

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 91-07080

Priority: June 21, 1983

Maximum Diversion Rate:
Maximum Diversion Volume:¹

0.13 CFS
61.2 AF

This is to certify, that COTTONWOOD POINT WATER & SEWER ASSN.

C/O BARBARA BENTLEY, SEC.

RT. 2 BOX 48

ST. MARIES, ID 83861

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated June 21, 1983; and has submitted Proof of Beneficial Use on June 20, 1988. An examination indicates that the works have a diversion capacity of .130 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	0.05 CFS	20.4 AF
DOMESTIC	01/01 to 12/31	0.10 CFS	40.8 AF
	Totals	0.13 CFS	61.2 AF

LOCATION OF POINT(S) OF DIVERSION:

SENE, Sec. 17, Township 46N, Range 02W
BENEWAH 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>
46N	02W	17	LOT 5(SWNE) 1.7	SENE 0.5	LOT 8(NESW) 1.6	
			LOT 11(ESW) 0.9	LOT 6(NESE) 0.5	LOT 7(NWSE) 0.7	
			LOT 12(SWSE) 0.9			6.8
						Total number of acres irrigated: 6.8

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.

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JAN 17 1991

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

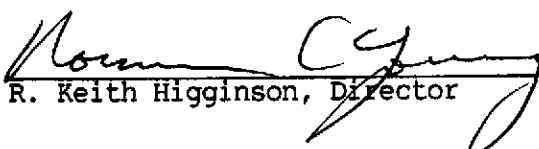
WATER RIGHT NO. 91-07080

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. Domestic use is for 68 homes.

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 12TH day of DECEMBER, 1990.

Acting for


R. Keith Higginson, Director

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JAN 17 1991

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPROVED

APPLICATION FOR PERMIT

JUN 21 1983

To appropriate the public waters of the State of Idaho

Department of Water Resources
Northern District Office

1. Name of applicant COTTONWOOD POINT WATER & SEWER ASSOCIATION, INC. Phone 245-2331

Post office address ST. MARIES, ID. 83861

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

3. Location of point of diversion is SE $\frac{1}{4}$ of NE $\frac{1}{4}$ of Section 17 Township 46 N

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

NONE

4. Water will be used for the following purposes:

Amount 0.10 for DOMESTIC purposes from JAN 1 to DEC 31 (both dates inclusive)
(cfs or acre-feet per annum)

Amount 0.05 for IRRIGATION purposes from MAR 15 to NOV 15 (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. 0.15 cubic feet per second and/or b. acre-feet per annum.

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. SUBMERSIBLE PUMPS IN WELLS
FEEDS 20,000 gal STORAGE TANK WHICH IN TURN FEEDS WATER
SUPPLY SYSTEM. (2 WELLS)

b. Height of storage dam NONE 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 JAN 01 to DEC 31 inclusive.
(Month/Day) (Month/Day)

c. Proposed well diameter is 6" inches; proposed depth of well is 200 feet. (BOTH)

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: PORTIONS $\frac{1}{4}$ of $\frac{1}{4}$ of Section 17 Township 46 N
Range 2W B.M. (SEE 10.)

(2) Amount of power to be generated: NONE horsepower under feet of head.

(3) List number of each kind of livestock to be watered NONE

(4) Name of municipality to be served COTTONWOOD POINT SUBDIVISION, or number of families to be supplied with domestic water 68 MAXIMUM.

(5) If water is to be used for other purposes describe: NONE

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

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TWP	RANGE	SEC.	NE¼				NW¼				SW¼				SE¼				TOTALS
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
46N	2W	17				0.5													0.5
														GOVT		LOT - 5			1.7
														GOVT.		LOT - 6			0.5
														GOVT.		LOT - 7			0.7
														GOVT		LOT - 8			1.6
														GOVT		LOT - 11			0.9
														GOVT		LOT - 12			0.9
Total number of acres to be irrigated																			6.8

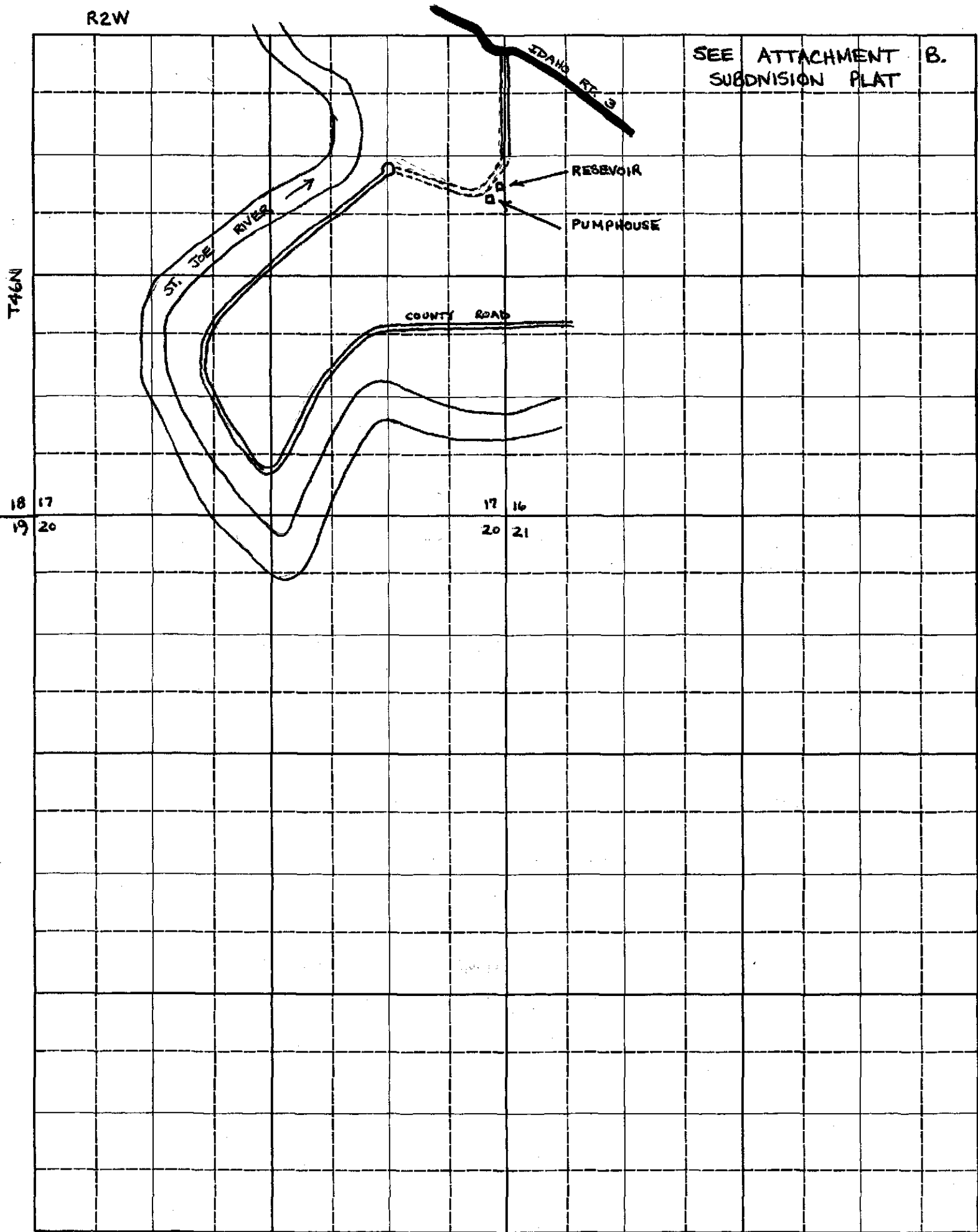
c. Describe any other water rights used for the same purposes as described above. NONE

9. a. Who owns the property at the point of diversion COTTONWOOD POINT WATER & SEWER ASSOC., INC.
~~ST. MARIES, 83861~~
b. Who owns the land to be irrigated or place of use DIVERSIFIED (SUBDIVISION)
c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing SEE ATTACHMENT A.

10. Remarks ~~ALL OF SE 1/4 OF NE 1/4, GOVT LOTS 5, 7, 8, 11, & 12~~

8a. (1) ALL OF : SE ¼ OF NE ¼
: GOVT LOTS 5, 7, 8, 11, & 12
PORTION OF : GOVT LOT 6

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.

MICROFILMED 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.

James E. Ryan
(Applicant)

Proposed Priority 6/21/1983

Received by [Signature] Date 4/21/83 Time 11:50 AM

Preliminary check by [Signature] Fee \$ 30.00

Receipted by [Signature] Date 6/27/83 # 27796

Publication prepared by [Signature] Date 6/23/83

Published in St. Marius Gazette Record

Publication dates 6/29 7/7/83

Publication approved [Signature] Date 8/4/83

Protests filed by: none

Copies of protests forwarded by _____

Hearing held by _____ Date _____

Recommended for approval denial by [Signature] [Signature]

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. 91-7080, 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 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 25th day of August, 1983.

[Signature]
Chief, Operations Bureau

ATTACHMENT A.

SEWAGE DISPOSAL AND
WATER SERVICE AGREEMENT

The undersigned, COTTONWOOD POINT WATER AND SEWER ASSOCIATION, INC., St. Maries, Idaho, hereinafter called the "Association", and Mr. & Mrs. Ben Miller

hereinafter called the "User", agree as follows:

In consideration of the payment of charges hereinafter prescribed and mutual covenants herein contained, the Association agrees to furnish to the User such potable water for domestic purposes, not including irrigation, as the User shall reasonably require, subject to terms and conditions hereinafter set forth; such service to continue for so long as the User shall continue to satisfy such terms and conditions.

The User shall be required to connect his domestic sewage disposal system into the Association's trunk line and lagoon system, in order to satisfy State and local sewage disposal requirements. In consideration for sewage disposal service, the User shall pay to the Association a service charge of \$3.50 each month, within fifteen days after receipt of the Association's statement therefor.

The User shall pay to the Association, in regular monthly payments within fifteen (15) days after receipt of the Association's statement therefor, charges for such water services in accordance with the following schedule:

66¢ per thousand gallons per month for
the first 50,000 gallons of water
consumed from each hook-up;

30¢ per thousand gallons per month for
all over 50,000 gallons consumed from
each hook-up;

subject to a minimum charge of \$6.00 per month.

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In addition to the gallonage charges above specified, the User will pay to the Association, before connecting his domestic water supply system into the Association's water mains, a hook-up charge of \$600.00. Each such connection shall serve only one residence and appurtenant buildings.

The Association will furnish to the User such water for domestic usage as the User shall require, insofar as the Association's available water supply is sufficient to do so. In the event of a shortage in such supply, the Association reserves the right to restrict the volume of water supplied to the User; provided, however, that any such restriction or curtailment of usage shall be applied and enforced against all water users connected to the Association's supply system on an equitable basis.

Before the User shall be permitted to connect his domestic water system into the Association's supply line, the User shall obtain and install at User's expense, a water meter of a type and design acceptable to the Association.

The User's rights and obligations under this agreement may be assigned and transferred to any subsequent owner of the User's property served hereunder; and the Association shall have a lien against such property for any unpaid water charges, which lien may be enforced against any assignee or transferee of the User.

IN WITNESS WHEREOF, the parties hereto have executed this agreement this _____ day of _____, 197_____.

COTTONWOOD POINT WATER AND
SEWER ASSOCIATION

By _____

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Placed in file by [unclear] 1/2/72

LICENSE REVIEW CHECKLIST

Permit No. 91-7080

Name/Address change? ok ✓

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

Total cfs Limited by fee OK ✓
Limited by capacity OK ✓

Total volume Limited by flow OK ✓
Chart checked for AF rate/ac OK ✓ 3.0
Capacity Actual measurement checked OK ✓ meter reading
Theoretical checked OK ✓
If greater than permit, check for other rts OK ✓

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

P/D Verify with map OK ✓ permit OK ✓
More than one per OK ✓? Remember remark OK ✓
Check OK ✓ p/d overlap OK ✓

Uses Check irrigation period of use w/ chart OK ✓

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

Remarks More than one p/d in OK ✓
Description of non-irrig uses OK ✓
Special overlap condition OK ✓

Conditions Measuring device OK ✓
W.Master control OK ✓
Overlap OK ✓ 829
Water quality OK ✓
Other OK ✓

Dates/Misc Water district OK ✓
App Rec'd date OK ✓
Proof Rec'd date OK ✓

NOT RECORDED

JAN 17 1991

Comments/Changes to Examiner's Recommendations:

License 10-day ✓ 30-day OK ✓

Back of field report signed? OK ✓

Reviewer S. Curtis Date 11-14-90
Review time 12 minutes

PLACE OF USE 1/4 1/4 OVERLAP REPORT

11/16/90

WR-NUMBER	NAME	STG	SOURCE	T	R	S	NE	NW	SW	SE	SUM	
L9107080												
9107002	SULLIVAN	L	ST. JOE RIVER	46N	02W	17	4	4			1	
9107026	HUGHES	L	ST. JOE RIVER	46N	02W	17					8	
9107037	ROBERSON	L	ST. JOE RIVER	46N	02W	17						
9107040	DIMICO	L	GROUNDWATER	46N	02W	17	1					
~~9107000~~	~~COTTONWOOD POINT WATER~~	~~P~~	~~GROUNDWATER~~	~~46N~~	~~02W~~	~~17~~	~~1~~				~~1~~	
9107113	MC GREGOR, JR.	A	ST. JOE RIVER	46N	02W	17					1	
9204011	HEPTON	S	ST. JOE RIVER	46N	02W	17	10				1	
L9107080	COTTONWOOD POINT WATER	L	GROUNDWATER	46N	02W	17	1.7	0.5	40	40	25	180
	NO MAPPING INFO AVAILABLE											

OK

11/16/90

JAN 17 1991

WATER RIGHT NO.	LAST NAME	STG	PRIORITY DATE	P	WATER SOURCE	WATER USE	RATE CFS	CAPACITY	TWP	RNG	SECT	TRACT	LOT
~~91-07080~~	COTTONWOOD POINT WAT	P	06/21/1983		GROUNDWATER	IRR	0.15		46N	02W	17		SENE
191-07080	COTTONWOOD POINT WAT	L	06/21/1983		GROUNDWATER	IRR	0.13		0.13	46N	02W	17	SENE

RECORDED

JAN 17 1991

SENIOR AGENT REVIEW

RECEIVED
JUN 27 1990

Check List
for
Beneficial Use Field Report

Department of Water Resources

Permit 91-7080

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

8/24/89

RECEIVED
JUN 27 1990

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

Department of Water Resources

A. GENERAL INFORMATION

Permit No. 91-07080

1. Owner: Cottonwood Point Water & Sewer Association Phone No. 245-2331

Current Address: Rt 2 Box 48 St Maries Id 83861

2. Accompanied by: Howard Hughes EXAM. DATE: 7/26/89

Address: Box 481 St. Maries Id. Phone No. 245-3024

Relationship to Permit Holder: maintenance man

3. Source: Ground water tributary to —

B. OVERLAP REVIEW

1. Other water rights with same place of use: 91-7026 NO OVERLAP JK-12-20-88

☐ Copies Attached

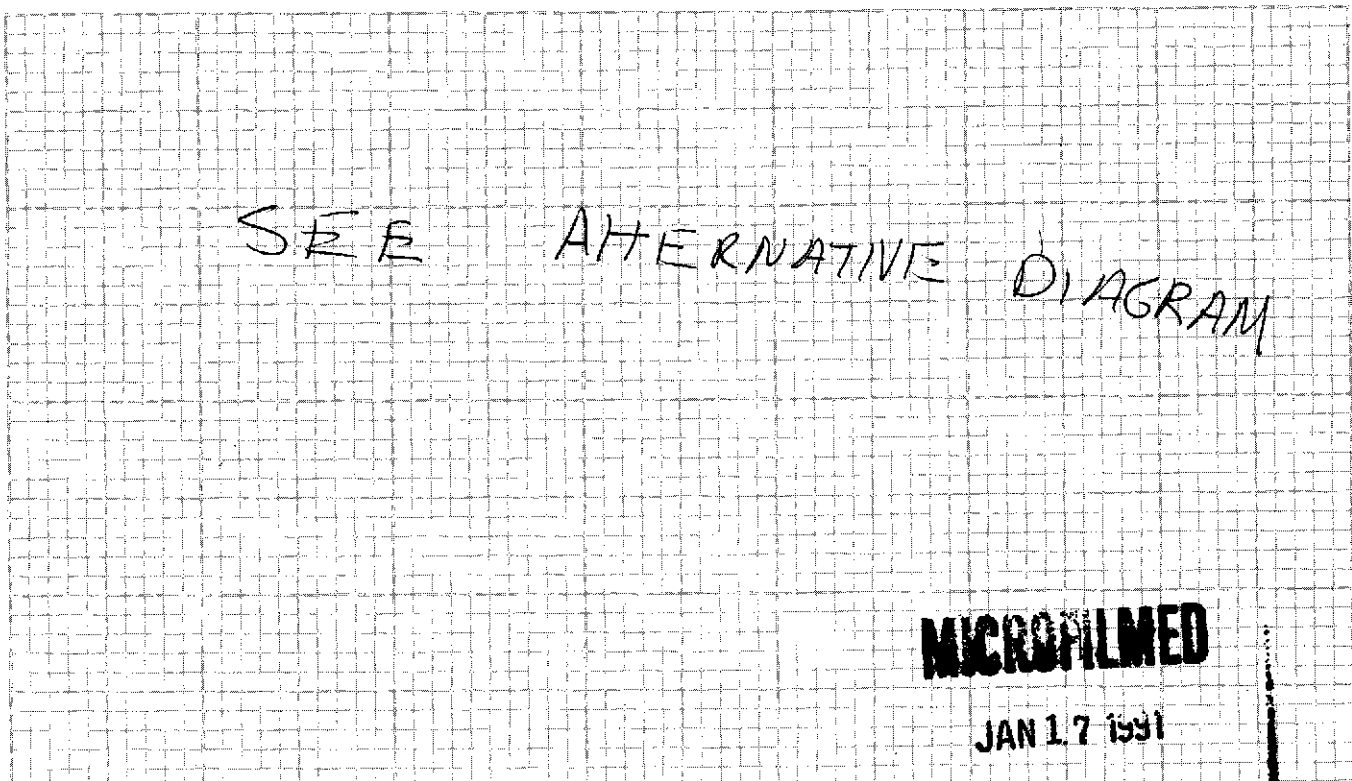
2. Other water rights with same point of diversion: NONE

☐ 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).

System Description (continued)

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

Well with 5hp pump pumps to a 25,000 gal storage tank and the gravity feeds back to pump house were one of two booster pumps up the pressure in the system to supply domestic needs and lawn and garden watering.

☐ 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	submersible	5	?	?	?
#2	submersible	1	?	?	1 1/2"
#3	century	3	23	Good	1 1/2"

*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	NE	17	46N	2W	Bernxwah	Map
		SW							

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	
46N	2W	17			For 10 1/2	D					For 10 1/2				For 10 1/2	For 10 1/2	For 10 1/2	For 10 1/2	
					D 25					D			D	D	D	D	D	D	
					1.7					1.6			0.9	0.5	0.7	0.9			6.8 acres

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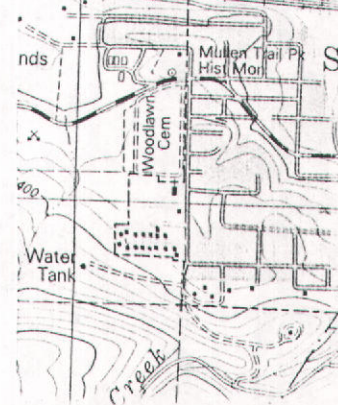
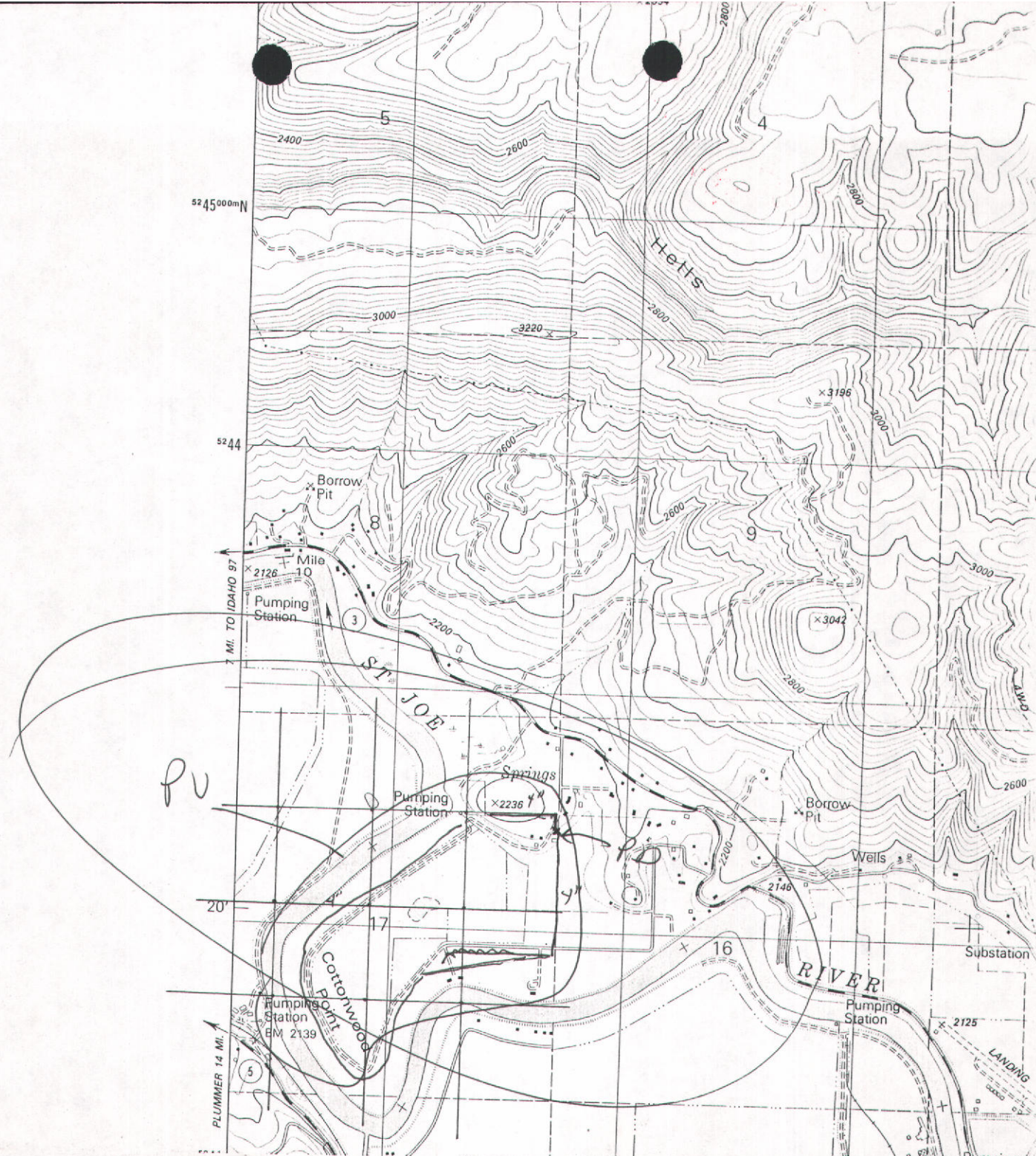
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JAN 17 1991

NAME: COTTONWOOD POINT WATER AND SEWER ASSC. INC.
 POINT OF DIVERSION: T46N,R2W,SEC. 17, SENE
 PLACE OF USE: T46N,R2W,SEC. 17, SENE, 5,6,7,8,11 & 12 ACRES IRR:6.8
 SOURCE: GROUNDWATER

PERMIT NUMBER: 91-07080
 MAP # 20
 QUAD:

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 JAN 17 1991



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D. FLOW MEASUREMENTS

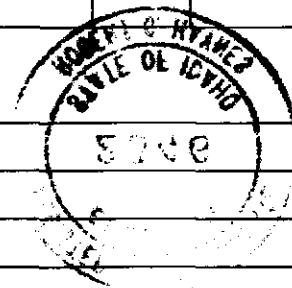
NONE

☐ 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:

METER READING Gogal/min = .13 cfs

2. Alternate Method for Checking Purposes:

$$Q = \frac{8.8(7)(5)}{2.360 + 125'} = .15 \text{ cfs}$$

$\uparrow$ $\uparrow$ $\uparrow$
8.8 psi 7' 5' $\uparrow$
T_{scpi}

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 Ampsx .001732 = _____ (6)

Panel Input HP: (6) x 1.34 = _____ (7) Efficiency: (5)/(7) x 100 = _____ %

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 20.4 \text{ afa}$$

$\uparrow$ $\uparrow$
6.8 3
24.0 2.5

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = 24.3 \text{ afa}$$

$\uparrow$ $\uparrow$
2.5 6000

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 20.4 \text{ afa}$$

2. Volume Calculations for Other Uses:

68 domestic

$$68(.6) = 40.8 \text{ afa}$$

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H. REMARKS AND OVERLAP REVIEW ANALYSIS

There is another well used solely for backup purposes

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	0.1 cfs	40.8 afa
Irrigation			0.05 cfs	20.4 afa
Totals:			0.13 cfs	61.2 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 Sukoraty
Signature [Signature]
Certification Date 2/17/90
Field Report Preparation Date 2/26/89



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

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JAN 17 1991

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT SUPPLEMENT II

PHOTOGRAPHS

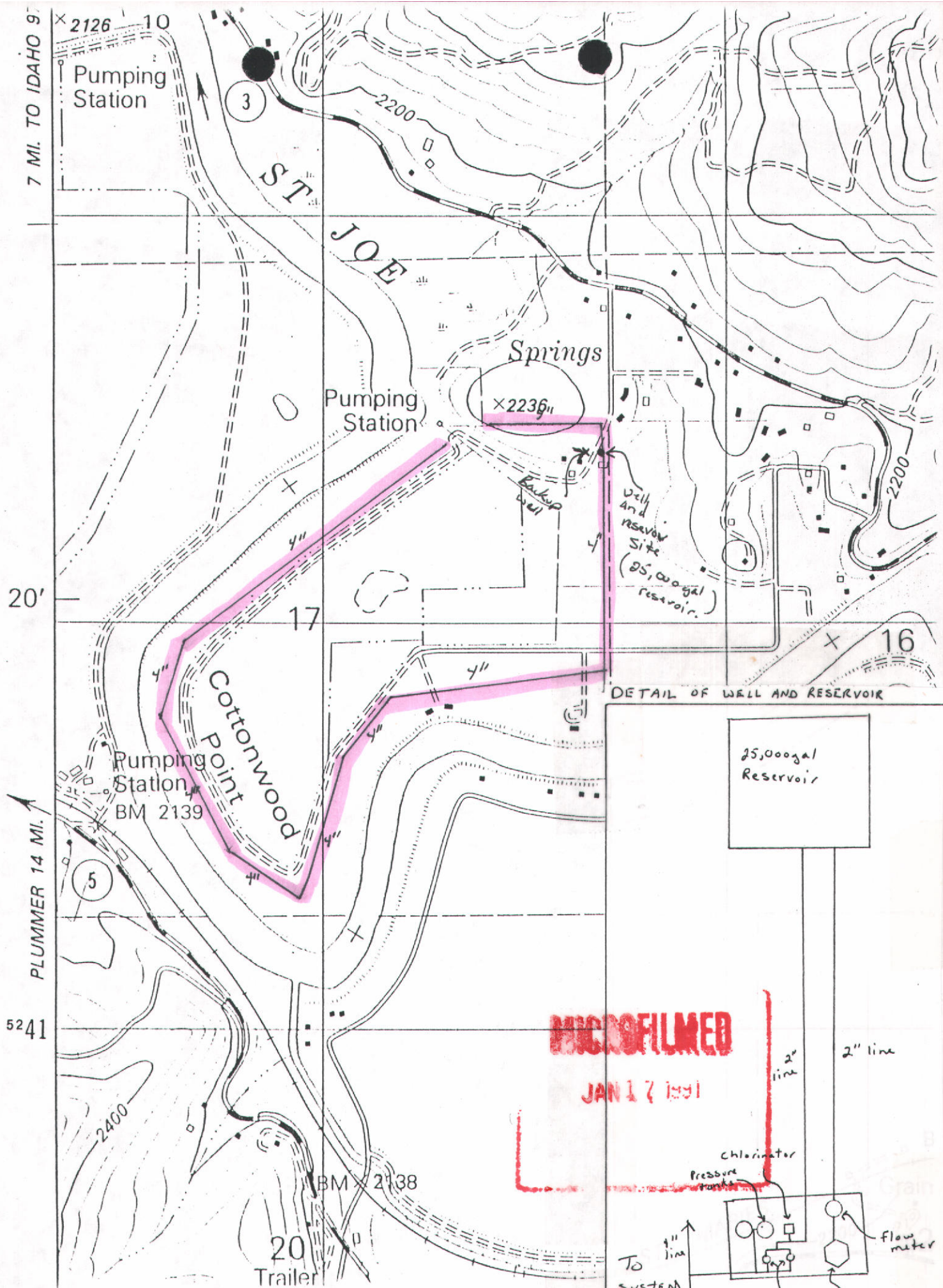


The Reservoir



inside
pump
house

REFILMED
JAN 17 1991



USE TYPEWRITER OR
BALL POINT PEN

State of Iowa
Department of Water Administration

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Pete Allen By Chase</u> Address <u>211 Maria St. Des Moines</u> Owner's Permit No. _____		7. WATER LEVEL Static water level <u>80</u> feet below land surface Flowing? ☐ Yes ☐ No G.P.M. flow _____ Temperature _____ ° F. Quality _____ Artesian closed in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug																																																											
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____		8. WELL TEST DATA ☐ Pump ☐ Bailer ☐ Other <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Draw Down</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>30</u></td><td></td><td></td></tr></tbody></table>		Discharge G.P.M.	Draw Down	Hours Pumped	<u>30</u>																																																						
Discharge G.P.M.	Draw Down	Hours Pumped																																																											
<u>30</u>																																																													
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5. WELL CONSTRUCTION Diameter of hole <u>6</u> inches Total depth <u>300</u> feet Casing schedule ☒ Steel ☐ Concrete <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>250</u> inches</td><td><u>6</u> inches</td><td><u>1</u> feet</td><td><u>203</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was a packer or seal used? ☐ Yes ☐ No Perforated? ☐ Yes ☐ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Well screen installed? ☐ Yes ☐ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☐ No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18</u> feet Material used in seal ☐ Cement grout ☒ Pudding clay ☒ Well cuttings Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing ☒ Overbore to seal depth		Thickness	Diameter	From	To	<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>203</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet																								
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6. LOCATION OF WELL Sketch map location must agree with written location. <u>91</u> <table border="1"><tr><td>N</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table> Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Des Moines</u> <u>NE 1/4 Sec. 17, T. 46 N. R. 2 E. S. 2</u> <u>24</u>		N																									10. Work started <u>6 11 74</u> finished <u>6 18 74</u>																																		
N																																																													
		11. DRILLERS CERTIFICATION Firm Name <u>Chase Drilling Co.</u> Firm No. <u>232</u> Address <u>Edo on St. Des Moines, Iowa 50314</u> Signed by (Firm Official) <u>John Chase</u> and (Operator) <u>Doug Harkins</u>																																																											

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

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. 46N, Rge. 2W,
Sec. 17, Qtr./Qtr. SE NE or Lot _____
2. Owner cottonwood Point Water and Sewer Association
Address Rt 2 Box 48, City St. Maries, State Id
3. Approx. date of well construction 1974
Well Driller P Carmen Den Co.
4. Casing: Diameter 6" Condition good
5. Casing length above land surface 1'
6. Well depth (ft) 300 Flowing --- Temp. ---
Access port ~~no~~ yes
7. Condition of piping and valving good
8. Evidence of well seal yes
9. Shut in pressure or static water level 80'
10. Evidence of leakage around the casing no
11. Does well need repair no
12. Comments NONE

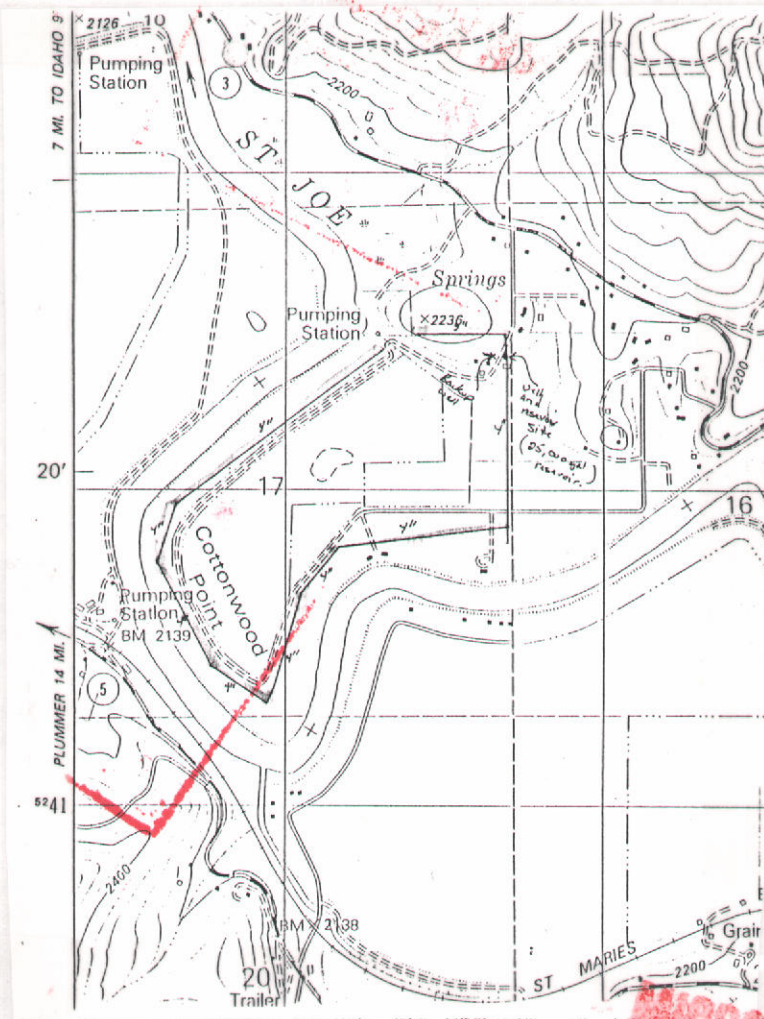
MICROFILMED

(OVER)

JAN 17 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

JAN 17 1991

Inspected by [Signature]

Date 7/26/89

1991 5.1 MAL

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 91-7080

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
Y 1. well log in file 1 found, 1 well log too old.
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 Is a measuring device or access port required?
Y 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

JUN 20 1988

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

For Office Use Only
Fee Received \$50.00
Date 6/21/88
Receipt # C001489
Receipt by dm
Reviewed by gs
Sent to region

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. 91-7080

Name(s) of Permit Holder: Cottonwood Point Water & Sewer Association, Inc.

Post Office Address: Route # 2 Box 48 St. Maries, ID 83861

Telephone No. (208) 245-3961

Source of Water: Groundwater

Extent of Use:

Domestic 68 (number of households) Stockwater (number and type of stock)

Irrigation 6.8 (acres) Other/Remark

Total rate and/or volume for which proof is submitted 0.15 cfs acre-feet

Show the date water was first diverted and beneficially used under this permit: August 1983

Measuring Device: Required? X Yes No
Installed? X Yes No
Fee enclosed \$ 50.00
(See License Examination Fee Schedule)

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

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

Barbara Bentley (208) 245-3961
(Name) (Telephone Number)

Route # 2 Box 48 St. Maries, ID 83861
(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.

6-17-88
Date

Barbara Bentley Secretary
Signature of Permit Holder (and title, if appropriate)
Cottonwood Point Water & Sewer Association, Inc.

OCT 13 1988

To: File 91-7080

From: Groundwater Protection

Date: 9/14/88

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.

1- Log Found was mis
marked by driller

1- Log well to old

OK

JB

RECEIVED

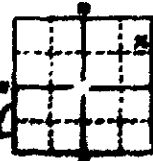
OCT 13 1988

USE TYPEWRITER OR
BALL POINT PEN

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Natural Resources, within 30 days after the completion of a well.

Instructions: Attach this report to the back of the well permit.

1. WELL OWNER <i>Pat Allen By Moore</i> <i>211 Moore St.</i>		2. WATER LEVEL Water level: <i>80</i> feet below ground surface Water level: Yes ☐ No ☐ G.P.M. flow: _____ Temperature: _____ Quantity: _____ Air pressure: _____ PSI Barometer: _____ PSI	
3. WELL TEST DATA ☒ Test ☐ Discharge ☐ Replacement Method of test: _____		4. WELL TEST DATA Discharge G.P.M. _____ Draw Down _____ Hours Pumped _____	
5. AUTHORIZED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other specify type: _____ ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection		6. LITHOLOGIC LOG Depth: _____ Material: _____ Water: _____	
7. WELL CONSTRUCTION Casing: <i>6</i> inches ☒ Steel ☐ Concrete Total depth: <i>300</i> feet Diameter: <i>6</i> inches ☐ From <i>255</i> feet ☐ To _____ feet Perforations: _____ feet _____ feet _____ feet _____ feet 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 _____ feet _____ feet Well screen installed? ☐ Yes ☐ No Manufacturer's name _____ 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: _____ Material used in seal ☐ Cement grout ☐ Packing clay ☒ Well cuttings Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing ☒ Overhaul to seal depth		8. LOCATION OF WELL Sketch map location must agree with written location.  Substation Name _____ Lot No. _____ Block No. _____ Owner: <i>Pat Allen</i>	
9. DRILLER'S CERTIFICATION I, the undersigned, certify that the well was drilled in accordance with the permit and the specifications of the Department of Natural Resources. Permit No. <i>1174</i> Substation No. <i>1294</i> Signed by (Type Name) <i>John Doe</i> Driller's Name: <i>John Doe</i>			

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

WELL OWNER

Name Pete Allen Co Chase
Address 24 N. Main Idaho
Permit No. _____

7. WATER LEVEL

Static water level 0.5 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Temperature _____ °F. Quality _____
Artesian closed in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement

Abandoned (describe method of abandoning) _____

8. WELL TEST DATA

☐ Pump ☐ Bailor ☐ Other _____

Discharge G.P.M. _____ Draw Down _____ Hours Pumping _____

30

APPROPOSED USE

Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) _____

Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection _____

METHOD DRILLED

Cable ☒ Rotary ☐ Dug ☐ Other _____

WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 300 feet
Casing material ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>2.50</u> inches	<u>6</u> inches	<u>1</u> feet	<u>203</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

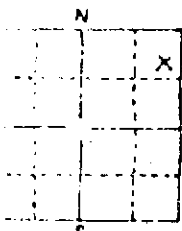
Is a packer or seal used? ☐ Yes ☐ No
Is it perforated? ☐ Yes ☐ No
Type of perforation ☐ Factory ☐ Knife ☐ Torch
Number of perforation _____ inches by _____ inches
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet

Is screen installed? ☐ Yes ☐ No
Manufacturer's name _____ Model No. _____
Slot size _____ Set from _____ feet to _____ feet
Slot size _____ Set from _____ feet to _____ feet

Is it packed? ☐ Yes ☐ No Size of gravel _____ feet to _____ feet
Seal depth 18 Material used in seal ☐ Cement grout
☒ Pudding clay ☒ Well cuttings
Sealing procedure used ☐ Shrinky pit ☐ Temporary surface casing
☒ Overbore to seal depth

LOCATION OF WELL

Well group location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

City Bear River

E. & N.E. 1/4 Sec. 17, T. 46, N. 8, R. 2, E. 1

10.

Work started 6 11 15 finished 6 12 14

11. DRILLERS CERTIFICATION

Firm Name CADIAN Dr. Co. Firm No. 328

Address 202 N. ST. MARIE'S GATE 6 12 14

Signed by (Firm Official) [Signature]

and
(Operator) [Signature]

FORWARD THE WHITE COPY TO THE DEPARTMENT

To: File 91-7080

From: Groundwater Protection

Date: 7/19/88

Drilling Permit: X 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
X Not found

Follow-up X 2 wells 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 11, 1987.

2 wells

OCT 13 1988

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: ✓

APPLICATION NUMBER: 91-7086

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: 8/11/83

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: 7/18/83 ✓
☐ Yes ☒ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 8/2/83 ✓
☒ 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? _____
6/21/83 Date of priority recommended.
✓ Special conditions of approval or cover letter. _____

By: SLW Date: 8/21/83

STATE OFFICE REVIEW:

return receipt
SLW/LIT
☐ See attached sheet for more information.
By: SLW Date: 8/24/83

RECEIVED
AUG 23 1983
Department of Water Resources