

4/86

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 Fee Received 8225
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 Sent to S.O. 6/12/86

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

Department of Water Resources
 Western Regional Office

EXAMINATION FEE INFORMATION

RECEIVED
JUN 12 1986

1. Permit No. 63-9218

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: STATE OF IDAHO, DEPT. OF FISH & GAME3. Post Office Address: 30845 HOLELINE ROAD, PARMA, IDAHO 83660Telephone No. 722-58884. Source of Water: SAND HOLLOW DRAIN & UNNAMED DRAIN

5. Extent of Use:

Domestic _____ (No. of households) Stockwater _____ (No. and type of stock)

Irrigation ~~160~~ 260 (acres) Other/Remark PONDS FORWILDLIFE HABIT. (PONDS COVER APPROX 60 ACRES)6. Total rate &/or volume for which proof is submitted 5.16 cfs _____ acre-feet

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

JUNE, 1979

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

CLAIR KOFOED, MANAGER FT. BOISE WILDLIFE MGT. AREA
 (Name)

30845 HOLELINE ROAD, PARMA, IDAHO 83660
 (Address)

722-6845 home
722-5888 office
 (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.)

Date _____

Signature of Permit Holder (and title, if appropriate) _____