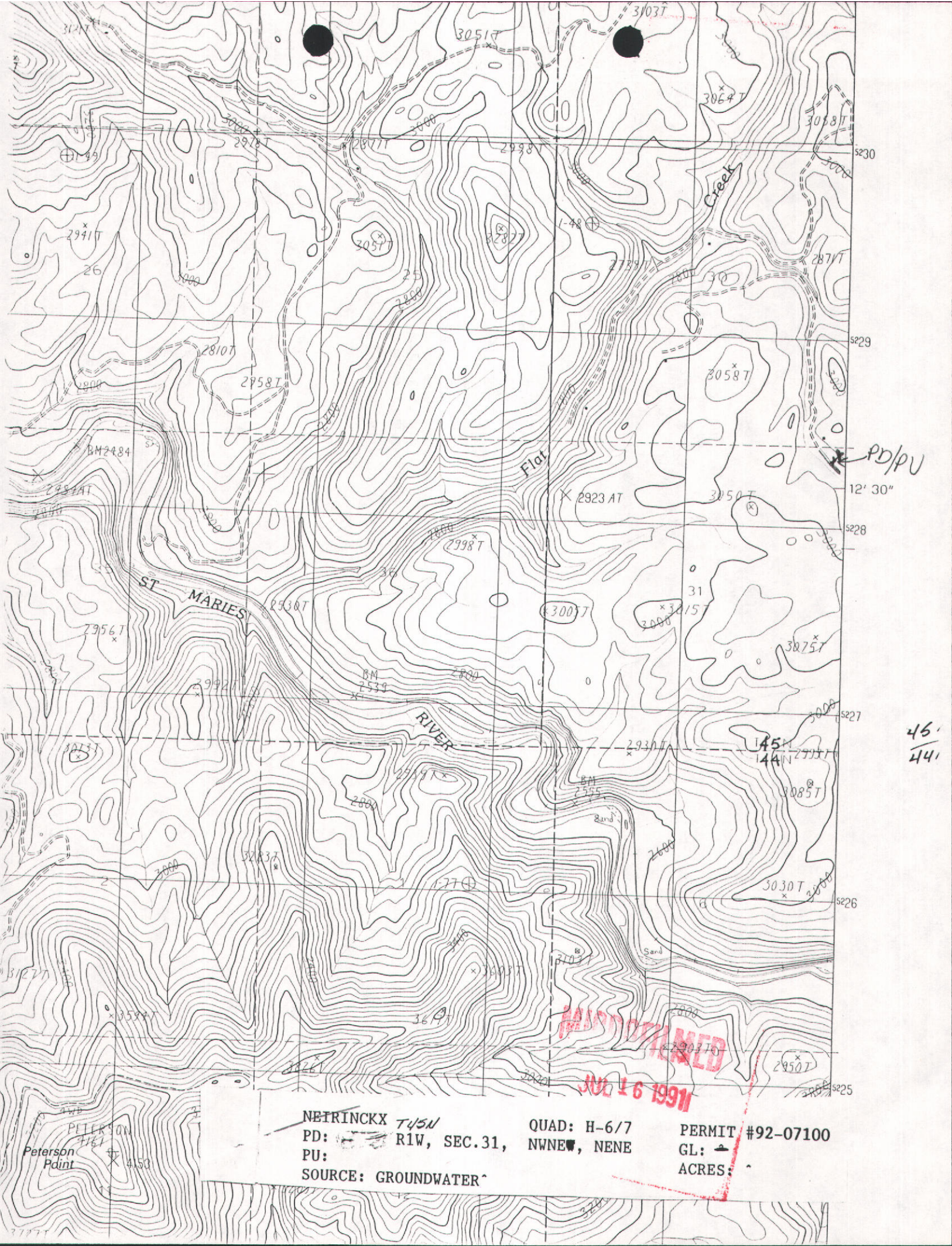
6. **Place(s) of Use:**

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	
T 45	1W	31	D																

Do not use this space

JUL 18 2007



H. REMARKS AND OVERLAP REVIEW ANALYSIS

~~that~~ well is completely buried
92-7136 is for stock water

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
Domestic	1/1	12/31	0.04 cfs	1.2 afa
Totals:			0.04 cfs	1.2 afa

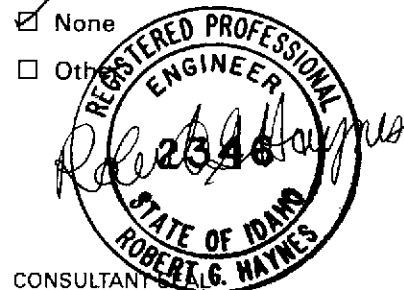
2. Recommended Amendments

- ☐ 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 Sukowaty
Signature [Signature]
Certification Date 2/17/89
Field Report Preparation Date 2/7/89



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

JUL 16 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. 45N, Rge. 1W,
Sec. 31, Qtr./Qtr. NENE or Lot _____
2. Owner Daniel Neirinckx
Address HC4 Box 99-C, City St Maries, State Id
3. Approx. date of well construction 1980
Well Driller ?
4. Casing: Diameter 6" Condition ?
5. Casing length above land surface ?
6. Well depth (ft) 192 Flowing — Temp. —
Access port —
7. Condition of piping and valving good
8. Evidence of well seal ?
9. Shut in pressure or static water level 40'
10. Evidence of leakage around the casing ~~?~~ ?
11. Does well need repair ?
12. Comments The well was completely buried in ground and not visible.

MICROFILMED

Do not use this space

D. FLOW MEASUREMENTS

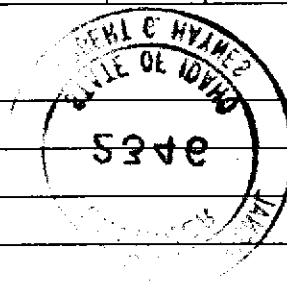
NONE

☐ 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:

0.04 cfs 1 Home

Static water level = 40'

2. Alternate Method for Checking Purposes:

Domestic

$$Q = \frac{8.8(1.7)^{3/4}}{2.3(30) + 40} = .043 \text{ cfs} \text{ limited to } .04 \text{ by fee sheet}$$

↑ system potential

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:

1.2 afa 1 home domestic

JUL 16 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.



MICROFILMED

JUL 16 1991

Inspected by W. J. D. D.

Date 7/7/89

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 92-7100

Date: 1/18/89

General Considerations:

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

Source of Water:

_____ Surface water
Y Groundwater
N/A 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:

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

Remarks:

Proof acceptable
* See letter of 12/14/88

N/A Priority Calculation:
Date proof received _____

Date proof due _____

No. of days late _____

Priority date _____

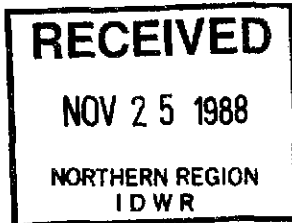
NEW PRIORITY DATE _____

SEND FILES TO DATA ENTRY AND THEN TO MICROFILM

RECEIVED

NOV 30 1988

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



STATE OF IDAHO
Department of Water Resources
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

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. 92-7100-

Name(s) of Permit Holder: DANIEL NEIRINCKX

Post Office Address: HC 4 Box 94-C

ST. MARIES, ID 83861

Telephone No. 245-5388

NEIGHBOR'S PHONE

Source of Water: GROUNDWATER

Extent of Use:

Domestic 1 (number of households)

Stockwater _____ (number and type of stock)

Irrigation _____ (acres)

Other/Remark _____

Total rate and/or volume for which proof is submitted 0.24 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 \$ N/A
(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:

SAME

(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

SEP 25 1989

24 NOV 88

Date

Daniel Neirinkx

Signature of Permit Holder (and title, if appropriate)

To: File 92-7100

From: Groundwater Protection

Date: 12/13/88

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, And date drilled.
☐ Ask permit holder when well was drilled
and notify holder of drilling permit
requirement if after July 01, 1987.

no well logs in Sec 31

Need 2 well Logs?

JB

MICROFILMED

SEP 25 1989

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
COMMENCEMENT OF WORKS

Permit No. 92-7100
Name(s) of Permit Holder(s): DANIEL E. NEIRINCKX
Post Office Address: 6860 W. STACK RD
COEUR D'ALENE, ID 83814 Tel. No. 664-1689

☒ I hereby certify that construction of diversion work on the above referenced permit began on 7 JUNE 1983 (date). 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 diversion 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.

30 JUNE 83
Date

Daniel E. Neirinkx
Signature of Permit Holder

STAFF REVIEW SHEET - EXTENSION OF TIME

Permit No. 92-7100Reviewed by [signature]Date 8-18-1987

BASIC INFORMATION

4 Date stamp received
Bein Extension received timely
 (not prior to 6 month before proof due date or after reinstatement period)
4 Fee received and receipted
9 Name and signature same as permit
N Address change (indicate on coding sheet)

BASIS FOR EXTENSION REQUEST

4 Has adequate work been completed to demonstrate due diligence?
9 Has the cost incurred been adequate to demonstrate an intent to complete the project?
N/A Has the permit been involved in litigation?
 a. Swan Falls _____ Dismissed from Swan Falls _____
 Other _____ Identify _____
 b. Is supporting documentation needed to complete the file? _____
 Requested _____
 c. Calculate the period of delay

Date litigation completed _____

Date litigation began _____

Total period of delay = _____

Present proof due date + _____

NEW PROOF DUE DATE = _____

N/A Is delay by a government agency?
 Is supporting documentation needed to complete the file? _____
 Requested? _____

ACTION TAKEN - Recommend approval based on due diligence until 1-1-1989.

Special conditions or remarks: Suggest Reinstate with no advance in priority since initial request by letter received timely.

4 Reinstate Date extension received _____ = _____

Proof due date _____ = _____

No. of days late _____ = _____

Priority date _____ = _____

ADJUSTED PRIORITY DATE _____ = _____

MICROFILMED

SEP 28 1987

1 Prepare coding sheet
1 Change rolodex cardf

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: RJA

APPLICATION NUMBER: 92-7100

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.
☒ Yes ☐ No Final date for protests: 7/19/82
☐ Yes ☐ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 7/15/82
☒ Application published correctly. If not, record action taken: _____
☒ Fee amount, receipt date & number, recorded on application.
☒ Publication dates and paper, recorded on application.
☒ Protests, dates, withdrawal, etc., recorded on application.
☒ Recommendation & initial, recorded on application.
☒ Yes ☐ No Measuring device required.
☒ Yes ☐ No Access port required.
☒ Yes ☐ No Will water be delivered by watermaster? If yes, what district? _____
☒ 6/28/82 Date of priority recommended.
Special conditions of approval or cover letter. _____

By: RJA

Date: 7/26/82

STATE OFFICE REVIEW:

SLW/L12, L03 26 OIC

- ☐ See attached sheet for more information.

By: RJA

Date: 8/10/82

RECEIVED

AUG 2 1982

Department of Water Resources