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FORM 202

DEPT. OF WATER RESOURCES
SOUTHERN REGIONIdent. No. 47-17435

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DEPT. OF WATER RESOURCES
SOUTHERN REGION

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT
To appropriate the public waters of the State of Idaho

PERMIT # 473-4151

1. Name of Applicant City of Kimberly Phone (208) 423-4297
Mailing address P.O. Box 2 Kimberly, ID 83341

2. Source of water supply Groundwater which is a tributary of N/A

3. Location of point of diversion is Township 10S Range 18E Sec. 21, in the SW 1/4, SW 1/4, Govt. Lot Twin Falls County;

additional points of diversion if any: _____

4. Water will be used for the following purposes:

Amount 3.35 efs for City/Municipal 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)

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) 3.35 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 Deep Water Well.

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

c. Proposed well diameter is 12 inches; proposed depth of well is 600 feet

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

e. If well is already drilled, when? 7/2006; Drilling firm Eaton Drilling & Pump Service;
Well was drilled for (well owner) City of Kimberly; Drilling Permit No. 839698

7. Time required for completion of works and application of water to proposed beneficial use is 2 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. N/A

b. Stockwatering; list number and kind of livestock. N/A

c. Municipal; show name of municipality. City of Kimberly

d. Domestic; show number of households. N/A

e. Other; describe fully. N/A

3. 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	
10S	18E	20													M	M	M	M	
10S	18E	21							M		M	M	M	M					
10S	18E	28					M	M	M	M									
10S	18E	29	M	M		M									M	M			

Total number of acres to be irrigated N/A

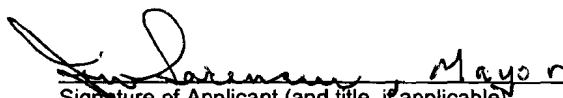
10. Describe any other water rights used for the same purposes as described above. 47-4459, 47-4460
47-7306, 47-7649, 47-8091, 47-8377, 47-8320

11. a. Who owns the property at the point of diversion? City of Kimberly
- b. Who owns the land to be irrigated or place of use? Municipal Well - Servicing many private and public land owners.
- c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: N/A

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.


 Signature of Applicant (and title, if applicable)

Received by C. SKINNER Date 9/15/06 Time ? Preliminary check by C. SKINNER
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 C.S.

