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DEPT. OF WATER RESOURCES
SOUTHERN REGION

Ident. No. 36-16520

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of Applicant Country Club Estates Inc Phone 735-4088
Mailing address 630 Canyon Drive Twin Falls ID 83301
2. Source of water supply Spring which is a tributary of Snake River
3. Location of point of diversion is Township 9S Range 18E Sec. 31, in the NE $\frac{1}{4}$,
SE $\frac{1}{4}$, NW $\frac{1}{4}$, Govt. Lot 3, B.M., Jerome County;
additional points of diversion if any: _____
4. Water will be used for the following purposes:
Amount .04 for DOM purposes from 1/1 to 12/31 (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) .04 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 pipeline from spring
to public restroom & water fountain @ private golf course
 - b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total
reservoir capacity _____ acre-feet
 - c. Proposed well diameter is _____ inches; proposed depth of well is _____ feet
 - d. Is ground water with a temperature of greater than 85°F being sought? _____
 - 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 1 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. restrooms & water fountain
 - e. Other; describe fully. _____

36-7232
BLM-Att/GW

Spring #1

NEW PO
(pond)

Spring #2

PO

Spring #3

PO

36-8127B CCE
#1

36-2037 IP
36-8127A CCE
36-8127B
#2

36-7269A CCE
36-7269B Center
#3

36-7270
#4

36-8762 IP

2-2036
IP

5. 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	
9S	18E	31								X									
										L3									

Total number of acres to be irrigated _____

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

7. 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: _____

8. Remarks: use will be limited to 42-111(B), no more than 2500 gpd, no irrigation use.

This use began approx 1985, no previously recorded right

9. **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.

[Signature] Vice Pres
Signature of Applicant (and title, if applicable)

Received by cyg Date 4-24-07 Time 12:00 Preliminary check by _____
 Fee \$ 100 Received by cyg # 5029419 Date 4-24-07
 Publication prepared by _____ Date _____ Published in _____
 Publication approved _____ Date _____

No. C 61231

Due no later than May 31, 2007

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

COUNTRY CLUB ESTATES INC.
630 CANYON DRIVE
TWIN FALLS, ID 83301

EILEEN MCDEVITT
732 FALLS VIEW DR
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Eileen McDevitt	732 Falls View Dr	Twin Falls	ID	83301
V.P	Andy Barry	2514 East 3707 North	Twin Falls	ID	83301
Secretary	Gordon Saffrey	817 River View Dr.	Twin Falls	ID	83301
~~Treasurer~~	~~Judy Spencer~~				

5. Organized Under the Laws of:
IDAHO
C 61231

6.

Signature

Date

4/2/07

Name (Typed or Printed)

Eileen McDevitt

Title

President

Issued 03/04/2007

Do Not Tape or Staple

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