

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 92-7064

Priority: December 17, 1979 Amount: .04 CFS 1.2 AFA

This is to certify, that BENJAMIN R. GREENE
RT. 1 BOX 247D

ST. MARIES, ID 83861 has complied with the terms and conditions
of the permit issued pursuant to Application for Permit dated December 17, 1979, and
has submitted proof to the Department of Water Resources on November 15, 1984, that
water has been applied to a beneficial use; an examination by the Department indicates
that the works have a diversion capacity of .04 cfs of water from a GROUNDWATER
source and that a water right has been established as follows:

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

LOCATION OF POINT OF DIVERSION(S): SWSW , Sec. 35, Township 46N, Range 2W
Benewah County

PLACE OF USE: Domestic

TWN RGE SEC

46N 2W 35 SWSW

CONDITIONS/REMARKS:

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

This license is issued pursuant to the provisions of Section 42-219, Idaho Code.
Witness the seal and signature of the Director, affixed at Boise, this 29th day
of March, 1988.

NOT FILMED

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Director

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

DEC 17 1979

APPLICATION FOR PERMIT

APPROVED

To appropriate the public waters of the State of Idaho
Department of Water Resources
Northern District Office

1. Name of applicant Benjamin R. Greene Phone 245-3391

Post office address Route 1 Box 247D St. Maries, ID 83861

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

3. Location of point of diversion is SW $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 35 Township 46N

Range 2W B.M. Benewah County, additional points of diversion if any: _____

2 pts _____

4. Water will be used for the following purposes:

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

Amount 04 for Irrigation purposes from May 15 to Oct. 1 (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. 0.08 cubic feet per second and/or b. _____ acre-feet per annum.

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. 2 Wells, 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 _____ inches; proposed depth of well is _____ feet.

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

8. Description of proposed uses:

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

(1) Give the place of use of water: SW $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 35 Township 46N

Range 2W 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 1.

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

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

[illegible]

Total number of acres to be irrigated 2

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

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

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

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.

Handwritten map on a grid showing township and range information.

Handwritten text on the grid:

- T46N R2W
- 35
- Place of use
- 35

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.

Benjamin R. Greene
(Applicant)

Proposed Priority 12/17/79
Received by MB Date 12-17-79 Time 12:30
Preliminary check by JK Fee \$ 20.00
Received by mo Date 12/17/79 (15162)
Publication prepared by mo Date 12/20/79
Published in St. Maries Gazette Record
Publication dates 12/27/79 & 1/3/80
Publication approved mo Date 1/7/80
Protests filed by: none

Copies of protests forwarded by _____
Hearing held by _____ Date _____
Recommended for approval denial by RST Jim

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No. 92-7064 , 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 January 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: _____

Witness my hand this 31st day of January , 19 80 .

L. Glen Saxton
DIRECTOR

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
COMMENCEMENT OF WORKS

Permit No. 92-7064
Name(s) of Permit Holder(s): BENJAMIN R. GREENE
Post Office Address: RT # 1 BOX 247D
STIMARIE, IDAHO 83861 Tel. No. 245-3391

☒ I hereby certify that construction of diversion works for the above referenced permit began on WORK IS COMPLETED (date) DECEMBER 21 1988. 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*:

WORK IS COMPLETED
JULY 7 82 BENJAMIN R. GREENE
Date Signature of Permit Holder

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

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
LICENSING REPORT

10-DAY

92-7064
Permit No.

1. **Measurement Calculations**

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

0.04

- b) Volume Calculations for Irrigation:

$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$ _____
 $V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 =$ _____
 $V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} =$ _____

- c) Volume Calculations for Other Uses:

$D_{om} = 1.2 \text{ AFA}$
(includes up to $\frac{1}{2}$ Ac Irrig)

2. **Overlap Review**

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

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

- c) Analysis:

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RECOMMENDED AMOUNTS

3.	Permit No.	Priority	Amount	App. Date	Date Proof Submitted	System Capacity
	92-7064	12-17-79	0.04	12-17-79	11-15-84	0.04

4. Permit Holder: Benjamin R. Greene

Address: Rt. #1 Box 247 D - St. Maries, Id. 83861

5. Source: Groundwater tributary to _____

6. Beneficial Use	Period of Use From To	Rate of Diversion Q (cfs)	Annual Volume V (afa)
<u>DOMESTIC</u>	<u>1-1 12-31</u>	<u>0.04</u>	<u>1.2</u>

Allowable Maximums: 0.04 1.2

7. Point(s) of Diversion:

No.	Govt. Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County
			<u>SW</u>	<u>SW</u>	<u>35</u>	<u>46 N</u>	<u>2 W</u>	<u>Benewah</u>

8. Place(s) of Use

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	
<u>46 N</u>	<u>2 W</u>	<u>35</u>																	
Total Acres _____																			

9. Recommended Conditions/Remarks: _____

10. Recommended Amendments

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

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11. Examiner's Signature _____

Date _____

Checked in Regional Office by _____

Date _____

Approved in State Office by Ron Hoverton

Date 2-23

Form 219
5/86

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

1. Owner: Benjamin R. Greene Permit No. 92-7064
Current Address: Rt #1 Box 247D Phone No. 245-3391
2. Accompanied by: Mrs. Green EXAM. DATE: 7/30/86
Address: SAME Phone No. SAME
Relationship to Permit Holder: WIFE
3. Source: Groundwater tributary to _____

3. OVERLAP REVIEW

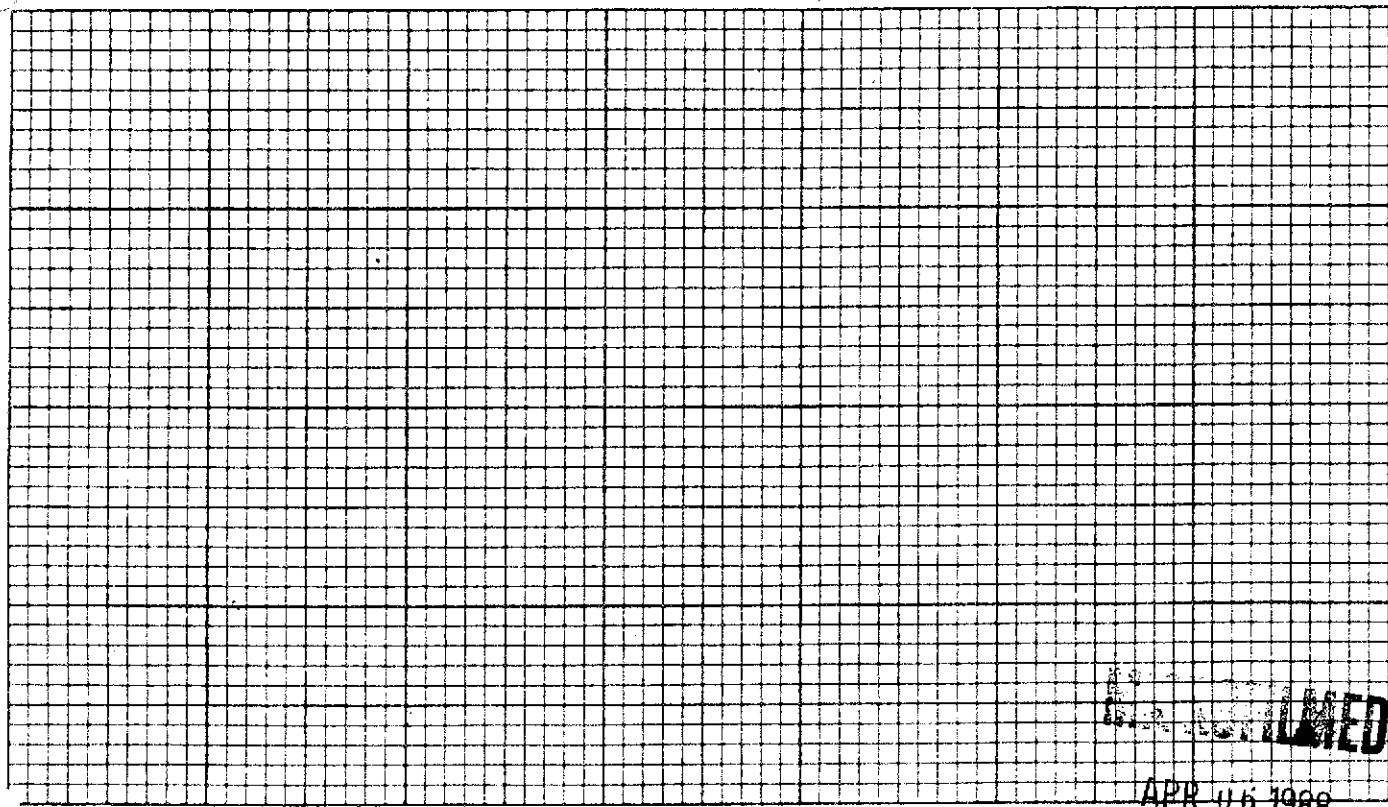
1. Other water rights with same place of use: NONE

☐ Copies Attached
2. Other water rights with same point of diversion: NONE

☐ Copies Attached ☐ Copies of Field Exam's Attached

2. 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" = _____

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).

#1 Dom - From Submersible pump to $\frac{3}{4}$ " steel
Discharge to $1\frac{1}{4}$ " PVC "T" press tank and home
(≈ 50 gal)

#2 From pump to press tank (≈ 20 gal) to garden & Trees

4.

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

[illegible]

Indicate Method of Determination Map

Total =

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Do not use this space

D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

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

2. Measurements:

NONE

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

$$Q_{#1} = \frac{8.8(1.7)(hp)}{2.23(25) + (h_s)} =$$

$$Q_{#2} = \frac{8.8(1.7)(hp)}{2.23(25) + (h_s)} =$$

2. Alternate Method for Checking Purposes:

$$Q = .04 \text{ CFS via letter concerning exam fee}$$

$$Q_{Total} = Q_1 + Q_2$$

PUMP EFFICIENCY DATA (Optional)

Discharge Pressure: _____ psi x 2.31 = _____ ft (1); Dynamic pumping level: _____ ft (2) due to the lack of info.
 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 = _____ %

VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{IR} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = \frac{.04 \text{ CFS} \times 3.5}{1.39} = .88 \text{ AF}$$

$$V_{OR} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = .88 \text{ AF}$$

$$V = \text{Smaller of } V_{IR} \text{ and } V_{OR} = .88 \text{ AF}$$

2. Volume Calculations for Other Uses:

$$V_{Dom} = .4 \text{ AF}$$

$$V_{Dom} = .6 \text{ AF}$$

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H. REMARKS AND OVERLAP REVIEW ANALYSIS

[illegible]

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
~~Dom + Xac lawn & garden~~	~~1/1~~	~~12/31~~	~~.04 cfs~~	~~+ .72 AF~~
Irr.	May 15	Oct 1	.04 cfs	.88 AF
Totals:			.04 cfs	~~1.48 AF~~ 1.5 AF

2. Recommended Amendments

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

J. AUTHENTICATION

Field Examiner's Name

Signature

Certification Date

Field Report Preparation Date

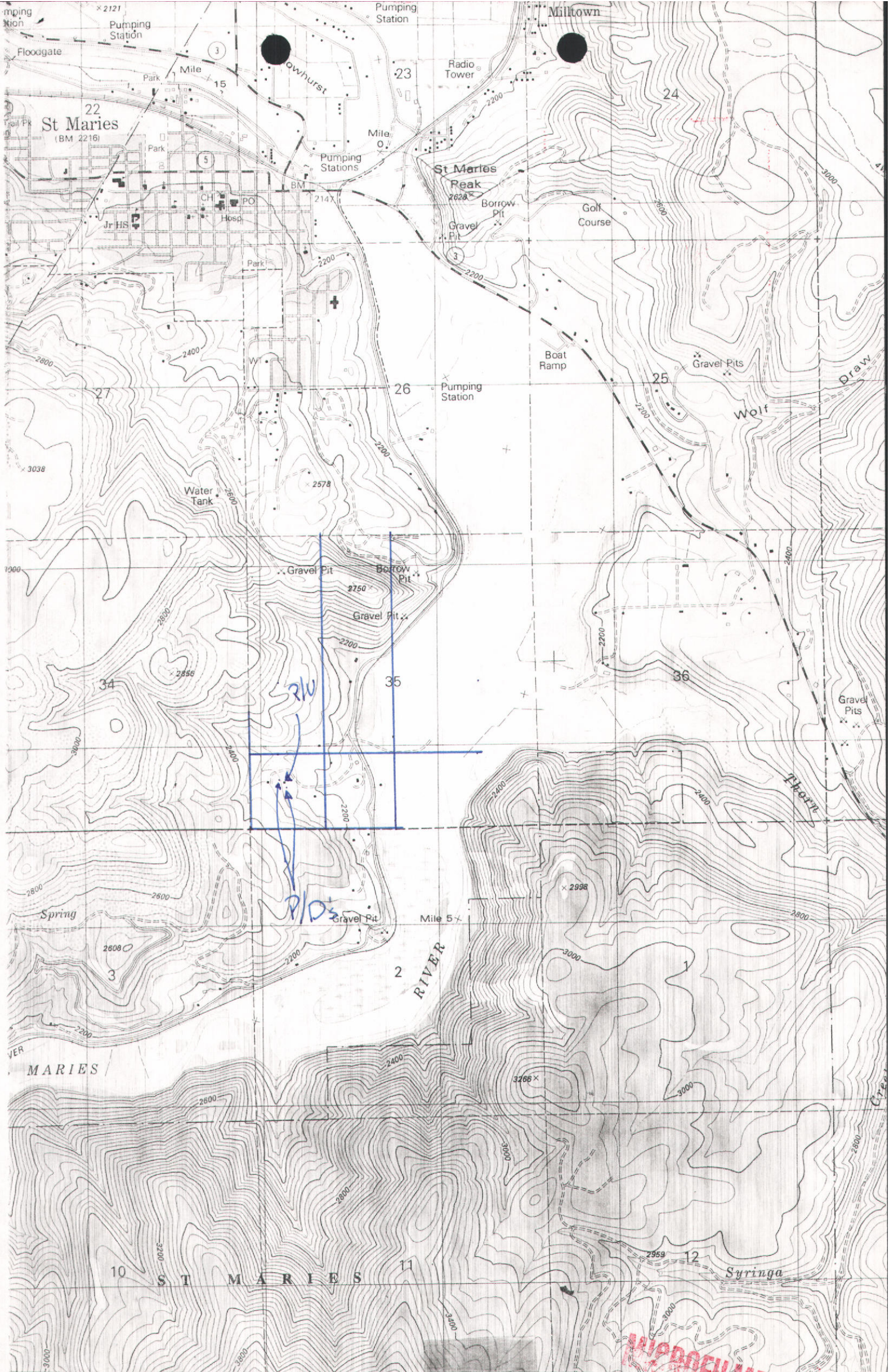
Jennifer Argraves
Jennifer Argraves

CONSULTANT SEAL

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

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APR 06 1988

TWP. 46N RGE. 2W SEC. 35 MAP # G-54 MAP SCALE _____
DATE OF FIELD EXAM 7/30/86 FIELD REPORT MAP PERMIT # 92-7064



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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

92-7054
Permit No.

Staff Analysis Sheet
for
Beneficial Use Field Report

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AUG 18 1986

Department of Water Resources

A. Prior to Conducting the Exam, the File Contains:

- ☒ Blank Field Report Form
☒ Copy of Permit
☐ Copies of any Amendments/Orders with conditions of approval
☒ Computer Data Proof Report
☒ Copy of U.S.G.S. Quad
☒ Check for Government Lots. If so, make a copy of Government Plat
Check of P/D index J.A. 8/1/86 (Initial and date)
Overlap? ☐ yes ☒ no If yes: ☐ copy of exam(s) attached?
Type of Overlap? ☐ Add acres or uses to existing system
☐ Increase rate of flow or volume
☐ Other: _____

- Check of P/U index J.A. 8/1/86 (Initial and date)
Overlap? ☐ yes ☒ no If yes: ☐ copy of water right(s) attached?
Type of Overlap? ☐ Increase rate of flow or volume
☐ Add P/D's
☐ Increase number of acres within tracts
☐ Other: _____

Aerial Photo

Required? ☐ yes ☒ no If yes: ☐ copy attached?

Scheduling Letter sent? _____ (Initial and date)

☐ Appointment made and telephone conversation memo attached

B. After Conducting the Exam, the File Contains:

- ☒ Fully completed and signed Field Report Form
☐ Photographs of Point of Diversion and Place of Use
☒ Corrected Computer Data Proof Report with recommended license information, and date and signature of examiner.

C. Review and Processing:

Exam Completed J. Arpaia 8/1/86 (Signature of examiner and date)
Exam Reviewed by Senior Water Resource Agent AK 8/1/86 (Initial and date)
Exam Reviewed by Manager of Regional Office AK 8/14/86 (Initial and date)
Exam Date Entered in Computer 8/14/86 (Initial and date)
Exam sent to State Office 8/15/86 (Initial and date)
Copy of Staff Analysis Sheet sent to Manager of Regional Office and Original
Refiled in White File _____ (Initial and date)

4/86

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JUL 3 1986

RECEIVED

JUN 23 1986

JUN 27 1986

Department of Water Resources
Northern District OfficeDepartment of Water Resources
STATE OF IDAHODepartment of Water Resources
Northern District Office

DEPARTMENT OF WATER RESOURCES

EXAMINATION FEE INFORMATION

For Office Use Only
 Fee Received N/A
 Date 7/1/86
 Receipt # 7/1/86
 Receipt by 7/1/86
 Sent to S.O. 7/1/86

RECEIVED

JUN 18 1986

1. Permit No. 92-7064

ONE OF THE FOLLOWING BOXES SHOULD BE MARKED TO DESIGNATE YOUR CHOICE:

Department of Water Resources

- ☒ I choose to have the department make the field examination of this permit; attached is the examination fee. (If this box is marked, complete items 1 thru 8.)

2. Permit Holder: BENJAMIN R. GREENE3. Post Office Address: Rte #1 Box 247 DST MARIES, Idaho 83861 Telephone No. 245-33914. Source of Water: 2 Wells

5. Extent of Use:

Domestic 1 (No. of households) Stockwater 0 (No. and type of stock)Irrigation 1/4 (acres) Other/Remark WATER GARDENand 15 Fruit Trees6. Total rate &/or volume for which proof is submitted 0.04 cfs 0.04 acre-feet

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

JANUARY 1980

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

Ben or Arlene Greene
(Name)Rte #1 Box 247 D, ST MARIES, Idaho 83861 245-3391
(Address) (Telephone Number)

- ☐ I choose to have the field examination conducted by a certified water right examiner. Attached is a statement from the certified examiner. I have selected verifying that he has been retained to conduct the examination. (If this box is marked, complete items 1 thru 7.)

APR 06 1988

June 14, 86
DateBenjamin R. Greene
Signature of Permit Holder (and title, if appropriate)

DEPARTMENT OF WATER RESOURCES

The Idaho Department of Water Resources will consider this card as a statement that the permit holder(s) has completed development to the extent shown below of Permit No. 92-7064.

Name(s) of Permit Holder: BENJAMIN R. GREENE

Post Office Address: RT #1 Box 247-D

ST. MARIES, IDAHO 83861 Tel. No. 245-3391

Source of Water: Well

Extent of Use: ☒ Domestic 1 (number of households)
☐ Stockwater (number and type of stock)
☐ Irrigation (acres)
☐ Other

The Well is fully developed and we are using it.

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

The above information is a true statement of the extent to which the above numbered permit has been developed.

Nov 9/84 **MICROFILMED** Benjamin R. Greene
 Date Signature of Permit Holder

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: JK APPLICATION NUMBER: 92-7064

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. Copies sent by: _____ Date: _____
☐ Idaho Fish and Game Department. _____
☐ Idaho Department of Lands. _____
☐ U.S. Bureau of Land Management. _____
☐ U.S. Forest Service. _____
☐ Other _____

PROCESSING:

- ☐ Yes ☐ No Platted by: _____ Map No. _____
☐ Yes ☒ No Other rights on same place of use. _____
☒ Yes ☐ No* In form for advertising.
Final date for protests: 1/14/80
☐ Yes ☒ No Protests received. If yes, record information on 4th page of application.

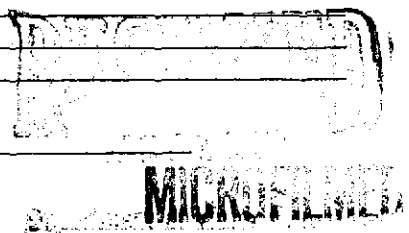
FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 1/4/80
☒ 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? _____
☒ 12/17/79 Date of priority recommended.
Special conditions of approval or cover letter. _____

By: BSH Date: 1/28/80

STATE OFFICE REVIEW:

Short letter w/o cond
☐ See attached sheet for more information.
By: [Signature] Date: 1/30/80



IDENT. NO. 92-7064

WATER RIGHT
DATA ENTRY LOG

[illegible]