

Ident. No. 15-7298

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of Applicant John S. Williams Phone 208-766-4050
Mailing address 333 W 400 North Malad Idaho 83252

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

3. Location of point of diversion is Township 63S Range 36 Sec. 26, in the _____ 1/4,
SE 1/4, NE 1/4, Govt. Lot _____, B.M., Orinda County;

additional points of diversion if any: _____

4. Water will be used for the following purposes:

Amount 2.62 for Irrigation purposes from 4-1 to 10-31 (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)
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 is (a) 2.62 and/or (b) _____
cubic feet per second acre feet per annum

6. Proposed diverting works:

a. Describe type and size of devices used to divert water from the source 12" well, 200 foot deep proposed-
sump and circle pivots -

b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total
reservoir capacity _____ acre-feet

c. Proposed well diameter is 12' inches; proposed depth of well is 200' feet

d. Is ground water with a temperature of greater than 85°F being sought? NO

e. If well is already drilled, when? _____; Drilling firm _____;
Well was drilled for (well owner) _____; Drilling Permit No. _____

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

8. Description of proposed uses (if irrigation only, go to item 9):

a. Hydropower; show total feet of head and proposed capacity in kW. _____
b. Stockwatering; list number and kind of livestock. _____
c. Municipal; show name of municipality. _____
d. Domestic; show number of households. _____
e. Other; describe fully. _____

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of the use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
135	36E	26	25		2	35									30	10	13	16	131

Total number of acres to be irrigated 131

10. Describe any other water rights used for the same purposes as described above. _____

11. 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: _____

12. Remarks: _____

13. MAP OF PROPOSED PROJECT REQUIRED - Attach an 8½"x11" map clearly identifying the proposed point of diversion, place of use, section #, township & range. (A photocopy of a USGS 7.5 minute topographic quadrangle map is preferred.)

BE IT KNOWN that the undersigned hereby makes this application for permit to appropriate the public waters of the State of Idaho as herein set forth.

John J. Williams
Signature of Applicant (and title, if applicable)

Received by SMA Date 9-26-07 Time 8:30 AM Preliminary check by JSL
 Fee \$ 330.00 Received by J. Berry # ED33427 Date 9-26-07
 Publication prepared by GC Date 10/18/07 Published in Idaho Enterprise
 Publication approved _____ Date _____



Tract 371, Map U9
Farm 935
Oneida County

0.09 0 0.09 0.18 0.27 0.36 Miles



Map Printed: Jul 29, 2004



Tract 1301, Map U9
Farm 935
Oneida County

0.03 0 0.03 0.06 0.09 0.12 Miles



Map Printed: Jul 28, 2004

FSA-211
(07-26-05)U. S. DEPARTMENT OF AGRICULTURE
Farm Service Agency - Commodity Credit Corporation - Federal Crop Insurance Corporation

POWER OF ATTORNEY

THE UNDERSIGNED does hereby appoint (1) John J. Williams, of (2) 858 Fairview Dr Henderson Nev
Henderson (3) Clark County, State of (4) Nev, the attorney-in-fact to act for 89013
 (5) John J. Williams Jr. in connection with Farm Service Agency and Commodity Credit Corporation
 program number(s) checked below. Checking any of the FSA or CCC programs does not have any impact as to the FCIC transactions
 checked below:

A. FSA and CCC PROGRAMS
(Check applicable program numbers)

- ☐ 1. All current programs. ☐ 6. Noninsured Crop Disaster Assistance Program.
- ☒ 2. All current and all future programs. ☐ 7. Tobacco programs.
- ☐ 3. Direct and Counter-Cyclical Program except 2002 peanuts covered by Item A4. ☐ 8. Marketing Assistance Loans and Loan Deficiency Payments.
- ☐ 4. 2002 Direct and Counter-Cyclical Peanut Program. ☐ 9. Conservation programs.
- ☐ 5. Peanut Quota Buy-Out Program. ☐ 10. Milk Income Loss Contract Program.
- ☐ 11. Other (Specify)

B. TRANSACTIONS for FSA and CCC PROGRAMS
(Check applicable program numbers)

- ☒ 1. All actions. ☐ 5. Making reports.
- ☐ 2. Signing applications, agreements, and contracts. ☐ 6. Conducting all marketing assistance loan and LDP transactions.
- ☐ 3. Election of bases and yields except peanut designation covered by Item B4. ☒ 7. Other (Specify) routing payments to financial institution accounts executing CCC-526
- ☐ 4. Designation of peanut historical base and yield to a farm.

This form may also be used to grant authority to an attorney-in-fact to act on the grantor's behalf with respect to certain FCIC programs and crops.
 Checking any of the FCIC transactions does not have any impact as to the FSA or CCC transactions checked above:

C. FCIC CROPS

(Enter "All" or specify each crop and year)

1. _____
2. _____
3. _____
4. _____

D. TRANSACTION NUMBERS USED BY FCIC
(Check applicable numbers)

- ☐ 1. All actions. ☐ 4. Making claim for indemnity.
- ☐ 2. Making application for insurance. ☐ 5. Making contract changes.
- ☐ 3. Reporting crop acreage and notice of damage reports. ☐ 6. Other (Specify) _____

This Power of Attorney is valid in all counties in the United States unless otherwise noted. This power of attorney shall remain in full force and effect until (1) written notice of its revocation has been duly served upon FSA; (2) death of the undersigned grantor; or (3) incompetence or incapacitation of the undersigned grantor. The undersigned grantor shall provide separate written notice of revocation to the applicable crop insurance agent. This power of attorney shall not be effective until properly executed and served to a FSA Service Center.

AUTHORIZED SIGNATURES:

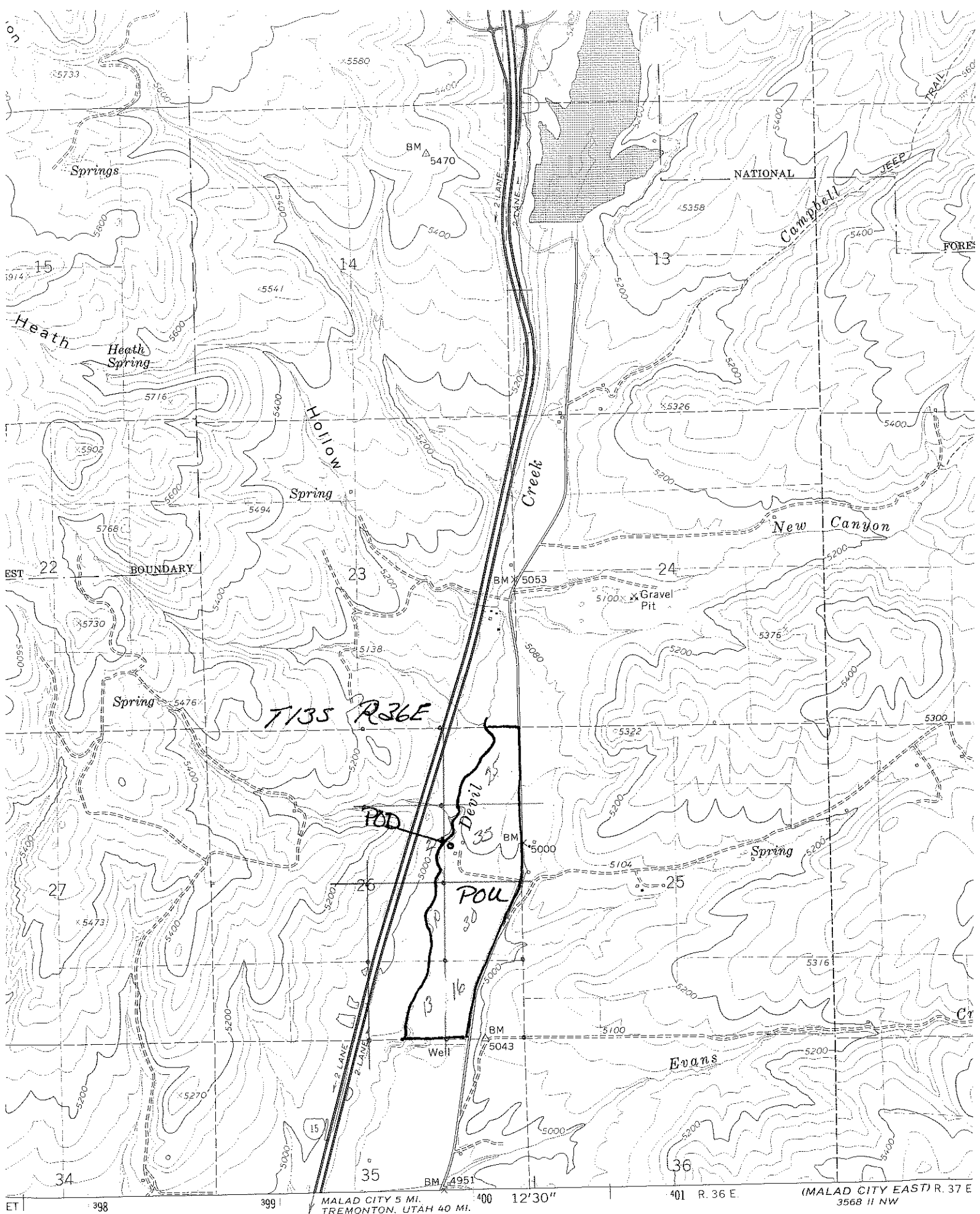
6A. Signature(s) of Grantor(s) (Individual)	B. Date (MM-DD-YYYY)	C. Social Security Number	D. For Grantors Signature Continuation, check here if FSA-211A is attached.
<u>John J. Williams</u>	<u>02/17/1925</u> <u>1/16/2007</u>	<u>518-22-2525</u>	☐
7A. Signature of Grantor (Partnership, Corporation, Trust, etc.)	B. Title	C. Date (MM-DD-YYYY)	D. Identification No. of Entity
8A. Witness Signature (FSA Employee Only)	B. Date (MM-DD-YYYY)	C. Official Position	
<u>Delia Buchler</u>	<u>1-16-07</u>	<u>Program Technician</u>	
9. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).			
Signature (a) _____ State of (b) _____ County of (c) _____			
10. This power of attorney was served to (a) <u>Onida</u> County FSA Office, (b) State of <u>Idaho</u> and became effective this (c) <u>16</u> day of (d) <u>January</u> , (e) <u>2007</u> .			

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