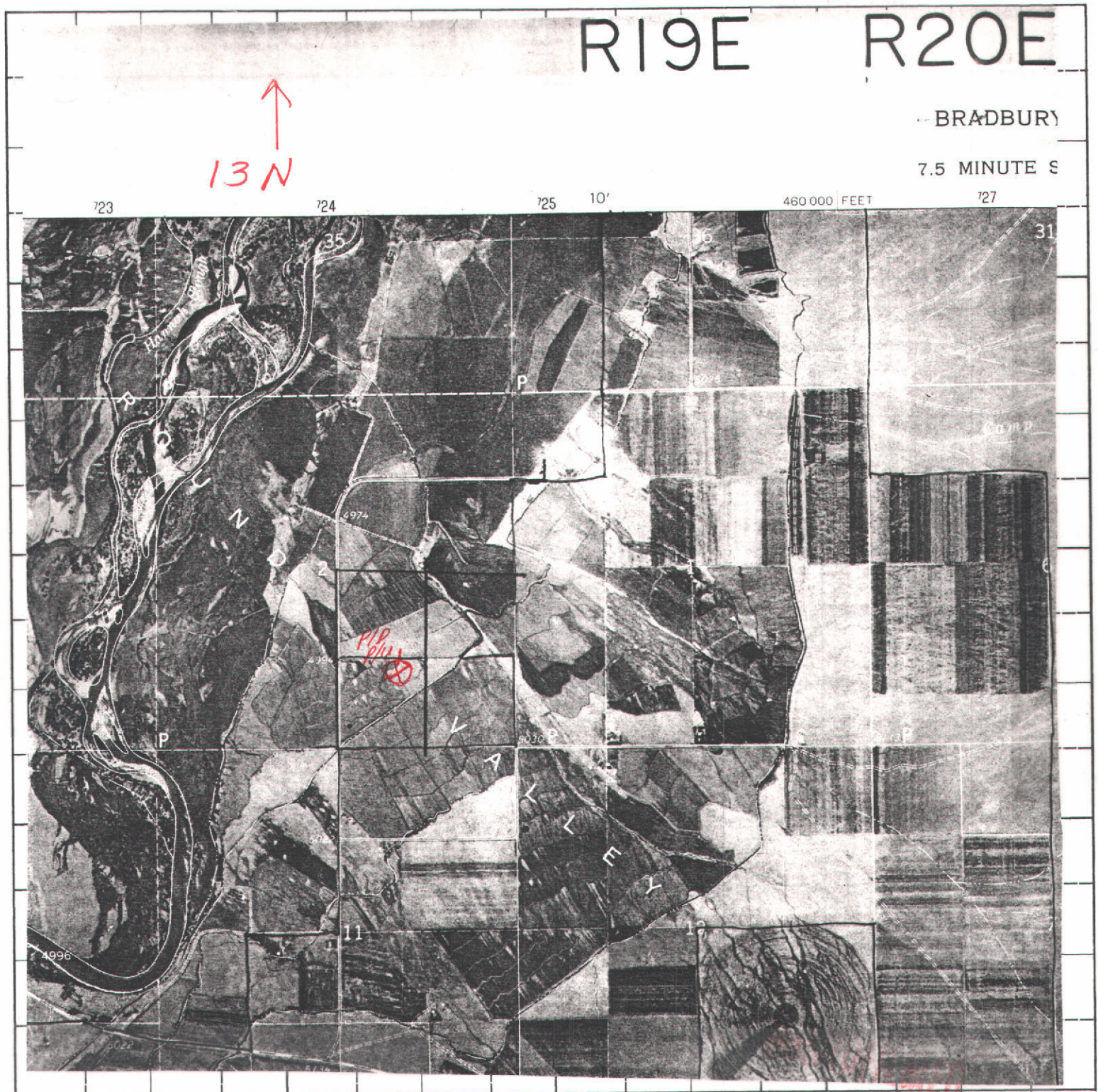


13. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



Scale: 2 inches equal 1 mile.

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.

*Melissa J. Schuster*  
(Applicant)

JUN 26 1990

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

RECEIVED

NOV 17 1994

Department of Water Resources

**A. GENERAL INFORMATION**

Permit No. 72-07446

1. Owner: Robert Schnabel Phone No. 879-4568

Current Address: HC 63 Box 1750, Challis, ID 83226

2. Accompanied by: Mr. Schnabel EXAM. DATE: 7-23-92

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship to Permit Holder: \_\_\_\_\_

3. Source: Groundwater tributary to \_\_\_\_\_

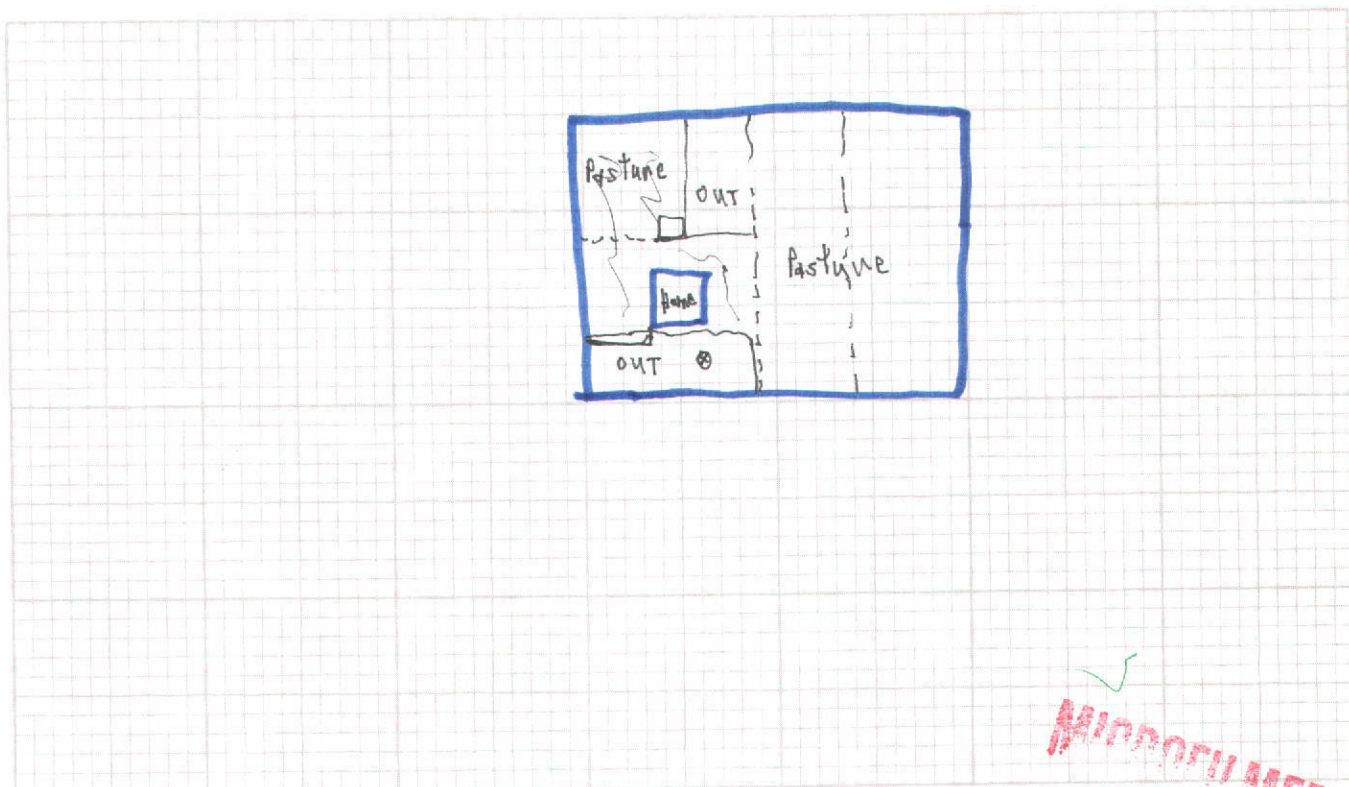
**B. OVERLAP REVIEW**

1. Other water rights with same place of use: None ☐ Copies Attached

2. Other water rights with same point of diversion: None ☐ 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).

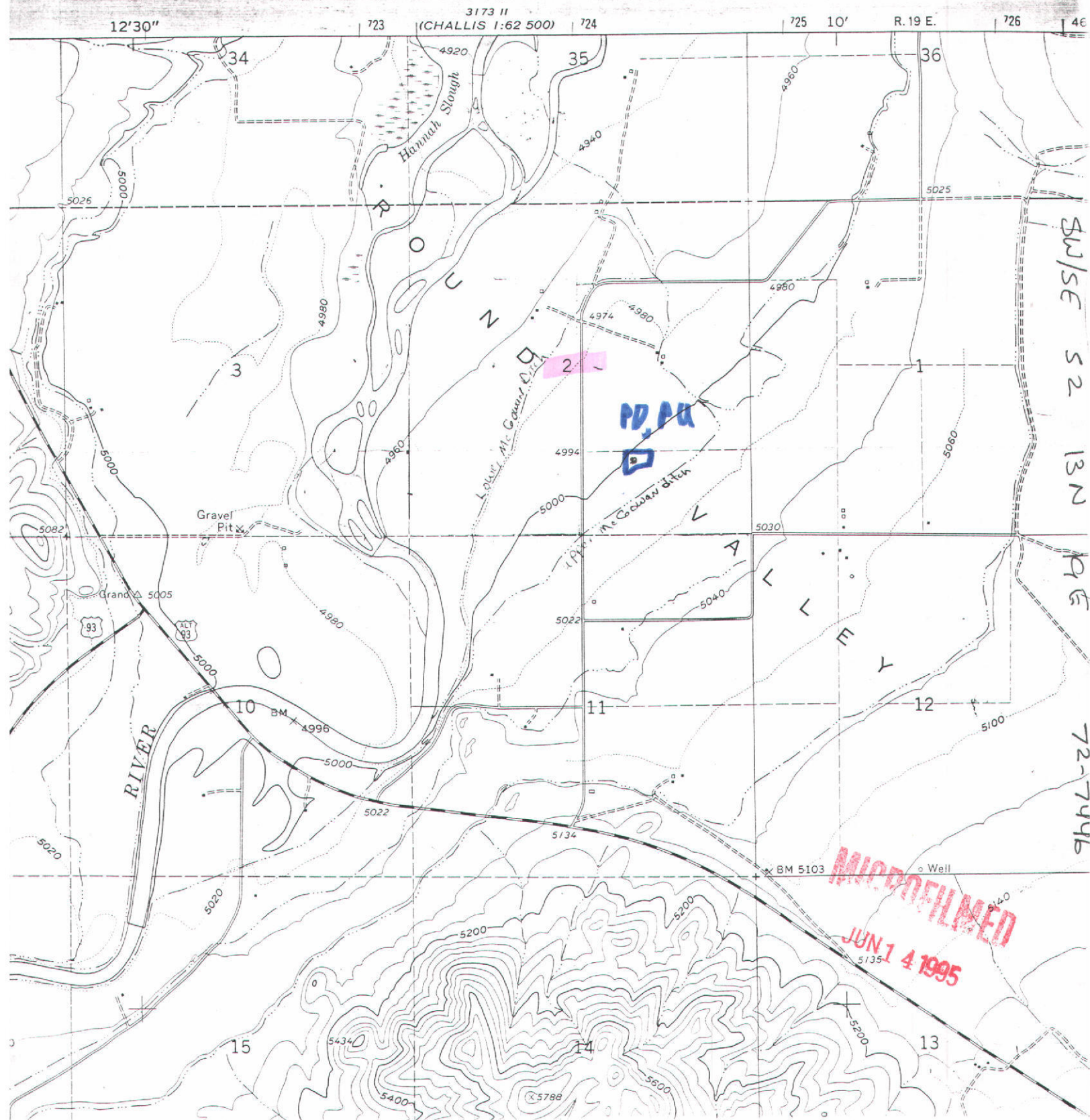
☒ Photo of Diversion and System Attached  
(required for all but single household domestic groundwater, and stockwater).

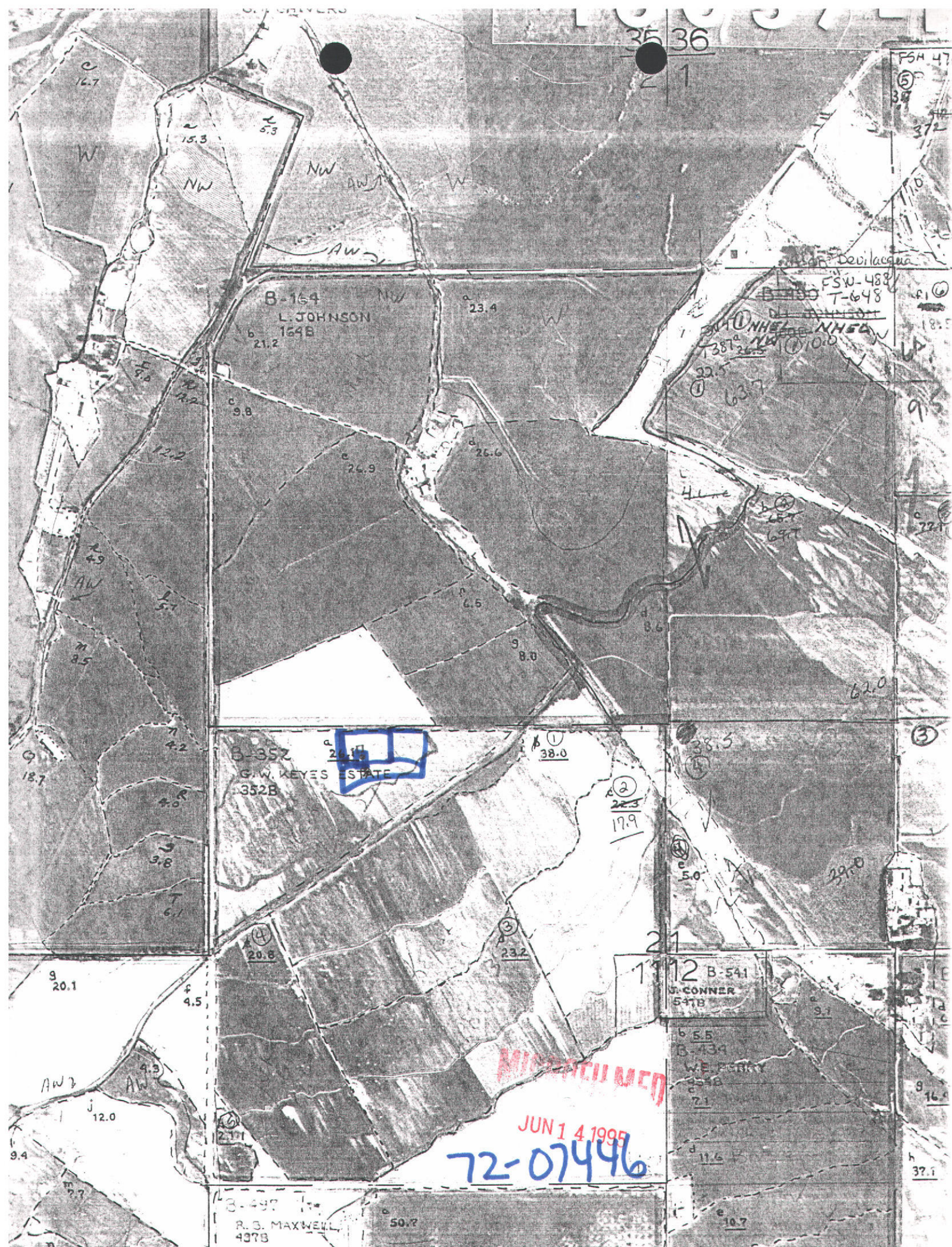
☒ Aerial Photo Attached  
(required for irrigation of 10 acres or more).

MINNEAPOLIS

JUN 14 1995

72-07446

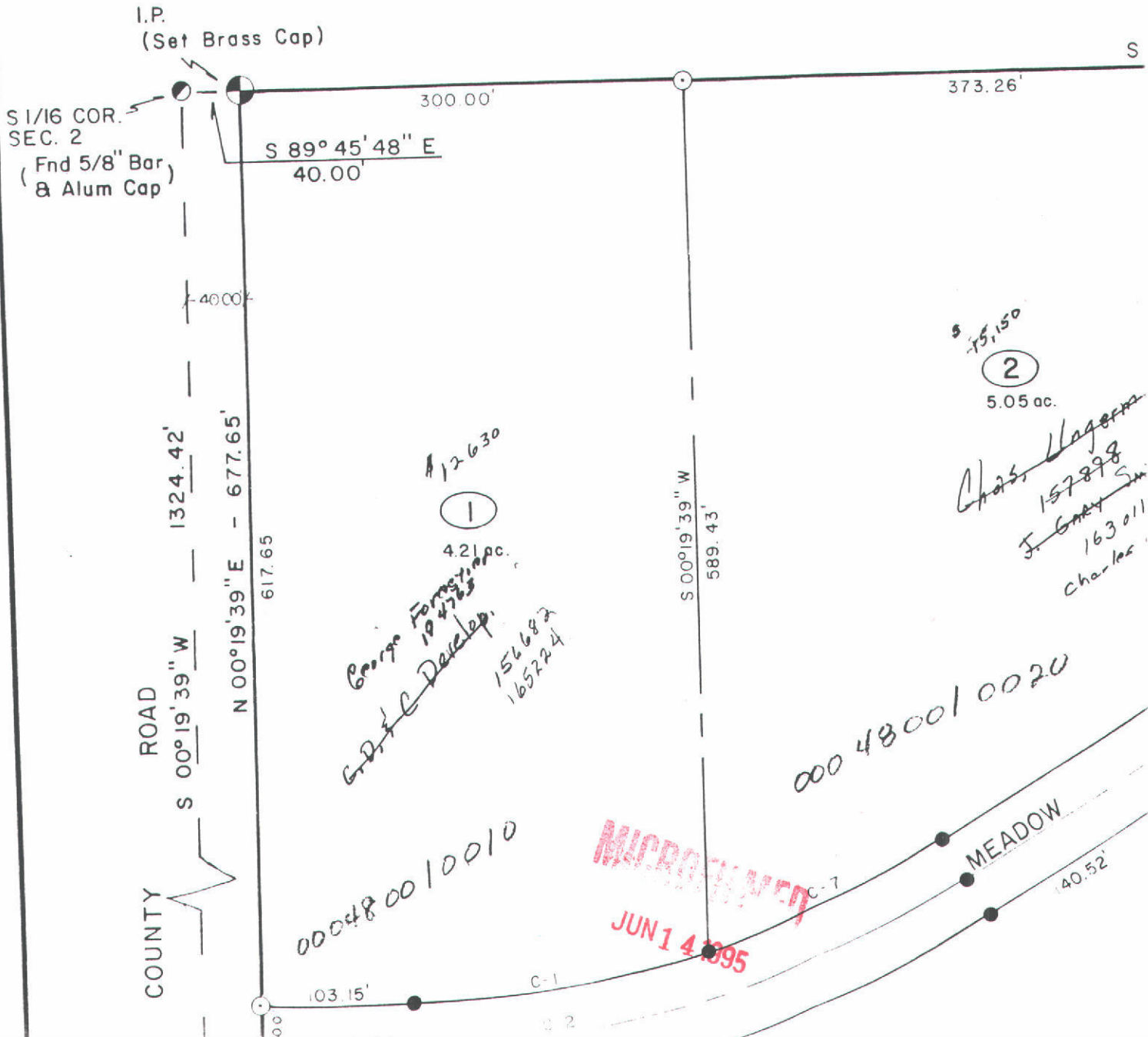




RECE

JUL 3

Department of  
Southern R



24.62 Ac.

S 89°45'48" E

1774.80'

373.26'

551.54'

Robert L. Schnabel  
157364  
#9840

(3)

2.46 ac.

S 09°47'12" W  
222.06'

00048

000480010030

C-4

C-5

C-6

#7120

(5)

1.78 ac.

201538  
David Tracy

S 30°59'36" N  
277.74'

Joha Schlecht 157564

000480010050  
399.65'

1080.36'

#8166

(6)

2.04 ac.

000480010060  
310.00'  
S 55°40'13" W

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15150

(2)

5.05 ac.

Chas. Ungermann  
157378

J. Gary Smith  
163011

Charles & Nadine Griffith  
171303-304

CIRCLE

450.00'

S 59°05'24" W  
450.00'

309.48'

MEADOW

S 30°59'36" W  
239.51'

SWAIN

ART & PATRICIA  
000332

219.92'

72-07446



P/U



P/D

WICE-THURSDAY  
JUN 14 1995

72-07446



Pasture



Area Behind Home

MP

7

JUN 14 1995

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 72-07446

Priority: December 6, 1989

Maximum Diversion Rate:

0.04 CFS

Maximum Diversion Volume:

8.7 AF

This is to certify, that ROBERT SCHNABEL  
SHAWNA SCHNABEL

HC 63 BOX 1750  
CHALLIS ID 83226

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated December 6, 1989; and has submitted Proof of Beneficial Use on May 31, 1991. An examination indicates that the works have a diversion capacity of 0.040 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            | 04/15 to 10/15       | 0.03 CFS                 | 8.1 AF               |
| DOMESTIC              | 01/01 to 12/31       | 0.02 CFS                 | 0.6 AF               |
| Totals                |                      | 0.04 CFS                 | 8.7 AF               |

LOCATION OF POINT(S) OF DIVERSION:

SWSE , Sec. 2, Township 13N, Range 19E  
CUSTER 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> |
|------------|------------|------------|--------------|--------------|--------------|--------------|
| 13N        | 19E        | 2          | SWSE         | 2.3          |              | 2.3          |

Total number of acres irrigated: 2.3

PLACE OF USE:

DOMESTIC, 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 that 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.
5. This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.5 afa per acre for the lands above.

JUN 14 1995

State of Idaho  
Department of Water Resources

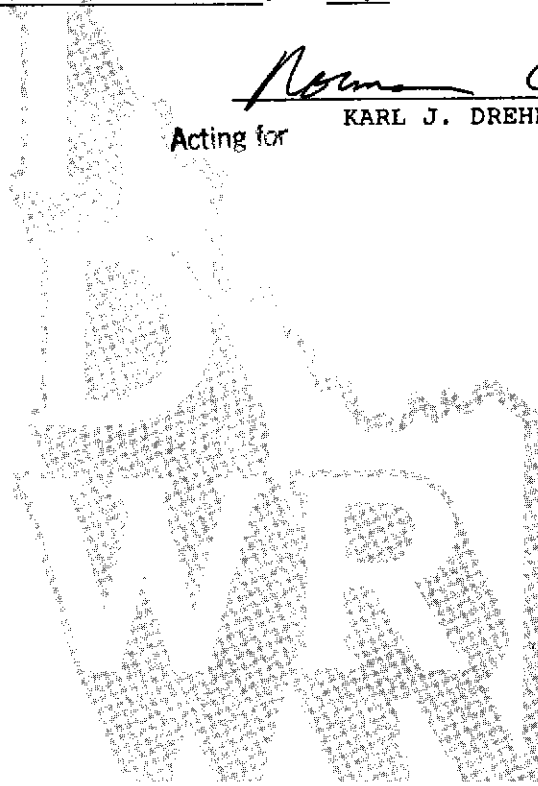
# WATER RIGHT LICENSE

WATER RIGHT NO. 72-07446

CONDITIONS/REMARKS:

6. Domestic use is for 1 home.
7. Domestic use does not include lawn, garden, landscape, or other types of irrigation.

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 25<sup>TH</sup> day of MAY, 1995.

  
  
Acting for KARL J. DREHER, Director

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JUN 14 1995

**RECEIVED**  
MAY 6 1991

## STATE OF IDAHO

## DEPARTMENT OF WATER RESOURCES

## PROOF OF BENEFICIAL USE

**RECEIVED**  
MAY 31 1991

## Department of Water Resources

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.

1. Permit No. 7.2-07446 Telephone No. 879-4568
2. Name(s) of Permit Holder(s): Robert and Shawna Schnabel
3. Post Office Address: HC 63 Box 1750 Challis ID 83226
4. Source of Water: well
- a. If ground water, well driller's name: Gene Westergaard Date drilled: 6-1-81
- b. Pump horsepower: 1 hp Pressure (psi): 40 Dynamic pumping level (ft.): 40 ft.
5. Extent of Use:
- |                                                     |                                    |
|-----------------------------------------------------|------------------------------------|
| Domestic <u>1</u> (No. of households)               | Irrigation <u>2</u> (No. of acres) |
| Stockwater <u>X2 horses</u> (No. and type of stock) | Other _____                        |

6. Total rate and/or volume for which proof is submitted 0.40 cfs .08 as per permit acre/feet

7. Refer to the approval conditions on your permit and respond accordingly:

Measuring device: Required? Yes X No Installed? Yes Yes No

OR

Flow Measurement Port: Required? Yes X No Installed? Yes Yes No

8. Fee Enclosed: \$ \_\_\_\_\_ (See License Examination Fee Schedule)

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

Robert Schnabel 879-4568  
Name Telephone No.  
HC 63 Box 1750 Challis ID  
Address

10. 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.

4-26-91  
Date

Shawna Schnabel  
Signature (and title if on behalf of a company or organization)

State of Idaho  
Department of Water Resources

NO. 72-07446

Proposed Priority: December 6, 1989      Maximum Diversion Rate:      0.08 CFS  
This is to certify, that **ROBERT SCHNABEL**

SHAWNA SCHNABEL  
HC 63 BOX 1750  
CHALLIS, ID 83226

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            | 04/01 to 11/01       | 0.06 CFS                 |
| DOMESTIC              | 01/01 to 12/31       | 0.02 CFS                 |
|                       | Totals               | 0.08 CFS                 |

LOCATION OF POINT(S) OF DIVERSION: SWSE Sec. 2, Township 13N, Range 19E  
CUSTER 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> |
|----------------------------------|------------|------------|------|--------------|--------------|--------------|--------------|
| 13N                              | 19E        | 2          | SWSE | 2            |              |              | 2            |
| Total number of acres irrigated: |            |            |      |              |              |              | 2            |

PLACE OF USE: DOMESTIC, 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 **June 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. 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.
5. Domestic use is for one home.

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

9<sup>th</sup> day of May, 1990

R. Keith Higginson, Director

# MS OFFLINE

JUN 26 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 ROBERT AND/OR SHANNA SCHNABEL Phone 879-4568  
Post office address HC-63, Box 1750 CHALLIS ID 83226

2. Source of water supply GROUNDWATER which is a tributary of \_\_\_\_\_

3. Location of point of diversion is \_\_\_\_\_  $\frac{1}{4}$  of SW  $\frac{1}{4}$  of SE  $\frac{1}{4}$ , Govt. Lot \_\_\_\_\_  
Sec. 2 Township 13N Range 19E B.M. CUSTER County; additional  
points of diversion if any: \_\_\_\_\_

4. Water will be used for the following purposes:

Amount 0.06 for IRRIGATION purposes from 4/1 to 11/1 (both dates inclusive)  
(cfs or acre-feet per annum)

Amount 0.02 for DOMESTIC purposes from 1/1 to 12/31 (both dates inclusive)  
(cfs or acre-feet per annum)

Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)

Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)

5. Total quantity to be appropriated is (a) 0.08 and/or (b) \_\_\_\_\_  
cubic feet per second acre feet per annum

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. WELL / 1 HP SUBMERSIBLE  
PUMP

b. Height of storage dam \_\_\_\_\_ 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 80' feet.

d. Is ground water with a temperature of greater than 90°F being sought? \_\_\_\_\_

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

RECORDED

JUN 26 1990

8. Description of proposed uses (if irrigation only, go to item 9):

- Hydropower; show total feet of head and proposed capacity in KW. \_\_\_\_\_
- Stockwatering; list number and kind of livestock. \_\_\_\_\_
- Municipal; show name of municipality. \_\_\_\_\_
- Domestic; show number of households. 1
- Other; describe fully. \_\_\_\_\_

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- 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. | NE¼ |     |     |     | NW¼ |     |     |     | SW¼ |     |     |     | SE¼ |     |     |     | TOTALS |
|-----|-------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
|     |       |      | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ |        |
| 13N | 19E   | 2    |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 2   |     | 2      |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |

Total number of acres to be irrigated 2

10. Describe any other water rights used for the same purposes as described above. NONE

11. a. Who owns the property at the point of diversion? APPLICANT

b. Who owns the land to be irrigated or place of use? APPLICANT

c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing. \_\_\_\_\_

12. Remarks: WELL COMPLETED APPROXIMATELY AUGUST 1981.

RECORDED

JUN 26 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.

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.

*Melvin J. Schuster*  
(Applicant)

Received by TO Date 12/6/89 Time 2:30 PM Preliminary check by AD  
Fee \$ 30.00 Receipted by TO # M005320 Date 12/6/89  
Publication prepared by M. Baldwin Date 12-27-89 Published in Challis Messenger  
Publication approved M. Baldwin Date 2/5/90

### 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:

RECORDED

JUN 26 1990



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

May 25, 1995

ROBERT SCHNABEL  
SHAWNA SCHNABEL  
HC 63 BOX 1750  
CHALLIS ID 83226

RE: WATER RIGHT NO. 72-07446

Dear Water Right Holder(s):

Enclosed is a copy of the Water Right License issued on the above referenced permit. If you have any questions, please contact me within 10 days of receipt of this license.

Sincerely,

Shelley W. Keen  
Water Rights Supervisor

SK:rl

Enclosure

RECEIVED

JUN 14 1995

# LICENSE REVIEW CHECKLIST

PERMIT NO. 72-07444

DATE 5-18-95



NAME Change OK ☒ Or Address Change? check - No updated address

PRIORITY DATE Advance? ☒ Advanced to: Order to reinstate needed? Incorrect fee for rate recommended? NO

SOURCE Changes or just clarification of originally intended source? Notice of Intent to Void necessary?

POINT OF DIV Amendment needed? Overlaps?

PLACE OF USE Amendment needed? Overlaps?

DIV RATE Permit/fee limits: .08  
Meas Q = .03 Theo Q = .04 Recommend: .04  
DOM @ .02 is OK 8.8 x .7 x 1 HP  
IRR @ .03 50 + (2.31 x 40) = .04  
Combined rates exceed capacity

ANNUAL VOLUME Volume Limit: Season: 8/3.5 (4-15 to 10-15)  
Calculations: 2.25 or 2.3 x 3.5 = 8.1  
INTERNAL DOM = .6  
Flow limit: cfs x x 1.9835 =  
Combined volumes exceed capacity/allowable

USES Change in Nature of Use or additional uses? Amendment necessary?

ADDITIONAL INFO Supplemental Groundwater PPU Scenario  
Irr/Dom Combination YES Shared G/W System

NEW REMARKS Multiple p/d(s) in 1/4 1/4?  
WB5 Other Located within ... REMARK.

NEW CONDITIONS Watermaster control - District  
Measuring/Locking Devices  
R30 Irrigation Overlap  
Other  
Water Quality Heat/Cool/Fish verified

COMMENTS: Out of 2 1/2 acres 2 1/4 are irrigated (which includes the lawn)

| RECOMMENDATION    | CFS        | VOLUME     | SRBA Claim Filed              | NO         |
|-------------------|------------|------------|-------------------------------|------------|
| <u>Irrigation</u> | <u>.03</u> | <u>8.1</u> | <u>Adjustment Memo Needed</u> | <u>YES</u> |
| <u>Domestic</u>   | <u>.02</u> | <u>.6</u>  | <u>LICENSE</u>                | <u>✓</u>   |
| <u>Total</u>      | <u>.04</u> | <u>8.7</u> | <u>1ST AMEND LETTER</u>       |            |
|                   |            |            | <u>2ND AMEND LETTER</u>       |            |

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
WELL DRILLER'S REPORTUSE TYPEWRITER OR  
BALLPOINT PENState 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.

FEB 1 1983

| <b>1. WELL OWNER</b><br>Name <u>Mr. Bob Schauble</u><br>Address <u>State Rte 16 Charles, Idaho</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       | <b>7. WATER LEVEL</b><br>Department of Water Resources<br>Static water level <u>40</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input 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 _____ °F. Quality <u>Good</u><br>Describe artesian or temperature zones below.                                                                                                                                                                                                         |                |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |    |  |                |  |   |    |    |  |      |  |   |    |    |  |                |  |   |    |    |  |      |  |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|-------|--|----------|-------|--|------|----|-----|----|---|---|---|----------|--|---|---|----|--|----------------|--|---|----|----|--|------|--|---|----|----|--|----------------|--|---|----|----|--|------|--|---|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other _____<br>Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |    |  |                |  |   |    |    |  |      |  |   |    |    |  |                |  |   |    |    |  |      |  |   |
| <b>3. PROPOSED USE</b><br><input checked="" 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 type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Bore<br/>Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6</td><td>0</td><td>1</td><td>Top soil</td><td></td><td>X</td></tr><tr><td>1</td><td>30</td><td></td><td>Clay (1' soil)</td><td></td><td>X</td></tr><tr><td>40</td><td>50</td><td></td><td>Clay</td><td></td><td>X</td></tr><tr><td>50</td><td>60</td><td></td><td>Clay (1' soil)</td><td></td><td>X</td></tr><tr><td>60</td><td>80</td><td></td><td>Clay</td><td></td><td>X</td></tr></tbody></table> |                | Bore<br>Diam. | Depth |  | Material | Water |  | From | To | Yes | No | 6 | 0 | 1 | Top soil |  | X | 1 | 30 |  | Clay (1' soil) |  | X | 40 | 50 |  | Clay |  | X | 50 | 60 |  | Clay (1' soil) |  | X | 60 | 80 |  | Clay |  | X |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Depth |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Material       |               | Water |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |    |  |                |  |   |    |    |  |      |  |   |    |    |  |                |  |   |    |    |  |      |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | From  | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | Yes           | No    |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |    |  |                |  |   |    |    |  |      |  |   |    |    |  |                |  |   |    |    |  |      |  |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Top soil       |               | X     |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |    |  |                |  |   |    |    |  |      |  |   |    |    |  |                |  |   |    |    |  |      |  |   |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 30    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Clay (1' soil) |               | X     |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |    |  |                |  |   |    |    |  |      |  |   |    |    |  |                |  |   |    |    |  |      |  |   |
| 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 50    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Clay           |               | X     |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |    |  |                |  |   |    |    |  |      |  |   |    |    |  |                |  |   |    |    |  |      |  |   |
| 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 60    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Clay (1' soil) |               | X     |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |    |  |                |  |   |    |    |  |      |  |   |    |    |  |                |  |   |    |    |  |      |  |   |
| 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 80    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Clay           |               | X     |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |    |  |                |  |   |    |    |  |      |  |   |    |    |  |                |  |   |    |    |  |      |  |   |
| <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 type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |    |  |                |  |   |    |    |  |      |  |   |    |    |  |                |  |   |    |    |  |      |  |   |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br>Thickness _____ Diameter _____ From _____ To _____<br>Inches _____ inches _____ feet _____ feet<br>Inches _____ inches _____ feet _____ feet<br>Inches _____ inches _____ feet _____ feet<br>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 type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input checked="" type="checkbox"/> Torch<br>Size of perforation <u>1/4</u> inches by <u>4</u> inches<br>Number _____ From _____ To _____<br><u>40</u> perforations <u>70</u> feet <u>80</u> feet<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>18</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Pudding clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input checked="" 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 _____ |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |    |  |                |  |   |    |    |  |      |  |   |    |    |  |                |  |   |    |    |  |      |  |   |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br>N<br>W E<br>S<br>Subdivision Name <u>Keyes</u><br><u>Acres, Phase 1</u><br>Lot No. <u>3</u> Block No. <u>1</u><br>County <u>Custer</u><br><u>SW 1/4 Sec. 2, T. 13 N. R. 19 E.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | <b>10.</b> Work started <u>8-6-81</u> finished <u>8-7-81</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |    |  |                |  |   |    |    |  |      |  |   |    |    |  |                |  |   |    |    |  |      |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       | <b>11. DRILLERS CERTIFICATION</b> <u>de</u><br>I/we certify that all minimum well construction standards were<br>compplied with at the time the rig was removed.<br>Firm Name <u>Winters &amp; Dinning</u> Firm No. <u>334</u><br>Address <u>State Rte 16 Charles</u> Date <u>8-10-81</u><br>Signed by (Firm Official) <u>John A. Winters</u><br>and<br>(Operator) <u>Ron King</u>                                                                                                                                                                                                                                                                                   |                |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |    |  |                |  |   |    |    |  |      |  |   |    |    |  |                |  |   |    |    |  |      |  |   |

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

JUN 14 1995

72-07446

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NOV 17 1994

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

Department of Water Resources

**A. GENERAL INFORMATION**

Permit No. 72-07446

1. Owner: Robert Schnabel

Phone No. 879-4568

Current Address: HC 63 Box 1750, Challis, ID 83226

2. Accompanied by: Mr. Schnabel

EXAM. DATE: 7-23-92

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship to Permit Holder: \_\_\_\_\_

3. Source: Groundwater tributary to \_\_\_\_\_

**B. OVERLAP REVIEW**

1. Other water rights with same place of use: None

☐ Copies Attached

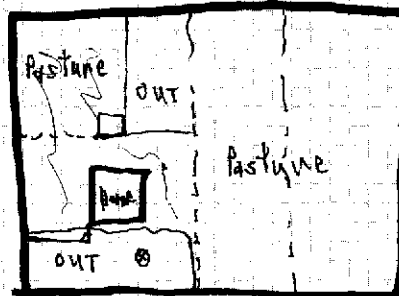
2. Other water rights with same point of diversion: None

☐ 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).

☒ 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).

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**System Description (continued)**

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

Well, motor & pump (submersible), lines to home, lawn, pasture.

☐ See Remarks on page 4 for continuation

4.

| Well or Diversion Identification No.* | Motor Make | Hp | Model<br>Motor Serial No. | Pump Make | Pump Serial No. or Discharge Size |
|---------------------------------------|------------|----|---------------------------|-----------|-----------------------------------|
|                                       | Franklin   | 1  | 2801080103                | Gould     |                                   |
|                                       |            |    |                           |           |                                   |
|                                       |            |    |                           |           |                                   |
|                                       |            |    |                           |           |                                   |

\*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 |
|------------|------------|-----|-----|-----|------|------|------|--------|---------------------------------|
|            |            | NE  | SW  | SE  | 2    | 13N  | 19E  | Custer |                                 |
|            |            |     |     |     |      |      |      |        |                                 |
|            |            |     |     |     |      |      |      |        |                                 |
|            |            |     |     |     |      |      |      |        |                                 |

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 |        |
| 13N  | 19E  | 2    |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 2      |        | 2      |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        | D      |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

Do not use this space

JUN 14 1965

Do not use this space

#### D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

| Measurement Equipment | Type | Make | Model No. | Serial No. | Size | Calib. Date |
|-----------------------|------|------|-----------|------------|------|-------------|
|                       |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |

2. Measurements:

Measured 2 sprinklers with  $5/32" \times 3/16"$  plastic nozzles at 44 psi (usually runs 3 heads).  
Pump on at 43 psi, off at 60 psi.

#### E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

$4.76 \text{ gpm} + 6.89 \text{ gpm} = 11.65 \text{ gpm} = 0.03 \text{ cfs}$  irrigation. Allow 0.02 cfs domestic (amount applied for)

2. Alternate Method for Checking Purposes:

#### F. PUMP EFFICIENCY DATA (Optional)

Discharge Pressure: 43 psi  $\times 2.31 =$  99.3 ft (1); Dynamic pumping level: 40 ft (2)

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

: Flow rate: 0.04 cfs (4)

Water HP: (3)  $\times$  (4)  $\div 8.8 =$  \_\_\_\_\_ (5)

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

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

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

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

#### G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 2 \times 3.5 = 7$

$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = .03 \times 184 \times 1.9835 = 10.9$

$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 7.0 \text{ AFA}$

2. Volume Calculations for Other Uses:

Domestic - allow 1.2 AFA for 1 home <sup>9 lawn</sup> (allow 1.2 AFA for 1 home)

\* See attached adjustment explanation memo. BC

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## H. REMARKS AND OVERLAP REVIEW ANALYSIS

Of the ~~2.2~~ <sup>50</sup> 2 1/2 acres owned, all but 1/4 acre or less is watered. Irrigation ditch runs on north side of property, but property has no surface rights. Land is Block 1 Lot 3 of Keyes Acres Subdivision Phase 1.

## I. RECOMMENDATIONS

### 1. Recommended Amounts

| Beneficial Use | Period of Use |       | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) |
|----------------|---------------|-------|------------------------------|--------------------------|
|                | From          | To    |                              |                          |
| * Domestic     | 1-1           | 12-31 | 0.042                        | 1.2                      |
| Irrigation     | 4-15          | 10-15 | 0.03                         | 7.0                      |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
| Totals:        |               |       | 0.04                         | 8.2                      |

### 2. Recommended Amendments

- ☐ Change P.D. as reflected above      ☐ Add P.D. as reflected above      ☒ None  
☐ Change P.U. as reflected above      ☐ Add P.U. as reflected above      ☐ Other

## J. AUTHENTICATION

Field Examiner's Name J. E. Stanton

Signature J. E. Stanton

Certification Date \_\_\_\_\_

Field Report Preparation Date 8-3-92

CONSULTANT SEAL

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

\* See attach explanation memo. *EC*

JUN 14 1995

MEMORANDUM

TO: File 72-07446 / Robert Schnabel  
FROM: Brenda Chapman  
DATE: May 18, 1995  
RE: Recommendation Adjustment(s)

=====

The final licensing recommendations for the above referenced water right are based on the information below:

G. VOLUME CALCULATIONS

Of the  $2\frac{1}{2}$  acres owned, approximately  $2\frac{1}{4}$  are irrigated. The  $\frac{1}{4}$  acre of lawn has been added to the permitted 2 acres. Therefore, the domestic and irrigation volumes have been adjusted to cover 2.3 acres of irrigation and internal domestic use for 1 home.

The changes conforms the recommendation to the current guidelines for processing combination domestic and irrigation rights.

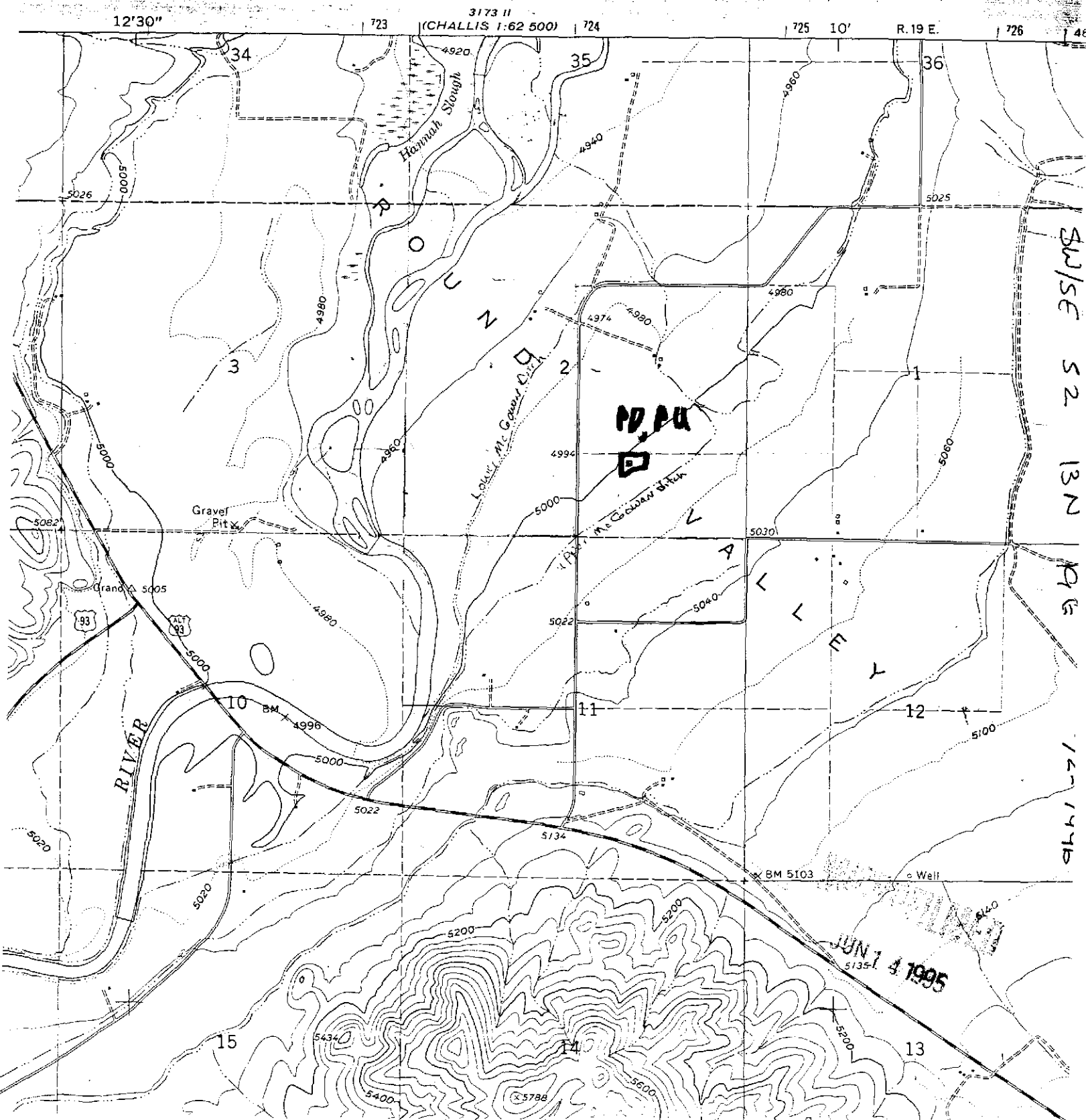
I. RECOMMENDATIONS

1. Recommended Amounts

| Beneficial Use | Period of Use | Rate of Div | Annual Vol |
|----------------|---------------|-------------|------------|
| Irrigation     | 4-15 to 10-15 | .03         | 8.1        |
| Domestic       | 1-01 to 12-31 | .02         | .6         |

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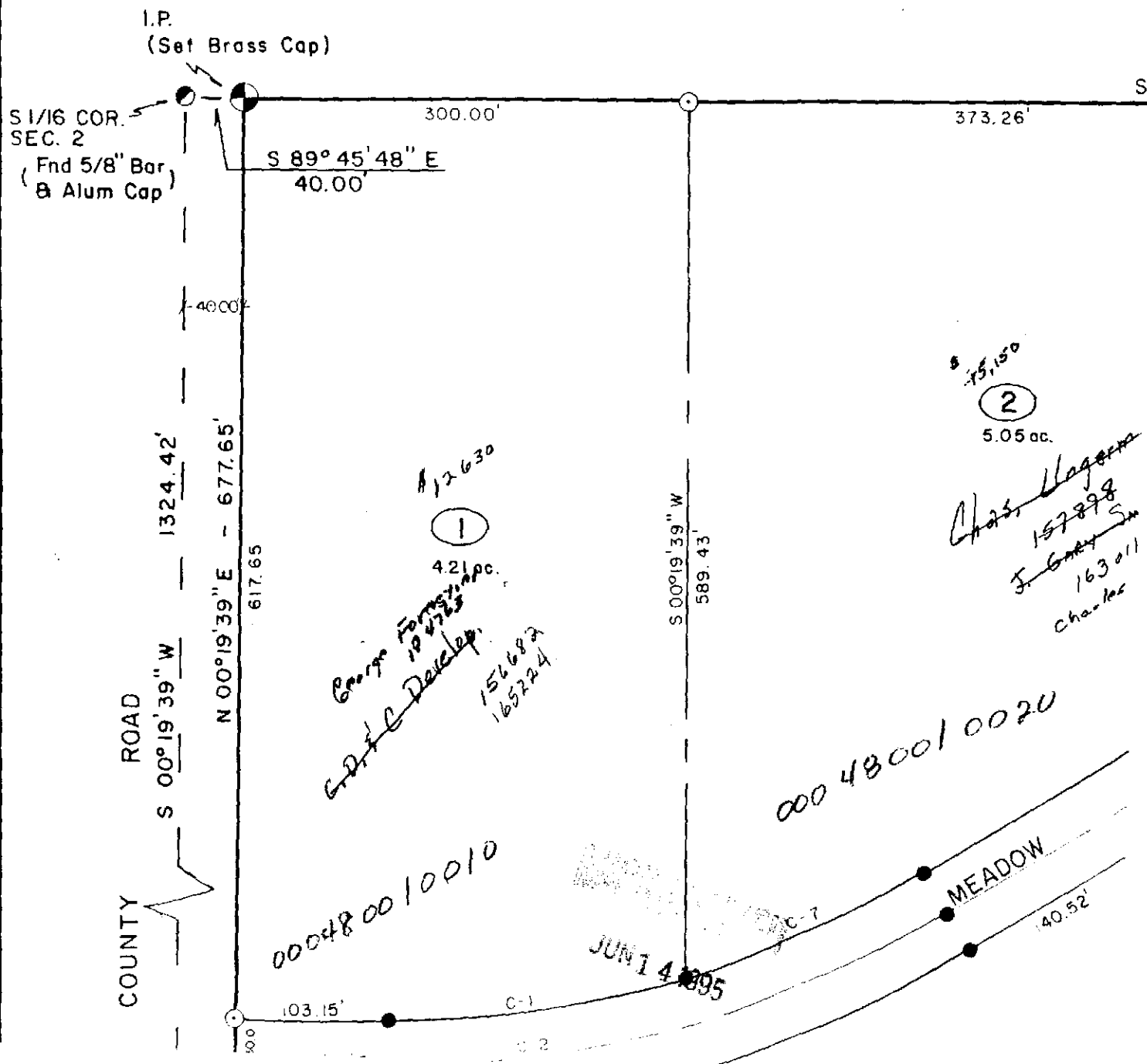




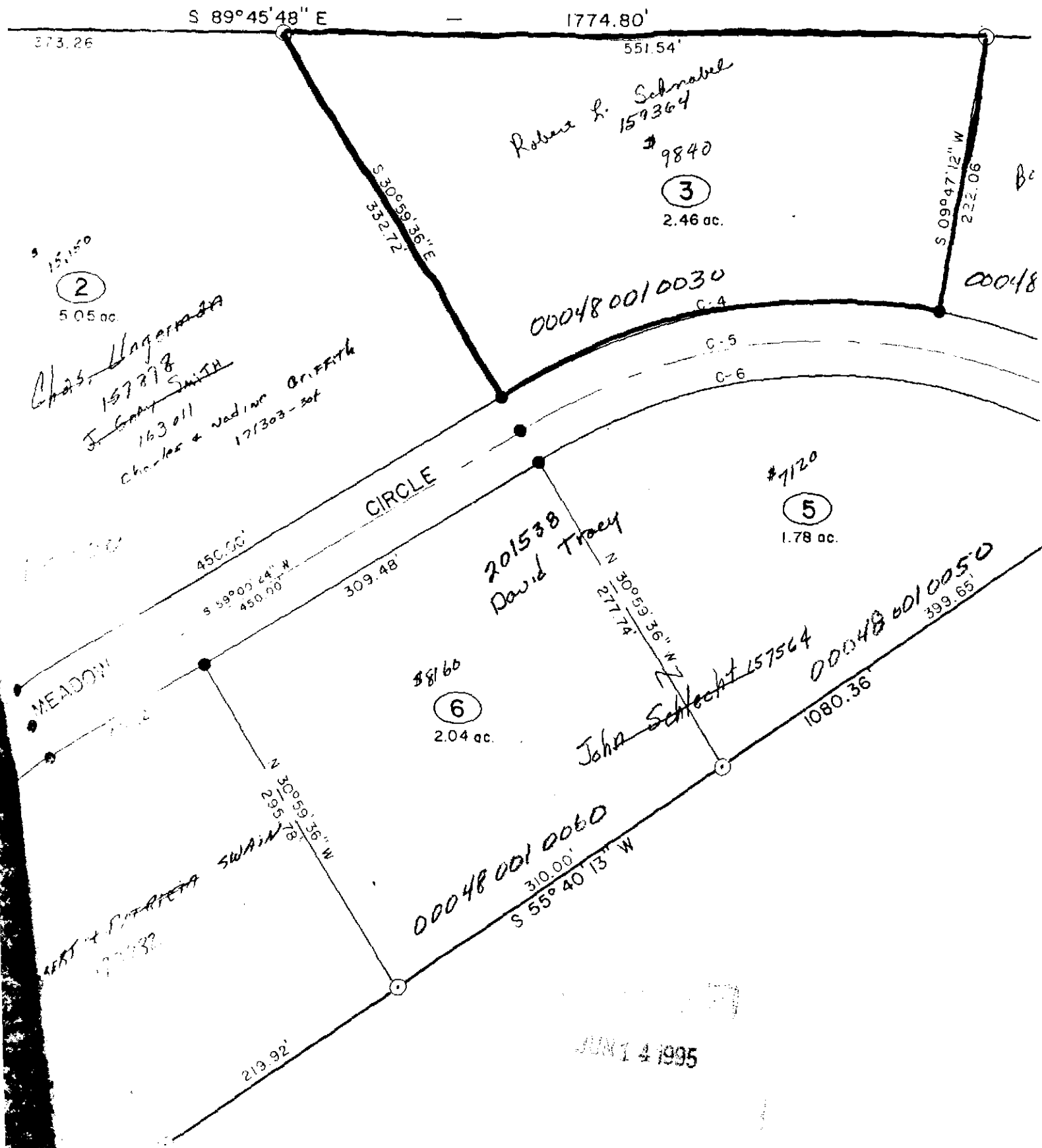
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JUL 3

Department of  
Southern R

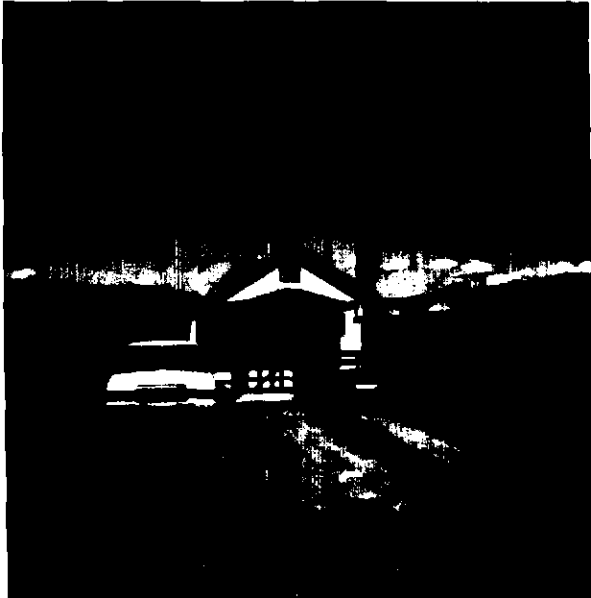


24.62 Ac.

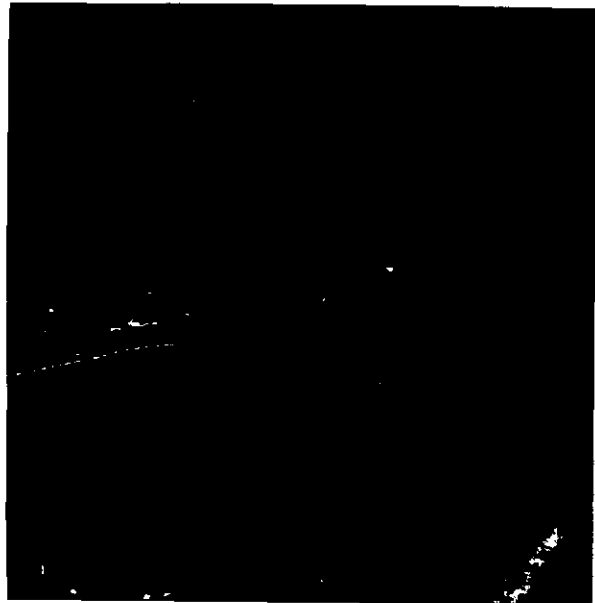


JUN 14 1995

72-07446



P/U



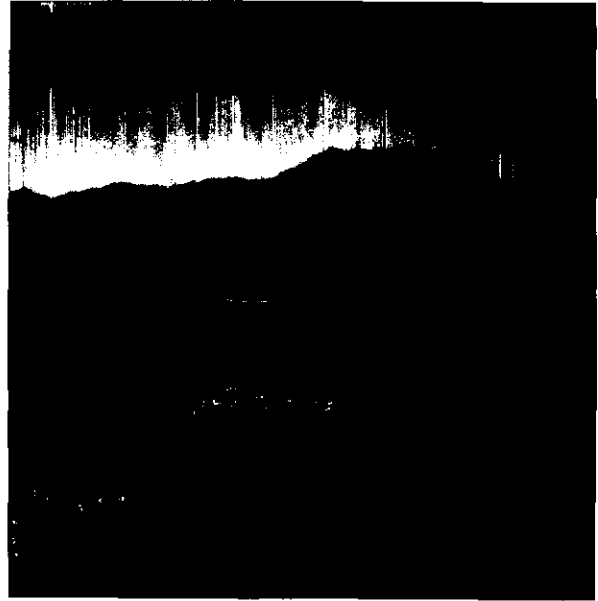
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72-07446



Pasture



Area Behind Home

JUN 14 1995

June 13, 1991

ROBERT SCHNABEL  
SHAWNA SCHNABEL  
HC 63 BOX 1750  
CHALLIS, ID 83226

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 72-07446

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 SOUTHERN Regional Office in Twin Falls at (208)736-3033.

Sincerely,

Rita Fleck  
Secretary/Records Manager

c: IDWR - Region

MICROFILMED

JUL 16 1991

May 8, 1991

ROBERT AND SHAWNA SCHNABEL  
HC 63 BOX 1750  
CHALLIS ID 83226

Dear Mr. and Mrs. Schnabel:

Re: Permit No. 72-7446

Returned is the proof of beneficial use form and an instruction sheet/fee schedule. Note that for the diversion of 0.08 cfs (maximum amount allowed by the permit), the license exam fee is \$50.

Please return the proof and fee prior to June 1, 1991 to keep the permit in good standing.

If you have questions, please contact me.

Sincerely,

RITA I. FLECK  
Secretary/Records Manager

Enclosures

RECORDED  
INDEXED

JUL 16 1991

138327  
March 31, 1991

ROBERT SCHNABEL  
SHAWNA SCHNABEL  
HC 63 BOX 1750  
CHALLIS, ID 83226

PROOF DUE NOTICE

RE: PERMIT NO. 72-07446

Dear Permit Holder:

One of the conditions of approval of the above referenced water permit was that proof of the extent of your beneficial use must be submitted to this office on or before June 1, 1991. (See last page of your approved permit or your last approved extension request.) Enclosed is a form which when accompanied by the license examination fee or a complete field examination report prepared by a certified water right examiner may be used to submit the required proof.

If you have not fully completed your project, and you or a previous owner of this permit have not received a prior extension of time, you may request an extension of time if the delay is for reasonable cause as provided in Section 42-204, Idaho Code. If you have been prevented from proceeding by a governmental agency or by litigation which might bring title to the water in question, more than one extension of time can be granted. An extension of time request form is enclosed for your convenience.

Either an acceptable proof of beneficial use submittal or an acceptable request for an extension of time must be received by this department on or before the above described proof due date. If neither is received, the department will send you a lapse notice. Within sixty (60) days of the mailing of the lapse notice, the permit will no longer be of any force nor effect.

SINCERELY,

Rita Fleck  
Secretary/Records Manager

Enclosures

RECEIVED  
MAR 31 1991

S T A T E   O F   I D A H O

DEPARTMENT OF WATER RESOURCES

-----

Statehouse  
Boise, Idaho 83720  
(208) 327-7900  
May 10, 1990

ROBERT SCHNABEL  
SHAWNA SCHNABEL  
HC 63 BOX 1750  
CHALLIS, ID 83226

PERMIT APPROVAL NOTICE

RE: PERMIT NO.      P72-07446

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.

**MICROFILMED**

JUN 26 1990

Sincerely,

GARY SPACKMAN, Supervisor  
Water Right Permits Section

GS: SC  
Enclosures

MAIL ROOM

JUN 26 1990

28-Dec-1989

Robert &/or Shawna Schnabel  
HC 63 Box 1750  
CHALLIS ID 83226

Re: Application for Permit No. 72-07446

Dear Applicant (s):

The Department of Water Resources acknowledges receipt of your water right application for permit. The application has been assigned the above referenced identification number. Please refer to this number in all further correspondence.

This office will be advertising the application in the Challis Messenger on 1/18 & 1/25/90. A period of ten days following the second publication will be allowed for the submittal of protests.

If the application is protested you will be sent a copy of the protest. The protest must be resolved before the application is approved or denied. If the protest is not resolved voluntarily, this Department will conduct a conference and/or hearing on the matter.

If the application is not protested, it will be forwarded to our State Office in about five weeks. State office personnel will conduct a complete review prior to final processing of the application and will notify you of the outcome of this review. When a permit is issued, you will be sent a copy. A typical processing time for an unprotested application is about eight weeks.

Please feel free to contact this office if you have any questions regarding this procedure.

Very truly yours,

Gary Funderburg  
Sr. Water Resource Agent

GF:MB

MICROFILMED

JUN 26 1990

*K  
DWB/90  
2/5/90*

**AFFIDAVIT OF PUBLICATION**

State of Idaho, County of Custer, ss:

I, Margaret Parks, Publisher of the Challis Messenger, a weekly newspaper, published at Challis, Idaho, do solemnly swear that the notice hereto attached and made a part hereof, was published in the regular and entire issue of the Challis Messenger for 2 consecutive weeks, commencing with the issue dated Jan 18 1990 and ending with the issue dated Jan 25 1990

Margaret Parks RECEIVED

STATE OF IDAHO

JAN 26 1990

Department of Water Resources  
Southern Region Office

COUNTY OF CUSTER

On this 25<sup>th</sup> day of Jan. in the year of 1990, before me a Notary Public,

personally appeared Margaret Parks, known or identified to me to be the person whose name subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledged to me that he executed the same.

Ethel M. Peck  
Notary Public for Idaho

Residing at Challis

My commission expires: 3-21-92

**NOTICE OF APPLICATION  
FOR WATER RIGHT**

The following application(s) have been filed to appropriate the public waters of the State of Idaho:  
**71-07131**

**SALMON RIVER EMERGENCY CLINIC INC.**

P.O. BOX 20

STANLEY, ID 83278

Source: GROUNDWATER

Diversion Pt: NWNENE Sec 9 T 10N R 13E

Use: DOMESTIC (.040 CFS)

COMMERCIAL (.030 CFS)

Total Diversion: (.070 CFS)

Date Filed: 12/22/1989

In: T10N R13E S09 NENE

**72-07446**

SCHNABEL, ROBERT

SCHNABEL, SHAWNA

HC 63 BOX 1750

CHALLIS, ID 83226

Source: GROUNDWATER

Diversion Pt: SWSE Sec 2 T 13N R 19E

Use: IRRIGATION (.060 CFS)

DOMESTIC (.020 CFS)

Total Diversion: (.080 CFS)

Date Filed: 12/06/1989

In: T13N R19E S02 SWSE

2.0 ACRES TOTAL

**72-07447**

HARVIE, CHARLES R.

HARVIE, VERLA

P.O. BOX 371

CHALLIS, ID 83226

Source: GROUNDWATER

Diversion Pt: SWNESE Sec 28 T 14N R 19E

SENESE Sec 28 T 14N R 19E

Use: COMMERCIAL (.040 CFS)

Total Diversion: (.040 CFS)

Date Filed: 12/06/1989

In: T14N R19E S28 NESE NWSE

The application(s) alleges completion of development and beneficial use of water described above prior to October 1, 1984. If approved, the permit(s) will be subject to all prior water rights except subordinated hydropower rights. Protest must be filed with the Director, Department of Water Resources, 2148 4th Avenue East, Twin Falls, ID 83301 on or before February 5, 1990.

R. KEITH HIGGINSON, Director  
Pub: Jan. 18 & 25, 1990.

FILED

JAN 28 1990

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
Southern Region  
2148 4th Avenue East  
Twin Falls, ID 83301  
(208)734-3578

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DECEMBER 27, 1989

CUSTER PUBLISHING COMPANY  
P.O. BOX 405  
CHALLIS, ID 83226

Gentlemen:

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 5, 1990.

Yours truly,

Mary Baldwin  
Secretary/Office Coordinator

Enclosure

RECEIVED  
JUN 26 1990

72-07446

SCHNABEL, ROBERT  
SCHNABEL, SHAWNA  
HC 63 BOX 1750  
CHALLIS, ID 83226

Source: GROUNDWATER

Diversion Pt: SWSE Sec 2 T 13N R 19E

Use: IRRIGATION ( .060 CFS)  
DOMESTIC ( .020 CFS)  
Total Diversion: ( .080 CFS)

Date Filed: 12/06/1989

In: T13N R19E S02 SWSE

2.0 ACRES TOTAL

RECORDED

JUN 26 1990

WVEE

**NOTICE OF APPLICATION  
FOR WATER RIGHT**

The following application(s) have  
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lic waters of the State of Idaho:

**71-07131**

**SALMON RIVER EMERGENCY  
CLINIC INC.**

**P.O. BOX 20**

**STANLEY, ID 83278**

**Source: GROUNDWATER**

**Diversion Pt: NWNENE Sec 9 T**

**10N R 13E**

**Use: DOMESTIC (.040 CFS)**

**COMMERCIAL (.030 CFS)**

**Total Diversion (.070 CFS)**

**Date Filed: 12/22/1989**

**In: T10N R13E S09 NENE**

**72-07446**

**SCHNABEL, ROBERT**

**SCHNABEL, SHAWNA**

**HC 63 BOX 1750**

**CHALLIS, ID 83226**

**Source: GROUNDWATER**

**Diversion Pt: SWSE Sec 2 T 13N**

**R 19E**

**Use: IRRIGATION (.060 CFS)**

**DOMESTIC (.020 CFS)**

**Total Diversion: (.080 CFS)**

**Date Filed: 12/06/1989**

**In: T13N R19E S02 SWSE**

**2.0 ACRES TOTAL**

**72-07447**

**HARVIE, CHARLES R.**

**HARVIE, VERLA**

**P.O. BOX 371**

**CHALLIS, ID 83226**

**Source: GROUNDWATER**

**Diversion Pt: SWNESE Sec 28 T**

**14N R 19E**

**SENWSE Sec 28 T 14N R 19E**

**Use: COMMERCIAL (.040 CFS)**

**Total Diversion: (.040 CFS)**

**Date Filed: 12/06/1989**

**In: T14N R19E S28 NESE NWSE**

The application(s) alleges com-  
pletion of development and benefi-  
cial use of water described above  
prior to October 1, 1984. If ap-  
proved, the permit(s) will be sub-  
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subordinated hydropower rights.  
Protest must be filed with the Di-  
rector, Department of Water Re-  
sources, 2148 4th Avenue East,  
Twin Falls, ID 83301 on or before  
February 5, 1990.

**R. KEITH HIGGINSON, Director**

**Pub: Jan. 18 & 25, 1990.**

OK  
Tg 1-19-90

**MicroFILMED**

**JUN 26 1990**

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R. Keith Higginson, Director

Published 1/18 & 1/25/90.

**MICROFILMED**

JUN 26 1990