

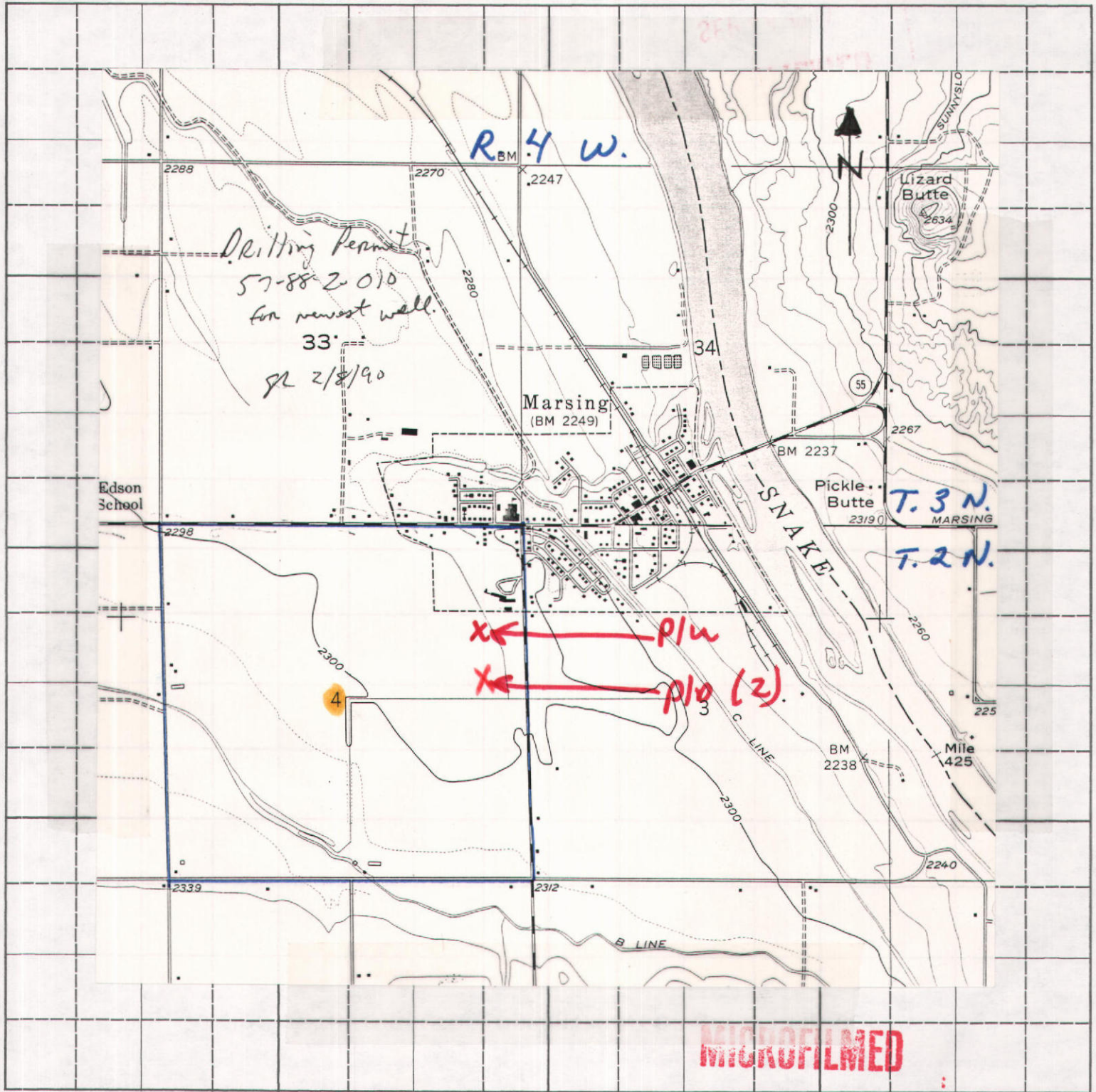


TOWNSHIP 2N  
RANGE 4W  
MARSHING High School  
GROUNDS 500x1000  
400 PAVEMENT POINTS

4 (proposed)

MICROFILMED  
DEC 19 1996  
Attachment A

13. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



Scale: 2 inches equal 1 mile.

SEP 26 1990

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.

*Joe M. Whitten*  
(Applicant)  
Supt. of Schools

Daniel B. Arriola, Superintendent

Phone Number 896-4111  
FAX# 896-4790



"gateway to Idaho"

Owyhee & Canyon County  
**SCHOOL DISTRICT No. 363**  
Box 340  
MARSING, IDAHO 83639

FAX TRANSMITTAL

TO: Water Resources Dept.  
ATTN: MR. ROB WHITNEY  
FROM: DANIEL ARRIOLA  
DATE: 10/28/96  
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of pages in this document including cover sheet: (2)

Rob - this  
rec'd 10/28  
after 10/25  
notes added -  
let's talk e

d.p. issue  
now that have  
this fax  
DEC 19 1996  
-JL 10/28

MICROFILMED  
DEC 19 1996



## MARSING SCHOOL DISTRICT No. 363

Owyhee & Canyon County  
Box 340  
Marsing, Idaho 83839

October 28, 1996

Mr. Rob Whitney  
Western Region Manager  
Department of Water Resources  
Boise, ID

Dear Sir,

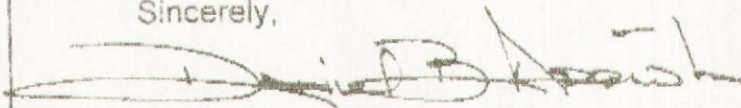
The Marsing School District has applied for permits to drill two wells to provide water for the heating/cooling system in the new high school.

Your excellent suggestion to drill a test well was of enormous benefit to us. This well was successful and gave us valuable data on the capacity of the aquifers. However, one additional well of similar capacity is needed to insure that an adequate supply of water in the coldest of times is available. Therefore, we have applied for two permits, one to bring the test well on line and one to drill the final well and bring it on line.

Potable water is not required as these wells will only be connected to the heating/cooling system. In addition, the wells will be connected to the system in such a way as to preclude any commingling of aquifers.

With the rapid approach of winter and on behalf of the Marsing School Board, I respectfully request that you take whatever action necessary to expedite the final approval of these permits.

Sincerely,

  
Daniel B. Arriola  
Marsing School District Superintendent

MICROFILMED

DEC 19 1996

### OUR VISION

To provide effective schools that have the following characteristics:

- Commitment to learning as the number one priority

- Strong community involvement

- Strong instructional leadership

- High expectations for students and staff

- Commitment to mastery of all basic skills by all students

- Clear and focused school mission

- Positive school climate

- Consistency among staff in the treatment of students

- Frequent and careful monitoring of student progress

### OUR MISSION

To educate all students to lead productive, satisfying and responsible lives now and in the future.

# The Owyhee Avalanche

P.O. BOX 97 • HOMEDALE, ID 83628 • 208/337-4681

## AFFIDAVIT OF PUBLICATION

STATE OF IDAHO )  
 ) ss  
COUNTY OF OWYHEE )

I, Joe E. Aman, being first duly sworn, depose and say:

1. That I am a citizen of the United States of America, and at all times hereinafter mentioned was and now over the age of twenty-one years, not a party to nor interested in the proceedings hereinafter mentioned.

2. That during the time of the publication of the notice hereinafter mentioned, I was and now am the publisher of The Owyhee Avalanche, a newspaper of general circulation printed and published weekly, on Wednesday of each and every week, in the City of Homedale, County of Owyhee and State of Idaho.

3. That the said The Owyhee Avalanche has been printed and published continuously and uninterruptedly in said County during a period of more than seventy-eight weeks prior to the first publication of the attached notice.

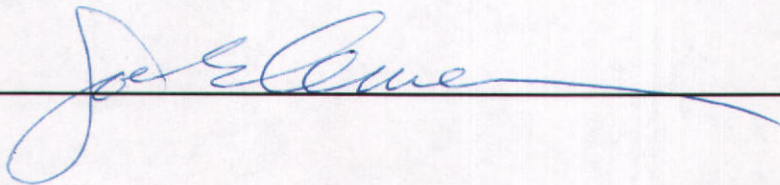
4. That said notice of which a printed copy, taken from said newspaper, is hereto affixed, was published in the regular issue thereof, and not a supplement thereto, in

said newspaper, in Two (2)

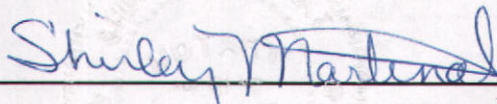
(consecutive) calendar weekly issue(s) of said newspaper, in the following date(s):

October 2 & 9, 1996

Signed



Subscribed and sworn to me this 9th day of October A.D., 19 96



Notary Public in and for the State of Idaho  
Residing at Marsing, Idaho  
Commission expires April 22, 2002

MICROFILMED

DEC 19 1996

### NOTICE OF PROPOSED CHANGE OF WATER RIGHT NO. 57-07518

Notice is hereby given that School District No. 363, PO Box 340, Marsing ID 83639, has applied to the Department of Water Resources to add two points of diversion to the following water right pursuant to section 42-222 of Idaho Code. WATER RIGHT AS LICENSED No. 57-07518

Basis License  
Date of Priority 1/22/1990  
Source Ground Water  
Amount .33 cfs  
Use Irrigation, Heating, Cooling

Point of Div SENE, TO2N RO4W, Sec 4 (2 wells)  
Place of Use SENE, TO2N RO4W, Sec 4

THE FOLLOWING PORTION OF THE ABOVE WATER RIGHT TO BE CHANGED AS FOLLOWS PURSUANT TO TRANSFER NO. 4904

No. 57-07518  
Point of Div SENE, TO2N RO4W, Sec 4, (2 new wells proposed)

Any protest against approval of the proposed change of water right application must be filed with the Department of Water Resources, Western Region, 2735 Airport Way, Boise, ID 83705, together with a protest fee of \$25.00, on or before October 21, 1996. The protestant must also send a copy of the protest to the applicant.

Karl J. Dreher  
Director

Published in the Owyhee Avalanche on October 2 and 9, 1996.  
10/2&9/96

MICROFILMED

DEC 19 1996

RECEIVED

OCT 18 1996

WATER RESOURCES  
WESTERN REGION

**RECEIVED**  
FEB 8 1993

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**BENEFICIAL USE FIELD REPORT**

Department of Water Resources

**A. GENERAL INFORMATION**

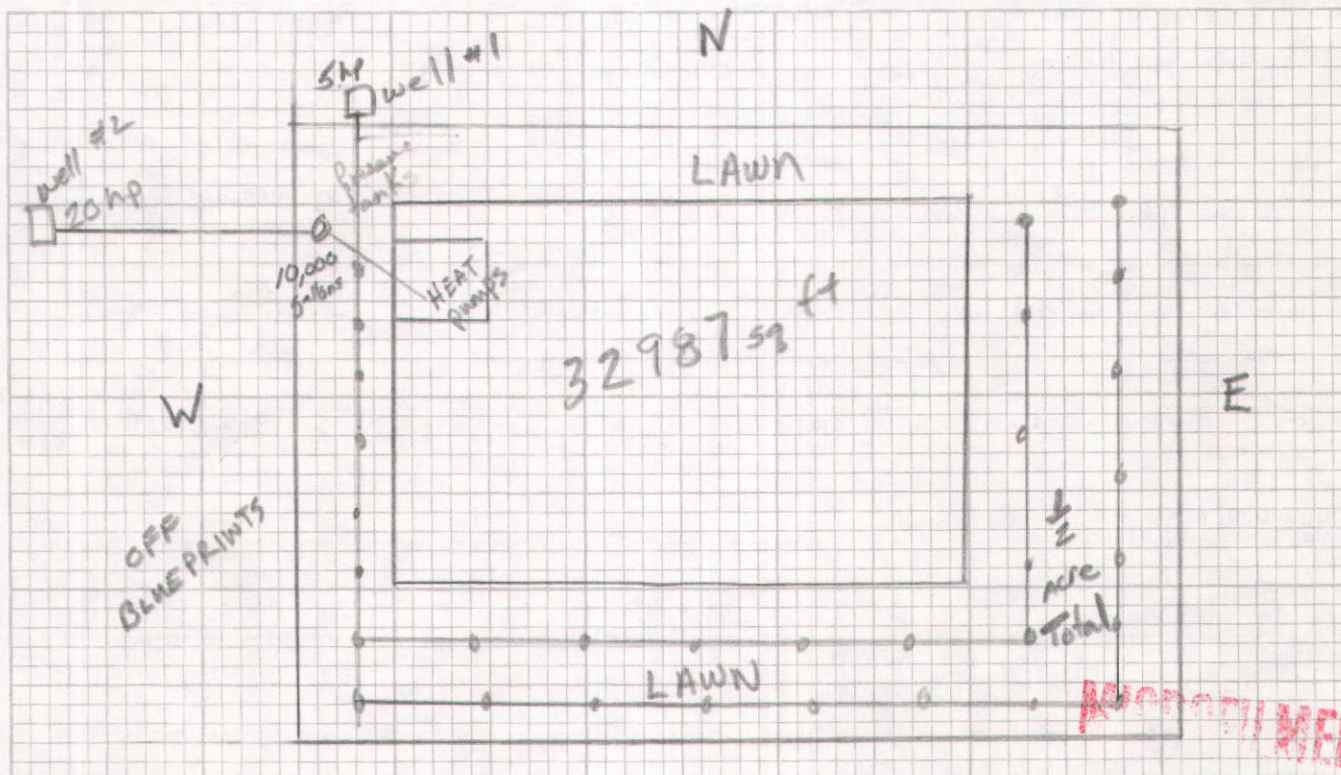
Permit No. 57-02518  
1. Owner: School Dist 363 Phone No. 896-4111  
Current Address: P.O. Box 340 MARSHALL, IDAHO 83659  
2. Accompanied by: grounds keeper EXAM. DATE: 7-23-91  
Address: same Phone No. same  
Relationship to Permit Holder: employee  
3. Source: groundwater tributary to -NA-

**B. OVERLAP REVIEW**

1. Other water rights with same place of use: 02-02014, 02-02276 (no overlap because of different sources) ☐ Copies Attached  
2. Other water rights with same point of diversion: same ☐ Copies Attached ☐ Copies of Field Exam's Attached

**C. SYSTEM DESCRIPTION**

1. **Diversion System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



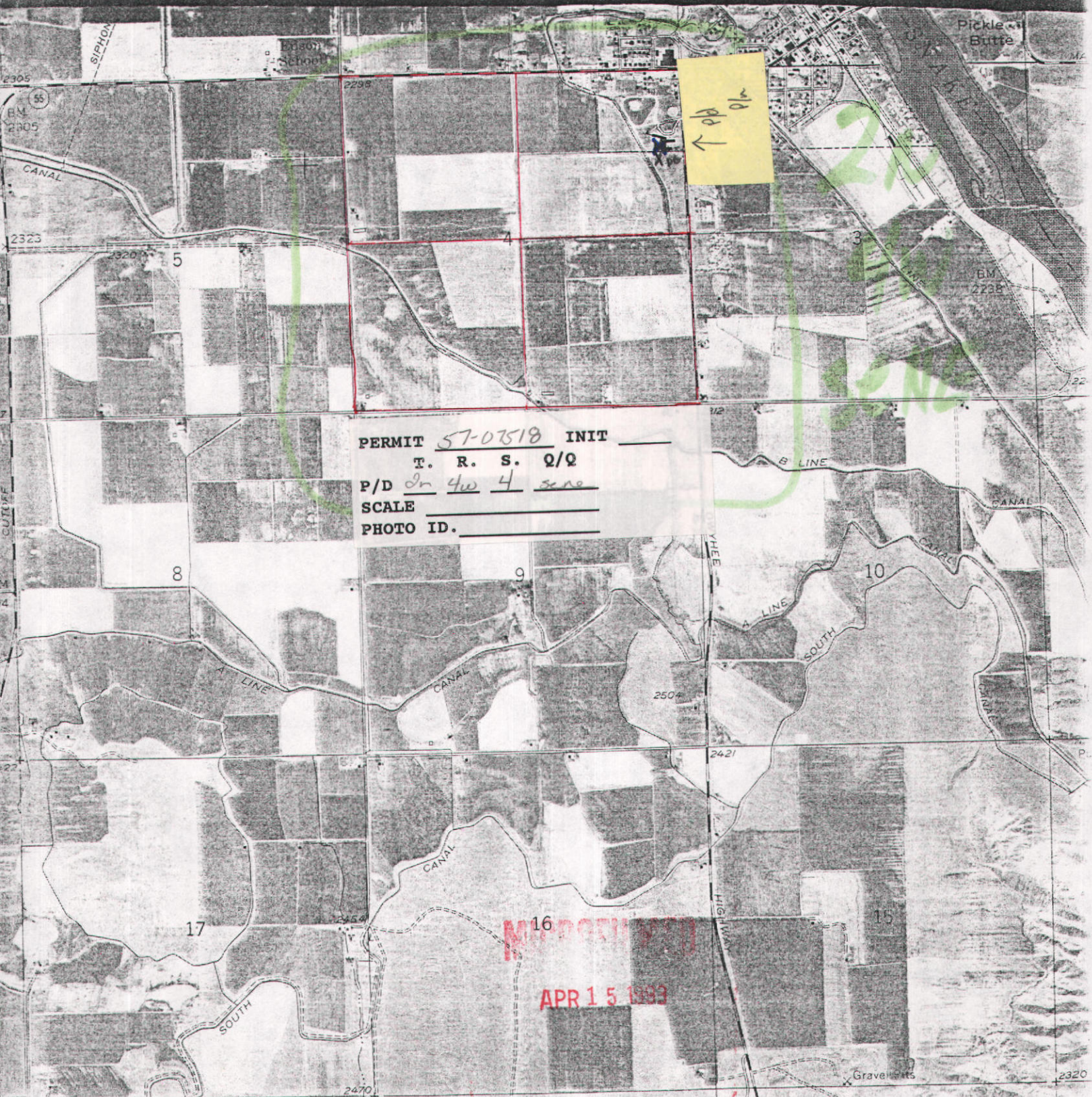
Scale: 1" = \_\_\_\_\_

2. ☐ Copy of U.S.G.S. Quadrangle Attached Showing location(s) of point(s) of diversion and place(s) of use (required). ☐ Aerial Photo Attached (required for irrigation of 10 acres or more).  
☐ Photo of Diversion and System Attached (required for all but single household domestic groundwater, and stockwater).

1



APR 15 1963



# 57-07518



North view  
of school



North/West  
view of School



View of Boiler  
room with  
heating & cooling  
system

**MICROFILMED**

**APR 15 1993**

#57-07518



View of well #1  
for irrigation



View of well  
#2 for heating  
& cooling

REPRODUCED

APR 15 1993

# RECEIVED

FEB 08 1990

Department of Water Resources  
Western Regional Office

USE TYPEWRITER OR  
BALLPOINT PEN

Form 2-80.7  
4-82

# RECEIVED

NOV 23 1987

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

## WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.

| <b>1. WELL OWNER</b><br>Name <b>MARSING HIGH SCHOOL</b><br>Address _____<br>Owner's Permit No. <b>57-88-Z-DIC</b><br><b>APR 15 1987 57-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | <b>7. WATER LEVEL</b><br>Static water level <b>30</b> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed in pressure _____ p.s.i.<br>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature _____ OF Quality _____<br>Describe artesian or temperature zones below _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br>Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | <b>8. WELL TEST DATA</b><br><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
| <b>3. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input checked="" type="checkbox"/> Other <b>SCHOOL</b> (Specify type) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | <table border="1"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><b>30</b></td> <td><b>214</b></td> <td><b>2 (two) weeks</b></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | Discharge G.P.M. | Pumping Level | Hours Pumped | <b>30</b> | <b>214</b>   | <b>2 (two) weeks</b> |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Pumping Level | Hours Pumped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
| <b>30</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>214</b>    | <b>2 (two) weeks</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Cug <input type="checkbox"/> Other _____<br><b>FINISHED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | <b>9. LITHOLOGIC LOG</b> <table border="1"> <thead> <tr> <th>Bore Diam.</th> <th>Depth From</th> <th>To</th> <th>Material</th> <th>Water Yes No</th> </tr> </thead> <tbody> <tr> <td>143/4</td> <td>0</td> <td>65</td> <td>BROWN CLAY</td> <td>X</td> </tr> <tr> <td>9 7/8</td> <td>65</td> <td>70</td> <td>BROWN CLAY WITH SAND</td> <td>X</td> </tr> <tr> <td></td> <td>70</td> <td>90</td> <td>BLUE CLAY</td> <td>X</td> </tr> <tr> <td></td> <td>90</td> <td>105</td> <td>BLUE CLAY WITH SAND STREAKS</td> <td>X</td> </tr> <tr> <td></td> <td>105</td> <td>125</td> <td>BLUE CLAY WITH SAND STREAKS</td> <td>X</td> </tr> <tr> <td></td> <td>125</td> <td>135</td> <td>BLUE CLAY WITH SAND STREAKS</td> <td></td> </tr> <tr> <td></td> <td>135</td> <td>145</td> <td>SAND</td> <td></td> </tr> <tr> <td></td> <td>145</td> <td>165</td> <td>HARD PACKED SAND WITH CLAY</td> <td>X</td> </tr> <tr> <td></td> <td>165</td> <td>185</td> <td>HARD &amp; SOFT LAYERS OF CLAY WITH SAND</td> <td>X</td> </tr> <tr> <td></td> <td>185</td> <td>220</td> <td>SAND PACKED WITH SEAMS OF GRAVEL</td> <td>X</td> </tr> <tr> <td></td> <td>220</td> <td>240</td> <td>GRAVEL WITH SAND PACKED TIGHT</td> <td></td> </tr> </tbody> </table> |                                      | Bore Diam.       | Depth From    | To           | Material  | Water Yes No | 143/4                | 0           | 65 | BROWN CLAY | X        | 9 7/8 | 65 | 70 | BROWN CLAY WITH SAND | X |  | 70 | 90   | BLUE CLAY | X    |    | 90           | 105  | BLUE CLAY WITH SAND STREAKS | X            |      | 105  | 125          | BLUE CLAY WITH SAND STREAKS | X    |                                                                                                                           | 125 | 135 | BLUE CLAY WITH SAND STREAKS |  |  | 135 | 145 | SAND |  |  | 145 | 165 | HARD PACKED SAND WITH CLAY | X |  | 165 | 185 | HARD & SOFT LAYERS OF CLAY WITH SAND | X |  | 185 | 220 | SAND PACKED WITH SEAMS OF GRAVEL | X |  | 220 | 240 | GRAVEL WITH SAND PACKED TIGHT |  |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Depth From    | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Material                             | Water Yes No     |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
| 143/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0             | 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | BROWN CLAY                           | X                |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
| 9 7/8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 65            | 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | BROWN CLAY WITH SAND                 | X                |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 70            | 90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | BLUE CLAY                            | X                |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 90            | 105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BLUE CLAY WITH SAND STREAKS          | X                |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 125           | 135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BLUE CLAY WITH SAND STREAKS          |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 135           | 145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SAND                                 |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 145           | 165                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HARD PACKED SAND WITH CLAY           | X                |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 165           | 185                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HARD & SOFT LAYERS OF CLAY WITH SAND | X                |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 185           | 220                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SAND PACKED WITH SEAMS OF GRAVEL     | X                |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 220           | 240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | GRAVEL WITH SAND PACKED TIGHT        |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other<br><table border="1"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>.250 inches</td> <td>10</td> <td>inches -1</td> <td>feet 79</td> </tr> <tr> <td>.250 inches</td> <td>6</td> <td>inches +2</td> <td>feet 211</td> </tr> <tr> <td></td> <td></td> <td></td> <td>feet</td> </tr> <tr> <td></td> <td></td> <td></td> <td>feet</td> </tr> </tbody> </table> Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br><table border="1"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>perforations</td> <td>feet</td> <td>feet</td> </tr> <tr> <td>perforations</td> <td>feet</td> <td>feet</td> </tr> <tr> <td>perforations</td> <td>feet</td> <td>feet</td> </tr> </tbody> </table> Well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Manufacturer's name _____<br>Type <b>STAINLESS STEEL</b> Model No. <b>304</b><br>Diameter <b>6</b> Slot size <b>.15</b> Set from <b>211</b> feet to <b>242</b> feet<br>Diameter Slot size Set from feet to feet<br>Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size of gravel <b>20-40</b> (Colorado Sand)<br>Placed from <b>242</b> feet to <b>30</b> feet<br>Surface seal depth <b>65</b> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Puddling clay <input type="checkbox"/><br>Sealing procedure used: <input checked="" type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld _____<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ |               | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Diameter                             | From             | To            | .250 inches  | 10        | inches -1    | feet 79              | .250 inches | 6  | inches +2  | feet 211 |       |    |    | feet                 |   |  |    | feet | Number    | From | To | perforations | feet | feet                        | perforations | feet | feet | perforations | feet                        | feet | <div style="border: 2px solid red; padding: 10px; text-align: center;"> <b>MICROFILMED</b><br/> <b>SEP 26 1990</b> </div> |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Diameter      | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | To                                   |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
| .250 inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10            | inches -1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | feet 79                              |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
| .250 inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6             | inches +2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | feet 211                             |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | feet                                 |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | feet                                 |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | From          | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
| perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | feet          | feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
| perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | feet          | feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
| perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | feet          | feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <b>OWYHEE</b><br><b>SE 1/4 NE 1/4 Sec. 5, T. 2 N, R. 4 E W</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | <b>10.</b> Work started <b>7/1/87</b> finished <b>8/12/87</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |
| <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Firm Name <b>BILL DOTY DRILLING</b> Firm No. <b>42</b><br><b>CO., INC.</b><br>Address <b>RT. 7 BOX 311 Caldwell, ID</b> Date <b>11/20/87</b><br>Signed by (Firm Official) <i>[Signature]</i><br>and<br>(Operator) <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                  |               |              |           |              |                      |             |    |            |          |       |    |    |                      |   |  |    |      |           |      |    |              |      |                             |              |      |      |              |                             |      |                                                                                                                           |     |     |                             |  |  |     |     |      |  |  |     |     |                            |   |  |     |     |                                      |   |  |     |     |                                  |   |  |     |     |                               |  |

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

**TRANSFER OF WATER RIGHT**

TRANSFER NO. 4904  
WATER RIGHT NO. 57-07518

This is to certify that: **SCHOOL DISTRICT NO 363**  
**PO BOX 340**  
**MARSING ID 83639**

has requested a change to the above captioned water right(s). This change in water right(s) is authorized pursuant to the provisions of Section 42-222, Idaho Code, provided the conditions listed below are met.

| <u>BENEFICIAL USE</u> | <u>PERIOD OF USE</u> | <u>DIVERSION RATE</u> | <u>ANNUAL VOLUME</u> |
|-----------------------|----------------------|-----------------------|----------------------|
| IRRIGATION            | 03/15 to 11/15       | 0.03 CFS              | 2.3 AF               |
| HEATING               | 01/01 to 12/31       | 0.33 CFS              | 69.9 AF              |
| COOLING               | 01/01 to 12/31       | 0.33 CFS              | 27.7 AF              |
|                       | Totals               | 0.33 CFS              | 99.9 AF              |

SOURCE

GROUNDWATER

Priority: 01/22/1990

LOCATION OF POINT(S) OF DIVERSION:

SENE , Sec. 4, Township 02N, Range 04W  
OWYHEE County

PLACE OF USE: IRRIGATION

| <u>TWN</u>                       | <u>RGE</u> | <u>SEC</u> | <u>ACRES</u> | <u>ACRES</u> | <u>ACRES</u> | <u>TOTAL</u> |
|----------------------------------|------------|------------|--------------|--------------|--------------|--------------|
| 02N                              | 04W        | 4          | SENE         | 0.5          |              | 0.5          |
| Total number of acres irrigated: |            |            |              |              |              | 0.5          |

PLACE OF USE: HEATING, same as IRRIGATION use

PLACE OF USE: COOLING, same as IRRIGATION use

CONDITIONS OF APPROVAL AND REMARKS

1. Return flow if discharged to a subsurface system must be authorized by a separate injection well permit, and return flow if discharged to a surface water system shall meet Idaho Water Quality Standards.
2. This right when combined with all other rights shall provide no more than 4.5 afa per acre for the lands above.

MICROFILMED  
JUL 1995

TRANSFER NO. 4904  
WATER RIGHT NO. 57-07518

CONDITIONS OF APPROVAL AND REMARKS

3. The change authorized by this transfer shall be accomplished within one (1) year of the date of this approval.
4. Failure to comply with the conditions of this transfer is cause for the director to issue an order to show cause why the approval of the transfer should not be rescinded.
5. Approval of this transfer does not preclude the opportunity for review of the validity of the water right(s) in the ongoing Snake River Basin Adjudication.
6. Prior to diversion of water under this approval, the right holder shall provide a means of measurement acceptable to the Department from all authorized points of diversion which will allow determination of the total rate of diversion.
7. After specific notification by the department, the right holder shall annually report the amount of water diverted to the department.
8. The total instantaneous diversion of water from all points of diversion under Transfer No. 4904 shall not exceed 0.33 cfs, nor total combined annual volume of 99.9 af.
9. Four points of diversion are located within SENE, S04, T02N, R04W.

Dated this 29<sup>th</sup> day of

November, 1996

J. Glen Saxton

Chief, Water Alloc. Bureau

MICROFILMED  
DEC 14 1996

Total acres

**PART 1**

**6 General Information:**

a. Description of diversion system 4 WELLS, SUBMERSIBLE PUMPS AND PIPELINE  
to supply the MARSING High School WITH WATER FOR  
the HEATING/COOLING SYSTEM.

b. Are the lands from which you propose to transfer the water right subject to any liens, deeds of trust, mortgages, or contracts? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, provide a notarized statement from the holder of the lien, deed of trust, mortgage or contract agreeing to the proposed changes.

c. Describe the affect on the land now irrigated if the place of use is changed pursuant to this transfer:

N/A

d. Remarks:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES**

This is to certify that I have examined Application for Transfer of Water Rights No. \_\_\_\_\_

And said application is hereby \_\_\_\_\_, subject to the following limitations and conditions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

19 3 of 5

WR0749NP  
No. 57-07518

IDAHO DEPARTMENT OF WATER RESOURCES  
WATER RIGHT PROFILE REPORT

DATE: 09/13/96  
PAGE: 1

| OWNER<br>CODE    | NAME & ADDRESS                                                             | PRIORITY<br>DATE | WATER USE                        | USE PERIOD<br>FROM TO                     | DIVERSION<br>RATE                   | DIVERSION<br>VOLUME                |
|------------------|----------------------------------------------------------------------------|------------------|----------------------------------|-------------------------------------------|-------------------------------------|------------------------------------|
| C                | SCHOOL DISTRICT NO 363<br>PO BOX 340<br>MARSING ID 83639<br>(208) 896-4111 | 01/22/1990       | IRRIGATION<br>HEATING<br>COOLING | 03/15 11/15<br>01/01 12/31<br>01/01 12/31 | 0.030 CFS<br>0.330 CFS<br>0.330 CFS | 2.30 AFA<br>69.90 AFA<br>27.70 AFA |
| TOTAL DIVERSION: |                                                                            |                  |                                  |                                           | 0.330 CFS                           | 99.90 AFA                          |

Water Source: GROUNDWATER

Tributary to:

Stage: LICENSE

Point(s) of Diversion Capacity: 1.160 CFS

Point(s) of Diversion: T02N R04W S04 SENE OWYHEE County

Place of use Legal Description for: IRRIGATION

| NE          |      |      |       | NW    |       |       |       | SW    |       |       |       | SE    |       |       |       |     |
|-------------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|
| NENE        | NWNE | SWNE | SENE  | NENW  | NWNW  | SWNW  | SENW  | NESW  | NWSW  | SWSW  | SESW  | NESE  | NWSE  | SWSE  | SESE  | SUM |
| T           | R    | S    | Lt Ac | Lt Ac | Lt Ac | Lt Ac | Lt Ac | Lt Ac | Lt Ac | Lt Ac | Lt Ac | Lt Ac | Lt Ac | Lt Ac | Lt Ac |     |
| 02N         | 04W  | 4    | :     |       |       |       |       |       |       |       |       |       |       |       |       | 0.5 |
| TOTAL ACRES |      |      |       |       |       |       |       |       |       |       |       |       |       |       |       | 0.5 |

Place of use location for HEATING is the same location as described for: IRRIGATION

Place of use location for COOLING is the same location as described for: IRRIGATION

Pou County: OWYHEE

Other Water Rights Listing Overlapping Place(s) of use:

02-02014 02-02276

Conditions of Approval:

- 09C - Return flow if discharged to a subsurface system must be
  - authorized by a separate injection well permit, and return flow
  - if discharged to a surface water system shall meet Idaho Water
  - Quality Standards.
- R27 - This right when combined with all other rights shall provide no
  - more than 4.5 afa per acre for the lands above.

Remarks: Two points of diversion are located within SENE, S04, T02N, R04W.

Dates: App. Received: 01/22/1990 Priority Date: 01/22/1990  
 Proof Due Date: 10/01/1991 Proof Made Date: 12/13/1990  
 Exam Made Date: 06/23/1992 Exam Sent to S.O.: 01/22/1993  
 Licensed Date: 03/16/1993

Misc: Water District Number: Field Exam Fee: R (Received)

NOTE  
 SEE ANALYSIS SHEET  
 RE Q10 e  
 FORFEITURE  
 - PL 11/5/96

MICROFILMED  
 11/11/96

1169  
T154  
NHSL

1165  
T137  
NHSL

TOWNSHIP 2N  
RANGE 4W  
MARSHING High School  
GROUNDS 566.57  
DIVISION POINTS 84

39.2  
540

1145  
T1359

330  
1378  
NHSL

3  
14.3

6  
146

4  
11.7

5  
12.9

2  
28.7

2  
20.6

Attachment A

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR TRANSFER OF WATER RIGHT

PART 3

- A. Draw a map or attach a USGS map indicating the new point(s) of diversion and/or the new place of use for rights described in part 1. Clearly depict the land by section, township and range number.

*PLEASE SEE ATTACHED MAP*

*APPROVED*  
*10/15/2011*

**PART 3**

**B. CHANGES IN NATURE OF USE**

| 1 | <u>New Nature of Use</u> | <u>Amount<br/>(cfs/ac-ft)</u> | <u>Hours/days/year</u> | <u>Period of Use</u> |
|---|--------------------------|-------------------------------|------------------------|----------------------|
|   | <u>N/A</u>               |                               |                        | _____ to _____       |
|   |                          |                               |                        | _____ to _____       |

2. Quantity and quality of return flows and location of discharge:  
N/A

3. Describe effects on other water uses resulting from the proposed change:  
N/A

I hereby assert that no one will be injured by such change and that the change does not constitute an enlargement in use of the original right. The information contained in this application is true to the best of my knowledge.

I understand that any willful misrepresentations made in this application may result in voiding its approval.

[Signature]  
 (Signature of Applicant)

Subscribed and sworn to before me this 13<sup>th</sup> day of August, 19 96.

[Signature]  
 (Notary Public)

My commission expires \_\_\_\_\_  
 Notary Public in and for the  
 State of Idaho Residing in  
 Marsing, Owyhee County, Idaho  
 My Commission Expires Aug 20, 1998

**FOR DEPARTMENT USE ONLY**

Transfer contains 5 pages and 3 attachments

Received by D.B. Date 8-14-96 Protest filed by \_\_\_\_\_

Prelim. check by R. for Lg Fee \$100-

Received by DB W021356 Date 8-14-96

Published in Owyhee Avalanche Copies of protest forwarded by \_\_\_\_\_

Pub. dates 10-2 + 9 - 1996 Hearing held by \_\_\_\_\_ Date \_\_\_\_\_

Watermaster recommendation requested on \_\_\_\_\_ Recommended for ☐ approval ☐ denial

\_\_\_\_\_ rec'd. \_\_\_\_\_ by \_\_\_\_\_

Copy of transfer sent to lien holder \_\_\_\_\_

Drilling Permit No. 57-96-W-0044-000  
 Water Right Permit No. 57-751B  
 Injection Permit No. XFER # 4904

**WELL DRILLER: PLEASE COMPLETE FOR VERBALS**

IDWR Employee Issuing Verbal: \_\_\_\_\_

Verbal Issued Date: \_\_\_\_\_ Time: \_\_\_\_\_

well #1

C

State of Idaho  
 Department of Water Resources

RECEIVED

AUG 05 1996

WATER RESOURCES  
 WESTERN REGION

**APPLICATION FOR DRILLING PERMIT**  
 (FOR THE CONSTRUCTION OF A WELL)

1. Applicant (please print): Marsing School District 363
2. Mailing Address: P.O. Box 340
- City & State Marsing, Id Zip Code 83639 Telephone (208) 896-4111
- ☐ Well Owner ☐ Well Operator ☐ Contractor or Other, specify \_\_\_\_\_
3. Proposed Well Location: Twp. 02N, Rge. 04W, Sec. 4, SE 1/4 NE 1/4
- Gov't Lot No. \_\_\_\_\_ County Oneida
- Street Address of Well Site Highway 78, 0.2 mi. South of Marsing City Marsing  
Give at least name of road + Distance to Road or Landmark
- Lot, block and subdivision \_\_\_\_\_
4. Proposed Use of Well:

- ☐ **DOMESTIC:** The use of water for homes, organization camps, public campgrounds, livestock (1,000 head or less) 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  
☐ Stock ☒ Test ☒ Other Heating / cooling  
 (Over 1,000 Head) (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 ☐ Replace
- B. Proposed Casing Diameter 6" Proposed Maximum Depth 250 FEET
- 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: August 15, 1996 Approx

7. Anticipated Well Driller: GARY DUSPINA WELL DRILLING Driller's Lic. No. 395  
 NOTE: The actual well driller must be identified prior to drilling.

8. Applicant's Signature: [Signature] Date 8-2-96

Title Superintendent  
 (Owner Firm Representative, Other)

Attachment B

**ACTION OF THE DEPARTMENT OF WATER RESOURCES**

This Permit is APPROVED

Date 8-5-96

If approved, this permit authorizes the construction or modification of a well subject to the following conditions. READ CAREFULLY!

**GENERAL CONDITIONS:**

1. This drilling permit is valid for two (2) months from the above approval date for the start of construction and is valid for one (1) year from the approval date for completion of the well unless an extension has been granted.
2. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare which may be required before construction of this well. All wells must be drilled a minimum distance of 100 feet from a drain field. Domestic and Public Water Supply wells must be drilled a minimum of 50 feet and 100 feet respectively from a septic tank.
3. The well shall be constructed by a driller currently licensed in the State of Idaho who must maintain a copy of the drilling permit at the drilling site.
4. Approval of this drilling permit does not authorize trespass on the land of another party.
5. This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.
6. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
7. If a bottom hole temperature of 85° or greater is encountered, well construction shall cease and the well driller and the well owner shall contact the Department immediately.

**SPECIFIC CONDITIONS:**

8. No permanent well casing shall be installed in this well.
9. This well shall be properly plugged and abandoned upon acquisition of necessary data.
10. No water shall be produced from this well or injected into this well.
11. This well as constructed may be used as additional production well related to WR# 57-7518 Pursuant to approved transfer # 4904 *rw*

**DAVID R. TUTHILL JR.**

**MANAGER**

**WESTERN REGIONAL OFFICE**

*[Signature]* for:  
Signature of Authorized Department Representative

Title

Receipt No. W021301 Received by DB Fee 200- Date 8-5-96

**EXTENSION OF DRILLING PERMIT**

Extension approved by \_\_\_\_\_ Approval Date \_\_\_\_\_

This extension expires: \_\_\_\_\_

Drilling Permit  
Water Right Per  
Injection Permit No.

57-96-W-0047-00  
to 57-07518 (Transfer Pending)  
#4904

**WELL DRILLER: PLEASE COMPLETE FOR VERBALS**

IDWR Employee Issuing Verbal: \_\_\_\_\_

Verbal Issued Date: \_\_\_\_\_ Time: \_\_\_\_\_

well #2

RECEIVED

AUG 14 1996

WATER RESOURCES  
WESTERN REGION

State of Idaho  
Department of Water Resources

**APPLICATION FOR DRILLING PERMIT**  
(FOR THE CONSTRUCTION OF A WELL)

1. Applicant (please print): Marsing School District 363
2. Mailing Address: P.O. Box 340  
City & State Marsing, Id Zip Code 83639 Telephone (208) 896-4111  
☒ Well Owner ☐ Well Operator ☐ Contractor or Other, specify \_\_\_\_\_
3. Proposed Well Location: Twp. 02N, Rge. 04W, Sec. 4, SE 1/4 NE 1/4  
Gov't Lot No. \_\_\_\_\_ County Owyhee  
Street Address of Well Site Highway 78, 0.2 mi South of Marsing City Marsing  
Give at least name of road + Distance to Road or Landmark  
Lot, block and subdivision \_\_\_\_\_

## 4. Proposed Use of Well:

- ☐ DOMESTIC: The use of water for homes, organization camps, public campgrounds, livestock (1,000 head or less) 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  
☐ Stock ☐ Test ☒ Other High School HEATING/  
(Over 1,000 Head) COOLING SYSTEM (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 ☐ Replace
- B. Proposed Casing Diameter 6" Proposed Maximum Depth 250'
- 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: SEPTEMBER 30, 1996 APPROX
7. Anticipated Well Driller: GARY DUSPINA WELL DRILLING Driller's Lic. No. 9607 395  
NOTE: The actual well driller must be identified prior to drilling.

8. Applicant's Signature: [Signature] Date 8-13-96

Title Superintendent  
(Owner, Firm Representative, Other)

Attachment C

## ACTION OF THE DEPARTMENT OF WATER RESOURCES

This Permit is \*

Date

Oct. 29, 1996

If approved, this permit authorizes the construction or modification of a well subject to the following conditions. READ CAREFULLY!

### GENERAL CONDITIONS:

- ← looks like 'Approved' stamp did not cc very well \*  
but I recall signing approval for OK.
1. This drilling permit is valid for two (2) months from the above approval date for the start of construction and is valid for one (1) year from the approval date for completion of the well unless an extension has been granted.
  2. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare which may be required before construction of this well. All wells must be drilled a minimum distance of 100 feet from a drain field. Domestic and Public Water Supply wells must be drilled a minimum of 50 feet and 100 feet respectively from a septic tank.
  3. The well shall be constructed by a driller currently licensed in the State of Idaho who must maintain a copy of the drilling permit at the drilling site.
  4. Approval of this drilling permit does not authorize trespass on the land of another party.
  5. This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.
  6. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
  7. If a bottom hole temperature of 85° or greater is encountered, well construction shall cease and the well driller and the well owner shall contact the Department immediately.

### SPECIFIC CONDITIONS:

No water shall be diverted from this well pending Final approval of Transfer # 4904 (RE: WR# 57-7510)

Stem Lester  
Signature of Authorized Department Representative

Deputy Regional Manager  
Title

Receipt No. WD21356 Received by DB Fee \$150- Date 8-14-96  
CO36375 Debbie Allen \$50- 8-20-96

### EXTENSION OF DRILLING PERMIT

Extension approved by \_\_\_\_\_ Approval Date \_\_\_\_\_

This extension expires: \_\_\_\_\_

\* D.P. WAS APPROVED PER REQUEST & per "NO USE" condition pending transfer. cc did not show approved stamp but OK. -JL 11/1/96

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 57-07518

Priority: January 22, 1990

Maximum Diversion Rate:

0.33 CFS

Maximum Diversion Volume:

99.9 AF

This is to certify, that SCHOOL DISTRICT NO 363  
PO BOX 340

MARSING ID 83639

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated January 22, 1990; and has submitted Proof of Beneficial Use on December 13, 1990. An examination indicates that the works have a diversion capacity of 1.160 cfs of water from a GROUNDWATER source, and a water right has been established as follows:

| <u>BENEFICIAL USE</u> | <u>PERIOD OF USE</u> | <u>RATE OF DIVERSION</u> | <u>ANNUAL VOLUME</u> |
|-----------------------|----------------------|--------------------------|----------------------|
| IRRIGATION            | 03/15 to 11/15       | 0.03 CFS                 | 2.3 AF               |
| HEATING               | 01/01 to 12/31       | 0.33 CFS                 | 69.9 AF              |
| COOLING               | 01/01 to 12/31       | 0.33 CFS                 | 27.7 AF              |
| Totals                |                      | 0.33 CFS                 | 99.9 AF              |

LOCATION OF POINT(S) OF DIVERSION:

SENE , Sec. 4, Township 02N, Range 04W  
OWYHEE County

PLACE OF USE: IRRIGATION

| <u>TWN</u> | <u>RGE</u> | <u>SEC</u> | <u>ACRES</u> | <u>ACRES</u> | <u>ACRES</u> | <u>TOTAL</u> |
|------------|------------|------------|--------------|--------------|--------------|--------------|
| 02N        | 04W        | 4          | SENE         | 0.5          |              | 0.5          |

Total number of acres irrigated: 0.5

PLACE OF USE: HEATING, same as IRRIGATION use

PLACE OF USE: COOLING, same as IRRIGATION use

CONDITIONS/REMARKS:

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to more accurately describe the beneficial use or to implement accepted standards of diversion and use efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.

APR 15 1993

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 57-07518

CONDITIONS/REMARKS:

5. Return flow if discharged to a subsurface system must be authorized by a separate injection well permit, and return flow if discharged to a surface water system shall meet Idaho Water Quality Standards.
6. This right when combined with all other rights shall provide no more than 4.5 afa per acre for the lands above.
7. Two points of diversion are located within SENE, S04, T02N, R04W.

This license is issued pursuant to the provisions of Section 42-219, Idaho Code. Witness the seal and signature of the Director, affixed at Boise, this 16<sup>TH</sup> day of MARCH, 1993.

Acting for R. Keith Higginson, Director

16 15 1993

State of Idaho  
Department of Water Resources  
**Permit To Appropriate Water**

NO. 57-07518

Proposed Priority: January 22, 1990      Maximum Diversion Rate: 0.33 CFS  
This is to certify, that SCHOOL DISTRICT NO. 363  
P.O. BOX 340  
MARSING, ID 83639  
has applied for a permit to appropriate water from: GROUNDWATER  
and a permit is **APPROVED** for development of water as follows:

| <u>BENEFICIAL USE</u> | <u>PERIOD OF USE</u> | <u>RATE OF DIVERSION</u> |
|-----------------------|----------------------|--------------------------|
| IRRIGATION            | 03/15 to 11/15       | 0.03 CFS                 |
| HEATING               | 01/01 to 12/31       | 0.33 CFS                 |
| COOLING               | 01/01 to 12/31       | 0.33 CFS                 |
|                       | Totals               | 0.33 CFS                 |

LOCATION OF POINT(S) OF DIVERSION:      SENE      Sec. 4, Township 02N, Range 04W  
OWYHEE County

PLACE OF USE:      IRRIGATION

| <u>TWN</u>                       | <u>RGE</u> | <u>SEC</u> | <u>ACRES</u> | <u>ACRES</u> | <u>ACRES</u> | <u>TOTAL</u> |
|----------------------------------|------------|------------|--------------|--------------|--------------|--------------|
| 02N                              | 04W        | 4          | SENE         | 1            |              | 1            |
| Total number of acres irrigated: |            |            |              |              |              | 1            |

PLACE OF USE: HEATING, same as IRRIGATION use  
PLACE OF USE: COOLING, same as IRRIGATION use

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before October 1, 1991.
2. Subject to all prior water rights.
3. Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
4. Return flow if discharged to a subsurface system must be authorized by a separate injection well permit, and return flow if discharged to a surface water system shall meet Idaho Water Quality Standards.
5. The rate of diversion of water for irrigation under this permit and all other water rights on the same land shall not exceed 0.03 cubic feet per second for each acre of land.
6. Two points of diversion in SENE, S4, T2N, R4W.

**MICROFILMED**

SEP 26 1990

State of Idaho  
Department of Water Resources

# Permit To Appropriate Water

NO. 57-07518

This permit is issued pursuant to the provisions of Section 42-204, Idaho Code.  
Witness the seal and signature of the Director, affixed at Boise, this

13<sup>th</sup> day of September, 1990.

*R. Keith Higginson*  
for R. Keith Higginson, Director

RECEIVED  
SEP 28 1990

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1 Name of applicant Marsing Joint School District No. 363 Phone (208) 896-4111  
Post office address P.O. Box 340 Marsing, Idaho 83639

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

3 Location of point of diversion is well ~~on~~ SE  $\frac{1}{4}$  of NE  $\frac{1}{4}$ , Govt Lot       
Sec 4 Township 2N Range 4W B.M. Owyhee County, additional  
points of diversion if any: N/A

4. Water will be used for the following purposes:

Amount .33 cfs for ~~Domestic~~ heating & cooling purposes from 1-1 to 12-31 (both dates inclusive)

Amount .03 cfs for irrigation purposes from 3-15 to 11-15 (both dates inclusive)

Amount      for      purposes from      to      (both dates inclusive)

Amount      for      purposes from      to      (both dates inclusive)

5 Total quantity to be appropriated is (a) .33 and/or (b) N/A  
cubic feet per second acre feet per annum

6 Proposed diverting works:

a Description of ditches, flumes, pumps, headgates, etc 8" casing, 20hp pump & motor,  
3" pvc pipe to deliver water to 10,000 gallon storage tank, 3"  
pipe delivers water to building. Two wells.

b Height of storage dam N/A feet, active reservoir capacity      acre-feet, total  
reservoir capacity      acre-feet, period of year when water will be diverted to storage  
     to      inclusive.

c. Proposed well diameter is 8" inches, proposed depth of well is 225 feet

d. Is ground water with a temperature of greater than 90°F being sought? No

7 Time required for the completion of the works and application of the water to the proposed project is  
1 year years (minimum 1 year)

RECORDED

SEP 26 1990

\* per office visit by J. Whitten, Supt. of Schuls.

SL 1-22-90

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 N/A
- d. Domestic; show number of households 1 School building heating & cooling
- e. Other; describe fully \_\_\_\_\_

9. 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 | RANGE | SEC | NE 1/4 |        |        |        | NW 1/4 |        |        |        | SW 1/4 |        |        |        | SE 1/4 |        |        |        | TOTALS |
|-----|-------|-----|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|     |       |     | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 |        |
| 2N  | 4W    | 4   |        |        |        | X      |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |       |     |        |        |        | 1      |        |        |        |        |        |        |        |        |        |        |        |        | 1      |
|     |       |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |       |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |       |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |       |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |       |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |       |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |       |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

Total number of acres to be irrigated N/A

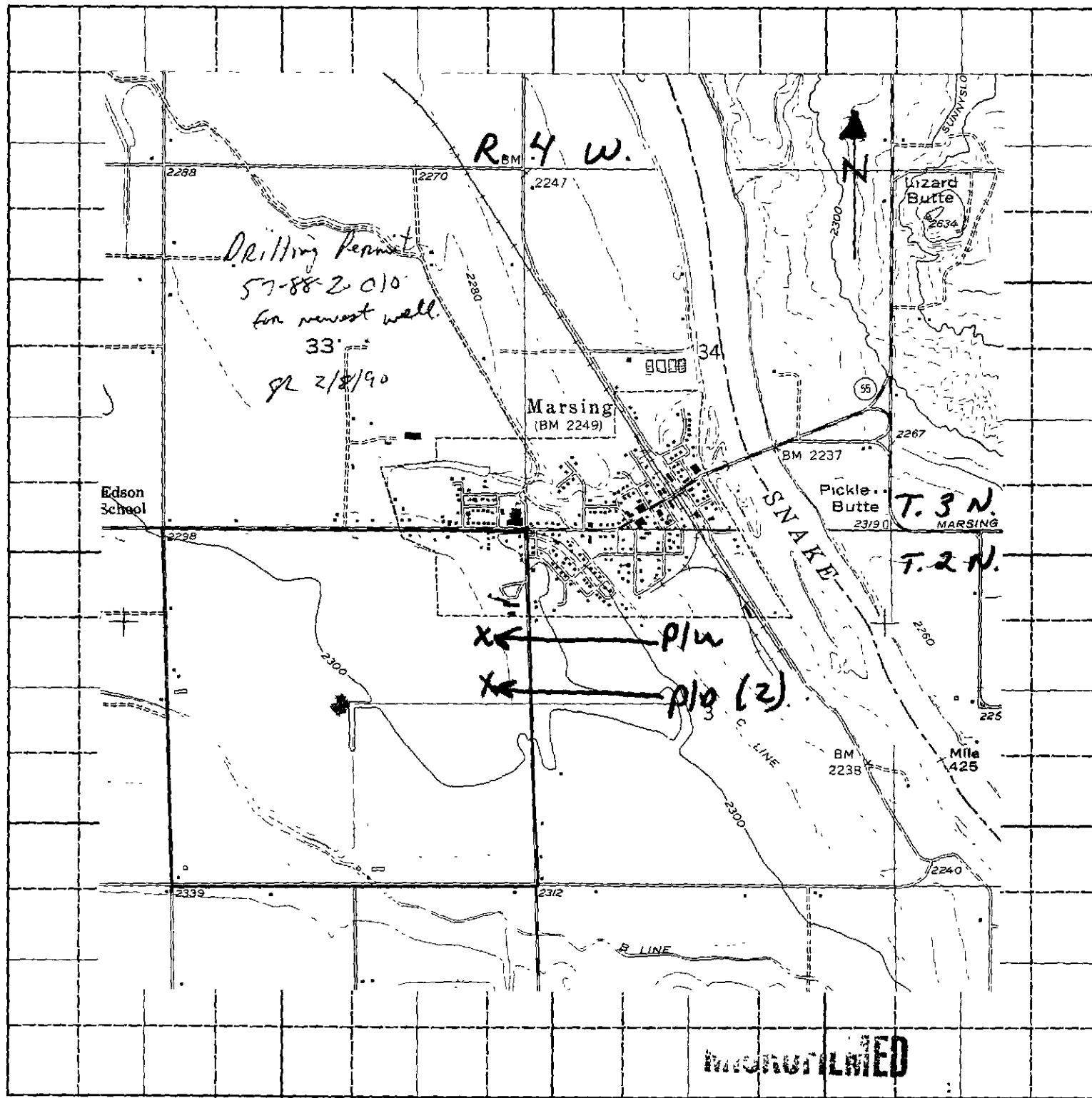
10. Describe any other water rights used for the same purposes as described above Another well 6", 5 hp pump and motor, .06 cfs flow (2nd pld in this application)
- 11 a. Who owns the property at the point of diversion? Marsing Joint School District No. 363
- b. Who owns the land to be irrigated or place of use? Same
- 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. Domestic use - heating and cooling for school building.  
Well drilled spring of 1988. Six inch well was drilled prior to 7/1/87.  
Two points of diversion in T2N R4W S.4 SE 1/4.

\* per office visit by Whitten, Sup't. of Schools, 2/90,

RECORDED  
 52 SEP 20 1990

13 Map of proposed project show clearly the proposed point of diversion, place of use, section number, township and range number.



Scale 2 inches equal 1 mile

SEP 26 1990

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.

*Joe M. Whitten*  
 (Applicant)  
 Sup't. of Schools

Received by SL Date 1/22/90 Time 1:30 Preliminary check by SL  
Fee \$ 45<sup>00</sup> Receipted by SL # W007793 Date 1/22/90  
Publication prepared by GG Date 1/31/90 Published in Owyhee Avalanche  
Publication approved SL Date 3-13-90  
2/7 & 2/14/90

### ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No. \_\_\_\_\_, and said application is hereby \_\_\_\_\_.

1 Approval of said application is subject to the following limitations and conditions:

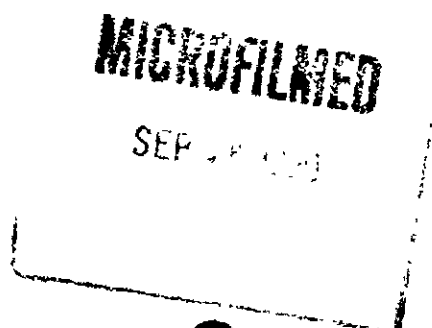
a. SUBJECT TO ALL PRIOR WATER RIGHTS.

b. Proof of construction of works and application of water to beneficial use shall be submitted on or before \_\_\_\_\_, 19 \_\_\_\_\_.

c. The rate of diversion, if water is to be used for irrigation under this permit, when combined with all other water rights for the same land shall not exceed 0.02 cubic feet per second for each acre of land.

d. The water right acquired under this permit if for hydropower purposes shall be junior and subordinate to all rights to the use of water, other than hydropower, within the State of Idaho that are initiated later in time than the priority of this permit and shall not give rise to any right or claim against any future rights to the use of water, other than hydropower, within the State of Idaho initiated later in time than the priority of this permit.

e. Other



Dept. of Water Resources

# THE OWYHEE AVALANCHE

P.O. BOX 97 • HOMEDALE, ID 83628 • 208/337-4681

## AFFIDAVIT OF PUBLICATION

STATE OF IDAHO )  
 )ss  
COUNTY OF OWYHEE )

I, Joe E. Aman, being first duly sworn, depose and say:

1. That I am a citizen of the United States of America, and at all times hereinafter mentioned was and now over the age of twenty-one years, not a party to nor interested in the proceedings hereinafter mentioned.

2. That during the time of the publication of the notice hereinafter mentioned, I was and now am the publisher of **The Owyhee Avalanche**, a newspaper of general circulation printed and published weekly, on Wednesday of each and every week, in the City of Homedale, County of Owyhee and State of Idaho.

3. That the said **The Owyhee Avalanche** has been printed and published continuously and uninterruptedly in said County during a period of more than seventy-eight weeks prior to the first publication of the attached notice.

4. That said notice of which a printed copy, taken from said newspaper, is hereto affixed, was published in the regular issue thereof, and not a supplement thereto, in said newspaper, in (2) TWO

(consecutive) calendar weekly issue(s) of said newspaper, in the following date(s):

Feb. 7 & 14

Signed

Joe E. Aman

Subscribed and sworn to before me this

14th

day of

Feb

A.D., 19

90

Alisa Aman Petuck

Notary Public in and for the State of Idaho  
Residing at Nampa, Idaho  
Commission expires October 1991

## NOTICE OF APPLICATION FOR WATER RIGHT

The Following application(s) have been filed to appropriate the public waters of the State of Idaho:

**57-07518**

SCHOOL DISTRICT  
NUMBER 363

P.O. BOX 340

MARSING, ID 83639

Source: GROUNDWATER

Diversion Pt: SENE Sec 4 T  
02N R 04W

Use: IRRIGATION (.030 CFS)

HEATING (.330 CFS)

COOLING (.330 CFS)

Total Diversion: (.330 CFS)

Date Filed: 1/22/1990

In: T02N R04W S04 SENE

1.0 ACRES TOTAL

The permit(s) will be subject to all prior water rights. Protests must be filed with the Director, Dept. of Water Resources, Western Region, 2735 Airport Way, Boise, Idaho 83705 on or before FEBRUARY 26, 1990.

R. KEITH HIGGINSON,

Director

Publish Feb 7 & 14, 1990.

RECEIVED

FEB 9 1990



MEMORANDUM

To: File 57-07518  
From: L. Glen Saxton *LS*  
RE: TELEPHONE CALL FROM ROY HERMAN  
Date: December 6, 1996

On this date, Roy Herman (896-4162) called concerning Condition of Approval No. 6. on Transfer No. 4904 which requires the installation of measuring devices on all 4 wells.

Herman advised that he seeks a change in the condition since all 4 wells pump into a 10,000 gallon underground tank from which a pump in the tank diverts water to the school itself or to the school grounds for irrigation during the summer. He said that each individual well also has been fitted with a special flow valve to insure that the total rate does not exceed the authorized rate of 0.33 cfs.

Herman plans to submit a written request asking that one installed meter on the diversion from the 10,000 gallon tank satisfy the condition.

MICROFILMED  
JUL 14 1996



State of Idaho

**DEPARTMENT OF WATER RESOURCES**

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

Phone: (208) 327-7900 FAX: (208) 327-7866

PHILIP E. BATT  
GOVERNOR

KARL J. DREHER  
DIRECTOR

December 4, 1996

SCHOOL DISTRICT NO 363  
PO BOX 340  
MARSING ID 83639

RE: Water Right No. 57-07518  
Transfer No. 4904

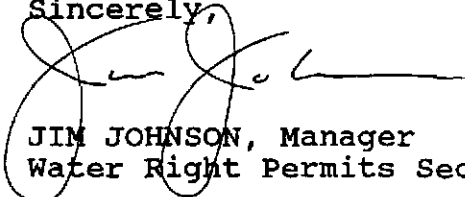
Dear Water Right Holder(s):

Enclosed is a copy of your approved Transfer of Water Right for the above referenced water right (Transfer No. 4904). Please be sure to thoroughly review the "Conditions/Remarks:" as listed on the transfer. We have made the ownership changes in our data base.

Also, please note that as of July 1, 1996, water right owners are required to report any change of water right ownership and any change of mailing address to the department. If you have acquired a water right or have changed your mailing address PRIOR to July 1, 1996, you have until July 30, 1998, to notify the department. If you acquire a water right or change your mailing address AFTER July 1, 1996, you must notify the department within 120 days of the change.

Failure to report these changes could result in a \$100 late filing fee. Contact any office of the department to obtain the proper reporting form.

Sincerely,



JIM JOHNSON, Manager  
Water Right Permits Section

JJ:ph

Enclosure

MICROFILMED

DEC 14 1996

MEMORANDUM

TO: FILE NO. 57-07518

FROM: PAM SKAGGS<sup>PS</sup>/STATE OFFICE

SUBJECT: TRANSFER NO. 4904

DATE: November 29, 1996

=====

Transfer No. 4904 was filed to add 2 points of diversion under Right No. 57-07518. Four total wells will serve the existing system to provide the licensed rate of diversion for the heating/cooling need of Marsing High School.

Drilling Permit Nos. 57-96-W-044 & 047-000 were approved for the additional wells and fees paid. Recommended conditions include the original license conditions, multiple points of diversion/measuring devices, and standard transfer conditions.

RECEIVED

NOV 30 1996

**TRANSFER REVIEW SHEET**  
(04-96)

Transfer # 4964

Date Reviewed 11-29-96 28

Right(s) 57-07578 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WR411 Print Split Summary <sup>Add NA</sup>  
P/D Run POU Comparison Report

B:Change P/D (C)Add P/D D:Change P/U E:Change Nature of Use  
F:Change Period of Use G:Other H:Change P/D & Add P/D  
I:Change P/D & P/U J:Add P/D & Change P/U

Proof of Ownership NA - P/D change only -  
\_\_\_\_\_  
\_\_\_\_\_

Transfer ✓ All of Right \_\_\_\_\_ Portion of Right  
Resulting Split(s) NONE  
\_\_\_\_\_  
\_\_\_\_\_

Check Transfer Against Recorded Right Season/Vol. NA

(1) ✓ Priority (2) ✓ Use (3) ✓ Season (4) ✓ Rate (5) ✓ Volume  
(6) ✓ Source (7)     P/D (8) ✓ P/U (9) NA Proof/Owner (10) ✓ Map  
(11) NA Water District (12) Yes Pertinent Conditions (13) NO Expansion  
Carry MD @ each P/D

(17) Add 2 wells, same Q/G  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transfer Remarks 4 P/Ds SENE, SCH WR4  
Conditions DATE T 17  
Approved Drilling Permits Attached T07, T08, T09, 028

Database/Processing Notes Standard ✓ Non-Standard \_\_\_\_\_  
T File  
\_\_\_\_\_  
\_\_\_\_\_

WR Reports File Marsing Trs-  
File Deleted 11-29-96

Transfer Memo Complete ✓  
Database Updated 11-29-96 28

Approval Cover Letter Standard ✓ Preliminary Order \_\_\_\_\_

WR0749NP  
No. T57-07518

IDAHO DEPARTMENT OF WATER RESOURCES  
WATER RIGHT PROFILE REPORT

DATE: 11/29/96  
PAGE: 1

| OWNER<br>CODE    | NAME & ADDRESS         | PRIORITY<br>DATE | WATER USE  | USE PERIOD<br>FROM TO | DIVERSION<br>RATE | DIVERSION<br>VOLUME |
|------------------|------------------------|------------------|------------|-----------------------|-------------------|---------------------|
| C                | SCHOOL DISTRICT NO 363 | 01/22/1990       | IRRIGATION | 03/15 11/15           | 0.030 CFS         | 2.30 AFA            |
|                  | PO BOX 340             |                  | HEATING    | 01/01 12/31           | 0.330 CFS         | 69.90 AFA           |
|                  | MARSING ID 83639       |                  | COOLING    | 01/01 12/31           | 0.330 CFS         | 27.70 AFA           |
|                  | (208) 896-4111         |                  |            |                       |                   |                     |
| TOTAL DIVERSION: |                        |                  |            |                       | 0.330 CFS         | 99.90 AFA           |

Water Source: GROUNDWATER

Tributary to:

Stage: LICENSE

Point(s) of Diversion: T02N R04W S04 SENE OWYHEE County

Place of use Legal Description for: IRRIGATION

| NE          |      |      |      | NW   |      |      |      | SW   |      |      |      | SE   |      |      |      |     |     |     |
|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----|-----|-----|
| NENE        | NWNE | SWNE | SENE | NENW | NWNW | SWNW | SENW | NESW | NWSW | SWSW | SESW | NESE | NWSE | SWSE | SESE | SUM |     |     |
| T           | R    | S    |      | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   | Lt  | Ac  |     |
| 02N         | 04W  | 4    | :    |      |      |      |      |      |      |      |      |      |      |      |      |     |     |     |
|             |      |      |      | .5   |      |      |      |      |      |      |      |      |      |      |      |     |     | 0.5 |
| TOTAL ACRES |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     | 0.5 |     |

Place of use location for HEATING is the same location as described for: IRRIGATION

Place of use location for COOLING is the same location as described for: IRRIGATION

Pou County: OWYHEE

Other Water Rights with Same Point(s) of Diversion and Source:  
57-07518

Other Water Rights Listing Overlapping Place(s) of use:  
02-02014 02-02276 57-07518

Conditions of Approval:

- 09C - Return flow if discharged to a subsurface system must be
  - authorized by a separate injection well permit, and return flow
  - if discharged to a surface water system shall meet Idaho Water
  - Quality Standards.
- R27 - This right when combined with all other rights shall provide no
  - more than 4.5 afa per acre for the lands above.
- T07 - The change authorized by this transfer shall be accomplished
  - within one (1) year of the date of this approval.
- T08 - Failure to comply with the conditions of this transfer is cause
  - for the director to issue an order to show cause why the approval
  - of the transfer should not be rescinded.
- T09 - Approval of this transfer does not preclude the opportunity for
  - review of the validity of the water right(s) in the ongoing
  - Snake River Basin Adjudication.
- T17 - Prior to diversion of water under this approval, the right holder

Conditions of Approval:

- shall provide a means of measurement acceptable to the Department
  - from all authorized points of diversion which will allow
  - determination of the total rate of diversion.
- 028 - After specific notification by the department, the right holder
- shall annually report the amount of water diverted to the
  - department.

Remarks: The total instantaneous diversion of water from all points of diversion under Transfer No. 4904 shall not exceed 0.33 cfs, nor total combined annual volume of 99.9 af.  
Four points of diversion are located within SENE, S04, T02N, R04W.

Dates: App. Received: 01/22/1990 Priority Date: 01/22/1990  
Proof Due Date: 10/01/1991 Proof Made Date: 12/13/1990  
Exam Made Date: 06/23/1992 Exam Sent to S.O.: 01/22/1993  
Licensed Date: 03/16/1993

Misc: Water District Number: Field Exam Fee: R (Received)

Comments: Date: 11/29/1996 User-ID: PSKAGGS Subject: TRANSFER NO 4904  
Transfer No. 4904 was filed to add 2 points of diversion to the existing system under Right No. 57-07518.

Audit: 09/13/96 LGRAVES 11/29/96 PSKAGGS

| Serial | Water Right No. | Name Last, First     | Owner | Priority Date | STG/STS | Source      | Use Desc            | System |
|--------|-----------------|----------------------|-------|---------------|---------|-------------|---------------------|--------|
| 1      | 57-07518        | SCHOOL DISTRICT NO 3 | C     | 01/22/1990    | L/      | GROUNDWATER | IRR<br>HEAT<br>COOL | WR     |
| 2      | T57-07518       |                      |       | 01/22/1990    | L/      | GROUNDWATER | IRR<br>HEAT<br>COOL | WR     |

```
(Enter=Continue)      (GOLD7=This Query)      (GOLD8=Cancel)      (Menu _____)
Natural 2.1/7V      OVR      Help available      LIB=PRODLIBS      Last key was ENTR
```

T#4904

RECEIVED

NOV 26 1996

FORM 222a  
5/96

Department of Water Resources

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

TRANSFER ANALYSIS SHEET

RECEIVED  
NOV 26 1996  
Department of Water Resources

APPLICANT School District No 363

TRANSFER NO. 4904

INITIAL ALLOCATION REVIEW BY lg

DATE 9/13/96

SRBA SUPERVISOR REVIEW BY N/A

DATE \_\_\_\_\_

1. Right number(s) 57-27518

2. Type of right ☐ Decree ☒ License ☐ Statutory Claim  
☐ SRBA Beneficial Use Claim

3. Purpose of transfer ☐ Change P/D ☒ Add P/D ☐ Change P/U  
☐ Change N/U ☐ Change Source ☐ Split Right  
☐ Other: \_\_\_\_\_

4. Check Existing Right: ☒ Source ☒ Priority ☒ Amount ☒ Purpose  
☒ Period N/A SRBA Claim  
☒ Description of original point(s) of diversion  
☒ Description of original place of use  
☒ Overlapping rights on original place of use

5. Check Proposed Right for amount of land &/or water transferred:

☐ Also see attached memo for more analysis information

- a. ☒ All of right
- b. N/A Part of right (NOTE: Part B should be filled in only if part of right is owned by the applicant)
- c. ☒ Description of point(s) of diversion
- d. N/A Description of place of use
- e. ☒ Map showing P/D & P/U after transfer
- f. ☒ Correct notarized signature and \$100 fee
- g. N/A Proof of ownership of right &/or land from which water is transferred
- h. N/A Expansion in use of right - Comments: \_\_\_\_\_

MICROFILMED

NOV 26 1996

- i. N/A Existing rights from same source, on land water is being transferred to; right number(s): \_\_\_\_\_
- j. N/A SRBA claim(s) - Comments (NOTE: Approved transfer amends SRBA claim; differences between existing water right and SRBA claim? any ownership or other outstanding issues? Explain) \_\_\_\_\_
- k. N/A Comment letters \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes \_\_\_\_\_ Water District #  
\_\_\_\_\_ Other, see #2 below for name  
\_\_\_\_\_ and address

## PUBLICATION REVIEW BY

1. Legal Notice electronically sent to DWR03::VAULT ✓ Yes

## 2. COMMENT LETTERS

Watermaster recommendation requested on \_\_\_\_\_, Received on \_\_\_\_\_

Other comments letters - send to the following name(s) & address(es):

3. Transfer published correctly? ✓ Yes     No
4. Affidavit of publication received? ✓ Yes     No
5. Protests received?     Yes ✓ No; Acknowledgement sent?     Yes
6. Copies made for Region file (see attached supplemental page)? ✓ Yes

### RECOMMENDED ACTION

1. ☒ Approve
2. ☐ Deny due to \_\_\_\_\_

3. Conditions (special conditions in Water Districts) \_\_\_\_\_

## Well construction & drilling permit requirements.

Note per orig. appl. for permit filing - prov. exam date (1990-92): from exam date to transfer appl. < 5 yrs., from origin of right to exam date

Also 2 5 yrs. Q10 usually on transfer appl. & forfeiture becomes w/A per  
file history.

4. By JZ Date 11/5/96

2 D.P. issued per school's request to: 1) test  
file w's included. Proper fees paid. 2) prepare for use upon transfer approval. assumed

Daniel S. A

Phone Number 896-4111  
FAX 896-4190

Franklin & Canyon County  
**SCHOOL DISTRICT No. 363**  
Box 340  
MARBLE MOUNTAIN, IDAHO 83639



FAX TRANSMISSION

TO: [illegible]  
FROM: [illegible]  
SUBJECT: [illegible]  
DATE: [illegible]  
PAGE: [illegible]

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ROB- this  
rec'd 10/28  
after 10/25  
notes added-  
let's talk e  
d.p. issue  
any that have  
this  
DEC 19 1996  
-JL 10/28

MICROFILMED  
DEC 19 1996



## MARSING SCHOOL DISTRICT No. 363

Owyhee & Canyon County

Box 340

Marsing Idaho 83639

October 28 1996

Mr. Rob Whitney  
Western Region Manager  
Department of Water Resources  
Boise, ID

Dear Sir,

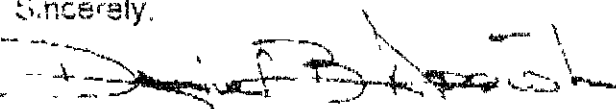
The Marsing School District has applied for permits to drill two wells to provide water for the heating/cooling system in the new high school.

Your excellent suggestion to drill a test well was of enormous benefit to us. This well was successful and gave us valuable data on the location of the aquifers. However, one additional well of similar capacity is needed to insure that an adequate supply of water in the coldest of times is available. Therefore, we have applied for two permits, one to bring the test well on line and one to drill the final well and bring it on line.

Potable water is not required as these wells will only be connected to the heating/cooling system. In addition, the wells will be connected to the system in such a way as to preclude any commingling of aquifers.

With the rapid approach of winter and on behalf of the Marsing School Board, I respectfully request that you take whatever action necessary or expedite the final approval of these permits.

Sincerely,

  
Daniel B. Amola  
Marsing School District Superintendent

MICROFILMED

DEC 19 1996

### OUR VISION

To provide effective  
schools that have the  
following characteristics:

• Commitment to learning as  
the common theme for all

• Strong community  
involvement

• Frequent instructional  
evaluation

• High expectations for  
students and staff

• Commitment to mastery of  
basic skills by all students

• Clear and shared school  
objectives

• Positive school climate

• Consistency among staff in  
the treatment of students

• Frequent and honest  
monitoring of student  
progress

### OUR MISSION

To ensure all  
students  
are good producers  
satisfying and  
respectable  
now and  
in the future

# The Owyhee Avalanche

P.O. BOX 97 • HOMEDALE, ID 83628 • 208/337-4681

## AFFIDAVIT OF PUBLICATION

STATE OF IDAHO )  
 ) ss  
COUNTY OF OWYHEE )

I, Joe E. Aman, being first duly sworn, depose and say.

1. That I am a citizen of the United States of America, and at all times hereinafter mentioned was and now over the age of twenty-one years, not a party to nor interested in the proceedings hereinafter mentioned.

2 That during the time of the publication of the notice hereinafter mentioned, I was and now am the publisher of The Owyhee Avalanche, a newspaper of general circulation printed and published weekly, on Wednesday of each and every week, in the City of Homedale, County of Owyhee and State of Idaho.

3. That the said The Owyhee Avalanche has been printed and published continuously and uninterruptedly in said County during a period of more than seventy-eight weeks prior to the first publication of the attached notice.

4 That said notice of which a printed copy, taken from said newspaper, is hereto affixed, was published in the regular issue thereof, and not a supplement thereto, in

said newspaper, in Two (2)

(consecutive) calendar weekly issue(s) of said newspaper, in the following date(s):

October 2 & 9, 1996

Signed

Subscribed and sworn to me this 9th day of October A D., 19 96

Shirley J. Martindale  
Notary Public in and for the State of Idaho  
Residing at Marsing, Idaho  
Commission expires April 22, 2002

### NOTICE OF PROPOSED CHANGE OF WATER RIGHT NO. 57-07518

Notice is hereby given that School District No. 363, PO Box 340, Marsing ID 83639, has applied to the Department of Water Resources to add two points of diversion to the following water right pursuant to section 42-222 of Idaho Code. WATER RIGHT AS LICENSED No. 57-07518

Basis License  
Date of Priority 1/22/1990  
Source Ground Water  
Amount 33 cfs  
Use Irrigation, Heating, Cooling

Point of Div SENE, TO2N RO4W, Sec 4 (2 wells)  
Place of Use SENE, TO2N RO4W, Sec 4

THE FOLLOWING PORTION OF THE ABOVE WATER RIGHT TO BE CHANGED AS FOLLOWS PURSUANT TO TRANSFER NO. 4904

No. 57-07518  
Point of Div SENE, TO2N RO4W, Sec 4, (2 new wells proposed)

Any protest against approval of the proposed change of water right application must be filed with the Department of Water Resources, Western Region, 2735 Airport Way, Boise, ID 83705, together with a protest fee of \$25.00, on or before October 21, 1996. The protestant must also send a copy of the protest to the applicant

Karl J. Dreher  
Director

Published in the Owyhee Avalanche on October 2 and 9, 1996.  
10/2&9/96

RECEIVED

OCT 18 1996

WATER RESOURCES  
WESTERN REGION

NOTICE OF PROPOSED CHANGE OF  
WATER RIGHT NO. 57-07518

Notice is hereby given that School District No. 363, PO Box 340, Marsing ID 83639, has applied to the Department of Water Resources to add two points of diversion to the following water right pursuant to section 42-222 of Idaho Code.

WATER RIGHT AS LICENSED

|                  |                                  |
|------------------|----------------------------------|
| No.              | 57-07518                         |
| Basis            | License                          |
| Date of Priority | 1/22/1990                        |
| Source           | Ground Water                     |
| Amount           | .33 cfs                          |
| Use              | Irrigation, Heating, Cooling     |
| Point of Div     | SENE, T02N R04W, Sec 4 (2 wells) |
| Place of Use     | SENE, T02N R04W, Sec 4           |

THE FOLLOWING PORTION OF THE ABOVE WATER RIGHT TO BE CHANGED AS  
FOLLOWS PURSUANT TO TRANSFER NO. 4904

|              |                                                |
|--------------|------------------------------------------------|
| No.          | 57-07518                                       |
| Point of Div | SENE, T02N R04W, Sec 4, (2 new wells proposed) |

Any protest against approval of the proposed change of water right application must be filed with the Department of Water Resources, Western Region, 2735 Airport Way, Boise, ID 83705, together with a protest fee of \$25.00, on or before October 21, 1996. The protestant must also send a copy of the protest to the applicant.

Karl J. Dreher  
Director

Published in the Owyhee Avalanche on October 2 and 9, 1996.

MICROFILMED

DEC 11 1996

**RECEIPT**  
For Monies Paid  
to the  
Idaho Department of Water Resources

Receipt No: W021356

Date: 8/14/1996  
Time: 15:16:50

Received  
From: MARSING SCHOOL DIST #363

| Type of Payment                   |       | Program A cct | Amount    |
|-----------------------------------|-------|---------------|-----------|
| DRILLING PERMIT: 57-96-W-0047-000 | 62134 | 229 21 1205   | 150.00    |
| APPLICATION FOR TRANSFER          | 62105 | 229 21 1155   | 100.00    |
| CHECK 12550                       |       |               |           |
| Total                             |       |               | \$ 250.00 |

Region: WESTERN

Signature: DBuffington

MICROFILMED  
DEC 19 1996

**RECEIPT**  
For Monies Paid  
to the  
Idaho Department of Water Resources

Receipt No: 0036375

Date: 8/20/1996  
Time: 10:21:08

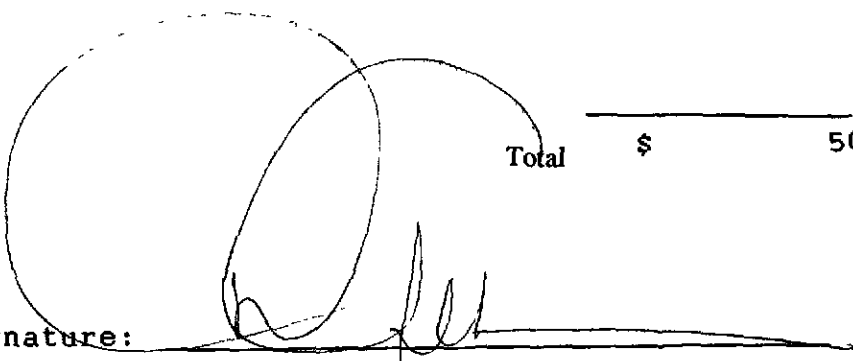
Received  
From: MARSING SCHOOL DIST #363

| Type of Payment                     | Program A cct     | Amount |
|-------------------------------------|-------------------|--------|
| DRILL PERMIT ADD'L 57-96-W-0047-000 | 62134 229 21 1205 | 50.00  |

CHECK 12660

Total \$ 50.00

Region: STATE

Signature: 

**RECEIVED**

**AUG 20 1996**

**WATER RESOURCES  
WESTERN REGION**

MICROFILMED

DEC 19 1996

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

USE ADDITIONAL SHEETS IF NECESSARY; — FORWARD THE WHITE COPY TO THE DEPARTMENT



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

Phone: (208) 327-7900 FAX: (208) 327-7866

CECIL D. ANDRUS  
GOVERNOR

R. KEITH HIGGINSON  
DIRECTOR

March 16, 1993

SCHOOL DISTRICT NO 363  
PO BOX 340  
MARSING ID 83639

RE: WATER RIGHT NO. 57-07518

Dear Water Right Holder(s):

Enclosed herewith is a copy of the Water Right License issued on  
the above referenced permit.

Sincerely,

PAMELA SKAGGS  
Water Resource Agent

PS:cz

Enclosure

RECEIVED

APR 15 1993

Stage: LICENSE

Misc: Water District Number: Field Exam Fee: R (Received)

38 03-04-93

⑦

**RECEIVED**  
FEB 8 1993

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**BENEFICIAL USE FIELD REPORT**

Department of Water Resources

**A. GENERAL INFORMATION**

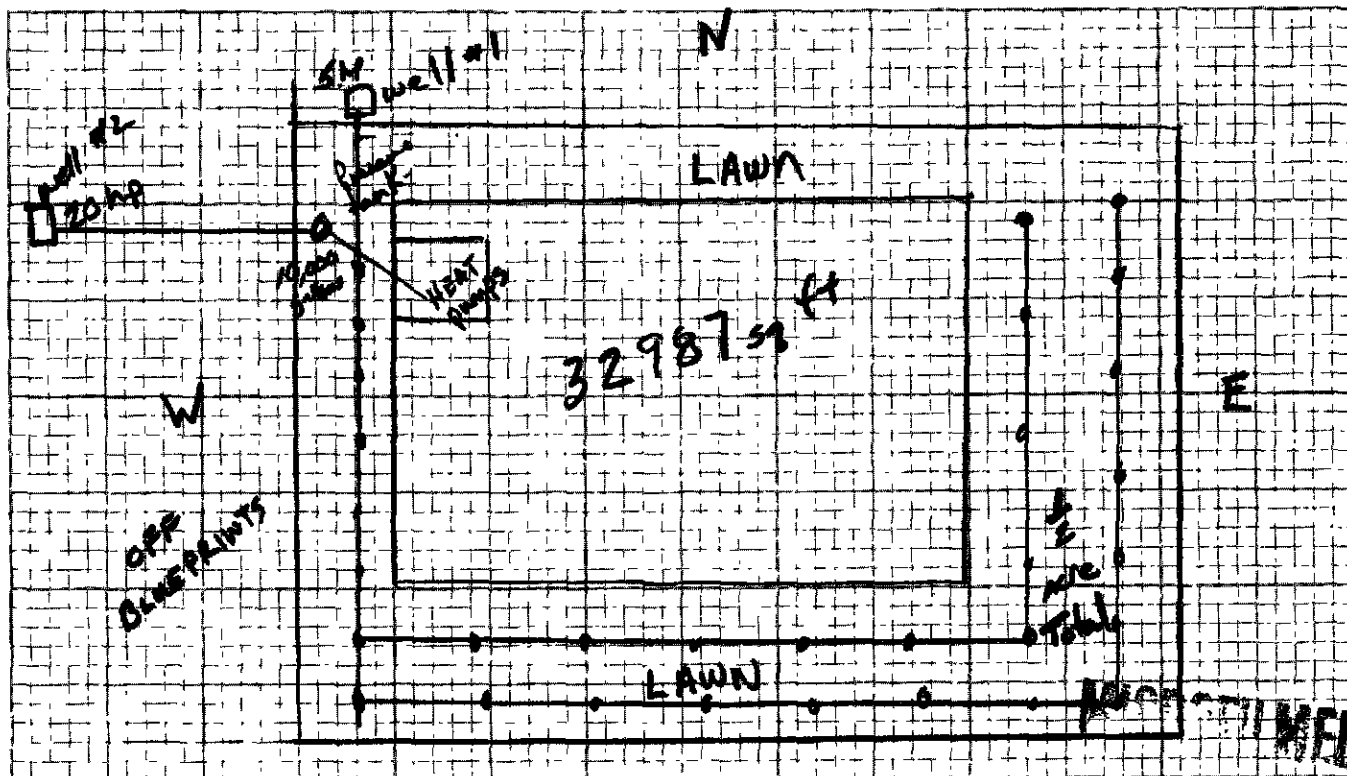
1. Owner: School Dist 363 Permit No. 57-02518  
Phone No. 896-4011  
Current Address: P.O. Box 340 MARSING, IDAHO 83659  
2. Accompanied by: grounds keeper EXAM. DATE: 7-23-91  
Address: same Phone No. same  
Relationship to Permit Holder: employee  
3. Source: groundwater tributary to - NA -

**B. OVERLAP REVIEW**

1. Other water rights with same place of use: 02-02014, 02-02276 (no overlap because of different sources) ☐ Copies Attached  
2. Other water rights with same point of diversion: same ☐ Copies Attached ☐ Copies of Field Exam's Attached

**C. SYSTEM DESCRIPTION**

1. Diversion System Diagram: Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



Scale: 1" = \_\_\_\_\_

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2. ☐ Copy of U.S.G.S. Quadrangle Attached  
Showing location(s) of point(s) of diversion and place(s) of use (required).  
☐ Photo of Diversion and System Attached  
(required for all but single household domestic groundwater, and stockwater).  
☐ Aerial Photo Attached  
(required for irrigation of 10 acres or more).

**System Description (continued)**

3. Narrative: Description (As operating at time of measurement. Indicate pressure, number of sprinklers, etc.)

This system contains two wells. The first well is simply for irrigation purposes only. It is a 5hp well with a 6" casing. The depth is 242' and the static water level is at 38'. The second well is at 225 ft and has a 20 hp pump. The 3" casing connects into a 3" line. The static is at 35' ft. This well is only used for heating & cooling water & is used for irrigation (#2 also covers the bathrooms etc). The second well

See Remarks on page 4 for continuation

4.

| Well or Diversion Identification No.* | Motor Make | Hp | Motor Serial No. | Pump Make | Pump Serial No. or Discharge Size |
|---------------------------------------|------------|----|------------------|-----------|-----------------------------------|
| #1                                    | NA         | 5  | NA               | NA        | 2"                                |
| #2                                    | NA         | 20 | NA               | NA        | 3"                                |
|                                       |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |

\*Code to correspond with No. on map and aerial photo

5. Point(s) of Diversion:

| Ident. No. | Gov't. Lot | 1/4 | 1/4 | 1/4   | Sec. | Twp. | Rge. | County | Method of Determination/Remarks |
|------------|------------|-----|-----|-------|------|------|------|--------|---------------------------------|
|            |            |     |     | se ne | 4    | 2N   | 4w   | Owyhee | Quads/Verification              |
|            |            |     |     |       |      |      |      |        |                                 |
|            |            |     |     |       |      |      |      |        |                                 |
|            |            |     |     |       |      |      |      |        |                                 |

6. Place(s) of Use:

Indicate Method of Determination

| Twp. | Rge. | Sec. | NE 1/4 |        |        |        | NW 1/4 |        |        |        | SW 1/4 |        |        |        | SE 1/4 |        |        |        | Totals |
|------|------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|      |      |      | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 |        |
| 2N   | 4w   | 4    |        |        |        | .5     |        |        |        |        |        |        |        |        |        |        |        |        | .5     |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

Do not use this space

APR 15 1993

Do not use this space

## D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

| Measurement Equipment | Type | Make | Model No. | Serial No. | Size | Calib. Date |
|-----------------------|------|------|-----------|------------|------|-------------|
| None                  |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |

### 2. Measurements:

Theoretical: #1  $5hp \times 8.8 \times .70 cfs = 30.8 = .18 cfs$   
 irrigation well  $80 + (2.3 \times 40) = 172$  Capacity  
 Total output 1.16 cfs  
 heating & cooling #2  $20hp \times 8.8 \times .70 cfs = 123.2 = .98 cfs$   
 well  $80 + (2.3 \times 20) = 126$

## E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached  $.5 \times .03 = .02$  Allow .03 cfs (IRR)

### 1. Measured Method:

Theoretical: irrigation = .18 cfs  
 Heating & cooling = .98 cfs

### 2. Alternate Method for Checking Purposes:

Handbook =  $Q \frac{E}{(500)(\Delta T_s)} =$  See Attachments.

## F. PUMP EFFICIENCY DATA (Optional)

Discharge Pressure: \_\_\_\_\_ psi x 2.31 = \_\_\_\_\_ ft (1); Dynamic pumping level: \_\_\_\_\_ ft (2)

Total Head: (1) + (2) = \_\_\_\_\_ (3)

; Flow rate: \_\_\_\_\_ cfs (4)

Water HP: (3) x (4) ÷ 8.8 = \_\_\_\_\_ (5)

Meter Input KW: 3.6 x \_\_\_\_\_ KH x \_\_\_\_\_ CTR or \_\_\_\_\_ MULT x \_\_\_\_\_ PTR x \_\_\_\_\_ N/ \_\_\_\_\_ T = \_\_\_\_\_ (6)

Meter Input HP: (6) x 1.34 = \_\_\_\_\_ (7)

Panel Input KW: \_\_\_\_\_ Ave PF x \_\_\_\_\_ Ave Volts x \_\_\_\_\_ Ave Amps x .001732 = \_\_\_\_\_ (6)

Panel Input HP: (6) x 1.34 = \_\_\_\_\_ (7) Efficiency: (5)/(7) x 100 = \_\_\_\_\_ %

-NA-

Allow .33 cfs (HEATING)  
 permit limit

Heating .47 cfs  
 Cooling .47 cfs

## G. VOLUME CALCULATIONS

### 1. Volume Calculations for Irrigation:

$V_{IR} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = .5 \times 4.5 = 2.25 AFA$

$V_{DR} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = .03 \times 245 \times 1.9835 = 14.6 AFA$

$V = \text{Smaller of } V_{IR} \text{ and } V_{DR} = 2.3 \text{ } 2.25 AFA (IRR)$

### 2. Volume Calculations for Other Uses:

Volume: irrigation = 2.3 AFA

Volume: heating & cooling =

See Attachments.

Heating 69.92 AFA  
 Cooling 27.7 AFA

APR 15 1993

# H. REMARKS AND OVERLAP REVIEW ANALYSIS

pumps into a 10,000 gallon tank before entering the heating & cooling system. The 1st pump usually runs 8-16 sprinklers at a time.

There are no overlaps into this system from other WE #s

Remarks - 2 P/Ds SENE,

Conditions - R27

## I. RECOMMENDATIONS

### 1. Recommended Amounts

| Beneficial Use | Period of Use |           | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) |
|----------------|---------------|-----------|------------------------------|--------------------------|
|                | From          | To        |                              |                          |
| Irrigation     | 3-15/15       | 11-153/15 | .03 cfs                      | 2.32.85 AFA              |
| Heating        | 01-01-16      | 12-31-30  | .33 cfs                      | 69.72 AFA                |
| Cooling        | 01-01-5       | 12-31-7   | .33 cfs                      | 27.67 AFA                |
| Totals:        |               |           | .33 cfs                      | 99.971.50 AFA            |

### 2. Recommended Amendments

- ☐ Change P.D. as reflected above  
☐ Change P.U. as reflected above

- ☐ Add P.D. as reflected above  
☐ Add P.U. as reflected above

☒ None

☐ Other

## J. AUTHENTICATION

Field Examiner's Name

DAVID GRAY

Signature

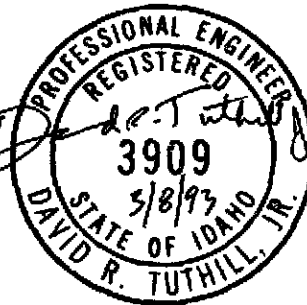
*David Gray*

Certification Date

7-08-92

Field Report Preparation Date

7-08-92



CONSULTANT SEAL

K. Licensing recommendation shall be prepared by an Idaho Department of Water Resources employee on a computer printout attached hereto.

MICROFILMED

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## Volume : Flow Calculations (Cont.)

Cooling:

$$A = 32,987 \text{ sq ft, one story}$$

$$t_i = 70^\circ \text{F}$$

$$t_o = 40^\circ \text{F}$$

$$S = 55^\circ \text{F}$$

$$e = .44$$

Design Heat Load:

$$E = [e \cdot \Delta T] A$$

$$[.44 \cdot 66] 32987$$

$$[29.04] 32987$$

$$E = 957,942.48 \text{ BTU/hr}$$

Temp Drop <sup>RSE</sup> across system:

$$\Delta T_s = (.6) [S - T_i]$$

$$(.6) [55 - 70]$$

$$(.6) [15]$$

$$\Delta T_s = 9$$

Flow Rate:

$$Q = \frac{E}{500(\Delta T_s)} = \frac{957,942.48 \text{ BTU/hr}}{500(9)}$$

$$= \frac{957,942.48 \text{ BTU/hr}}{4500} = Q = \frac{212.9 \text{ gpm}}{448.8} = Q = .47 \text{ cfs}$$

↑ to convert to cfs

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$$\text{Volume} = Q \times \text{Days used} \times \% \text{ of day used} \times 1.9835$$

$$.47 \text{ cG} \times 90 \times .33 \times 1.9635 = 27.69 \text{ ARA}$$

PRODUCED BY

APR 15 1993

# Volume & Flow Calculations

57-07518

HEATING Given:

$$A = 32,987 \text{ ft}^2, \text{ one story}$$

$$T_i = 70^\circ \text{ F}$$

$$T_o = 40^\circ \text{ F}$$

$$S = 55^\circ \text{ F}$$

$$e = .44$$

Design Heat Load

$$E = [e \cdot \Delta T] A$$

$$[.44 \cdot 66] 32987$$

$$[29.04] 32987$$

$$E = 957,942.48 \text{ Btu/hr}$$

Temp Drop across system:

$$\Delta T_s = (.6) [S - T_i]$$

$$(.6) [55 - 70]$$

$$.6 [15]$$

$$\Delta T_s = 9$$

$$\text{Flow Rate: } \frac{957,942.48 \text{ Btu/hr}}{500(\Delta T_s)} =$$

$$Q = \frac{E}{500(\Delta T_s)} = 500(9)$$

$$\frac{957,942.48}{4500} = Q = \frac{212.92 \text{ gal/min}}{448.8} = Q = .47 \text{ cfs}$$

↑ to convert to Gs

APR 15 1993

$$\text{Volume} = Q \times \text{Days Used} \times \% \text{ of day} \times 1.9835$$

$$\text{Volume} = .47 \text{ ds} \times 150 \times .50 \times 1.9235 = 69.92 \text{ AFA.}$$

APR 15 1993

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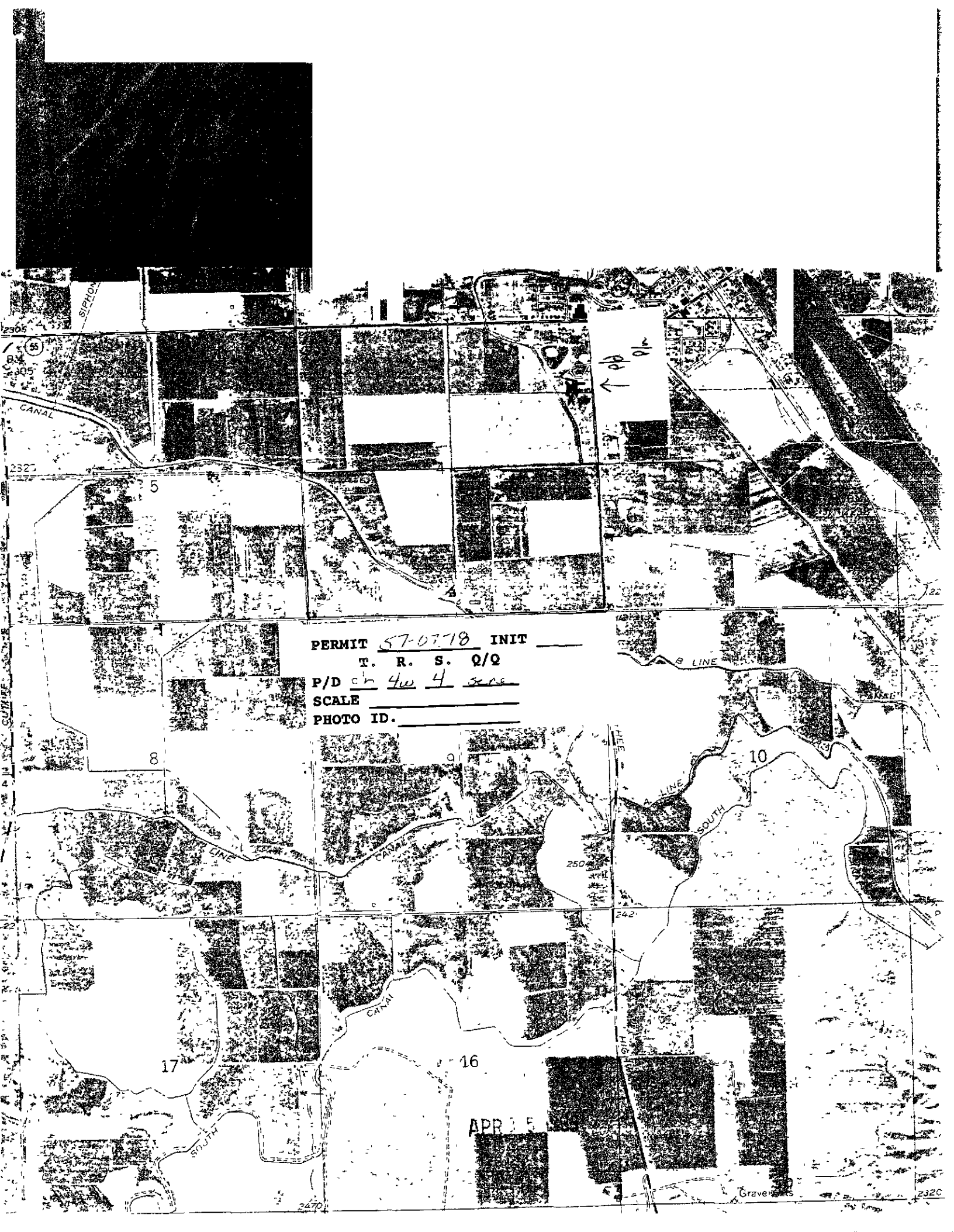
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PERMIT 57-0778 INIT         
T. R. S. Q/Q  
P/D ch 4w 4 scs  
SCALE                       
PHOTO ID.                     

APR 195

Department of Water Resources

WELL INSPECTION FORM

well #1

If well is associated with water right, provide WR# 57-07518

Otherwise provide legal description and a sketch map and/or address so that the well can be located easily.

1. Legal Description: TWP 2n, Rge 4w, Sec. 4, se 1/4 ne 1/4 or Lot \_\_\_\_\_.

2. Owner: School Dist 363

Address P.O. Box 340, City Murray, St Ida

3. Casing  $\geq$  12 inches above ground: Yes X No \_\_\_\_\_

|                 |                       |                     |             |
|-----------------|-----------------------|---------------------|-------------|
| 4. Access Port: | Yes _____ No <u>/</u> | Static Water Level: | _____       |
| Pressure Gauge: | Yes _____ No <u>/</u> | Casing Diameter:    | <u>8"</u>   |
| Flowing:        | Yes _____ No <u>/</u> | Temperature:        | <u>-NA-</u> |

5. Are there any obvious construction problems that may be a source for contamination or waste of water: Yes \_\_\_\_\_ No \_\_\_\_\_

If answer to Item 5 is Yes, describe in remarks and attach photo.

Remarks: Next to the school.

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APR 15 1993

Department of Water Resources

WELL INSPECTION FORM

well #2

If well is associated with water right, provide WR# 57-07516

Otherwise provide legal description and a sketch map and/or address so that the well can be located easily.

1. Legal Description: TWP 2n, Rge 4w, Sec. 4, se 1/4 ne 1/4 or Lot \_\_\_\_\_.

2. Owner: School Dist 363

Address P.O. Box 340, City Murray, St Idaho

3. Casing  $\geq$  12 inches above ground: Yes X No \_\_\_\_\_

|                 |                       |                     |            |
|-----------------|-----------------------|---------------------|------------|
| 4. Access Port: | Yes _____ No <u>/</u> | Static Water Level: | _____      |
| Pressure Gauge: | Yes _____ No <u>/</u> | Casing Diameter:    | <u>8"</u>  |
| Flowing:        | Yes _____ No <u>/</u> | Temperature:        | <u>NA-</u> |

5. Are there any obvious construction problems that may be a source for contamination or waste of water: Yes \_\_\_\_\_ No \_\_\_\_\_

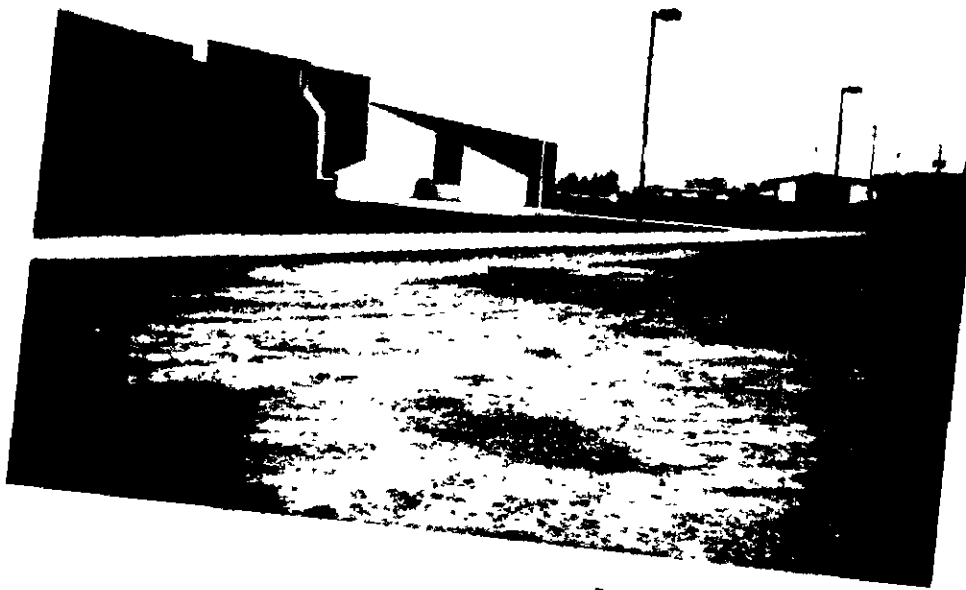
If answer to Item 5 is Yes, describe in remarks and attach photo.

Remarks: Away from School 400 or so feet

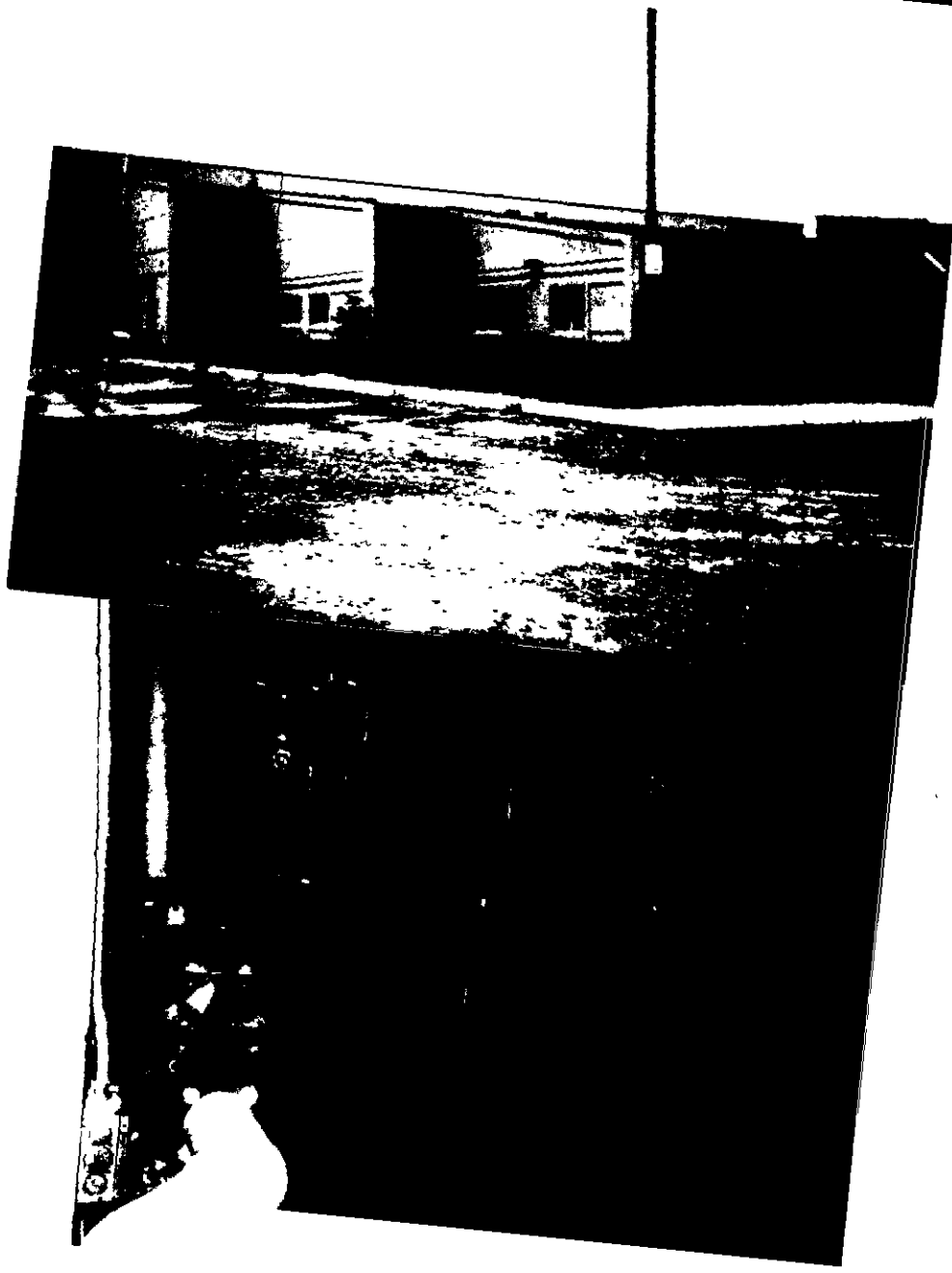
APPROVED

APR 15 1993

# 57-07518



North view  
of building



North/East  
view of building

View of building

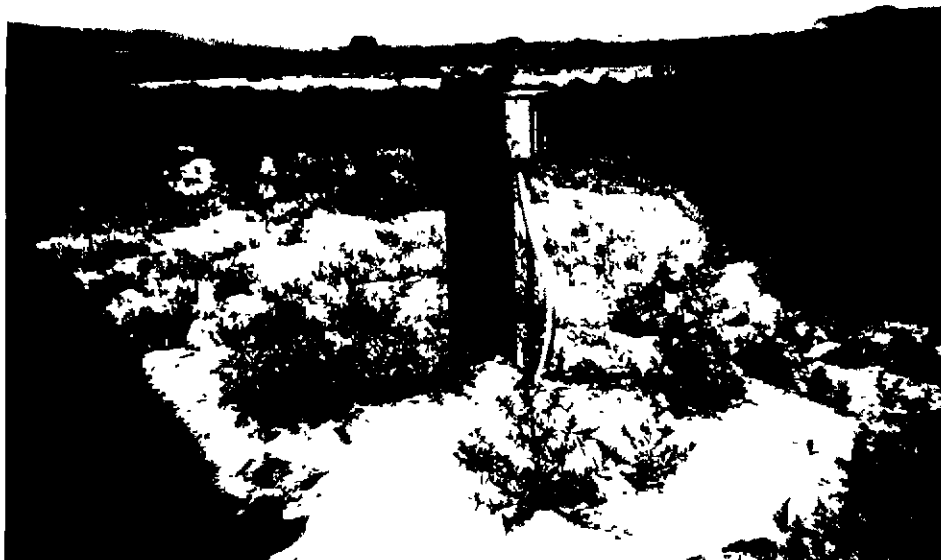
RECEIVED

APR 15 1993

#57-07518



View of well #1  
for irrigation



View of well  
#2 for heating  
purpose

10-10-61

December 28, 1990

SCHOOL DISTRICT NO. 363  
P.O. BOX 340  
MARSING, ID 83639

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 57-07518

Dear Permit Holder:

The department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the department to conduct a field examination to determine and confirm the use being made of the water.

If you have questions concerning this matter, please feel free to contact the WESTERN Regional Office in Boise at (208)334-2190.

Sincerely,

Rita Fleck  
Secretary/Records Manager

c: IDWR - Region

**MICROFILMED**

JAN 29 1991

ANALYSIS SHEET  
for  
PROOF OF BENEFICIAL USE

Permit No. 57-7518

Date 12-26-90

GENERAL CONSIDERATIONS

X Name same as permit?  
X Address same as permit? If no, prepare data entry form.  
X Proof timely received? If no, complete priority advancement below.

SOURCE OF WATER

✓ Surface water source  
✓ Ground water source  
N Drill permit req'd?  
Copy in file? Drill permit no. N/A  
Well log in file?  
Amt paid for drilling permit? \_\_\_\_\_ Correct?

LICENSE EXAMINATION FEE

X Required?  
100 Amount submitted?  
X Correct amount?

MEASURING DEVICE

N Measuring device or access port required?  
Installed?  
Waiver requested or needed?

DEFICIENCIES OR ACTION ITEMS

*proof acceptable*

PRIORITY CALCULATION

Date proof received 12  
Date proof due \_\_\_\_\_  
No. of days late \_\_\_\_\_  
Priority date \_\_\_\_\_  
NEW PRIORITY DATE \_\_\_\_\_

**RECEIVED**

DEC 13 1990

## STATE OF IDAHO

For Office Use Only

Amt of Fee \$ 100.00Date 12/13/90Receipt No. 2019437Received by J. Larson

Department of Water Resources

## DEPARTMENT OF WATER RESOURCES

## PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources will consider this form as a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee or a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

Permit No. 57-07518 Telephone No. 896-4111Name(s) of Permit Holder(s): Marsing Joint School District No. 363Post Office Address: P.O. Box 340 Marsing, Idaho 83639Source of Water: GroundwaterIf ground water, well driller's name Bill Doty Date drilled: March 1987

Extent of Use:

Domestic \_\_\_\_\_ (No. of households) Irrigation 1 (No. of acres)

Stockwater \_\_\_\_\_ (No. and type of stock) Other \_\_\_\_\_

Total rate and/or volume for which proof is submitted .33 cfs \_\_\_\_\_ acre/feetShow date water was first diverted and beneficially used under this permit: October 1987

One of the following may be a condition of approval of your permit:

Measuring device: Required? Yes ☒ No Installed? Yes ☐ No

OR

Flow Measurement Port: Required? Yes ☒ No Installed? Yes ☐ NoFee Enclosed: \$ 100.00 (See License Examination Fee Schedule)

Person to contact to accompany the Department representative during the field examination:

Brian Downs  
Name896-4111  
Telephone No.P.O. Box 340Marsing, Idaho 83639

JAN 29 1991

The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho.

Date 12-4-90

Joe M. Zetter Superintendent  
Signature (and title if on behalf of a company or organization)

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

---

Statehouse  
Boise, Idaho 83720  
(208) 327-7900  
September 13, 1990

SCHOOL DISTRICT NO. 363  
P.O. BOX 340  
MARSING, ID 83639

PERMIT APPROVAL NOTICE

RE: PERMIT NO. 57-07518

Dear Permit Holder:

Enclosed is a copy of your approved application for permit. We direct your attention to the conditions of approval on the final page.

Section 42-235, Idaho Code, requires that a "drilling permit" must be obtained from the department for all wells constructed after July 1, 1987. A drilling permit is a separate permit that must be issued in addition to your permit to appropriate water. Commencement of well construction or diversion of water under your permit to appropriate water is prohibited unless a drilling permit is obtained.

We have enclosed a form entitled "Instructions for Proof of Beneficial Use". Please read the instructions carefully since you must take further action to develop this permit. Also enclosed for your convenience is a form entitled "Proof of Beneficial Use" that must be submitted to the Department when your project is completed. If development is complete, you may submit proof of beneficial use immediately.

Sincerely,

JIM JOHNSON  
Water Rights Supervisor

JJ: SC  
Enclosures

**MICROFILMED**

SEP 26 1990

PD & / PN N 4W 5.4 SEN

Form No. 202a.  
3/89

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPROPRIATION APPLICATION ANALYSIS SHEET

INITIAL REVIEW BY: SR DATE: 1/29/90 APPLICATION: 57-07518

REQUIRED INFORMATION

☒ Name: (If applicant is a corporation or partnership, names and addresses for the director, officers, and other partners must be included.)  
☒ Address:  
☒ Source: (See USGS Quad for names of water sources)  
☒ Point of Diversion: (10 acres for spring, lot & block descriptions for Subdivisions, local name)  
☒ County:  
☒ Quantity: (flow and/or volume)  
☒ Period of use:  
☒ Nature of proposed use: (Include description of use)  
☒ Description of diverting works:  
☒ Time required for beneficial use of water:  
☒ Place of use or acres irrigated:  
☒ Map:  
☒ Signature: (If applicant is corp., partnership, or municipality, title of signatory is required)  
☒ Fee:  
☒ Yes ☐ No\* In form to receipt:

Gov't. Lots:  
N P/D  
N P/U

ADDITIONAL INFORMATION

| YES                                 | NO                                  |                                                                                                        |
|-------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Overlapping place of use: (Describe source & relationship to present application on the back.)         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Overlapping point of diversion:                                                                        |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Field check required: Field check by: _____                                                            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Field report attached:                                                                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Critical groundwater area:                                                                             |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Groundwater management area:                                                                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Diversion within interim protected river area                                                          |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Send dam safety information:                                                                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Send power requirement letter:                                                                         |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Send fish farm requirement letter:                                                                     |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Power residency affidavit:                                                                             |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Power efficiency form:                                                                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Within trust water boundary: (If yes, attach Trust Water Supplementary Analysis Sheet.)                |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Diversion greater than 5 cfs or 500 af: (If yes, attach Large Diversion supplementary analysis sheet.) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | *REQUEST ADDITIONAL INFORMATION FROM THE APPLICANT                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | DATE REQUESTED: <u>1/22/90</u> <u>per office visit by Supt. of Schools.</u>                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Additional information on reverse side:                                                                |

**RECEIVED**  
AUG 28 1990

Department of Water Resources

Note → Need data to support existing/sewering rate of flow  
Rec'd 7/10/90

## PROCESSING

APPLICATION NO. 57-07518

YES NO

Handwriting practice lines showing the stroke order for writing the letter 'j'. The first row shows a single 'j' with a checkmark. The second row shows a 'j' with a checkmark and a 'y' with a checkmark. The third row shows a 'j' with a checkmark and a 'y' with a checkmark.

In form for advertising:

Statewide advertising:

Fee amount, receipt number and date recorded on application:

SEND COPIES TO

YES NO

I.D. Health and Welfare

I.D. Fish and Game

I.D. Lands

Adjudication Bureau

YES NO

U.S. BLM

U.S. Forest Svc.

Water Dist. #

Other

## FINAL REGIONAL PROCESSING REVIEW

~~YES~~ NO

✓ \_\_\_\_\_  
✓ \_\_\_\_\_

Affidavit of publication received:

Application published correctly: If not, record action taken.

Publication dates and paper recorded on application:

Protests received. Final date for protest February 26, 1990

Protest dates, resolution of protest recorded on application:

Recommendations attached: Approve, *DKR*

Measuring device required:

Measuring port required:

Water delivered by water master? District #

Special conditions of approval or cover letter:

See below for additional information

Recommended Date or Priority 1/22/1990

Recommended by:

Date 8/23/1990

## STATE OFFICE REVIEW

P23

P23 P16

P23 Y16 46 09C

See below for additional information. By

See below for additional information. By EW

Date 9/5/90

### ADDITIONAL INFORMATION

Overlays

Plu 02-02014 ; 02-02276 Snake River, Gam. Lev. Dist. 15  
used for the school irrigation.



Owyhee & Canyon County

# SCHOOL DISTRICT No. 363

Box 340

MARSING, IDAHO 83639

RECEIVED

JUL 10 1990

July 9, 1990

Department of Water Resources  
Western Regional Office

Mr. Steve Lester  
Sr. Water Resource Agent  
Department of Water Resources  
2735 Airport Way  
Boise, Idaho 83705

RE: Application for Permit 57-07518

Dear Mr. Lester:

Enclosed please find the documentation requested regarding the (cfs) demand for our heating and cooling system in Marsing High School. The enclosed documentation is on the architects drawings and specs and it confirms our application for .33 cfs.

Sincerely,

A handwritten signature in cursive script that reads "Joe M. Whitten".

Joe M. Whitten  
Superintendent of Schools  
Marsing School District No. 363

MICROFILMED  
SEP 26 1990



State of Idaho  
DEPARTMENT OF WATER RESOURCES

Western Region, 2735 Airport Way, Boise, Idaho 83705 - (208) 334-2190

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

July 1, 1990

Marsing Joint School District No. 363  
P.O. Box 340  
Marsing, ID 83639

Re: Application to Appropriate Water No. 57-07518

Dear Sir:

NOTICE OF PENDING ORDER REJECTING APPLICATION

On January 22, 1990, you filed with the Department of Water Resources an application to appropriate water, no. 57-07518 to provide water for heating and cooling and irrigation located within Sec. 4, T2N, R4W, SENE.

On May 9, 1990, the department corresponded with you and since that time we have had no further communication from you.

The purpose of this letter is to request that you withdraw your application or explain why the Department should not reject your application. Enclosed is a withdrawal form that should be signed and returned to me, unless you have an explanation that would prevent the Department from rejecting your application.

If you fail to respond to this inquiry within thirty (30) days from the date of this letter, the Department will act to reject your application. The application will be rejected on the grounds that it is speculative in that you are not prepared to conduct a conference and/or hearing to resolve the protest on the application.

Sincerely,

DAVID R. TUTHILL, JR., P.E.  
Manager, Western Regional Office

DRT:st

Enclosure

I hereby certify that on this 3<sup>rd</sup> day of July, 1990, I sent the original copy of this letter, postage prepaid, to the person and address listed above.

Sincerely,

Sue Taylor  
Secretary

MICROFILMED

JUL 26 1990



State of Idaho  
DEPARTMENT OF WATER RESOURCES

Western Region, 2735 Airport Way, Boise, Idaho 83705 - (208) 334-2190

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

May 9, 1990

Mr. Joe M. Whitten, Superintendent  
Marsing Joint School District No. 363  
P.O. Box 340  
Marsing, ID. 83639

RE: Application for Permit 57-07518

Dear Sir:

The above application includes .33 cubic feet per second (cfs) for heating and cooling and .03 cfs for irrigation at the school in the SENE Section 4. In order to approve the application, this office needs some justification of the rate of flow for heating and cooling purposes as we discussed during your visit with me on 1/22/90. Please provide documentation of the water requirement related to such use within 30 days. Please contact me at 334-2190 or the above address for additional information.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Steve Lester'.

Steve Lester  
Sr. Water Resource Agent

SL: sl

MICROFILMED

SEP 26 1990

WHITE — State Auditor  
 YELLOW — Remittance Advice  
 PINK — State Auditor then Agency  
 GOLDENROD — Agency Copy

## EXPENDITURE VOUCHER

AUDITOR USE

STATE OF IDAHO  
 Office of State Auditor

AGENCY USE

|                  |
|------------------|
| B101             |
| Date<br>02/12/90 |
| Code<br>193002   |

**VENDOR:** If you require additional information  
 regarding this payment, please contact  
 the State agency listed below.

AGENCY NAME DEPT OF WATER RESOURCES

|              |      |
|--------------|------|
| Document No. |      |
| Pre-Audit    | Date |
| Warrant No.  |      |

PAY  
 TO

MARSING SCHOOLS STUDENT BODY  
 P.O. BOX 340  
 MARSING, ID 83639

CHECK ONE:

( 1 ) MISCELLANEOUS EXPENDITURE

( ) STATE CONTRACT

( ) PURCHASE ORDER

( ) MISCELLANEOUS  
 ENCUMBRANCE REQUISITION

PAYMENT: ( ) PARTIAL ( ) FINAL

Encumbrance Reference No

| LINE No.                                                                                                                                                                                   | PROGRAM   | FUND | ACCT. |     | DESCRIPTION                                                       | LINE AMOUNT | AGENCY USE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|-------|-----|-------------------------------------------------------------------|-------------|------------|
|                                                                                                                                                                                            |           |      | Maj   | Min |                                                                   |             |            |
| 1                                                                                                                                                                                          | 06 20 350 | 1238 | 8831  |     | REFUNDS<br>RECEIPT #W007793<br>PER STEVE LESTER<br>2/ 8/90 100.00 | 100.00      |            |
| <p><b>RECEIVED</b><br/>           FEB 14 1990<br/>           Department of Water Resources<br/>           Western Regional Office</p> <p><b>MICROFILMED</b><br/>           SEP 26 1990</p> |           |      |       |     |                                                                   |             |            |
| TOTAL                                                                                                                                                                                      |           |      |       |     |                                                                   | 100.00      |            |

NOTE: Final payment must be accompanied by a receiving copy

TO STATE AUDITOR

Request is hereby made that a warrant be authorized and drawn in payment of the item or items described above. I hereby certify that the items described were ordered by proper authority; that they are necessary in the public service, that the items have been received and accounted for, and that the account as stated is correct and just.

AUDITOR'S CERTIFICATE

I hereby certify that the above account is in proper form; that totals carried hereon are correct; that receipts when required by law or regulation of the State Board of Examiners covering items for which reimbursement is asked are submitted herewith; and that there are funds in the state treasury and balances in appropriation accounts out of which the same may be lawfully paid.

Date

Head of Agency or Institution

State Auditor



State of Idaho  
**DEPARTMENT OF WATER RESOURCES**

Western Region, 2735 Airport Way, Boise, Idaho 83705 - (208) 334-2190

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

Feb. 8, 1990

Mr. Joe Whitten, Superintendent  
Marsing Joint School District No. 363  
P.O. Box 340  
Marsing, ID. 83639

Re: Well Drilling Permit

Dear Mr. Whitten:

Concerning your recent water right application and related well drilling permit, additional research revealed that a well drilling permit was approved on 8/3/88 for the newest well at the school. The drilling permit, number 57-88-Z-010, was issued by the department's State Office and indicated Bill Doty as the driller. The department received Mr. Doty's well drilling log on 11/23/87. Apparently, a well drilling permit was obtained after drilling occurred.

You submitted drilling permit 57-90-W-002 for the same well during your office visit on 1/22/90 and paid the \$100 fee. Due to the drilling permit duplication, the fee for 57-90-W-002 will be refunded. The approved drilling permit 57-88-Z-010 will be noted in water right application number 57-07518.

Please allow about four weeks for the refund. Contact this office if other help is needed (334-2190).

Sincerely,

Steve Lester  
Sr. Water Resource Agent

CC: Debbie Allen, Accounting Section  
Application 57-07518

**MICROFILMED**

SEP 26 1990

**RECEIVED**

NOV 23 1987

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

**WELL DRILLER'S REPORT**

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

USE TYPEWRITER OR  
CALLIGRAPH 700

| <p><b>1 WELL OWNER</b></p> <p>Name: <b>MARSING HIGH SCHOOL</b></p> <p>Address:</p> <p>Owner's Permit No: <b>5-7-88-2-016</b><br/><b>Asplund 52-</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>7 WATER LEVEL</b></p> <p>Static water level: <b>30</b> feet below land surface</p> <p>Flowing: <input checked="" type="checkbox"/> No G.P.M. flow</p> <p>Artesian (static) pressure: <b>0.51</b></p> <p>Controlled by: <b>Valve</b> Cap: <b>Plug</b></p> <p>Temperature: <b>OF</b> Quality: <b>Good</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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------------------------------------|--|-----|-----|-------------------------------|-------------------------------------|
| <p><b>2 NATURE OF WORK</b></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement</p> <p>Analytical and/or standardization procedures: <b>None</b></p> <p>Test depth: <b>214</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>8 WELL TEST DATA</b></p> <p><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Static Level</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><b>30</b></td> <td><b>214</b></td> <td><b>2 (two) weeks</b></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Static Level         | Pumping Level                        | Hours Pumped                        | <b>30</b> | <b>214</b>  | <b>2 (two) weeks</b> |       |    |            |                                     |       |     |     |                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                       |    |    |           |                                     |  |    |     |                             |                                     |  |     |     |                             |                                     |  |     |     |                             |                                     |  |     |     |      |                                     |  |     |     |                            |                                     |  |     |     |                                      |                                     |  |     |     |                                  |                                     |  |     |     |                               |                                     |
| Static Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <p><b>3 PROPOSED USE</b></p> <p><input type="checkbox"/> Irrigation <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal <input type="checkbox"/> Other</p> <p><input checked="" type="checkbox"/> <b>SCHOOL</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>9 LITHOLOGIC LOG</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Bore Diam.</th> <th>Depth From</th> <th>To</th> <th>Material</th> <th>Water Yield</th> </tr> </thead> <tbody> <tr> <td>7/8"</td> <td>0</td> <td>65</td> <td>BROWN CLAY</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>65</td> <td>70</td> <td>BROWN CLAY WITH SAND</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>70</td> <td>90</td> <td>BLUE CLAY</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>90</td> <td>105</td> <td>BLUE CLAY WITH SAND STREAMS</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>105</td> <td>125</td> <td>BLUE CLAY WITH SAND STREAMS</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>125</td> <td>135</td> <td>BLUE CLAY WITH SAND STREAMS</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>135</td> <td>145</td> <td>SAND</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>145</td> <td>165</td> <td>HARD PACKED SAND WITH CLAY</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>165</td> <td>185</td> <td>HARD &amp; SOFT LAYERS OF CLAY WITH SAND</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>185</td> <td>220</td> <td>SAND PACKED WITH SEAMS OF GRAVEL</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>220</td> <td>240</td> <td>GRAVEL WITH SAND PACKED TIGHT</td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table> | Bore Diam.           | Depth From                           | To                                  | Material  | Water Yield | 7/8"                 | 0     | 65 | BROWN CLAY | <input checked="" type="checkbox"/> |       | 65  | 70  | BROWN CLAY WITH SAND | <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                       | 70 | 90 | BLUE CLAY | <input checked="" type="checkbox"/> |  | 90 | 105 | BLUE CLAY WITH SAND STREAMS | <input checked="" type="checkbox"/> |  | 105 | 125 | BLUE CLAY WITH SAND STREAMS | <input checked="" type="checkbox"/> |  | 125 | 135 | BLUE CLAY WITH SAND STREAMS | <input checked="" type="checkbox"/> |  | 135 | 145 | SAND | <input checked="" type="checkbox"/> |  | 145 | 165 | HARD PACKED SAND WITH CLAY | <input checked="" type="checkbox"/> |  | 165 | 185 | HARD & SOFT LAYERS OF CLAY WITH SAND | <input checked="" type="checkbox"/> |  | 185 | 220 | SAND PACKED WITH SEAMS OF GRAVEL | <input checked="" type="checkbox"/> |  | 220 | 240 | GRAVEL WITH SAND PACKED TIGHT | <input checked="" type="checkbox"/> |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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          |                                                                                                                                                                                                                                                                                                                                                                                                       |    |    |           |                                     |  |    |     |                             |                                     |  |     |     |                             |                                     |  |     |     |                             |                                     |  |     |     |      |                                     |  |     |     |                            |                                     |  |     |     |                                      |                                     |  |     |     |                                  |      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          |                                                                                                                                                                                                                                                                                                                                                                                                       |    |    |           |                                     |  |    |     |                             |                                     |  |     |     |                             |                                     |  |     |     |                             |                                     |  |     |     |      |                                     |  |     |     |                            |                                     |  |     |     |                                      |                                     |  |     |     |                                  |      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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 165                  | HARD PACKED SAND WITH CLAY           | <input checked="" type="checkbox"/> |           |             |                      |       |    |            |                                     |       |     |     |                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                       |    |    |           |                                     |  |    |     |                             |                                     |  |     |     |                             |                                     |  |     |     |                             |                                     |  |     |     |      |                                     |  |     |     |                            |                                     |  |     |     |                                      |                                     |  |     |     |                                  |      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          |                                                                                                                                                                                                                                                                                                                                                                                                       |    |    |           |                                     |  |    |     |                             |                                     |  |     |     |                             |                                     |  |     |     |                             |                                     |  |     |     |      |                                     |  |     |     |                            |                                     |  |     |     |                                      |                                     |  |     |     |                                  |      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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 220                  | SAND PACKED WITH SEAMS OF GRAVEL     | <input checked="" type="checkbox"/> |           |             |                      |       |    |            |                                     |       |     |     |                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                       |    |    |           |                                     |  |    |     |                             |                                     |  |     |     |                             |                                     |  |     |     |                             |                                     |  |     |     |      |                                     |  |     |     |                            |                                     |  |     |     |                                      |                                     |  |     |     |                                  |      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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 240                  | GRAVEL WITH SAND PACKED TIGHT        | <input checked="" type="checkbox"/> |           |             |                      |       |    |            |                                     |       |     |     |                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                       |    |    |           |                                     |  |    |     |                             |                                     |  |     |     |                             |                                     |  |     |     |                             |                                     |  |     |     |      |                                     |  |     |     |                            |                                     |  |     |     |                                      |                                     |  |     |     |                                  |                                     |  |     |     |                               |                                     |
| <p><b>4 METHOD DRILLED</b></p> <p><input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse Rotary</p> <p><input checked="" type="checkbox"/> <b>FINISHED</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>10</b></p> <p>Work started <b>7/1/87</b> finished <b>8/12/87</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                      |                                     |           |             |                      |       |    |            |                                     |       |     |     |                      |                           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                               |  |     |     |                               |                                     |
| <p><b>5 WELL CONSTRUCTION</b></p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>From</th> <th>To</th> <th>Diameter</th> <th>Material</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>79</td> <td>10 inches</td> <td>Steel</td> </tr> <tr> <td>79</td> <td>211</td> <td>6 inches</td> <td>Steel</td> </tr> <tr> <td>211</td> <td>242</td> <td>6 inches</td> <td>Steel</td> </tr> </tbody> </table> <p>Has casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation: inches by inches</p> <p>Number of perforations: From To</p> <p>Test screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Manufacturer's name: <b>STAINLESS STEEL</b> Model No: <b>304</b></p> <p>Diameter: <b>6</b> Slot size: <b>15</b> Set from: <b>211</b> feet to: <b>242</b> feet</p> <p>Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size of gravel: <b>20-40</b> (Colorado Sand)</p> <p>Placed from: <b>242</b> feet to: <b>30</b> feet</p> <p>Surface seal depth: <b>65</b> Material used in seal: <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Pudding clay</p> <p>Sealing procedure used: <input checked="" type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld</p> <p>Describe access port: <input type="checkbox"/> Cemented between strata</p> | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | To                   | Diameter                             | Material                            | 0         | 79          | 10 inches            | Steel | 79 | 211        | 6 inches                            | Steel | 211 | 242 | 6 inches             | Steel                               | <p><b>11 DRILLERS CERTIFICATION</b></p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name: <b>BILL DOTY DRILLING CO., INC.</b> Firm No: <b>42</b></p> <p>Address: <b>RT. 7 BOX 311 Caldwell, ID 83401</b> 11/20/87</p> <p>Signed by (Firm Official): <i>[Signature]</i></p> <p>and (Operator): <i>[Signature]</i></p> |    |    |           |                                     |  |    |     |                             |                                     |  |     |     |                             |                                     |  |     |     |                             |                                     |  |     |     |      |                                     |  |     |     |                            |                                     |  |     |     |                                      |                                     |  |     |     |                                  |                                     |  |     |     |                               |                                     |
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| 79                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 211                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                               |  |     |     |                               |                                     |
| <p><b>6 LOCATION OF WELL</b></p> <p>Sketch map location must agree with written location</p> <p>Subdivision Name: _____</p> <p>Lot No: _____ Block No: _____</p> <p>County: <b>CHITTE</b></p> <p>NE 1/4 Sec 5 T 2 S 10 R 4 E 4</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
Western Region  
2735 AIRPORT WAY

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Boise, Idaho 83705  
(208) 334-2190

JANUARY 31, 1990

Owyhee Avalanche  
P.O. Box 97  
Homedale, ID 83628

Dear Legal Dept.:

Enclosed you will find a legal notice which we wish to have published on the dates indicated (once a week for two consecutive weekly issues) in your newspaper. If you cannot publish the notice on the proposed dates, please contact us immediately.

An affidavit of publication must be submitted to the Department along with the publication bill. Your cooperation is appreciated.

Please send the affidavit of publication and publication billing to this office before FEBRUARY 26, 1990.

Yours truly,

GAIL GARRETT  
Secretary

Encl.

57-07518

SCHOOL DISTRICT NUMBER 363  
P.O. BOX 340  
MARSING, ID 83639

Source: GROUNDWATER

Diversion Pt: SENE Sec 4 T 02N R 04W

|                  |             |
|------------------|-------------|
| Use: IRRIGATION  | ( .030 CFS) |
| HEATING          | ( .330 CFS) |
| COOLING          | ( .330 CFS) |
| Total Diversion: | ( .330 CFS) |

Date Filed: 1/22/1990

In: T02N R04W S04 SENE

1.0 ACRES TOTAL

RECORDED

SEP 26 1990



State of Idaho

## DEPARTMENT OF WATER RESOURCES

WESTERN REGION, 2735 Airport Way, Boise, Idaho 83705 • (208) 334-2190

CECIL D. ANDRUS  
Governor

R. KEITH HIGGINSON  
Director

Marsing Joint School District No. 363  
P.O. Box 340  
Marsing, ID. 83639

Sept. 13, 1988

Re: Application for Permit

Dear Applicant:

Your recent Application for Permit for a water right was received and is returned for revision and completion. Yellow highlighting indicates areas needing attention. Please use the enclosed instructions to complete the attached application. Return the completed application and fee to this office.

Some comments may be helpful. The point of diversion and place of use must be correctly identified in items 3 and 9 and also shown on the topo map that I included on page 3. Be sure that a signature and title of the person is included below the map. Item 4 describes the amount and use of water. Internal use at the school is domestic, which is always from 1/1 to 12/31. The amount of water should be shown in cubic feet per second (cfs); 448.8 gallons/minute is 1.0 cfs.

If the well will provide irrigation of the school grounds, show irrigation as a use. The amount of water and period of use are discussed in the instructions. Describe the diversion and delivery system briefly in item 6 (pump and pipelines to school, sprinkler lines for fields, etc.). Record the number of years needed to develop the system in item 7.

The one-page Drilling Permit applies to any well to be drilled or a completed well that was started after 6/30/87. This must be completed, if applicable, and returned with the appropriate fee. Refer to the bottom of the page for fee information. The drilling permit covers the well drilling construction, and the water right addresses the legal use of the water.

Please return the information in a timely fashion to develop and protect a water right for the school. Please contact this office for additional help.

Sincerely,

Steve Lester  
Sr. Water Resource Agent

SL:s  
encl.

**MICROFILMED**

SEP 4 0 1990

*reply per office visit  
1/22/90*