

1/31/03

RECEIVED

APR 13 2005

WATER RESOURCES
WESTERN REGIONState of Idaho
Department of Water Resources

Drilling Permit No. _____

Drilling Permit I.D. Tag No. D0039014Water Right Permit No. 63-31987

Injection Permit No. _____

APPLICATION FOR DRILLING PERMIT
(FOR THE CONSTRUCTION OF A WELL)1. Owner (please print): Cortlon Development2. Mailing Address: 1500 W. BarrettCity: Meridian State: ID Zip Code: 83647 Telephone () 888/18513. Proposed Well Location: Twp. 3N, Rge. 1W, Sec. 8, 1/4 NE 1/4 NE 1/4;Gov't Lot No. _____ County Canyon Lat. _____: _____: _____ Long. _____: _____: _____Street Address of Well Site St. James Loop City _____Lot, block and subdivision St. James Place
Give at least name of road + Distance to Road or Landmark

4. Proposed Use of Well:

- ☐ DOMESTIC: The use of water for homes, organization camps, public campgrounds, livestock and for any other purpose in connection therewith, including irrigation of up to 1/2 acre of land, if the total use is not in excess of 13,000 gpd; or any other uses, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

Domestic does not include water for multiple ownership subdivisions, mobile home parks, commercial or business establishments, unless the use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

NON-DOMESTIC: ☐ Irrigation ☐ Municipal ☐ Industrial
☐ Livestock ☐ Test ☒ Other Fire Protection
 Type _____ Number Hd. _____

(Describe)

☐ INJECTION☐ MONITORING: A well bore schematic and map is required for each blanket permit. No. of proposed wells: _____

5. Well Construction Information:

A. ☒ New well ☐ Modify ☐ ReplaceB. Proposed Casing Diameter 16" Proposed Maximum Depth _____

C. Anticipated bottom hole temperature:

☒ 85 F or less
(Cold Water Well)☐ 85 F to 212 F
(Low Temp. Geo. Well)☐ 212 F. or more
(Geothermal Well)6. Construction Start Date: 4/13/057. Anticipated Well Driller: Treasure Valley Driller's Lic. No. 560

NOTE: The actual well driller must be identified prior to drilling.

8. Applicant's Signature: Carolyn M. Smith Date 4/13/05

Address (if different than owner): _____

City: _____ State: _____ Zip Code: _____ Telephone _____

Title: _____

(Owner, Firm Representative, Other)