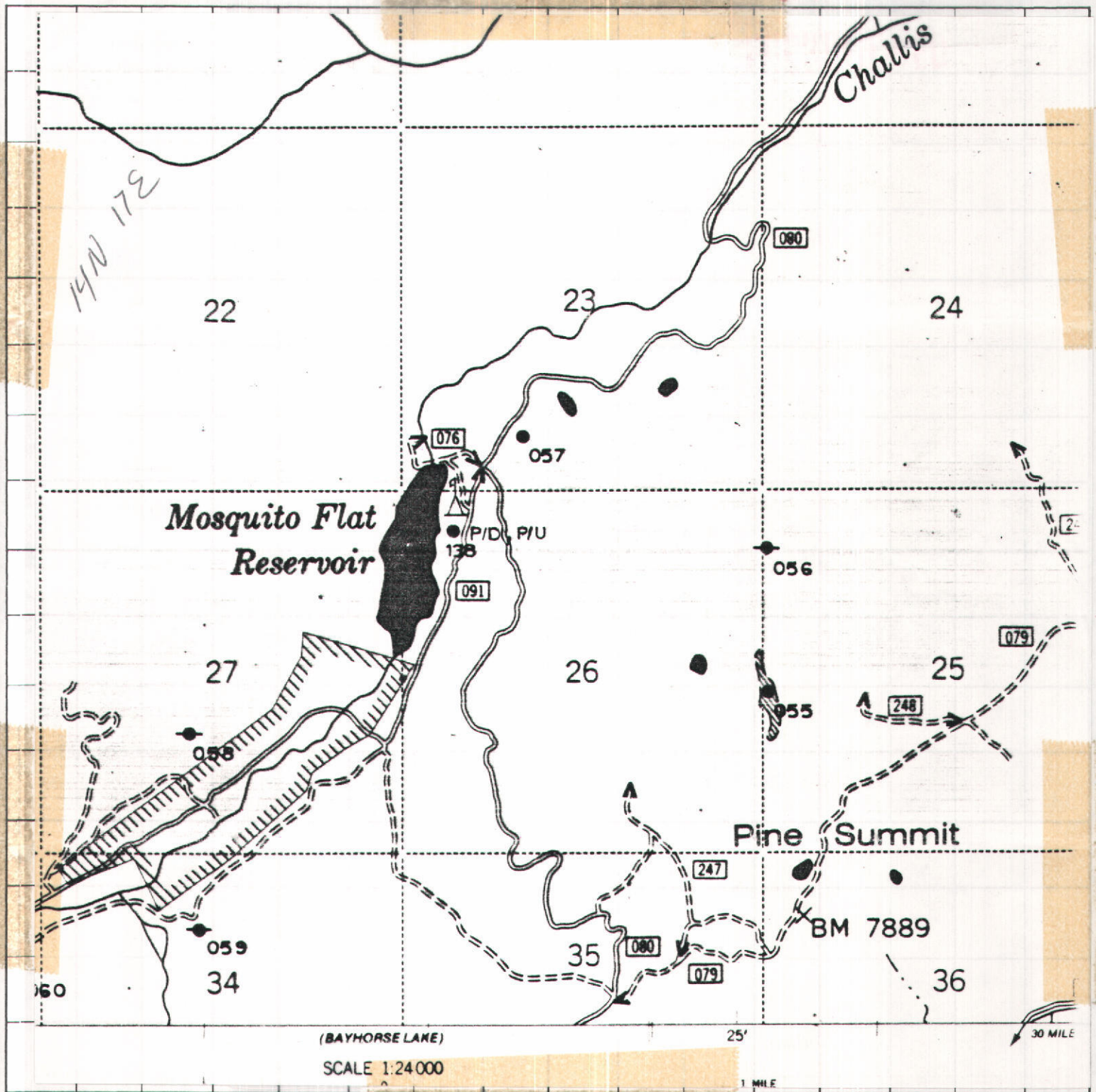


13. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



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. United States of America - Forest Service

MICROFILMED

SEP 12 1969

(for) J. S. TIXIER, Regional Forester

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 Mar 16 1989 and ending with the issue dated Mar 23 1989

Margaret Parks

STATE OF IDAHO

COUNTY OF CUSTER

On this 31st day of March in the year of 1989, 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.

Echel M. Beck
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:

72-07416

U.S. DEPT. OF AGR.

FOREST SERVICE

FEDERAL BLDG.

324 25TH ST.

OGDEN, UT 84401

Source: GROUNDWATER

Diversion Pt: NENWNW Sec 26 T

14N R 17E

Use: DOMESTIC (.020 CFS)

Date Filed: 10/14/1988

In: T14N R17E S26 NWNW

The permit(s) will be subject to all prior water rights. Protests must be filed with the Director, Dept. of Water Resources, Southern Region, 2148 4th Avenue East, Twin Falls, Idaho 83301 on or before APRIL 3, 1989.

R. KEITH HIGGINSON,

Director

Pub. 3/16 & 3/23/1989.

OK
LRR

MICROFILMED

SEP 12 1989

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APR 3 1989

Department of Water Resources
Southern Region Office

Attachment A

STATE ID: 72 - 7416

SOURCE: WELL

TRIB: GROUNDWATER

PURPOSE: DOMESTIC

DIVERSION: WELL#

QUANTITY: 0.02 cfs

LIVESTOCK: 0

COUNTY: CUSTER

FROM: MAY 1

TO: NOV. 30

POINT OF DIVERSION: T: 14 N R: 17 E SEC: 26 TRACT: NWNW (NEW AMENDED LOCATION)

POINT OF USE: T: 14 N R: 17 E SEC: 26 TRACT: NWNW (NEW AMENDED LOCATION)

Comment: Well serves 6 picnic sites at Mosquito Flat Reservoir

QUAD NAME: TWIN PEAKS

picnic table

hand pump

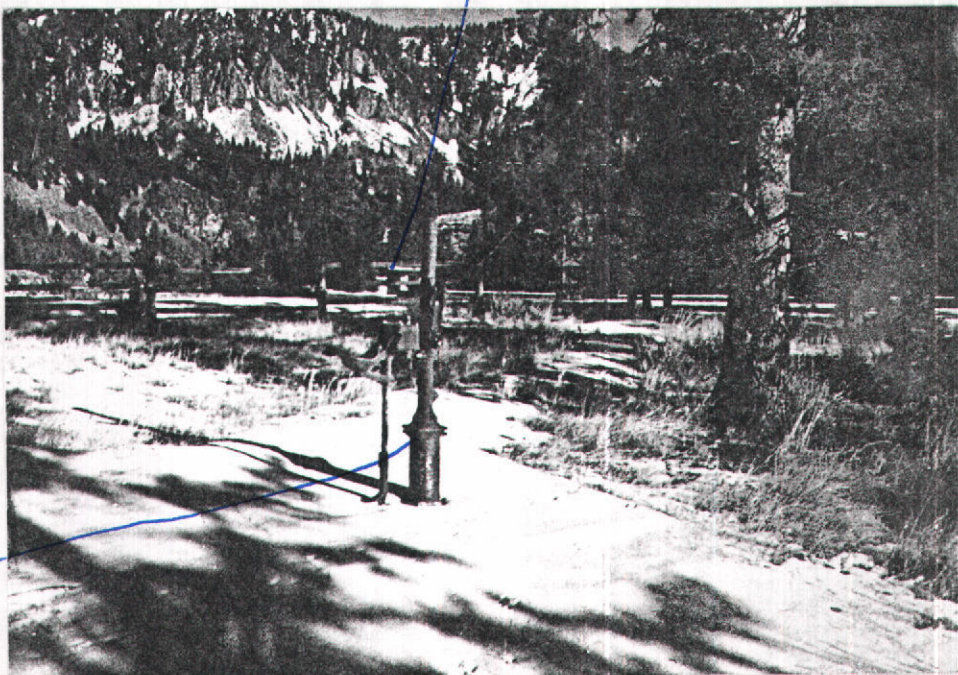


Photo Date: Nov. 8, 1994

MICROFILMED
MAR 11 1997

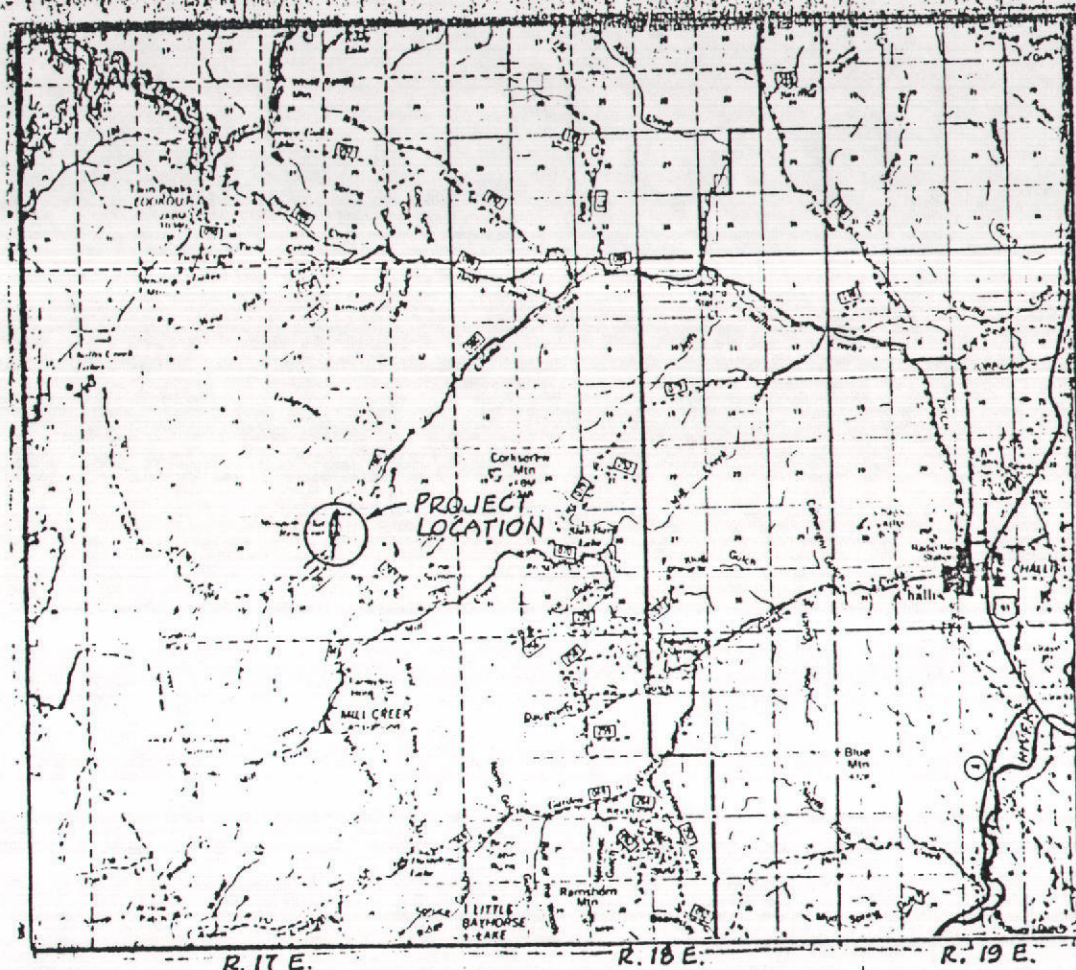
U.S. DEPARTMENT OF AGRICULTURE
FOREST SERVICE
REGION 4

MICROFILMED

SEP 12 1989

CHALLIS RANGER DISTRICT
CHALLIS NATIONAL FOREST
CUSTER COUNTY, IDAHO

Plans for
MOSQUITO FLAT BOATING
AND PICNIC AREA
(Well Contract)



Microfilm No. 06-88-1691

APPROVAL RECOMMENDED

Forest Landscape Architect Date

C. Gregory Johnson 2/1/88
Forest Recreation Staff Officer Date

Daniel K. Toerpe 2-1-88
Forest Engineer Date

Robert S. Standen 2-1-88
District Ranger Date

APPROVAL

[Signature]
Forest Supervisor

Design Team Leader

Page 1 of 2

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 72-07416

Priority: October 14, 1988

Maximum Diversion Rate:
Maximum Diversion Volume:

0.02 CFS
0.2 AF

This is to certify, that US DEPT OF AGRICULTURE
FOREST SERVICE
FEDERAL BLDG
324 25TH ST
OGDEN UT 84401

has complied with the terms and conditions
of the permit, issued pursuant to Application for Permit dated October 14, 1988; and
has submitted Proof of Beneficial Use on June 18, 1990. An examination indicates
that the works have a diversion capacity of 0.020 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>
DOMESTIC	05/15 to 11/15	0.02 CFS	0.2 AF

LOCATION OF POINT(S) OF DIVERSION:

NWNW , Sec. 26, Township 14N, Range 17E
CUSTER County

PLACE OF USE: DOMESTIC

TWN RGE SEC

14N 17E 26

NWNW

CONDITIONS OF APPROVAL AND 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.
5. Domestic use is for the Mosquito Flat Reservoir picnic area.

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 9th
day of January, 1997.

MICROFILMED

Acting for KARL J. DREHER, Director

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JUN 18 1990

Note enclosed
Department of Water Resources

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

For Office Use Only

Amt. of Fee \$ -0-

Date _____

Receipt No. _____

Received by _____

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. 72-07416Telephone No. 801-625-5360Name(s) of Permit Holder(s): United States of America, Forest ServicePost Office Address: 324 25th Street, Ogden, Utah 84401 801-625-5360Source of Water: Groundwater (041-138)If ground water, well driller's name: Harber DrillingDate drilled: 6/22-6/28/88

Extent of Use: Hand pump removable handle.

Domestic 40 PAOT (No. of households)

Irrigation _____ (No. of acres)

Locater will be used at Mosquito Flat Recreational Facilities.

Stockwater _____ (No. and type of stock)

Other _____

Total rate and/or volume for which proof is submitted .02 cfs _____ acre/feetShow date water was first diverted and beneficially used under this permit: 8/15/88

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

Measuring device: Required? Yes XNo Installed? Yes No

OR

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

Fee Enclosed: \$ _____ (See License Examination Fee Schedule)

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

Jack L. Ebberts
Name208-879-2285

Telephone No.

Challis National Forest, HC63 Box 1671, Highway 93, Challis, Idaho 83226
Address**MICROFILMED**

DEC 18 1990

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.

United States of America - Forest Service

5/22/90
Date

Jack L. Ebberts C.O.R.
Signature (and title if on behalf of a company or organization)
(for) J.S. Tixier, Regional Forester

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

72-07416
RECEIVED

NOV - 4 1988
Department of Water Resources
Southern Region Office

1. Name of applicant U.S. Department of Agriculture, Forest Service Phone (801) 625-5360
Post office address 324 - 25th Street, Ogden, UT 84401

2. Source of water supply Groundwater (041-138) which is a tributary of _____

3. Location of point of diversion is NE $\frac{1}{4}$ of NW $\frac{1}{4}$ of NW $\frac{1}{4}$, Govt. Lot _____
Sec. 26 Township 14N Range 17E B.M. Custer County; additional
points of diversion if any: _____

4. Water will be used for the following purposes:

Amount .02 for Domestic purposes from May 15 to Nov. 15 (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)

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

5. Total quantity to be appropriated is (a) .02 and/or (b) _____
cubic feet per second acre feet per annum

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. Hand pump removable handle.

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 6 inches; proposed depth of well is 100 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 for proposed beneficial use is
1 years (minimum 1 year).

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SEP 12 1989

- e. Other; describe fully.

205 15 1977
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- 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.

[illegible]

Total number of acres to be irrigated_____

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

20070610 063000 04100

DEPARTMENT OF MISCELLANEOUS

12. Remarks: Water will be used at the Mosquito Flat Reservoir Recreational Facilities.

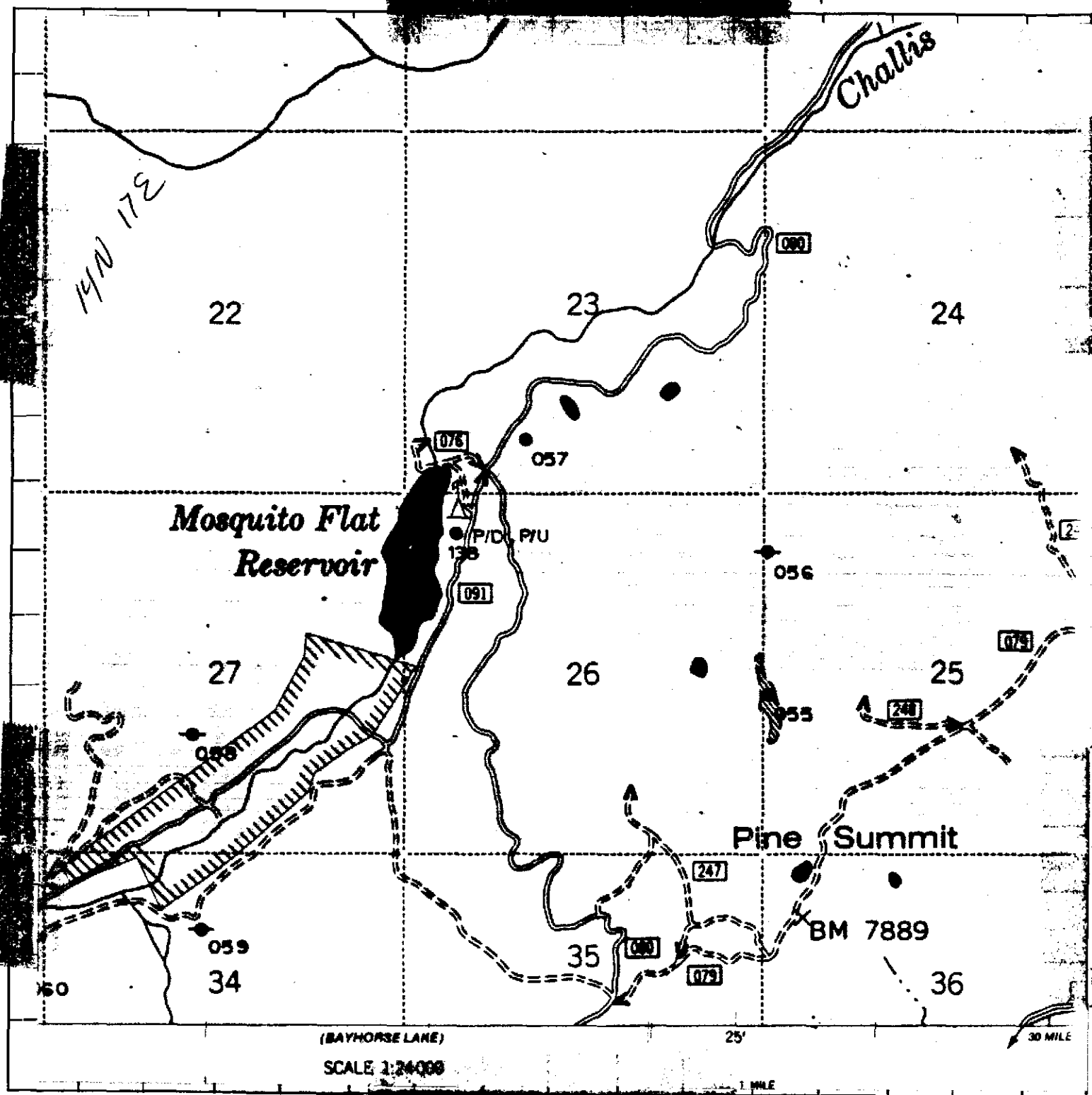
MOA - 1 1688

100-443886-1

B E G I A E D

SEP 12 1969

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 shown on the attached map of the United States of America - Forest Service

MICROFILMED

SEP 12 1969

(for) J. S. TIXIER, Regional Forester (Applicant)

Proposed Priority 10/14/88

Received by RB Date 10-14 Time 3:30 PM Preliminary check by A. Jundubing

Fee \$ 30.00 RECEIVED RB # FOO 3152 Date 10-14-88

Publication prepared by M. Baldwin Date 3/6/89 Published in Challis Messenger

Publication approved Thyde B. Payne Date 5-4-89

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. 72-7416, and said application is hereby APPROVED.

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 July 1, 19 90.

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: Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.

Witness my hand this 6th day of June, 1989.

J. Glen Saxton

MICROFILMED

SEP 12 1989

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 Mar 16 1989 and ending with the issue dated Mar 23 1989

Margaret Parks

STATE OF IDAHO

COUNTY OF CUSTER

On this 31st day of March in the year of 1989, 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. Beck
Notary Public for Idaho
Residing at Challis
My commission expires: 3-21-92

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SEP 12 1989

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APR 3 1989

Department of Water Resources
Southern Region Office

OK
JRP



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

January 9, 1997

US DEPT OF AGRICULTURE
FOREST SERVICE
FEDERAL BLDG
324 25TH ST
OGDEN UT 84401

RE: WATER RIGHT NO. 72-07416

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.

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,

A handwritten signature in cursive script that reads "Shelley W. Keen".

Shelley W. Keen
Water Rights Supervisor

SK:ph

Enclosure

MICROFILMED

MAR 11 1997

B/U FIELD EXAM REVIEW

Cindy Zimmerman

Permit # 72-7416 Name: USFS Date: 1/6/97 ✓ Lots ✓

NAME Chng Same ✓ Or Address Change?

SOURCE ✓ Clarify source _____
Prelim. Order to Void - Source change.

P/D ✓ Amendment Needed? RENEWED P39
Overlap(s) A72-7416

P/U ✓ Amendment Needed? _____ P41
Overlap(s) A72-7416
(Gov't use special ¶s) *P/D & P/U Amend? P37

RATE ✓ Permit/proof fee limits 0.02 / 0.02
✓ Measured Quantity = _____ cfs Theoretical Quantity = _____ cfs
allow permitted
(HP) $\frac{8.8 \times 0.70 \times}{2.31 \times} =$ cfs (hand pump)

✓ Recommended capacity 0.02 cfs
✓ Recommended rate 0.02 cfs

VOLUME ✓ Season: (1) 5/15 - 11/15 (as permitted) = 185 days
Calculations:
(6 sites x 6 person/site x 10 gpd/person x 185 d/y) ÷ 325,850 = 0.2 AF

✓ Flow limit: 0.02 cfs x 185 days/yr. x 1.9835 = 7.3 AF
✓ Recommended volume 0.2 AF x per Field Exam. Handbook

USES ✓ Same Nature of Use? _____ P46
Amendment Needed? _____

REMARKS ✓ Multiple p/d's in same ¼? Use W32
✓ ① woi/ Mosquito Flat Reservoir picnic area.

CONDITIONS ✓ Measuring Device (R01) or Lockable Controlling Works (R02)
✓ Watermaster Control (R04) - WD # _____
✓ Irrigation rate/annual volume overlap
✓ GW irrigation replaces surface water (050)
✓ GW irrigation supplements surface water (055)
✓ Water Quality
✓ Other _____

PRIORITY App Rcd 10/14/88 Due 7/1/90 Rcd 6/18/90
Receipt# NA Fee OK? Yes/No
Order to Reinstate Needed? Yes/No Done? _____ Advanced to: _____
Priority 10/14/88 Examined 10/3/96

COMMENTS: License as permitted

USE	CFS	VOLUME
<u>Dom.</u>	<u>0.02</u>	<u>0.2</u>
TOTAL	<u>0.02</u>	<u>0.2</u>

ORBA Overlap A72-7416
Adjustment Memo: ✓
LICENSE LTR: P49
#1 AMEND LTR: /P38
#2 AMEND LTR: P42/P47

MEMORANDUM

DATE: January 6, 1997
TO: File No. 72-07416
FROM: Cindy Zimmerman *CZ*
SUBJECT: Review of Beneficial Use Field Report

~~~~~

The following adjustments<sup>1</sup> were made on the field report to reflect permit limitations on season of use and department standards on volume usage:

G. Volume Calculations.

Domestic use = (sites x persons/site x gpd/person x days/year) / 325,850  
= (6 x 6 x **10** x **185**) / 325,850  
= **0.2** AF.

H. Recommendations.

1. Recommended amounts:

| Beneficial Use | Period of Use            | Rate of diversion | Annual Volume        |
|----------------|--------------------------|-------------------|----------------------|
| Domestic       | <b><u>5/15-11/15</u></b> | 0.02 cfs          | <b><u>0.2 AF</u></b> |

Examiner: Tara L Backlund  
Examined: October 3, 1996

<sup>1</sup>Adjustments made are **bolded and underlined**.

MICROFILMED  
MAR 11 1997

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

RECEIVED

OCT 17 1996

Department of Water Resources

**A. GENERAL INFORMATION**

Permit No. 72-07416

1. Owner: U.S.D.A Forest Service Phone No. 801-625-5360

Current Address: Federal Building 324 25th St. Ogden, UT 84401

2. Accompanied by: Betsy Rieffenberger EXAM DATE: 10/3/96

Address: Salmon Challis Nat. Forest RR2 Box 600 Salmon, ID 83467 Phone No. 756-5108

Relationship to Permit Holder: Resource Officer

3. Source: Groundwater (41-138) tributary to \_\_\_\_\_

**B. OVERLAP REVIEW**

1. Other water rights with the same place of use: NONE

2. Other water rights with the same point of diversion: NONE

**C. DIVERSION AND DELIVERY SYSTEM**

1. Point(s) of Diversion:

| Ident No. | Gov't Lot | 1/4 | 1/4 | 1/4 | Sec. | Twp. | Rge. | County | Method of Determination/Remarks |
|-----------|-----------|-----|-----|-----|------|------|------|--------|---------------------------------|
|           |           | NE  | NW  | NW  | 26   | 14N  | 7E   | Custer | Quad Map                        |
|           |           |     |     |     |      |      |      |        |                                 |
|           |           |     |     |     |      |      |      |        |                                 |
|           |           |     |     |     |      |      |      |        |                                 |

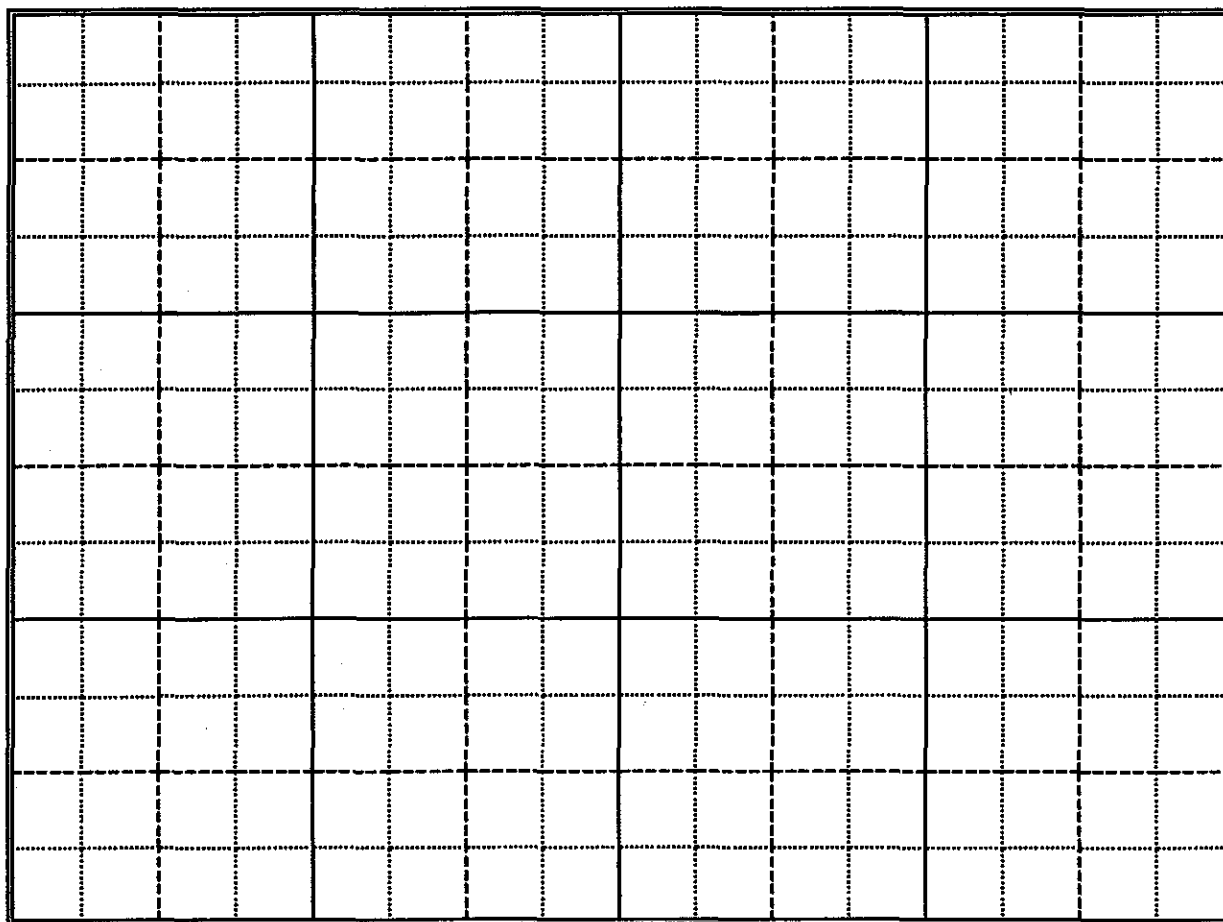
2. Place(s) of Use:

Indicate Method of Determination

| TWP | RGE | SEC | NE |    |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE |        |
| 14N | 17E | 26  |    |    |    |    |    | D  |    |    |    |    |    |    |    |    |    |    | D      |
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MIC.  
MAR 11 1997

3. **Delivery System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe I.d. as applicable.



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

☒ Copy of USGS 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)

☒ Photo of Diversion and System Attached

4.

| Well or Diversion Identification No.* | Motor Make | Hp | Motor Serial No. | Pump Make | Pump Serial No. or Discharge Size |
|---------------------------------------|------------|----|------------------|-----------|-----------------------------------|
|                                       |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |

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

#### D. FLOW MEASUREMENTS

1.

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

2. Measurements: \_\_\_\_\_

MICROFILMED

MAR 11 1997

# Attachment A

STATE ID: [REDACTED]

SOURCE: WELL

TRIB: GROUNDWATER

PURPOSE: DOMESTIC

DIVERSION: WELL

QUANTITY: 0.02 cfs

LIVESTOCK: 0

COUNTY: CUSTER

FROM: MAY 1

TO: NOV. 30

POINT OF DIVERSION: T: 14 N R: 17 E SEC: 26 TRACT: NW1/4 (NEW AMENDED LOCATION)

POINT OF USE: T: 14 N R: 17 E SEC: 26 TRACT: NW1/4 (NEW AMENDED LOCATION)

COMMENT: Well serves 6 picnic sites at Mosquito Flat Reservoir

QUAD NAME: TWIN PEAKS

picnic table

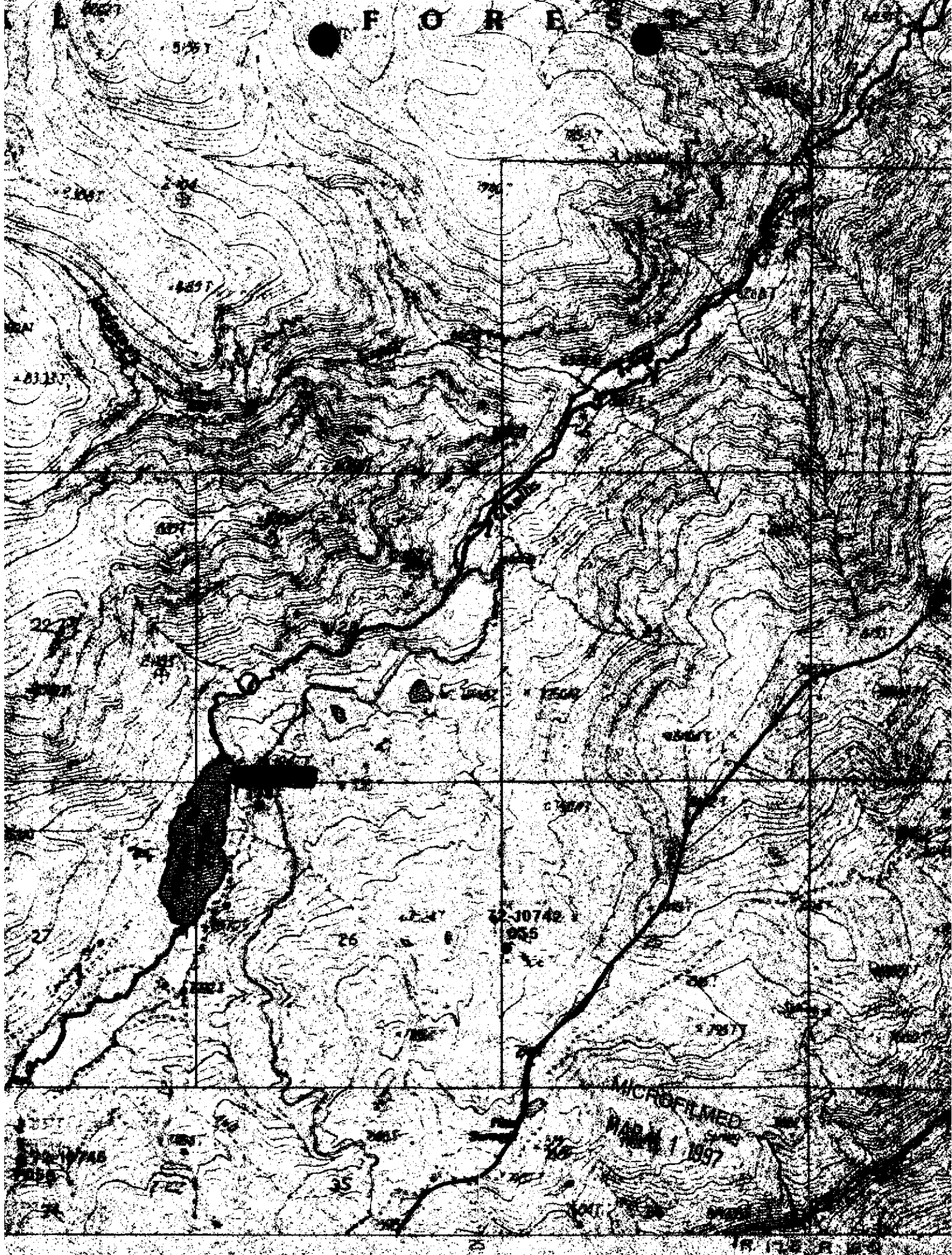


hand pump

Photo Date: Nov. 8, 1994

MICROFILMED  
MAR 11 1997

F O R E S T



32-10742  
955

MICROFILMED  
MAY 1 1957

10000

E. NARRATIVE/REMARKS/COMMENTS

This permit is for a domestic use of .02 cfs. The point of diversion is in the NE $\frac{1}{4}$  of the NW $\frac{1}{4}$  of the NW $\frac{1}{4}$  of Section 26 in Township 14 N, Range 17 E. It is located at Mosquito Flat Reservoir. This is a groundwater well that is used with a hand pump & spicket. The well serves 6 picnic sites.

Information was gathered by the Forest Service. They found the rate to be .02 cfs. They didn't give any measurements. They did provide a well log showing the depth at 85 feet.

The Forest Service is only asking for the time of use from May 1 to Nov. 30; when the campground is open.

Betsy Rieffenberger, Forest Service Resource Officer, stated that the well is in use.

I am submitting all material gathered by the Forest Service for review.

Have conditions of permit approval been met? ☒ yes ☐ no

MICROFILMED  
MAR 11 1987

**F. FLOW CALCULATIONS**

Measured Method:

Additional Computation Sheets Attached

SEE Attachment A

**G. VOLUME CALCULATIONS**

## 1. Volume Calculations for Irrigation:

 $V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$  \_\_\_\_\_ $V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 =$  \_\_\_\_\_ $V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} =$  \_\_\_\_\_

## 2. Volume Calculations for Other Uses:

Domestic use  
Campground  
6 site \* 6 persons \* 15 gpd \* 214 days / 325900 = .35 afa  
or  
.4

**H. RECOMMENDATIONS**

## 1. Recommended Amounts

| Beneficial Use | Period of Use |         | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) |
|----------------|---------------|---------|------------------------------|--------------------------|
|                | From          | To      |                              |                          |
| Domestic       | 5/1 *         | 11/30 * | .02 cfs                      | .4 afa *                 |
|                |               |         |                              |                          |
|                |               |         |                              |                          |
|                |               |         |                              |                          |
|                |               |         |                              |                          |
| Totals:        |               |         | .02 cfs                      | .4 afa *                 |

## 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

**I. AUTHENTICATION**Field Examiner's Name Tom L. Backlund Date 10/3/96

Reviewer \_\_\_\_\_ Date \_\_\_\_\_

MICROFILMED  
SEAL

\* Adjustments made during review of this right for license approval. MAY 1997  
See Memo for additional information. 11/6/97

December 7, 1990

U.S. DEPT. OF AGRICULTURE  
FOREST SERVICE  
FEDERAL BLDG.  
324 25TH ST.  
OGDEN, UT 84401

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 72-07416

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)734-3578.

Sincerely,

Rita Fleck  
Secretary/Records Manager

c: IDWR - Region

**MICROFILMED**

DEC 18 1990

Form 238-7  
9/82

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

USE TYPEWRITER OR  
BALLPOINT PEN

JUL 28 1988

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.

Department of Water Resources

| <b>1. WELL OWNER</b><br>Name <u>U.S. Forest Service</u><br><u>Challis National Forest</u><br>Address <u>Challis, Idaho 83226</u><br>Owner's Permit No. <u>72-88-2-03</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | <b>7. WATER LEVEL</b><br>Static water level <u>30</u> 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 <u>49</u> °F. Quality <u>GOOD</u><br><small>Describe affection or temperature zones below.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                  |               |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
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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><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 checked="" 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 checked="" 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>30</u></td><td><u>75</u></td><td><u>4</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | Discharge G.P.M. | Pumping Level | Hours Pumped       | <u>30</u>       | <u>75</u>     | <u>4</u>       |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Pumping Level   | Hours Pumped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                  |               |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| <u>30</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>75</u>       | <u>4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                  |               |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                  |               |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
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| <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>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>3</td><td>TOP SOIL</td><td></td><td>X</td></tr><tr><td>3</td><td>3</td><td>7</td><td>BROWN CLAY</td><td></td><td>X</td></tr><tr><td>7</td><td>7</td><td>9</td><td>BROWN SHALE</td><td></td><td>X</td></tr><tr><td>9</td><td>9</td><td>18</td><td>CLAY CONGLOMERATE</td><td></td><td>X</td></tr><tr><td>18</td><td>18</td><td>20</td><td>TAN CLAY</td><td></td><td>X</td></tr><tr><td>30</td><td>20</td><td>25</td><td>CONGLOMERATE</td><td></td><td>X</td></tr><tr><td>25</td><td>25</td><td>32</td><td>GREY CLAY</td><td></td><td>X</td></tr><tr><td>32</td><td>32</td><td>37</td><td>WET SHALE</td><td></td><td>X</td></tr><tr><td>37</td><td>37</td><td>47</td><td>BROWN CLAY</td><td></td><td>X</td></tr><tr><td>47</td><td>47</td><td>55</td><td>CONGLOMERATE</td><td></td><td>X</td></tr><tr><td>55</td><td>55</td><td>64</td><td>BROWN CLAY</td><td></td><td>X</td></tr><tr><td>64</td><td>64</td><td>71</td><td>SHALE</td><td></td><td>X</td></tr><tr><td>71</td><td>71</td><td>78</td><td>BROWN CLAY</td><td></td><td>X</td></tr><tr><td>78</td><td>78</td><td>82</td><td>SHALE CONGLOMERATE</td><td></td><td>X</td></tr><tr><td>82</td><td>82</td><td>85</td><td>BROWN CLAY</td><td></td><td>X</td></tr></tbody></table> |                    | Bore<br>Diam.    | Depth         |                    | Material        | Water         |                | From | To | Yes | No | 6 | 0 | 3 | TOP SOIL |  | X | 3 | 3 | 7 | BROWN CLAY |  | X | 7 | 7                                                                                                                                                                                                                                                                                                                                    | 9 | BROWN SHALE |  | X | 9 | 9 | 18 | CLAY CONGLOMERATE |  | X | 18 | 18 | 20 | TAN CLAY |  | X | 30 | 20 | 25 | CONGLOMERATE |  | X | 25 | 25 | 32 | GREY CLAY |  | X | 32 | 32 | 37 | WET SHALE |  | X | 37 | 37 | 47 | BROWN CLAY |  | X | 47 | 47 | 55 | CONGLOMERATE |  | X | 55 | 55 | 64 | BROWN CLAY |  | X | 64 | 64 | 71 | SHALE |  | X | 71 | 71 | 78 | BROWN CLAY |  | X | 78 | 78 | 82 | SHALE CONGLOMERATE |  | X | 82 | 82 | 85 | BROWN CLAY |  | X |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Depth           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Material           |                  | Water         |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | From            | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | Yes              | No            |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0               | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TOP SOIL           |                  | X             |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3               | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BROWN CLAY         |                  | X             |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7               | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BROWN SHALE        |                  | X             |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9               | 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CLAY CONGLOMERATE  |                  | X             |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 18              | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TAN CLAY           |                  | X             |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 20              | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CONGLOMERATE       |                  | X             |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 25              | 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | GREY CLAY          |                  | X             |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 32              | 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WET SHALE          |                  | X             |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 37              | 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | BROWN CLAY         |                  | X             |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 47              | 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CONGLOMERATE       |                  | X             |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 55              | 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | BROWN CLAY         |                  | X             |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 64              | 71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SHALE              |                  | X             |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| 71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 71              | 78                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | BROWN CLAY         |                  | X             |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| 78                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 78              | 82                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SHALE CONGLOMERATE |                  | X             |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| 82                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 82              | 85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | BROWN CLAY         |                  | X             |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>.250</u> inches</td><td><u>6</u> inches</td><td><u>1</u> feet</td><td><u>80</u> feet</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table><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 checked="" type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input checked="" type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation <u>3/16</u> inches by <u>1 1/2</u> inches<br>Number <u>120</u> perforations <u>64</u> feet <u>72</u> feet<br>perforations <u> </u> feet <u> </u> feet<br>perforations <u> </u> feet <u> </u> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>20</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 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 strings<br>Describe access port <u>sanitary well seal</u> |                 | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Diameter           | From             | To            | <u>.250</u> inches | <u>6</u> inches | <u>1</u> feet | <u>80</u> feet |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Diameter        | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | To                 |                  |               |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| <u>.250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>6</u> inches | <u>1</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>80</u> feet     |                  |               |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                  |               |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><table border="1"><tr><td>N</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td></td><td></td><td>E</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>Custer</u><br><u>NW 1/4 NW 1/4 Sec. 26 T. 14 N. R. 17 E.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                  |               |                    |                 |               |                |      |    | W   |    |   |   | E |          |  |   |   |   |   |            |  |   |   | <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were<br>complied with at the time the rig was removed.<br>Firm Name <u>Harber Drilling</u> Firm No. <u>430</u><br>Address <u>Box 194, Armon</u> Date _____<br>Signed by (Firm Official) <u>Alan Harber</u><br>and<br>(Operator) _____ |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                  |               |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
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| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | E                |               |                    |                 |               |                |      |    |     |    |   |   |   |          |  |   |   |   |   |            |  |   |   |                                                                                                                                                                                                                                                                                                                                      |   |             |  |   |   |   |    |                   |  |   |    |    |    |          |  |   |    |    |    |              |  |   |    |    |    |           |  |   |    |    |    |           |  |   |    |    |    |            |  |   |    |    |    |              |  |   |    |    |    |            |  |   |    |    |    |       |  |   |    |    |    |            |  |   |    |    |    |                    |  |   |    |    |    |            |  |   |
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RECEIVED

JUL 29 1988

RECEIVED

RECEIVED

AUG 12 1988

138698  
April 30, 1990

U.S. DEPT. OF AGRICULTURE  
FOREST SERVICE  
FEDERAL BLDG.  
324 25TH ST.  
OGDEN, UT 84401

PROOF DUE NOTICE

RE: PERMIT NO. 72-07416

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 July 1, 1990. (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

**MICROFILMED**

DEC 18 1990

Drilling Permit No. 72-88-2-0-3  
Water Permit No. 72-  
Injection Permit No. 72-

State of Idaho  
Department of Water Resources

DRILLING PERMIT

MAY 20 1988

(Authorizing Construction of a Well)\*

Department of Water Resources

1. Applicant Alan D. Harber/Harber Drilling Co. for:  
United States Forest Service/Challis National Forest  
2. Address IDAWY Contracting Center-USFS; Room 101 - Federal Building  
250 South Fourth Avenue  
Pocatello, ID 83201  
Attn: Calvin R. Denison

(X) Well Owner ( ) Well Operator ( ) Other, specify \_\_\_\_\_

3. Water right permit no. \_\_\_\_\_; Injection well permit no. \_\_\_\_\_

4. Proposed well location NW 1/4 NW 1/4 1/4, or Gov't lot No. \_\_\_\_\_

Sec. 26, Twp. 14N., Rge. 17E, County Custer

Lot, block and subdivision Mosquito Flat Picnic Area

5. Proposed use of well: (Check all that apply)

( ) Domestic ( ) Stockwater ( ) Monitoring  
( ) Irrigation ( ) Industrial ( ) Municipal  
( ) Injection (X) Other, Specify Public picnic area water well

6. Well construction information:

(X) New well ( ) Deepen ( ) Replace

Proposed surface diameter 6" Proposed depth 100'

Anticipated bottom hole temperature:

(X) 85°F or less (Cold water well)  
( ) 85°F to 212°F (Low temp. geothermal well)  
( ) 212°F or more (Geothermal well)

7. Anticipated construction start date 5/27/88

8. Well Driller (if known) Harber Drilling Company # 430

Address P.O. Box 194; Carmen, ID 83462

Date 5/19/88 Applicant's signature Alan Harber

Title Well Driller

MICROFILMED

SEP 12 1989

\* After other pre-requisite approvals have been obtained.

## ACTION OF IDWR

( ☒ ) Approved ( ) Denied

The approval of this permit authorizes the construction of a well as described on this application subject to the conditions on this permit.

## GENERAL CONDITIONS:

1. The well must be constructed in compliance with the applicable statutes, specific conditions of approval shown on the water right permit, injection well permit, transfer or amendment and the rules and regulations of the Department for water appropriation, injection wells and well construction standards.
2. This drilling permit is valid for two (2) months from its date of issuance for the start of construction and is valid for one (1) year from the date of issuance for completion of the well unless an extension has been granted.
3. The permit holder or his representative shall notify the Department ten (10) days prior to the start of construction unless good cause for later notification can be shown.
4. 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.
5. Issuance of this drilling permit does not authorize trespass on the land of another party.
6. This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.

## SPECIFIC CONDITIONS:

7. This drilling permit does not represent a right to divert or use the water of the State of Idaho. Prior to the diversion of water the well owner must obtain an approved water right permit. Use of the water shall be regulated by any other approvals of the Department.

Dated this 23 day of May, 1988.

Signed

Title

SECTION MANAGER

GROUNDWATER PROTECTION

Received by af Fee \$ 100.00 Date 5-20-88

Receipt No. 000823 Construction start date \_\_\_\_\_

Construction start extension to \_\_\_\_\_

Extension approved by \_\_\_\_\_

RECORDED  
SEP 18 1988

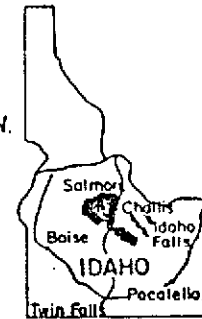
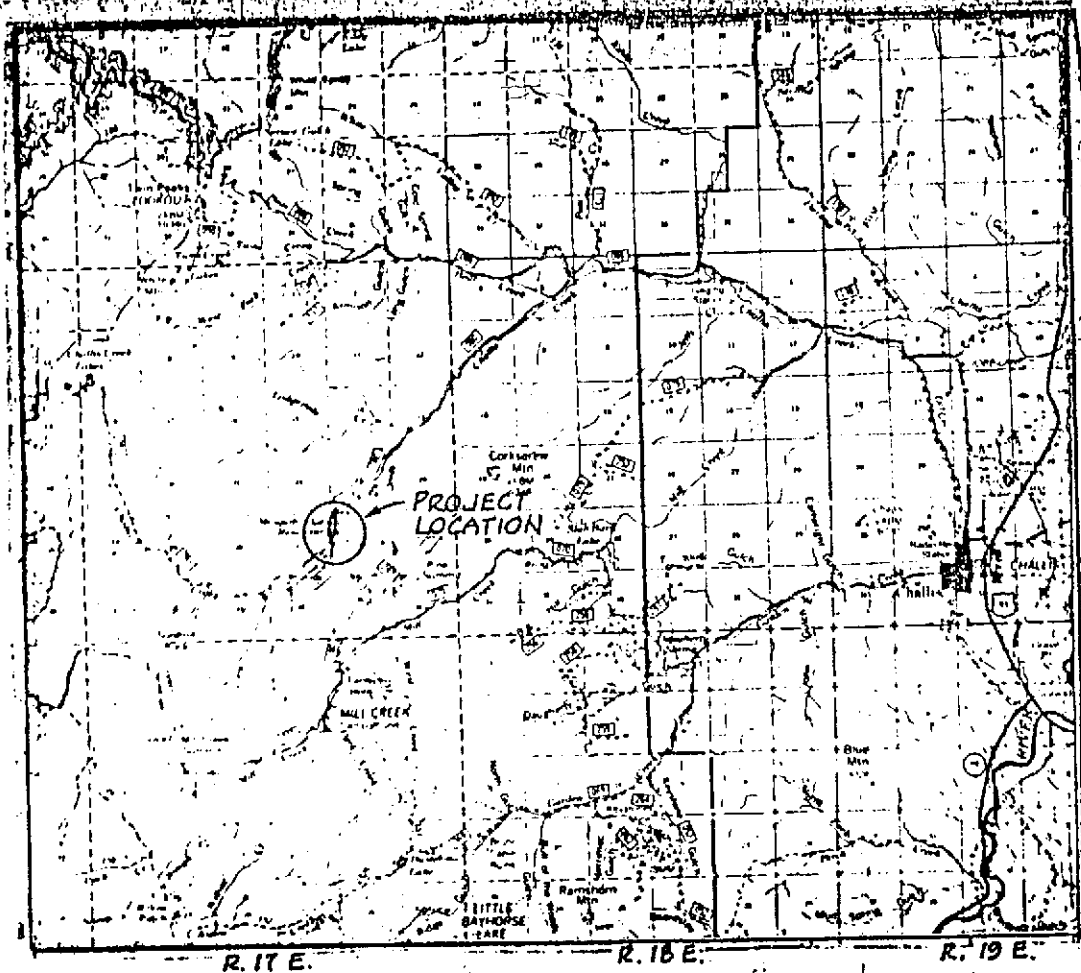
U.S. DEPARTMENT OF AGRICULTURE  
FOREST SERVICE  
REGION 4

MICROFILMED

SEP 12 1987

CHALLIS RANGER DISTRICT  
CHALLIS NATIONAL FOREST  
CUSTER COUNTY, IDAHO

Plans for  
MOSQUITO FLAT BOATING  
AND PICNIC AREA  
(Well Contract)



Microfilm No. 06-88-1691

APPROVAL RECOMMENDED

Forest Landscape Architect Date

Forest Engineer

*Daniel M. Torgue*  
2-1-88  
Date

APPROVAL

Forest Supervisor

*C. Gregory Johnson*  
2/1/88  
Forest Reclamation  
Staff Officer Date

District Ranger

*Robert S. Henderson*  
2-1-88  
Date

Design Team Leader

S T A T E   O F   I D A H O  
D E P A R T M E N T   O F   W A T E R   R E S O U R C E S

-----

Statehouse  
Boise, Idaho 83720  
(208) 334-7900  
June 7, 1989

U.S. DEPT. OF AGRICULTURE  
FOREST SERVICE  
FEDERAL BLDG.  
324 25TH ST.  
OGDEN, UT 84401

P E R M I T   A P P R O V A L   N O T I C E

RE: PERMIT NO.        72-07416

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.

You should be aware that the groundwater you propose to divert is located within a drainage basin where surface waters are regulated during the months of low flow. It is possible that diversion of groundwater may have an adverse impact on these surface water flows. Information available to us at this time does not warrant refusing to issue permits in your area, but we do caution that diversions of groundwater are not allowed to deplete flows available for surface water users with earlier priority dates. Siting your well as far from surface sources as possible and casing out upper water producing zones may reduce the potential of interference.

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

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SEP 12 1989

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,

GARY SPACKMAN, Supervisor  
Water Right Permits Section

GS: SC  
Enclosures

MIC  
SEP 12 1982

SEP 12 1982

08-Mar-1989

U.S.D.A.-Forest Service  
Federal Bldg.  
324 25th St.  
Ogden, UT 84401

Re: Application for Permit No. 72-07416

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 3/16 & 3/23/89. 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 Funchak  
Sr. Water Resource Agent

GF:MB

SEP 12 1989

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

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MARCH 7, 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 APRIL 3, 1989.

Yours truly,

Mary Baldwin  
Secretary/Office Coordinator

Enclosure

MICROFILMED

SEP 12 1989

NOTICE OF APPLICATION FOR WATER RIGHT

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

**MICROFILMED**

SEP 12 1989

72-07416

U.S. DEPT. OF AGRI.  
FOREST SERVICE  
FEDERAL BLDG.  
324 25TH ST.  
OGDEN, UT 84401

Source: GROUNDWATER

Diversion Pt: NENWNW Sec 26 T 14N R 17E

Use: DOMESTIC ( .020 CFS)

Date Filed: 10/14/1988

In: T14N R17E S26 NWNW

**MICROFILMED**

SEP 12 1988

The permit(s) will be subject to all prior water rights. Protests must be filled with the Director, Dept. of Water Resources, Southern Region, 2148 4th Avenue East, Twin Falls, Idaho 83301 on or before APRIL 3, 1989.

R. KEITH HIGGINSON, Director

Published 3/16/1989 & 3/23/1989

**MICROFILMED**

SEP 12 1989



State of Idaho

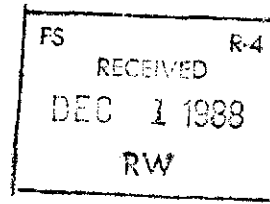
# DEPARTMENT OF WATER RESOURCES

Southern Region, 2148 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3578

CECIL D. ANDRUS  
Governor

R. KEITH HIGGINSON  
Director

28-Nov-1988



U.S.D.A.  
Forest Service  
324 25th Street  
Ogden, UT 84401

Gentlemen:

Enclosed please find an application for permit submitted to our office on 10/14/88.

Please identify the official position title and signature on page 2 of the application to facilitate processing by this office.

If you have any questions or if this office can be of further assistance, please feel free to contact us.

Very truly yours,

A handwritten signature in cursive script, appearing to read 'Gary Funderburg'.

Gary Funderburg  
Sr. Water Resource Agent

GF:MB

Enclosure

**MICROFILMED**

SEP 12 1989

72-07416