

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT

To appropriate the public water of the State of Idaho

1. Name: DARLENE KINCADE
1781 E HWY 77
MALTA ID 83342
(208)645-2346
AND

LARRY KINCADE
1781 E HWY 77
MALTA ID 83342
(208)645-2346

2. Source: SPRING Tributary to: SINKS

3. Location of Point of Diversion:

#1 SPRING SW1/4NW1/4NW1/4 Sec. 25, Twp 13S, Rge 25E, B.M.
CASSIA County

4. Water will be used for the following purposes:

<u>Purpose</u>	<u>From</u> <u>To</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
STOCKWATER	01/01 to 12/31	0.04 CFS	

5. Total quantity to be appropriated is: 0.04 CFS

6. Proposed diverting works:

POINT OF DIVERSION #1

a. Type and size of devices used to divert water from the source: 4" PERFORATED PIPE TO 24" CMP HEADBOX, 1 1/2" PIPELINE TO 21 TROUGHS

- 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 85F being sought?

- e. If well is already drilled, when? _____;
Drilling Firm _____;
Drilling Permit No. _____.

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

8.

PLACE OF USE: STOCKWATER

Twp Rge Sec	NE				NW				SW				SE				Totals
	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
13S 25E 25						X											
13S 26E 19									X	X	X	X	X	X	X	X	
13S 26E 20										X	X						

9a. Who owns the property at the point of diversion? If other than applicant, describe the arrangement enabling the applicant to make this filing.

APPLICANT

9b. Who owns the land to be irrigated or place of use? If other than applicant, describe the arrangement enabling the applicant to make this filing.

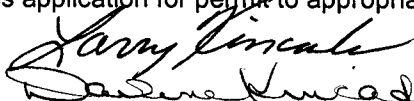
APPLICANT

10. Remarks:

Right 43-10509 covers in-stream use of this spring. We want to collect the water in a pipeline to serve two troughs near the spring, and to another 19 troughs on our home place along Cassia Creek. The purpose of the project (partially funded by NRCS) is to reduce livestock damage to Cassia Creek; instead of drinking from anywhere in the stream channel, stock will drink from the troughs and from several small access points on the stream. The troughs will provide additional watering spots, reducing cattle use of Cassia Creek. No Cassia Creek water will be diverted to the troughs.

11. Map of proposed point of diversion and place of use attached? ☐

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.



Applicant

R# 5028351

Received by J. Stanton Date 1/30/06 Time 4 pm Preliminary check by _____
Publication prepared by _____ Date _____ Published in _____
Publication approved _____ Date _____

Larry Kincade

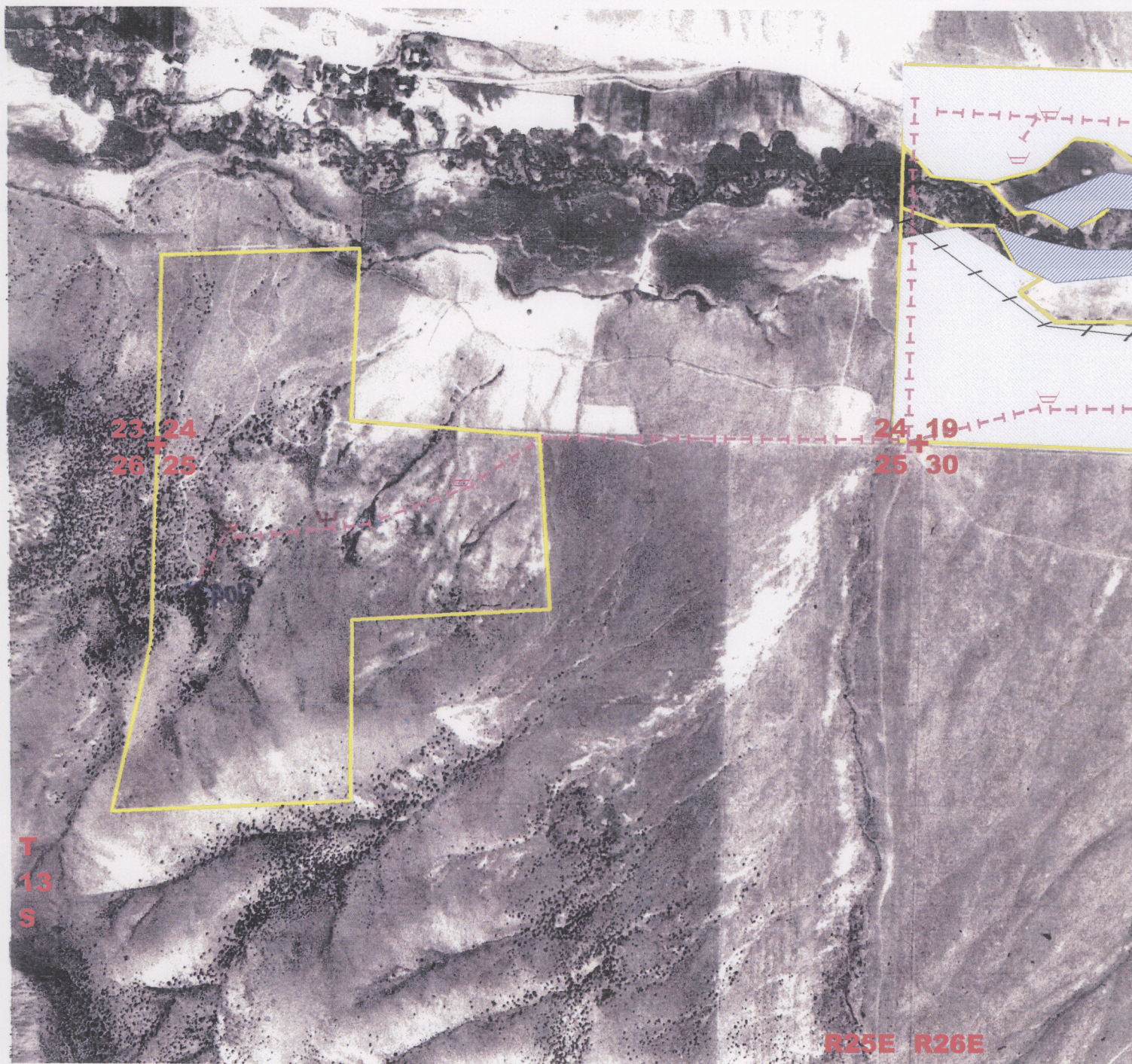
East Cassia

Date: 08/22/2003

Conservation Practice Map

T 1476

Burley
NRCS
Marika Kearsley



Legend

-  Fence
-  Pipe
-  Springs
-  Trough
-  Stream Crossing
-  Hay Planting
-  Range Planting
-  Planned Land Units



1000 0 1000 2000 Feet



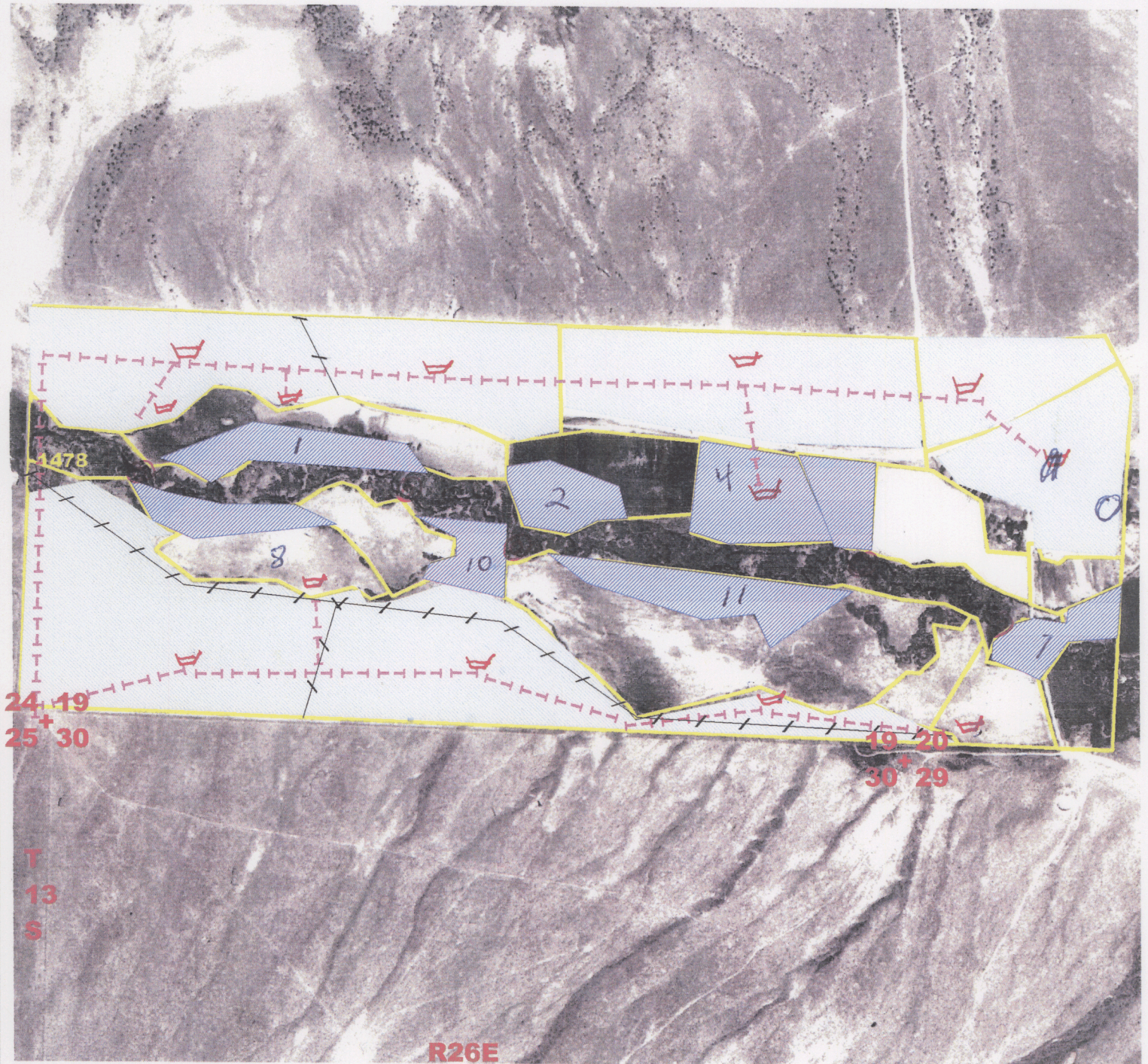
Larry Kincade

East Cassia

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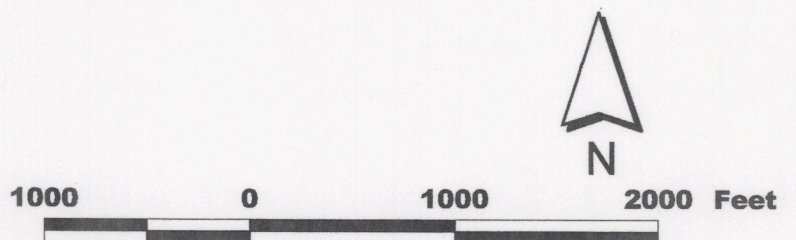
Conservation Practice Map T 1478 (Range)

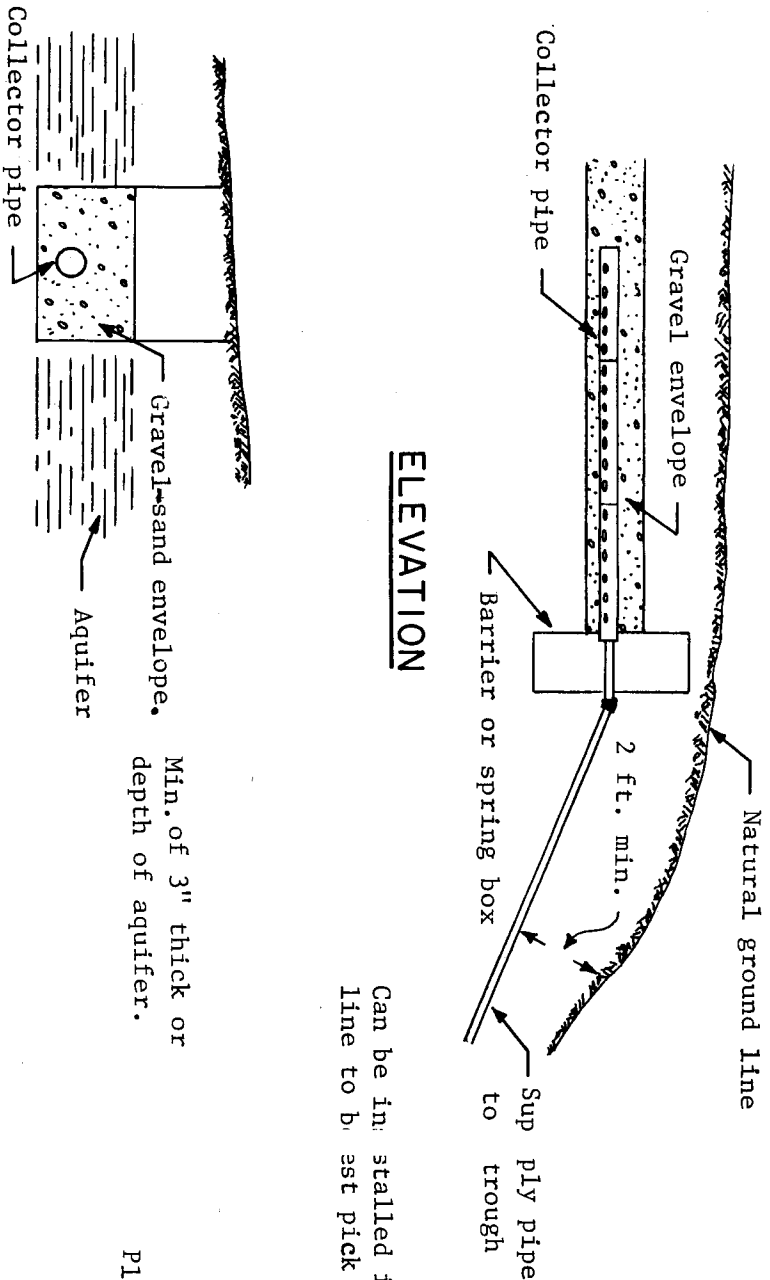
Burley
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Legend

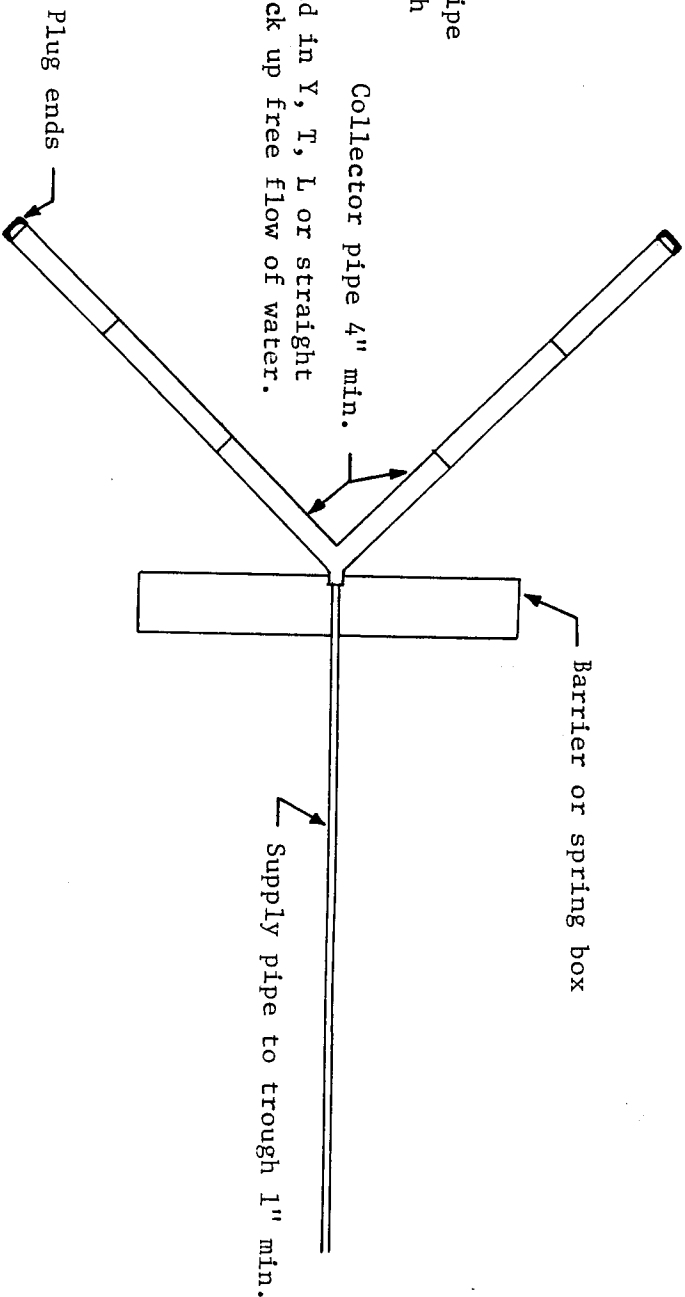
- Fence
 - Pipe
 - HayPlanting
 - RangePlanting
 - Planned Land Units
 - Trough
 - Stream Crossings
- USDA





ELEVATION

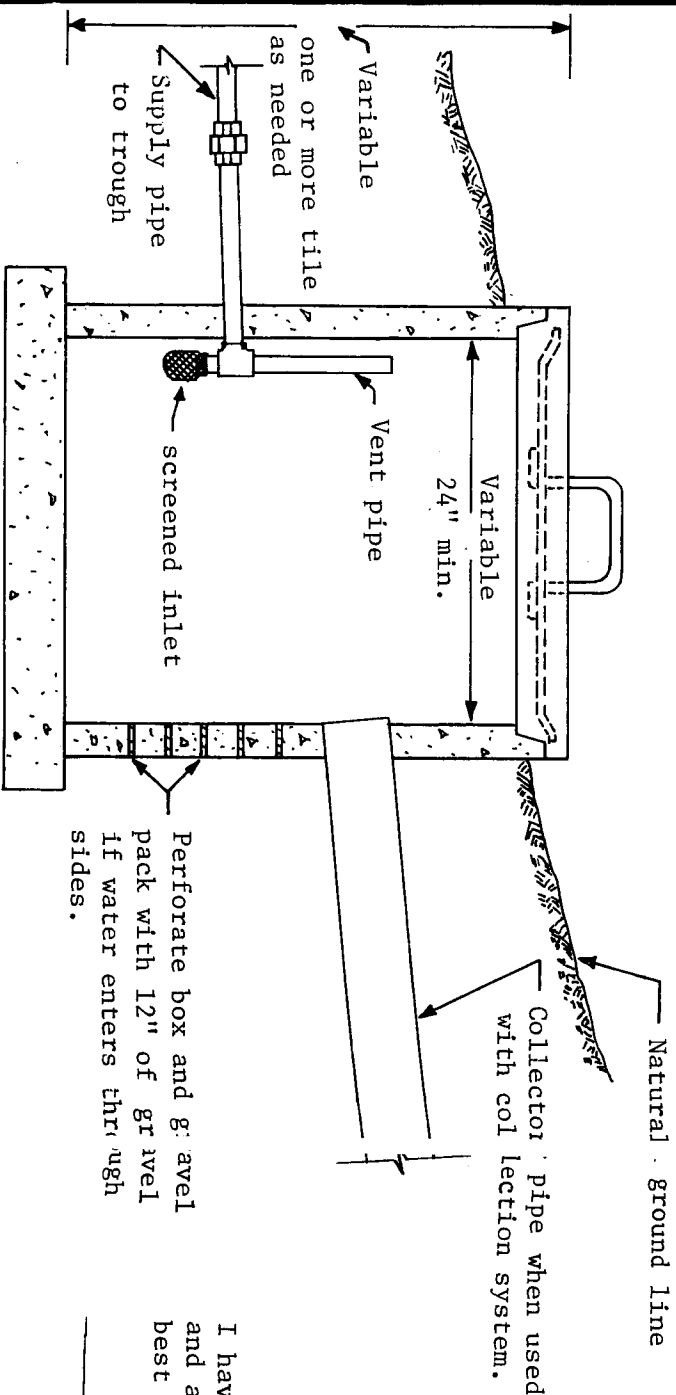
Can be installed in Y, T, L or straight line to best pick up free flow of water.



SCHEMATIC LAYOUT

TRENCH DETAIL

Spring box to be used when water emerges in one spot or with collection system above. Box may be concrete or metal pipe.



PLAN

I have reviewed the plans and specifications and agree to construct this project to the best of my ability in accordance with them.

Cooperator _____ Date: _____

CONSTRUCTION SPECIFICATIONS
ID-SS-E _____, ATTACHED

Box: _____
(Material)

Size _____

Collection system: _____

Supply pipe: _____

(Diameter & type)

Protection of source _____

Job class _____

SPRING DEVELOPMENT	
COOPERATOR _____	SCD _____ CO., IDAHO
U. S. DEPARTMENT OF AGRICULTURE SOIL CONSERVATION SERVICE	
Designed _____	Date _____
Drawn _____	Approved by _____
Field _____	Checked _____
_____	_____