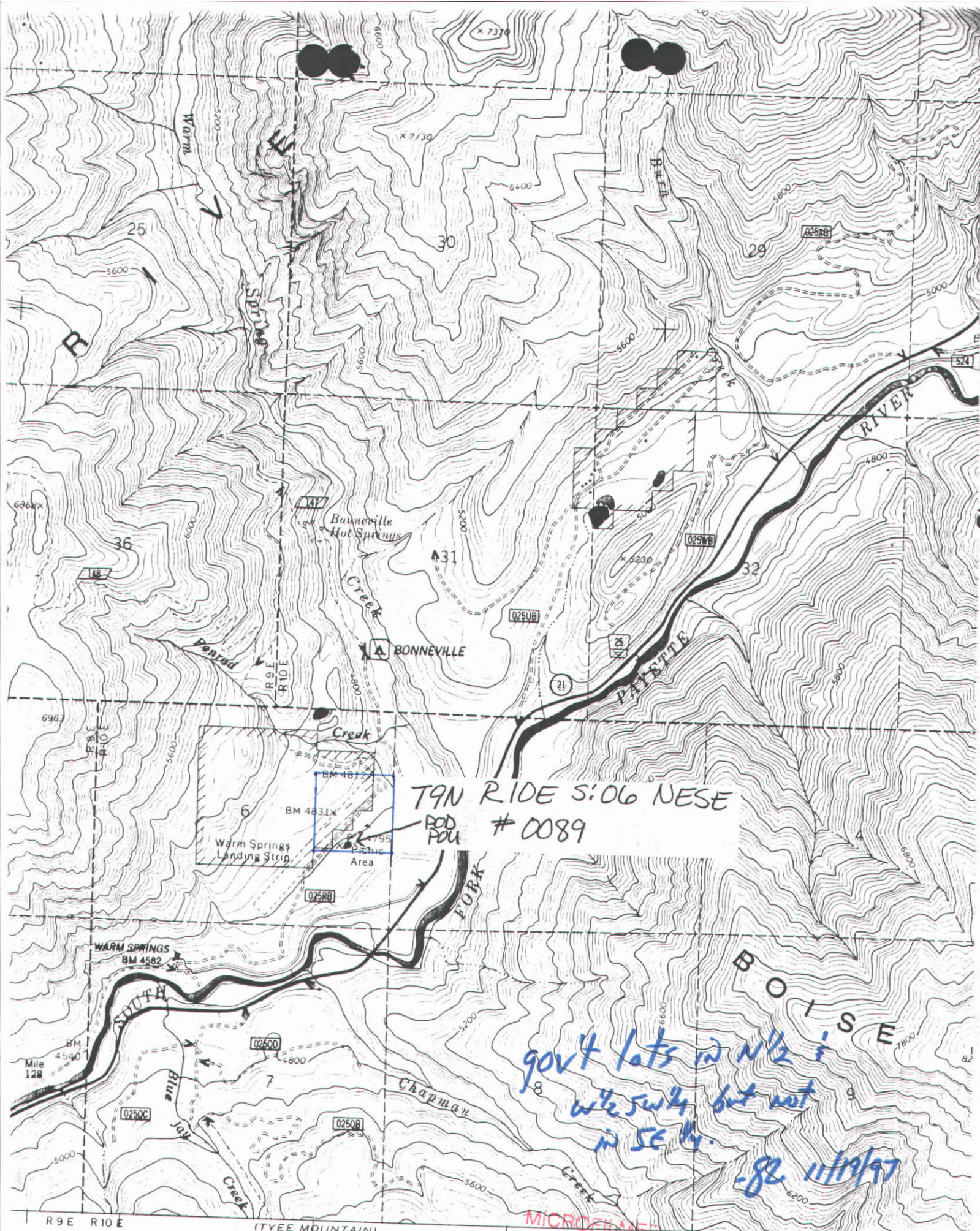




T9N R10E S:06 NESE  
POD #0089

gov't lots in N 1/2 &  
w/2 SW 1/4 but not  
in SE 1/4.

-82 11/19/97

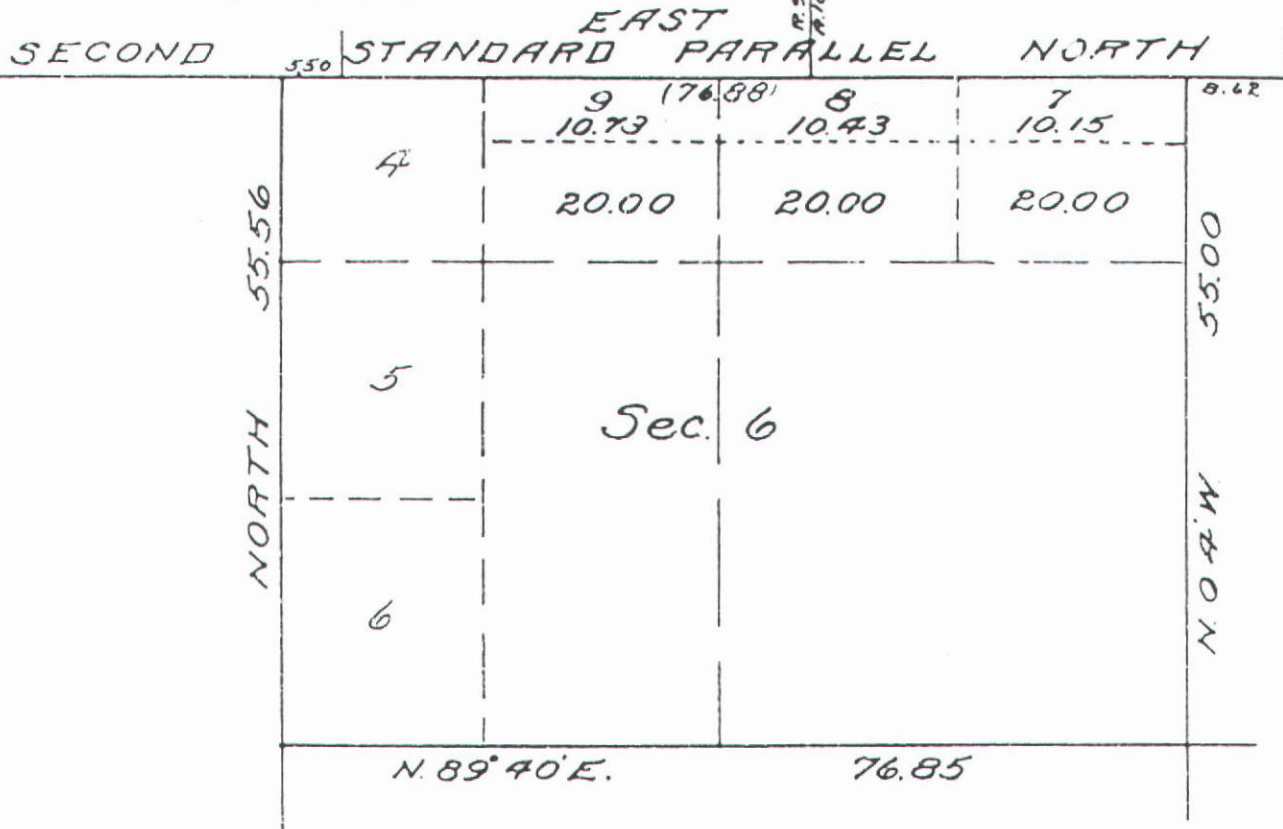
MICROFILMED

MAY 18 1998

(TYEE MOUNTAIN)  
(FS NO 243-41)

Sec. 36

Sec 3'



This

Range 10

purpose of

2 and 3 of

most recent, cluded wit

1921 survey of Willia

Assistant

T9N  
R10E

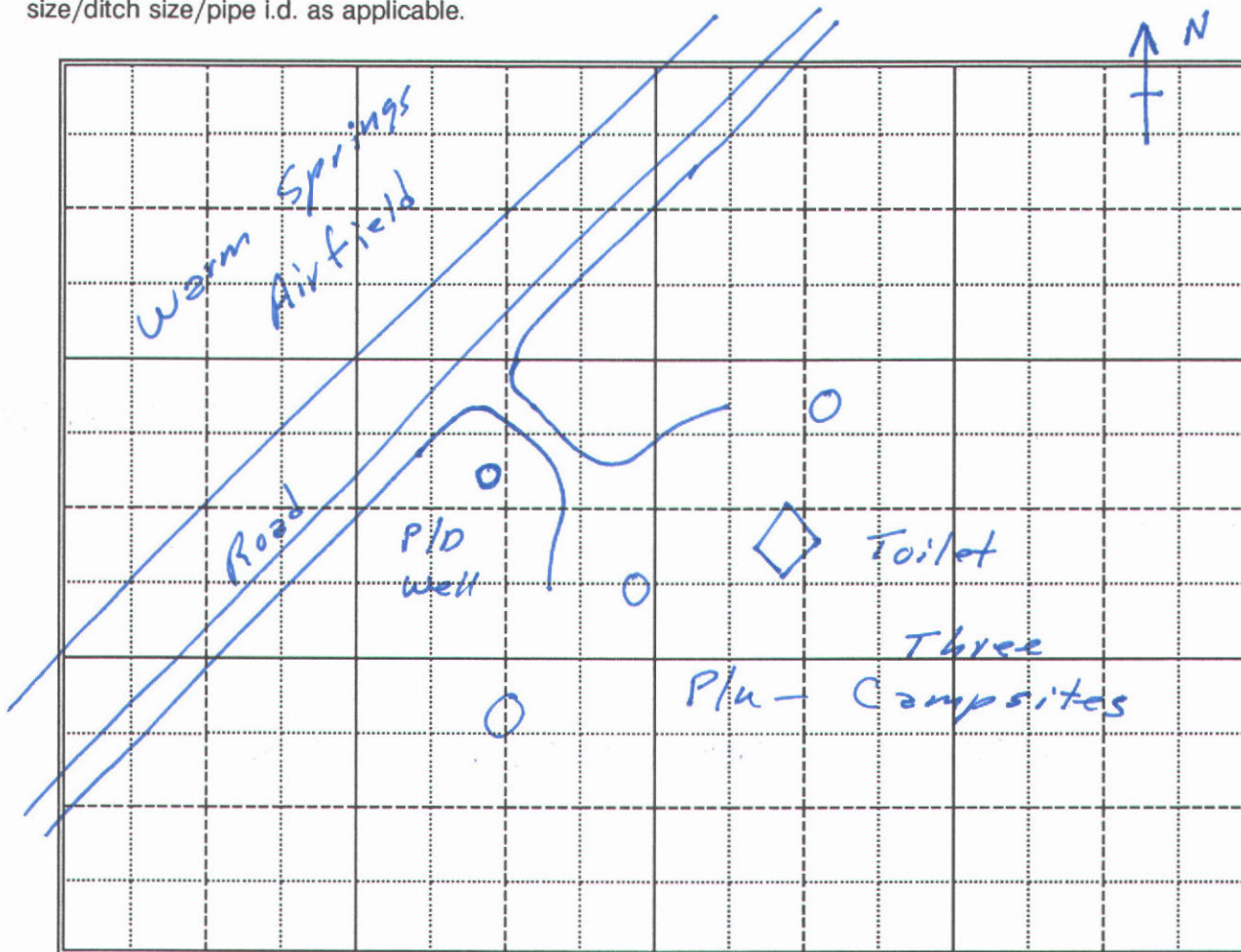
April 21,

MICROFILMED

MAY 18 1998

Surveyor

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



Scale: 1" = None

☒ 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 |
|---------------------------------------|------------|-------------|------------------|-----------|-----------------------------------|
| <u>Well</u>                           | <u>625</u> | <u>42nd</u> | <u>pump</u>      |           |                                   |
|                                       |            |             |                  |           |                                   |
|                                       |            |             |                  |           |                                   |

\*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 |
|-----------------------|------|------|-----------|------------|------|-------------|
| <u>5 Gal. Bucket</u>  |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |

2. Measurements: 5 Gal Bucket,  $Q = \frac{5 \text{ GAL.}}{22 \text{ Sec.}} = 14 \text{ GPM} = 0.03 \text{ cfs}$

MICROFILMED  
AUG 24 2000



8. POSSIBLE CONTAMINATION SOURCES:

Is there evidence of Chemigation? ☐ Yes ☒ No

If yes, is there a check-valve present? ☐ Yes ☐ No

Is there a possible source of contamination nearby? ☐ Yes ☒ No

If yes, what Type? \_\_\_\_\_

How far away from the well is this source? \_\_\_\_\_

9. REMARKS:

The well is equipped with a hand pump to furnish water to a Forest Service Campground.

This well was drilled for Idaho Bureau of Aeronautics; Warm Springs Air Field.

Dan Tomich Water Rights Examiner  
Signature of Dept. Representative & Title

6-17-99  
Inspection Date

PHOTOS, DRAWINGS, OTHER ATTACHMENTS:

MICROFILMED  
AUG 24 2000



1 of 2

P/D

well  
with  
hand  
pump



P/u

Campsite  
Area



MICROFILMED  
AUG 24 2000

65-13766

2 of 2



P/u  
Typical  
Camping  
Units



MICROFILMED  
AUG 24 2000

65-13766

State of Idaho  
Department of Water Resources  
**Water Right License**

**WATER RIGHT NO. 65-13766**

Priority: November 6, 1997      Maximum Diversion Rate: 0.02 CFS  
Maximum Diversion Volume: 0.6 AF

This is to certify, that US DEPT OF AGRICULTURE

FOREST SERVICE

1249 S VINNELL WAY STE 200

BOISE ID 83709

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated November 6, 1997; and has submitted Proof of Beneficial Use on March 23, 1999. An examination indicates that the works have a diversion capacity of 0.030 cfs of water from:

**GROUND WATER**

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              | 05/01 to 09/30       | 0.02 CFS                 | 0.6 AF               |

LOCATION OF POINT(S) OF DIVERSION: NESE , Sec. 6, Township 09N, Range 10E  
BOISE County

PLACE OF USE: DOMESTIC

TWN RGE SEC

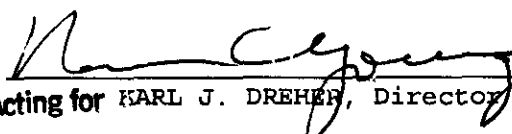
09N 10E 6      NESE

**CONDITIONS OF APPROVAL AND REMARKS**

1. Domestic use is for 3 campsites at Warm Springs Landing Strip.
2. Place of use is also known as US Forest Service Identification No. 04 02 17050120 42 0089 0.
3. The domestic use authorized under this right shall not exceed 13,000 gallons per day.
4. Any irrigation occurring under this domestic use shall not exceed 1/2 acre.

This license is issued pursuant to the provisions of Section 42-219, Idaho Code. The water right confirmed by this license is subject to all prior water rights and shall be administered in accordance with Idaho law and applicable rules of the Department of Water Resources. Signed and sealed this 28<sup>th</sup> day of

JUNE, 2006.

  
Acting for KARL J. DREHER, Director

MICROFILMED  
3.16.24 2006

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED  
MAR 30 1999

PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources considers this form 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, when necessary, or be accompanied by a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

1. Permit No. 65-13766 Telephone No. 208 373-4100
2. Name(s) of Permit Holder(s): USDA- Forest Service - Boise Nat'l Forest
- New!! 3. Mailing Address: 380 E. Parkcenter, Suite 330, Boise ID 83706
4. Source of Water: Groundwater If **GROUNDWATER** (well), Date Drilled: mo. 6 / yr. 91
- a. Well Driller: Boise Valley Pump & Drillings Drilling Permit Number: 65-91-02-006
- b. **OPTIONAL:**  
Pump Horsepower: \_\_\_\_\_ Pressure (psi): \_\_\_\_\_ Dynamic pumping level (ft): \_\_\_\_\_
5. Use(s) (as authorized by the water right permit):  
Domestic (No. of households): \_\_\_\_\_ Stockwater (No. and type of stock): \_\_\_\_\_  
Irrigation (No. of acres): \_\_\_\_\_ Other: Campground, domestic use
6. Total rate of diversion and/or volume for which proof is submitted: .02 cfs OR \_\_\_\_\_ acre feet
7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly)  
(This question is not optional. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)
- |                                                                    |                          |
|--------------------------------------------------------------------|--------------------------|
| <b>Measuring Device:</b> Is a measuring device required?           | Yes _____ or No <u>✓</u> |
| Has the measuring device been installed?                           | Yes _____ or No <u>✓</u> |
| <b>Flow Measurement Port:</b> Is a flow measurement port required? | Yes _____ or No <u>✓</u> |
| Has the measurement port been installed?                           | Yes _____ or No <u>✓</u> |
8. Fee Enclosed: \$ 0 (See Fee Schedule on back of the instructions for filing proof of beneficial use)
9. Person to contact to accompany the Department representative during field examination of the water system.  
Name: Robin Metz Telephone Number: 208 259-3361  
Address: Lawman Ranger District - 7359 Hwy. 21 Lawman, ID 83637
10. The information given on this form 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.

Signature of permit holder: \_\_\_\_\_

(include your title, if on behalf of company or organization)

MICROFILMED 3/16/99

JUN 04 1999

State of Idaho  
Department of Water Resources

# Permit To Appropriate Water

NO. 65-13766

Proposed Priority: November 6, 1997

Maximum Diversion Rate:

0.02 CFS

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

has applied for a permit to appropriate water from: **GROUNDWATER**

and a permit is **APPROVED** for development of water as follows:

| <u>BENEFICIAL USE</u> | <u>PERIOD OF USE</u> | <u>RATE OF DIVERSION</u> |
|-----------------------|----------------------|--------------------------|
| DOMESTIC              | 05/01 to 09/30       | 0.02 CFS                 |

LOCATION OF POINT(S) OF DIVERSION:

NESE , Sec. 6, Township 09N, Range 10E  
BOISE County

PLACE OF USE: DOMESTIC

TWN RGE SEC

09N 10E 6

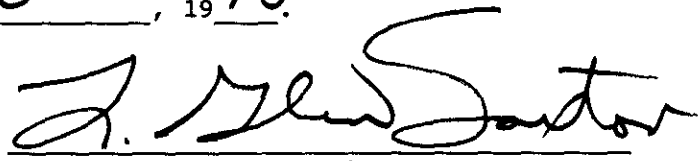
NESE

CONDITIONS OF APPROVAL AND REMARKS

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before April 1, 1999.
2. Subject to all prior water rights.
3. Right holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
4. Domestic use is for 3 campsites at Warm Springs Landing Strip.
5. Place of use is also known as US Forest Service Identification No. 04 02 17050120 42 0089 0.
6. The domestic use authorized under this right shall not exceed 13,000 gallons per day.
7. Any irrigation occurring under this domestic use shall not exceed 1/2 acre.

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

20<sup>th</sup> day of March, 1998.

  
for Karl J. Dreher, Director

RECORDED

APR 12 1998

Ident. No. 65-13766

## RECEIVED

MAR 18 1998

**To appropriate the public waters of the State of Idaho**

DEPARTMENT OF WATER RESOURCES

(801) 625-5360

1. Name of Applicant United States of America, Forest Service Phone (801) 625-5360  
Mailing address Federal Building, 324 25th Street, Ogden, Utah 84401
2. Source of water supply Groundwater which is a tributary of S.F. Payette River
3. Location of point of diversion is Township 09N Range 10E Sec. 06 in the NE 1/4, SE 1/4, Govt. Lot B.M., Boise County;  
additional points of diversion if any: \_\_\_\_\_
4. Water will be used for the following purposes:  
Amount .02cfs for Domestic purposes from May 1 to Sept. 30 (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)  
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 cfs and/or (b) \_\_\_\_\_  
cubic feet per second acre feet per annum
6. Proposed diverting works:  
a. Describe type and size of devices used to divert water from the source 6" handpump well  
b. Height of storage dam \_\_\_\_\_ feet; active reservoir capacity \_\_\_\_\_ acre-feet; total reservoir capacity \_\_\_\_\_ acre-feet  
c. Proposed well diameter is 6" inches; proposed depth of well is 80 feet  
d. Is ground water with a temperature of greater than 85°F being sought? no  
e. If well is already drilled, when? 6/3/91; Drilling firm Boise Valley Pump & Drilling  
Well was drilled for (well owner) Idaho Bureau of Aeronautics Drilling Permit No. 65-91-2-006 \*
7. Time required for completion of works and application of water to proposed beneficial use is 1 years (minimum 1 year)
8. Description of proposed use (If irrigation only, go to item 9):  
a. Hydropower; show total feet of head and proposed capacity in KW. \_\_\_\_\_  
b. Stockwatering; list number and kind of livestock. \_\_\_\_\_  
c. Municipal; show name of municipality. \_\_\_\_\_  
d. Domestic; show number of households. \_\_\_\_\_  
e. Other; describe fully. Bureau of Aeronautics Campground on National Forest land-3 camping sites

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MAY 18 1998

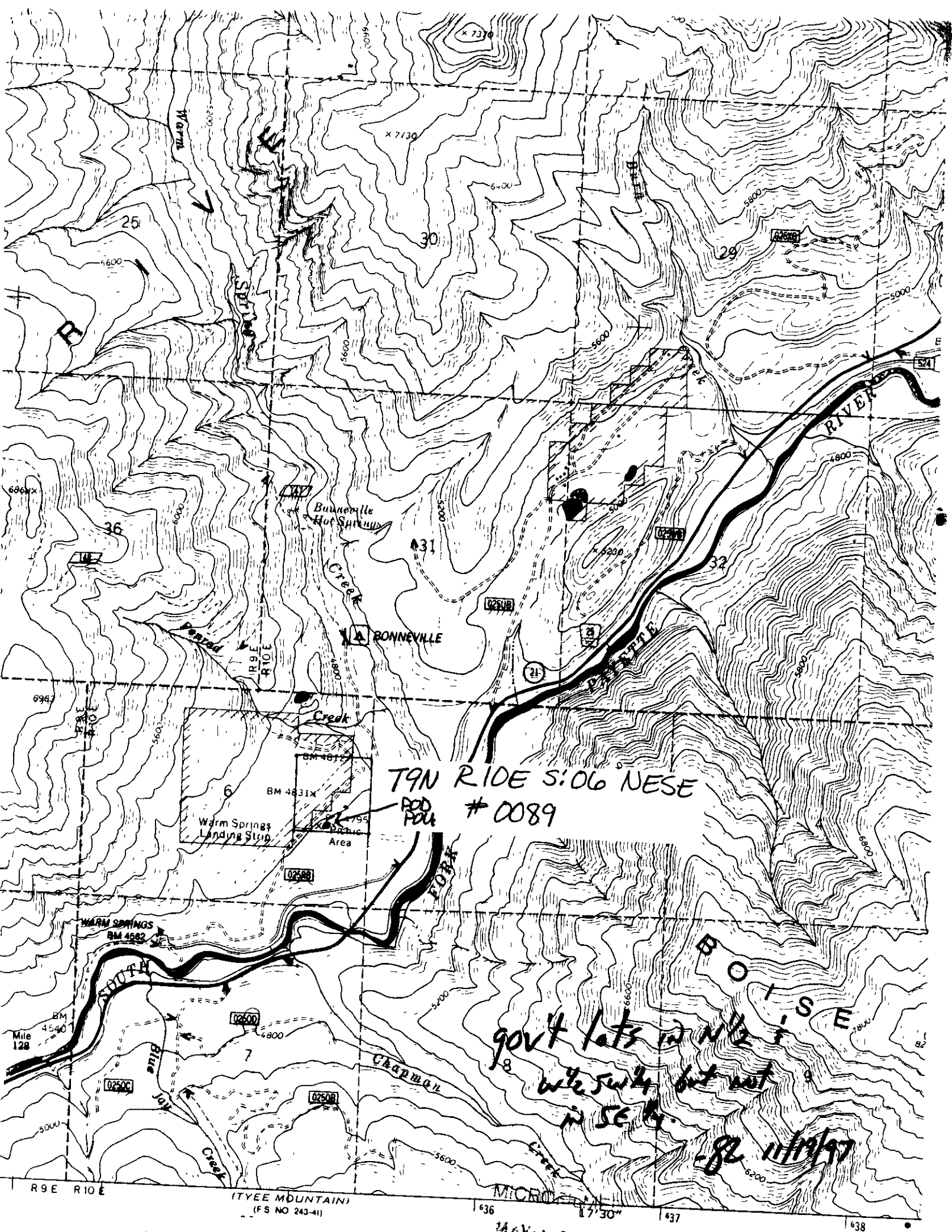
\* per WO d'base clerk  
JL 11/19/97

Add to Comments

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of the use (example: *D* for Domestic) in the corresponding place of use below. See instructions for standard symbols.



T9N R10E S106 NESE  
POD #0089

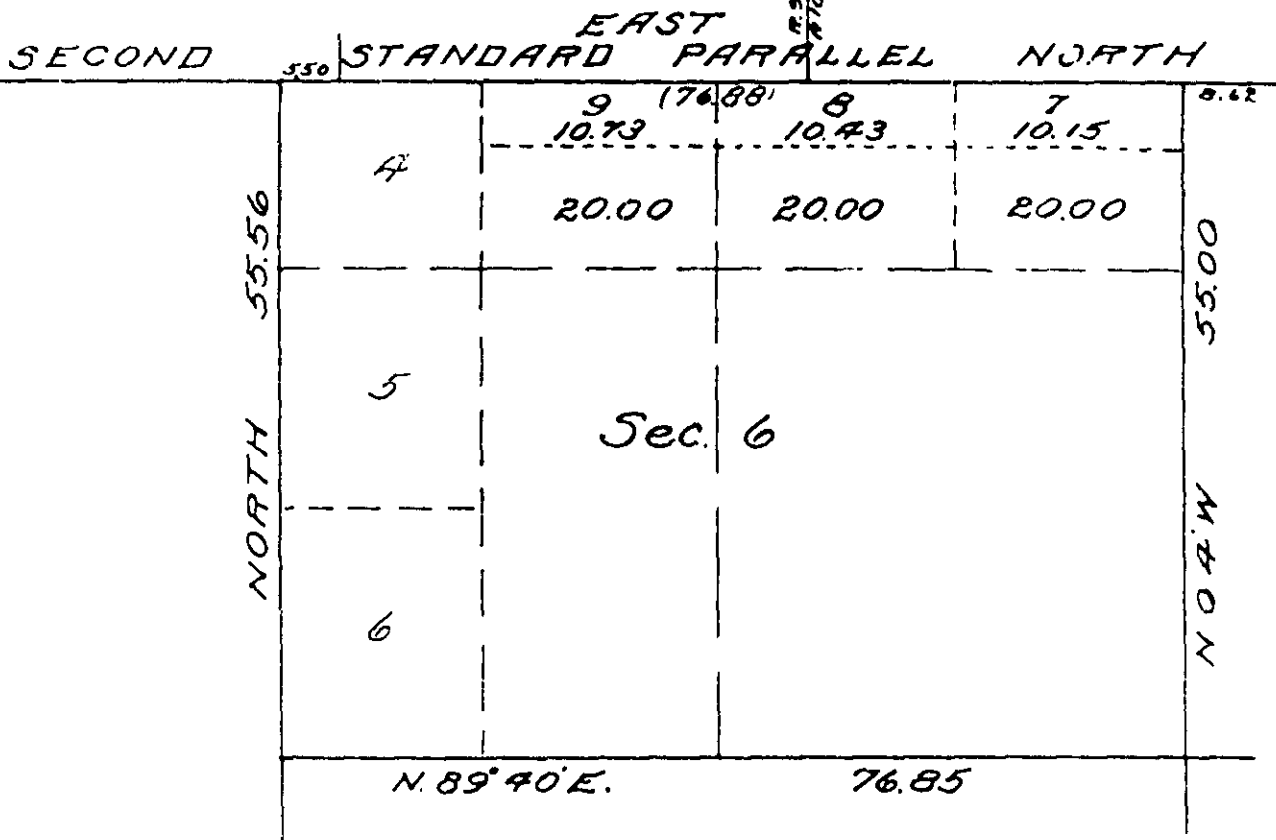
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-82 11/19/97

(TYEE MOUNTAIN)  
(FS NO 243-41)

MAY 18 1998

Sec. 36

Sec 3'



This

Range 10 3

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most recent, cluded wit

1921 survey of William

Assistant

T9N  
R10E

April 21,

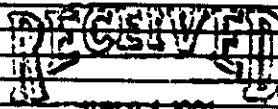
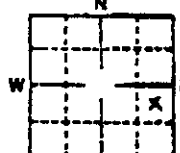
MICROFILMED

MAY 18 1998

Survey for

## WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.65-91-C-0005  
per a base  
check

| <b>1. WELL OWNER</b><br>Name <u>John B. Buehler / Chromatix</u><br>Address <u>Subsiding Springs Drive (Laramie)</u><br>Drilling Permit No. <u>65-91-Z-006</u><br>Water Right Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | <b>7. WATER LEVEL</b><br>Static water level <u>28</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 _____ °F. Quality _____<br>Describe strata or temperature zones below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|------------------|--------------|-----------------|--------|---------|------------|----------|---------|---------|--------------|--------------|------------|------------|-----------------------|--------------|------------|------------|-----------------------|------|----|------------------|-----------------------|---------|------------------|---------|-----------------------|--------------------|------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|-------|-----------------------|--|----|-------|-------------|--|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Well diameter increase<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 checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type!)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  | <table border="1"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td>4 GPM</td> <td>70 ft</td> <td>35 min.</td> </tr> <tr> <td>2 GPM</td> <td>70 ft</td> <td>25 min.</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | Discharge G.P.M. | Pumping Level    | Hours Pumped | 4 GPM           | 70 ft  | 35 min. | 2 GPM      | 70 ft    | 25 min. |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Pumping Level    | Hours Pumped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| 4 GPM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 70 ft            | 35 min.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| 2 GPM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 70 ft            | 25 min.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| <b>4. METHOD DRILLED</b><br><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  | <b>9. LITHOLOGIC LOG</b> <table border="1"> <thead> <tr> <th>Base<br/>Diam.</th> <th>Depth<br/>From To</th> <th>Material</th> <th>Water<br/>Yes No</th> </tr> </thead> <tbody> <tr> <td>6</td> <td>0 3</td> <td>Top soil</td> <td></td> </tr> <tr> <td>3</td> <td>3 8</td> <td>Shandy soil</td> <td></td> </tr> <tr> <td>8</td> <td>8 20</td> <td>Dark sand some gravel</td> <td></td> </tr> <tr> <td>20</td> <td>20 38</td> <td>Light Dark Brown Clay</td> <td></td> </tr> <tr> <td>38</td> <td>38 44</td> <td>Dark sand some gravel</td> <td></td> </tr> <tr> <td>44</td> <td>44 47</td> <td>Dark sand some gravel</td> <td></td> </tr> <tr> <td>47</td> <td>47 48</td> <td>Dark sand some gravel</td> <td></td> </tr> <tr> <td>48</td> <td>48 70</td> <td>Dark sand some gravel</td> <td></td> </tr> <tr> <td>70</td> <td>70 80</td> <td>Gravel Rock</td> <td></td> </tr> </tbody> </table> |                 | Base<br>Diam.    | Depth<br>From To | Material     | Water<br>Yes No | 6      | 0 3     | Top soil   |          | 3       | 3 8     | Shandy soil  |              | 8          | 8 20       | Dark sand some gravel |              | 20         | 20 38      | Light Dark Brown Clay |      | 38 | 38 44            | Dark sand some gravel |         | 44               | 44 47   | Dark sand some gravel |                    | 47         | 47 48      | Dark sand some gravel                                                                                                                                                                                                                         |  | 48 | 48 70 | Dark sand some gravel |  | 70 | 70 80 | Gravel Rock |  |
| Base<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Depth<br>From To | Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Water<br>Yes No |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0 3              | Top soil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3 8              | Shandy soil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 8 20             | Dark sand some gravel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20 38            | Light Dark Brown Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| 38                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 38 44            | Dark sand some gravel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 44 47            | Dark sand some gravel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 47 48            | Dark sand some gravel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| 48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 48 70            | Dark sand some gravel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 70 80            | Gravel Rock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other <u>PVC</u><br><table border="1"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>250 inches</td> <td>6 inches</td> <td>1 foot</td> <td>34 feet</td> </tr> <tr> <td>140 inches</td> <td>4 inches</td> <td>30 feet</td> <td>80 feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input checked="" type="checkbox"/> Gun<br>Size of perforation <u>1/4</u> inches by <u>6</u> inches<br><table border="1"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>216 perforations</td> <td>41 feet</td> <td>59 feet</td> </tr> <tr> <td>120 perforations</td> <td>61 feet</td> <td>78 feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ 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>12</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling 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><input type="checkbox"/> Weld<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ |                  | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Diameter        | From             | To               | 250 inches   | 6 inches        | 1 foot | 34 feet | 140 inches | 4 inches | 30 feet | 80 feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches          | _____ inches | _____ feet | _____ feet | Number                | From | To | 216 perforations | 41 feet               | 59 feet | 120 perforations | 61 feet | 78 feet               | _____ perforations | _____ feet | _____ feet | <div style="text-align: center;"> <br/>         JUN 24 1991<br/>         Department of Water Resources<br/>         Western Regional Office       </div> |  |    |       |                       |  |    |       |             |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Diameter         | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | To              |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| 250 inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6 inches         | 1 foot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 34 feet         |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| 140 inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4 inches         | 30 feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 80 feet         |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____ inches     | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____ feet      |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____ inches     | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____ feet      |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | From             | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| 216 perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 41 feet          | 59 feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| 120 perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 61 feet          | 78 feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____ feet       | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location<br><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>Boise</u><br>NE <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> NW <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | <b>10.</b> Work started <u>5/21/91</u> finished <u>5/21/91</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |
| <b>11. DRILLERS CERTIFICATION</b> <u>20</u><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>Boise Valley Pump &amp; Drilling</u> Firm No. <u>207</u><br>Address <u>2950 S. Harbor</u> Date <u>6/3/91</u><br>Signed by (Firm Official) <u>Ron E. Wright</u><br>and<br>(Operator) <u>Harry R. Falt</u><br>MICROFILMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT<br>MAY 18 1998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                  |                  |              |                 |        |         |            |          |         |         |              |              |            |            |                       |              |            |            |                       |      |    |                  |                       |         |                  |         |                       |                    |            |            |                                                                                                                                                                                                                                               |  |    |       |                       |  |    |       |             |  |

Post-It Fax Note 7671

Date 10/15/97 p.d. (pages) 1

From Linda Tracy

To Lisa Meloney

Co. IDWR

Phone 327-7949

Fax 323-4111

Boise Natl Forest



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, P.O. Box 83720, Boise, Idaho 83720-0098

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

June 29, 2000

DIRK KEMPTHORNE  
GOVERNOR

KARL J. DREHER  
DIRECTOR

US DEPT OF AGRICULTURE  
FOREST SERVICE  
1249 S VINNELL WAY STE 200  
BOISE ID 83709

RE: WATER RIGHT NO. 65-13766

Dear Water Right Holder(s):

The Department of Water Resources (the Department) has issued the enclosed license confirming that a water right has been established in accordance with the permit referenced above. The license is a preliminary order issued by the Department pursuant to section 67-5243, Idaho Code. It can and will become a final order without further action of the Department unless a party petitions for reconsideration or files an exception and/or brief as described in the enclosed information sheet.

Also, please note that water right owners are required to report any change of water right ownership and/or change of mailing address to 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 or visit the department's homepage on the Internet to obtain the proper reporting form.

If you have any questions, please call me at 208-327-7946.

Sincerely,

A handwritten signature in cursive script that reads 'Shelley Keen'.

Shelley W. Keen  
Water Rights Supervisor

SK:klt

Enclosure

MICROFILMED

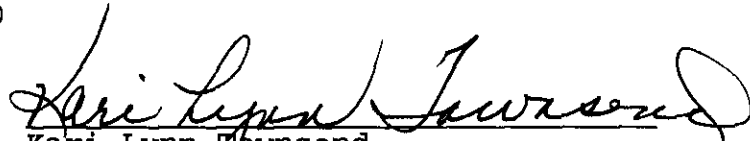
JUN 29 2000

CERTIFICATE OF MAILING

I hereby certify that on the 29th day of June, 2000, I mailed  
a true and correct copy, postage prepaid, of the foregoing  
**PRELIMINARY ORDER (Approved License)** to the person(s) listed below:

**Water Right No. 65-13766**

US DEPT OF AGRICULTURE  
FOREST SERVICE  
1249 S VINNELL WAY STE 200  
BOISE ID 83709

  
Kari Lynn Townsend  
Secretary

MICROFILMED

JUG 24 2000

**EXPLANATORY INFORMATION  
TO ACCOMPANY A  
PRELIMINARY ORDER**

The accompanying order or approved document is a "Preliminary Order" issued by the department pursuant to section 67-5243, Idaho Code. It can and will become a final order without further action of the Department of Water Resources (department) unless a party petitions for reconsideration, files an exception and brief, or requests a hearing as further described below:

**PETITION FOR RECONSIDERATION**

Any party may file a petition for reconsideration of a preliminary order with the department within fourteen (14) days of the service date of this order. The department will act on a petition for reconsideration within twenty-one (21) days of its receipt, or the petition will be considered denied by operation of law. See Section 67-5243(3) Idaho Code.

**EXCEPTIONS AND BRIEFS**

Within fourteen (14) days after (a) the service date of a preliminary order, (b) the service date of a denial of a petition for reconsideration from this preliminary order, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration from this preliminary order, any party may in writing support or take exceptions to any part of a preliminary order and may file briefs in support of the party's position on any issue in the proceeding with the Director. Otherwise, this preliminary order will become a final order of the agency.

**REQUEST FOR HEARING**

Unless a right to a hearing before the department or the Idaho Water Resource Board (Board) is otherwise provided by statute, any person aggrieved by any final decision, determination, order or action of the Director of the department and who has not previously been afforded an opportunity for a hearing on the matter may request a hearing pursuant to section 42-1701A(3), Idaho Code. A written petition contesting the action of the Director and requesting a hearing shall be filed within fifteen (15) days after receipt of the denial or conditional approval.

**ORAL ARGUMENT**

If the Director grants a petition to review the preliminary order, the Director shall allow all parties an opportunity to file briefs in support of or taking exceptions to the preliminary order and may schedule oral argument in the matter before issuing a final order. If oral arguments are to be heard, the Director will within a reasonable time period notify each party of the place, date and hour for the argument of the case. Unless the Director orders otherwise, all oral arguments will be heard in Boise, Idaho.

**CERTIFICATE OF SERVICE**

All exceptions, briefs, requests for oral argument and any other matters filed with the Director in connection with the preliminary order shall be served on all other parties to the proceedings in accordance with IDAPA Rules 37.01.01302 and 37.01.01303 (Rules of Procedure 302 and 303).

### **FINAL ORDER**

The Director will issue a final order within fifty-six (56) days of receipt of the written briefs, oral argument or response to briefs, whichever is later, unless waived by the parties or for good cause shown. The Director may remand the matter for further evidentiary hearings if further factual development of the record is necessary before issuing a final order. The department will serve a copy of the final order on all parties of record.

Section 67-5246(5), Idaho Code, provides as follows:

Unless a different date is stated in a final order, the order is effective fourteen (14) days after its issuance if a party has not filed a petition for reconsideration. If a party has filed a petition for reconsideration with the agency head, the final order becomes effective when:

- (a) the petition for reconsideration is disposed of; or
- (b) the petition is deemed denied because the agency head did not dispose of the petition within twenty-one (21) days.

### **APPEAL OF FINAL ORDER TO DISTRICT COURT**

Pursuant to sections 67-5270 and 67-5272, Idaho Code, if this preliminary order becomes final, any party aggrieved by the final order or orders previously issued in this case may appeal the final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which:

- i. A hearing was held,
- ii. The final agency action was taken,
- iii. The party seeking review of the order resides, or
- iv. The real property or personal property that was the subject of the agency action is located.

The appeal must be filed within twenty-eight (28) days of this preliminary order becoming final. See section 67-5273, Idaho Code. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.

MICROFILMED  
AUG 24 2003

## **MEMORANDUM**

**To: File 65-13766**

**FROM: Sharla Curtis**

**DATE: June 28, 2000**

**RE: License Recommendations**

Per License Processing Admin Memorandum #4, the volume for a forest service campground is the same as a single home domestic use The volume will be listed as 0 6 af.

MICROFILMED

JUN 24 2000

# LICENSE REVIEW CHECKLIST

Reviewed by Sharla Curtis on 6/28/00

Permit No. 65-13766

BU Fee Pd \$ 0

Name/Address: ☒ OK ☐ CHANGE

Govt Lots      n/a      plat copy attached

AREA OF CONCERN: ☒ No/Yes      Moratorium      GWMA      TRUST/NON-TRUST

## GROUNDWATER: (✓Flow Chart)

Supply (irr = only use) - 065-104  
Supply (+ other uses) - 100-105  
≤ 0.24 cfs/5 acres - No MD  
> 0.24 cfs/5 acres - 01M (if on permit)

## LOCATION:

Trust - R55 (consumptive uses)  
Non-Trust - 048-049 (consumptive uses  
or non-cons > 10 cfs)

PD Change - P39/P47 - feds(P40)  
PD Add - P45/P42

PU Change - P41/P47 - feds(P43)  
PU Add - P41/P42

PD & PU Change - P37 - feds(P48)

## USES:

STORAGE - 18A-R02-01P-18B-NA  
IRR ≤ 5 ac - R66/R67/R68/R69 (0.03 cfs/ac)  
> 5 ac - R62/R63/R64/R65 (0.02 cfs/ac)  
STOCKWATER - R37 (BLM/USFS)  
MINING - 081  
FISH PROP - 029(70's only)-042-081  
HEAT/COOL - R07(injection well)  
FIRE PROT - 077  
Use Change/Add - P46

ADVANCE PRIORITY?      Yes ☒ No

## MISC CONDITIONS/REMARKS:

Multiple pd's per ¼ - W32  
Subd lot desc (pd) - W59  
Subd lot desc (pu) - **W60** ID 04-02-17050120-42-0089-0  
Use definitions - W02 example - C/tire shop  
Non-consumptive - 027  
Water Quality - 081-R07  
Mitigation - 121 (if on permit)  
PPU acre limit - W27

CHECK NEW IRR SEASON MAP     

## SURFACE WATER: (✓Flow Chart)

In/Above MSF - WB9  
WD - R04 (WD#     )  
≤ 0.20 cfs/others - R02-01P or No MD  
> 0.20 cfs - R43

## SPRINGS/SINK, INACTIVE WD & REST OF STATE

≤ 0.24 cfs/5 acres - No MD  
> 0.24 cfs/5 acres - 01M or No MD

## RIVER BASINS: (SW special considerations)

Snake R (01) - W22, N/A  
(02,03) - WB9 if above Weiser  
Payette R (65) - 047(Payette Lake)  
Salmon R (70's) - 029 (fish screens)  
Weiser R (67) - 086-087

## USES:

POWER - R22-R23 (+uses)-025-081-W42-W43-027  
MUNICIPAL  
Restricted area - 022,075  
Irr, GW supp to SW - 102  
DOMESTIC  
Surface water - WB5 (Big Wood or Boise above Star Bridge)  
27A (Payette R)  
> 1 in restricted area - 070-071-075 (no parks/common areas, etc)  
Irr use listed separate - WB5  
Lawn/garden included - W01

## OVERLAP ANALYSIS/RATES/VOLUMES:

PD overlap rights - W35-W36 Right #       
PU overlap rights - WB7-W31(<1 ac)  
GW replaced SW - 050

Permit Rate .02 cfs Fee Limit .04 cfs  
Measured .03 cfs Theoretical      cfs

| Use    | Rate    | Volume |
|--------|---------|--------|
| Dom    | .02 cfs | .6 af  |
|        | . cfs   | . af   |
|        | . cfs   | . af   |
| TOTALS | . cfs   | . af   |

OTHER CONDITIONS/REMARKS/COMMENTS D/3 campsites @ Warm Springs Landing Strip.

SRBA Claim Filed      Yes ☒ No

If no, is a claim required:      Yes ☒ No

AMENDMENTS REQUIRED ☒ Yes ☒ No  
Adjustment Memo Needed ☒ Yes ☒ No  
vol.

If yes, paragraph codes:

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

**RECEIVED**

**MAR 7, 2000**

Department of Water Resources

**A. GENERAL INFORMATION**

Permit No. 65-13766

1. Owner: U.S. Dept. of Agriculture  
Forest Service

Phone No. (208) 373-4100

Current Address: 1249 S. Vinnell Way, Suite 200, Boise, ID 83709

2. Accompanied by: Robin Metz EXAM DATE: 6-17-99

Address: Lowman Ranger District 83637  
7359 Hwy 21, Lowman, ID 83637 Phone No. (208) 259-3361

Relationship to Permit Holder: F.S. Employee - Resource Manager

3. Source: Groundwater 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  | SE  | 6    | 9N   | 10E  | Boise  | Site Visit, Mar                 |
|           |           |     |     |     |      |      |      |        |                                 |
|           |           |     |     |     |      |      |      |        |                                 |
|           |           |     |     |     |      |      |      |        |                                 |

**2. Place(s) of Use:**

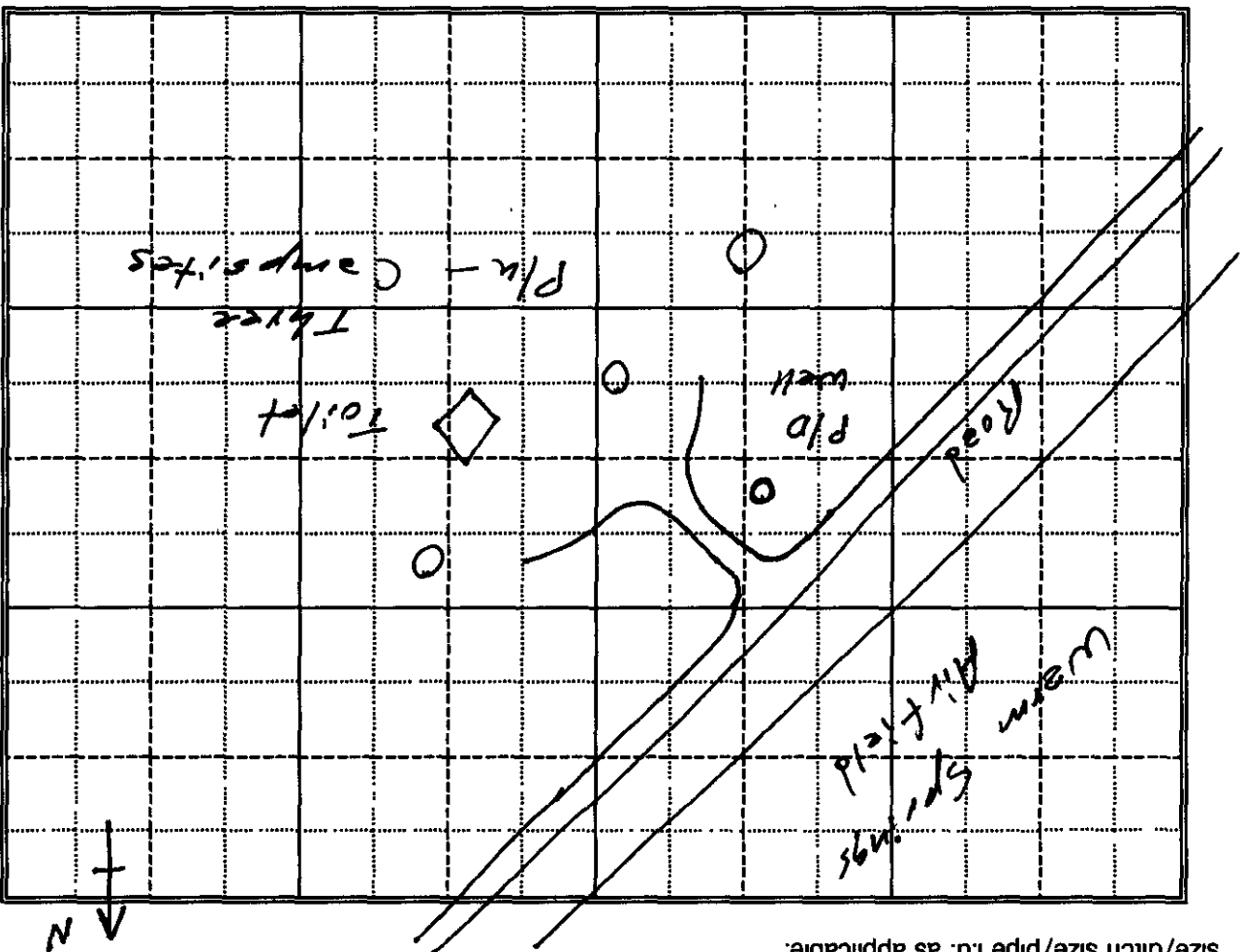
Indicate Method of Determination Site Visit, Mar

| TWP | RGE | SEC | NE |    |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE |        |
| 9N  | 10E | 6   |    |    |    |    |    |    |    |    |    |    |    |    | D  |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |

MICROFILMED

MAR 20 2000

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



Scale: 1" = 100' ft  
 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

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

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

#### D. FLOW MEASUREMENTS

| Measurement Equipment | Type | Make | Model No. | Serial No. | Size | Calib. Date |
|-----------------------|------|------|-----------|------------|------|-------------|
| 5 Gal. Bucket         |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |

2. Measurements: 5 Gal. Bucket,  $Q = \frac{5 \text{ GAL.}}{22.5 \text{ sec.}} = 14 \text{ GPM} = 0.03 \text{ cfs}$

E. NARRATIVE/REMARKS/COMMENTS

1. This permit is for domestic water use from a well for a Forest Service Campsite located at the Warm Springs Airfield.

2. The well was drilled for the Idaho Bureau of Aeronautics - now, ITO, Division of Aeronautics. The Campsite was developed by the Division of Aeronautics on Forest Service land under a Special Use Permit. The Forest Service ID# is 42170501204200890.

3. The well is equipped with a hand pump, and serves 3 ~~Campsite~~ Camping units.

4. The Forest Service address for this report is the Supervisor's Office, Boise National Forest, and should be used for this license. The Forest Service address on the plot is a temporary office at Parkcenter being leased for use by a resource group. The Forest Service Ogden address on the permit is the Region 4 Headquarters. Send license to Vinell way address.

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

MICROFILMED  
AUG 24 2000

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

Field Examiner's Name Don / [Signature] Date 11-24-99

## I. AUTHENTICATION

|                                |       |                             |       |                                |       |
|--------------------------------|-------|-----------------------------|-------|--------------------------------|-------|
| Change P.D. as reflected above | _____ | Add P.D. as reflected above | _____ | Change P.U. as reflected above | _____ |
| None                           | _____ | Add P.U. as reflected above | _____ | Other                          | _____ |

## 2. Recommended Amendments

| Beneficial Use | Period of Use<br>From To | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afs) |
|----------------|--------------------------|------------------------------|--------------------------|
| Domestic       | 05/01 09/30              | 0.02                         | 0.10                     |
|                |                          |                              |                          |
|                |                          |                              |                          |
|                |                          |                              |                          |
| Totals:        |                          | 0.02                         | 0.10                     |

## 1. Recommended Amounts

## H. RECOMMENDATIONS

$$AF_A = \frac{10 \text{ gal.}}{\text{Day/Person}} \cdot \frac{150 \text{ Days}}{\text{Season}} \cdot \frac{1}{20 \text{ Persons}} \cdot \frac{AF}{325,850 \text{ Gal.}} = 0.09 = 0.10 AF_A$$

2 Volume Calculations for Other Uses: 3 Comp's Units (Comp's Units)

$$V_{ir} = (\text{Acres Irrigated} \times (\text{Irrigation Requirement})) =$$

$$V_{dr} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 =$$

$$V_{ir} = \text{Smaller of } V_{ir} \text{ and } V_{dr} =$$

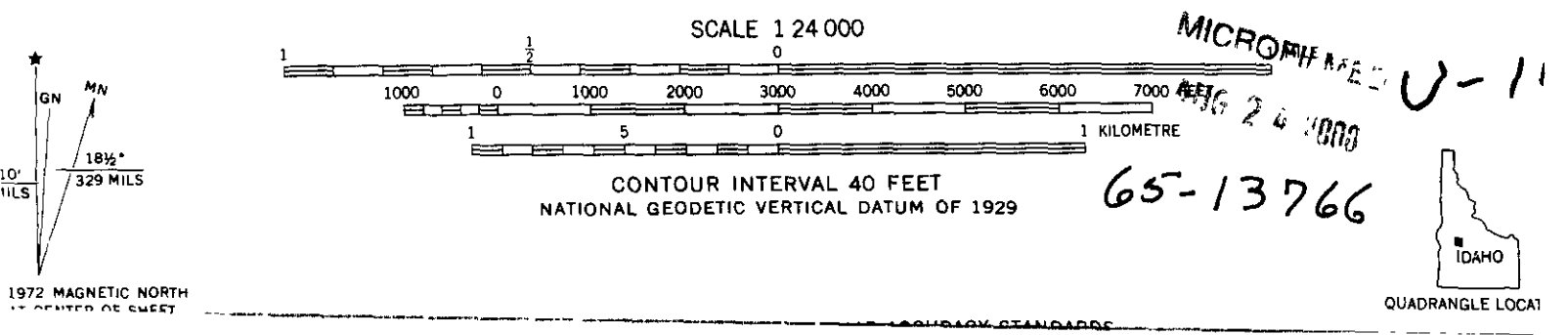
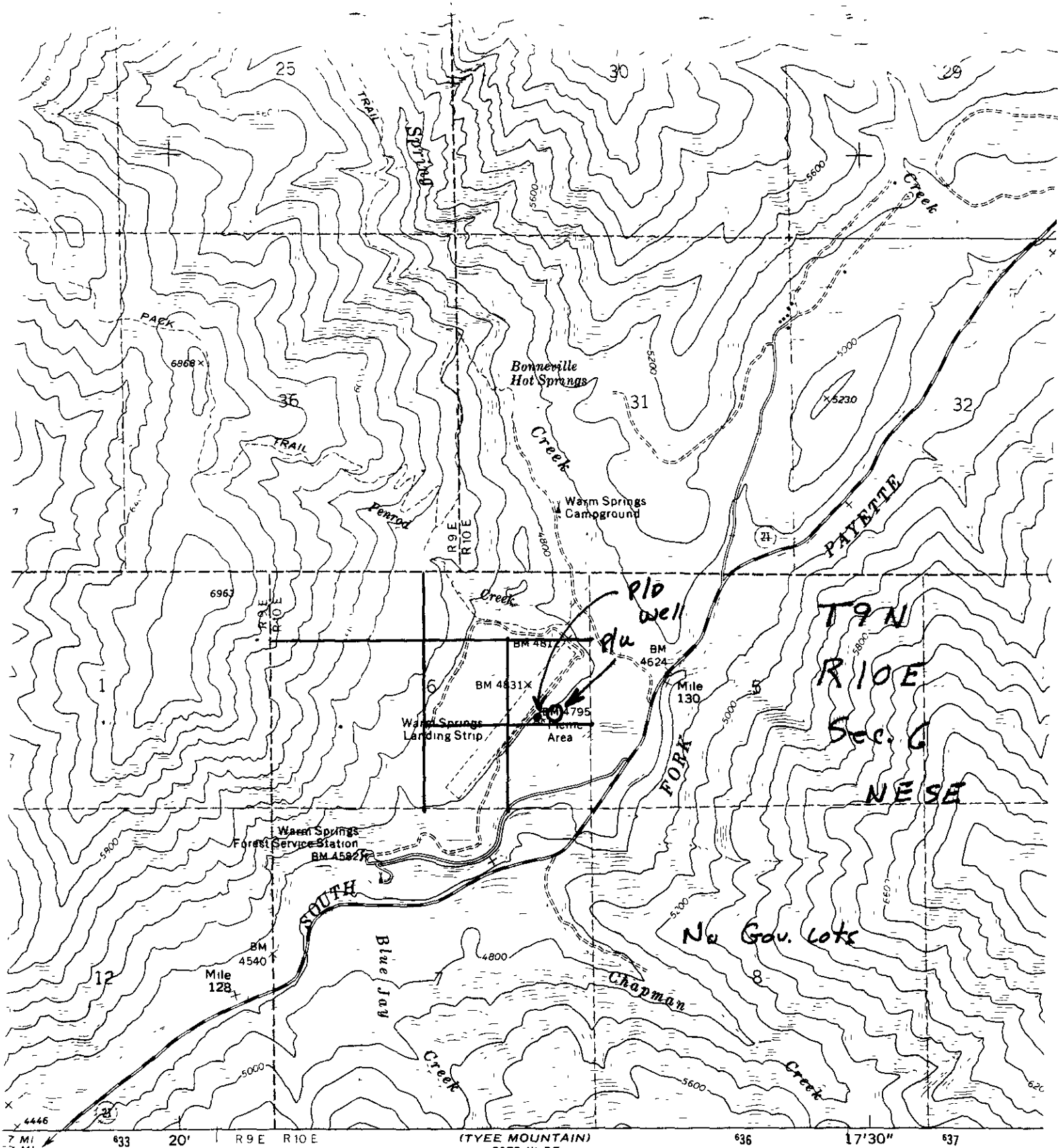
## G. VOLUME CALCULATIONS

$$\phi = \frac{5 \text{ gal.}}{22 \text{ sec.}} \cdot \frac{60 \text{ sec.}}{1 \text{ min.}} = 14 \text{ GPM} = 0.03 \text{ cfs.}$$

F. FLOW CALCULATIONS

Measured Method: 5 Gal. Bucket

Additional Computation Sheets Attached \_\_\_\_\_



# IDAHO DEPARTMENT OF WATER RESOURCES

## WELL INSPECTION FORM

1. DRILLING PERMIT NO: 65-91-2-005 OTHER APPLICABLE NO: 65-13766
2. OWNER: U.S. Dept. of Agriculture  
Forest Service Phone: (208) 373-4100  
Address: 1249 S. Vinnell Way, Boise, ID 83709
3. WELL LOCATION: Twp 9N, Rge. 10E, Sec. 6, NE 1/4 SE 1/4  
County Boise (Provide sketch map and photo on reverse.)
4. DRILLER: Boise Valley Pump & Drilling Lic. No. 207  
When Drilled? 5/21/91 to 5/31/91
5. WELL CONSTRUCTION: 6" steel + 4" sched. 40 PVC  
Casing Diameter 6 inches Water tight cap? ☐ Yes ☒ No Access Port: ☒ Yes ☐ No  
Casing  $\geq$  12 inches above ground? ☒ Yes ☐ No - Describe \_\_\_\_\_  
Depth of Casing 6" 34'  
4" 80' Method Drilled Cable Tool  
Condition of Well Casing: ☒ Good ☐ Fair ☐ Poor Describe \_\_\_\_\_  
Control Valve? ☐ Yes ☒ No Pressure Gauge: ☐ Yes ☒ No  
Condition of Piping and Valving Good  
Auger to a depth of \_\_\_\_\_ ft. Evidence of Annular Seal ☒ Yes ☐ No  
Are there obvious construction problems that may be a source for contamination or waste of water?  
☐ Yes ☒ No (Describe in Remarks and Attach Photo - On Reverse)
6. HYDROLOGIC INFORMATION:  
Depth to Static Water 28 ft. Water Temperature Cold °F  
Flowing Artesian ☐ Yes ☒ No Pressure: \_\_\_\_\_ (psi)  
Water Sample Taken? ☐ Yes ☒ No If yes, describe purpose \_\_\_\_\_  
Water Quality Measurements/Observations (Describe) \_\_\_\_\_
7. WELL USE:  
MICROFILMED  
☒ Domestic ☐ Irrigation 2 & 2000 ☐ Stock  
☐ Test ☐ Municipal ☐ Industrial  
☐ Abandoned ☐ Waste Disposal/Injection ☐ Not Used  
☐ Other: Forest Service Campground

8. POSSIBLE CONTAMINATION SOURCES:

Is there evidence of Chemigation? ☐ Yes ☒ No

If yes, is there a check-valve present? ☐ Yes ☐ No

Is there a possible source of contamination nearby? ☐ Yes ☒ No

If yes, what Type? \_\_\_\_\_

How far away from the well is this source? \_\_\_\_\_

9. REMARKS:

The well is equipped with a hand pump to furnish water to a Forest Service Campground.

This well was drilled for Idaho Bureau of Aeronautics; Warm Springs Air Field.

Dan Tomich Water Rights Examiner  
Signature of Dept. Representative & Title

6-17-99  
Inspection Date

PHOTOS, DRAWINGS, OTHER ATTACHMENTS:

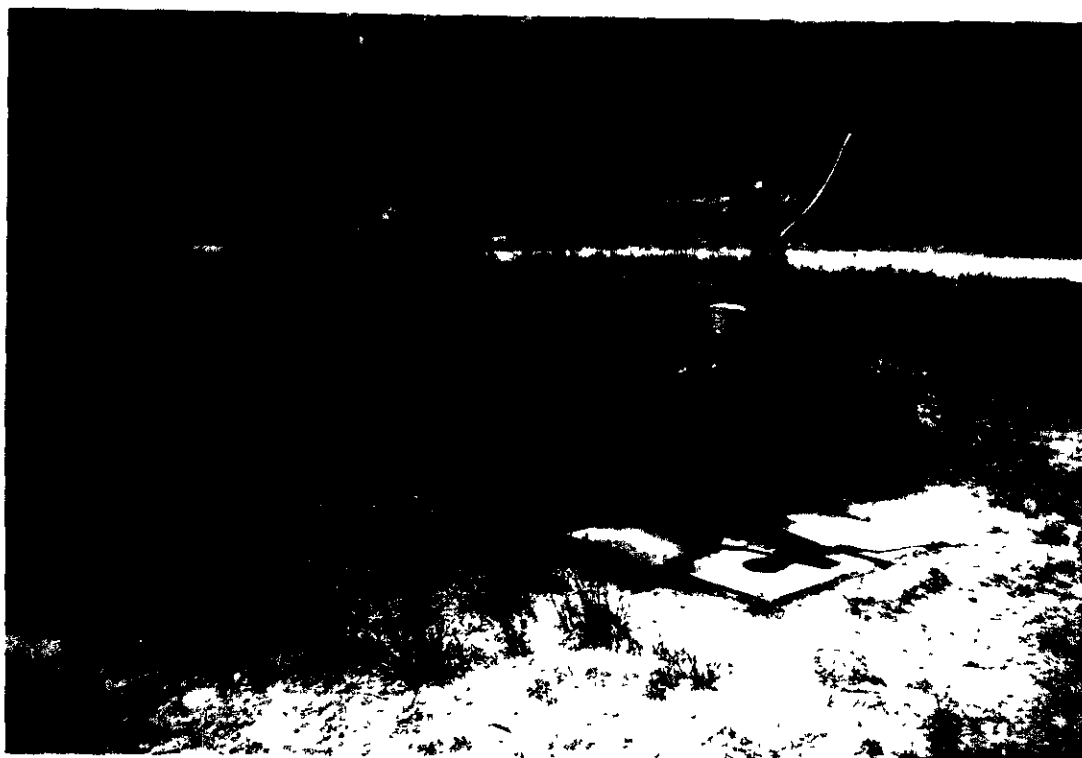
MICROFILMED  
JUL 24 2000



1 of 2

P/D

well  
with  
hand  
pump



P/u

Campsite  
Area



"MICRO" ML  
AUG 24 2000

65-13766

2 of 2



P/u

Typical  
Camping  
Units



MICROFILMED  
JUN 24 2000

65-13766

**ANALYSIS SHEET  
FOR  
PROOF OF BENEFICIAL USE**

Permit No. 65-13766 Reviewed by [Signature] Date 6-4-99

**GENERAL CONSIDERATIONS**

yes Name same as permit?  
no Address same as permit?

**TYPES OF USE**

dom

yes Proof timely received? Correct Uses? yes  
If not, complete calculation below.

**SOURCE OF WATER**

         Surface water source

✓ Ground water source

yes Drilling permit required?

no Copy in the file? Drilling Permit No. 65-91-C-0005-000

35 Amount paid for permit

yes Correct?

no Well log in the file?

**LICENSE EXAMINATION FEE**

no Required?  
+ Amount Submitted  
         Correct?

**MEASURING DEVICE**

no Required?  
         Installed?  
         Waiver requested?

**PRIORITY CALCULATION**

|                     |                 |                                                                                              |                 |
|---------------------|-----------------|----------------------------------------------------------------------------------------------|-----------------|
| Date proof received | <u>        </u> | <u>        </u><br>-<br><u>        </u><br>=<br><u>        </u><br>+<br><u>        </u><br>= | <u>        </u> |
| Date proof due      | <u>        </u> |                                                                                              | <u>        </u> |
| No. of days late    | <u>        </u> |                                                                                              | <u>        </u> |
| Priority Date       | <u>        </u> |                                                                                              | <u>        </u> |
| New Priority Date   | <u>        </u> |                                                                                              | <u>        </u> |

**DEFICIENCIES OR ACTION ITEMS**

Proof Acceptable

**DATA ENTRY**

New Address 380 E. Parkcenter STE 330 Proof Made 3-23-99  
Boise 83706



**State of Idaho**

**DEPARTMENT OF WATER RESOURCES**

1301 North Orchard Street, P.O. Box 83720, Boise, Idaho 83720-0098

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

DIRK KEMPTHORNE  
GOVERNOR

June 8, 1999

KARL J. DREHER  
DIRECTOR

USDA FOREST SERVICE  
380 E PARKCENTER STE 330  
BOISE ID 83706

**PROOF ACKNOWLEDGMENT LETTER**

**RE:** PERMIT NO. 65-13766

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.

Be advised that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office.

If you have questions concerning the field examination, please contact the **WESTERN** Regional Office of the department in Boise at (208)334-2190.

Sincerely,

JULIE L. YARBROUGH

Senior Secretary, Water Allocation Bureau

c: IDWR - Regional Office

MICROFILMED

JUN 09 1999

January 31, 1999

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

PROOF DUE NOTICE

RE: PERMIT NO. 65-13766

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 April 1, 1999.

(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.

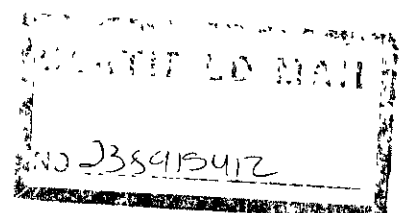
SINCERELY,

JULIE L. YARBROUGH  
Senior Secretary

Enclosures

MICROFILMED

JUN 09 1999





State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, P.O. Box 83720, Boise, Idaho 83720-0098

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

PHILIP E. BATT  
GOVERNOR

KARL J. DREHER  
DIRECTOR

March 20, 1998

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

PERMIT APPROVAL NOTICE

RE: PERMIT NO. 65-13766

Dear Permit Holder:

The Department of Water Resources (IDWR) has issued the enclosed permit authorizing you to establish a new water right. Please be sure to thoroughly review the conditions of approval and remarks listed on your permit.

The permit is a preliminary order issued by IDWR pursuant to section 67-5243, Idaho Code. It can and will become a final order without further action by IDWR unless a party petitions for reconsideration or files an exception and/or brief as described in the enclosed information sheet.

Enclosed is a form entitled "Instructions for Proof of Beneficial Use". Please read the instructions carefully since you must take further action to develop this permit into a licensed water right. Also enclosed is a form entitled "Proof of Beneficial Use". If your project is already completed, you should complete and submit this form immediately.

The right to drill a well is not a part of this permit to appropriate water. Beginning in July of 1987, a statute was enacted which requires a drilling permit for new well construction and deepening of existing wells. If the well(s) proposed for use under this right were drilled or deepened after July 1, 1987, a separate drilling permit must be obtained from this Department. Please contact the Groundwater Protection Section located here at this office or our regional office nearest you.

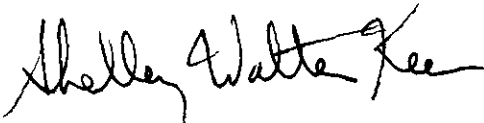
MAILED

8 1998

Also, please note that water right owners are required to report any change of water right ownership and/or change of mailing address to 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 or visit the department's homepage on the Internet to obtain the proper reporting form.

If you have any questions, please call me at 208-327-7946.

Sincerely,

A handwritten signature in black ink, appearing to read "Shelley W. Keen". The signature is fluid and cursive, with the first name "Shelley" being the most prominent.

Shelley W. Keen  
Water Rights Supervisor

SK:klt

Enclosures

MICROFILMED

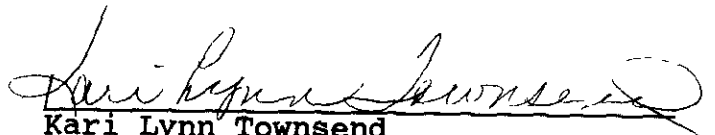
MAY 18 1998

CERTIFICATE OF MAILING

I hereby certify that on the 20th day of March, 1998, I mailed a true and correct copy, postage prepaid, of the foregoing PRELIMINARY ORDER (Approved Permit) to the person(s) listed below:

Water Right No. 65-13766

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

  
Kari Lynn Townsend  
Secretary

MICROFILMED

MAY 18 1998

## **Responding to Preliminary Orders Issued by the Idaho Department of Water Resources**

The Idaho Department of Water Resources (Department) issues water right permits, licenses, and transfers as preliminary orders pursuant to section 67-5243, Idaho Code. A preliminary order can and will become a final order without further action of the department unless a party petitions for reconsideration or files an exception and/or brief as further described below:

### **PETITION FOR RECONSIDERATION**

Any party may file a petition for reconsideration of a preliminary order with the Department within fourteen (14) days of the service date of the order. The Department will act on a petition for reconsideration within twenty-one (21) days of its receipt, or the petition will be considered denied by operation of law. See section 67-5243(3), Idaho Code.

### **EXCEPTIONS AND BRIEFS**

Within twenty-one (21) days after (a) the service date of a preliminary order, (b) the service date of a denial of a petition for reconsideration from this preliminary order, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration from a preliminary order, any party may in writing support or take exceptions to any part of a preliminary order and may file briefs in support of the party's position on any issue in the proceeding. Otherwise, a preliminary order will become a final order of the Department.

If any party appeals or takes exceptions to a preliminary order, opposing parties shall have twenty-one (21) days to respond to any party's appeal. Written briefs in support of or taking exceptions to the preliminary order shall be filed with the Department. The Department retains the right to review the preliminary order on its own motion.

### **ORAL ARGUMENT**

If the Department grants a petition to review a preliminary order, the Department shall allow all parties an opportunity to file briefs in support of or taking exceptions to the preliminary order and may schedule oral argument in the matter before issuing a final order. If oral arguments are to be heard, the Department will within a reasonable time period notify each party of the place, date and hour for the argument of the case. Unless the Department orders otherwise, all oral arguments will be heard in Boise, Idaho.

MICROFILMED  
MAY 18 1998

### **CERTIFICATE OF SERVICE**

All exceptions, briefs, requests for oral argument and any other matters filed with the Department in connection with a preliminary order shall be served on all other parties to the proceedings in accordance with Rules of Procedure 302 and 303.

### **FINAL ORDER**

The Department will issue a final order within fifty-six (56) days of receipt of the written briefs, oral argument or response to briefs, whichever is later, unless waived by the parties or for good cause shown. The Department may remand the matter for further evidentiary hearings if further factual development of the record is necessary before issuing a final order. The department will serve a copy of the final order on all parties of record.

Section 67-5246(5), Idaho Code, provides as follows:

Unless a different date is stated in a final order, the order is effective fourteen (14) days after its issuance if a party has not filed a petition for reconsideration. If a party has filed a petition for reconsideration with the agency head, the final order becomes effective when:

- (a) the petition for reconsideration is disposed of; or
- (b) the petition is deemed denied because the agency head did not dispose of the petition within twenty-one (21) days.

### **APPEAL OF FINAL ORDER TO DISTRICT COURT**

Pursuant to sections 67-5270 and 67-5272, Idaho Code, if this preliminary order becomes final, any party aggrieved by the final order or orders previously issued in this case may appeal the final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which:

- i. A hearing was held,
- ii. The final agency action was taken,
- iii. The party seeking review of the order resides, or
- iv. The real property or personal property that was the subject of the agency action is located.

The appeal must be filed within twenty-eight (28) days of this preliminary order becoming final. See section 67-5273, Idaho Code. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.

# APPLICATION FOR PERMIT STATE OFFICE REVIEW

by Cindy Lou

No.: 65-1376 Name: USFS Date: 3/19/98 Ad OK? ☒ / Gvmt Lts: ☒

**AREA OF CONCERN:**

- No/Yes: \_\_\_\_\_ Mor / \_\_\_\_\_ GWMA / Trust / Non-trust

**PROTESTED:**

- 020 (Protest Agreement) or \*W19 (Order)

**SYSTEM COMPLETED:**

&gt; 1 year

- 26A-P17

≤ 1 year/no proof

- P16**GROUNDWATER: (✓ FLO-CH)**

WMD (✓ MAP)

&gt; 0.24 cfs/5 acres

- 067 or No MD (in-stream stock or power)

≤ 0.24 cfs/5 acres

- No MD

WMD Supplemental use

- 065-079 (if GW use SW 1st-statewide)-(cannot move SW off)

&gt; 0.24 cfs/5 acres

- 01M (report when notified)

≤ 0.24 cfs/5 acres

- No MD

**DRILLING PERMIT:**

All wells (✓ WDQ3)

- 046-P23

Included w/permit

- Permit No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ P99

irr. in WD

- P05 (new well location)

**SURFACE WATER: (✓ FLO-CH) (Surface water that doesn't sink is regulated):**

IN/ABOVE MIN. STR FLOW (✓ MAP)

- \*WB9

WD (✓ MAP &amp; LISTING)

- R04 (WD # \_\_\_\_\_)

&gt; 0.10 cfs

- 01J-P08 (MD &amp; LD)

≤ 0.10 cfs

- 01H-P01 (LD) or No MD (in-stream stock)

WMD (✓ MAP)

&gt; 0.24 cfs/5 acres

- 067 or No MD (in-stream stock or power)

≤ 0.24 cfs/5 acres

- No MD

**SPRINGS/SINK, INACTIVE WD & REST OF STATE**

&gt; 0.24 cfs/5 acres

- 01M or No MD (in-stream stock or power)

≤ 0.24 cfs/5 acres

- No MD

**RIVER BASINS: (\*Surface water)**

Snake R (01)

- \*W22-P04, NA

(02/03-irr)

- 007 (w/ remark \*WB9 if above Weiser), NA

Payette R(65)

- \*W22 (regulated uses), 047-P04 (Payette Lake), NA

Salmon R (70's)

- 029 (fish screens), NA

**USE:**

Domestic surface

- \*WB5 (Big Wood R or Boise R ↑ Star Bridge); 27A (Payette River); NA

&gt;1 in rest. area

- 071-070

Fire Protection

- 077

Fish Propagation

- 029-007-042(req)-081 (WQ)-P10

Heating/Cooling

- R07 (injection well)

Irr ≤ 5 acres

- R66/R67/R68/R69 (0.03 cfs/acre + 3.0/3 5/4 0/4.5 AF)

&gt; 5 acres

- R62/R63/R64/R65 (0.02 cfs/acre + 3.0/3 5/4 0/4 5 AF)

Mining

- 054(req)-081-P10

Municipal

- 022, 075, 004 (+memo?), NA (not in restricted area)

Power

- 17H/17K(+uses)-08A-025(P18)-01N-028-081(P10)-027 (if no other cons use);

17G (FERC) or 17M (FERC); 18B-P09; &gt;25 cfs-P18

Stockwater

- R37 (BLM/USFS), NA

Storage (✓ 3 compo)

- 18A (in &amp; out MD for on-stream storage), 18B-P09 (&gt;10' dam), NA

**LOCATION:**

42-248 area

- P84 (in 20/30/40/50/60/70/80 (87) basin)

Boise Front LoGeo

- 058 (&lt;85° GW temp only)

In-stream dev

- P52 (stream channel alteration)

Irr Dist/Canal Co.

- 023 (Twin Falls area)

**SWAN FALLS FLAG (See Code Chart)**

Trust

- 051-052-053-P74 (Consumptive Uses), NA

Non-Trust (1)

- 048-049 (Consumptive Uses), NA

**OWNERSHIP:**

- 004 (PD/PU)

**OTHER CONDITIONS:****STANDARD REMARKS:**- ① WOI/3 camp sites @ Warm Spring Strip ② 071 ③ 070**BENEFICIAL USE DUE:**- 4/1/1999**COMMENTS:**

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPROPRIATION APPLICATION ANALYSIS SHEET

RECEIVED

MAR 18 1998

DEPARTMENT OF WATER RESOURCES

INITIAL REVIEW BY: 82 DATE: 11/19/97 APPLICATION: 65-13766

REQUIRED INFORMATION

- Name: (If applicant is a corporation or partnership, names and addresses for the director, officers, and other partners must be included.)  
Address:  
Source: (See USGS Quad for names of water sources)  
Point of Diversion: (10 acres for spring, lot & block descriptions for Subdivisions, local name)  
County:  
Quantity: (flow and/or volume) *note limited season*  
Period of use:  
Nature of proposed use: (Include description of use)  
Description of diverting works:  
Time required for beneficial use of water:  
Place of use or acres irrigated:  
Map: (show T, R, S, QQ &/or QQQ)  
Subdivision plat: (for > 1 home in restricted area.  $\geq$  5 homes in non-restricted area)  
Signature: (If applicant is corp., partnership, or municipality, title of signatory is required)  
Correct fee paid

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

ADDITIONAL INFORMATION

N/A ADVERTISE REMARK(S)  
(Reviewer identify which remarks)

N/A T FLAG CHANGED TO P FLAG

YES NO

- N/A Overlapping place of use: (Describe source & relationship to present application on next page.)  
Overlapping point of diversion.  
Critical groundwater area:  
Groundwater management area:  
1992 moratorium:  
Bull trout impact area  
Copy to SCA staff: (perennial stream, non-pump diversion &/or any mining).  
Copy to Dam Safety staff: (for any storage)  
Mitigation plan: where ground water replaces surface water for irrigation, request additional information &/or mitigation plan to address reduced aquifer recharge  
Send power requirement letter:  
Send fish farm requirement letter:  
Power residency affidavit:  
Diversion greater than 5 cfs or 500 af or irrigation greater than 200 acres: (If yes, attach Large Diversion supplementary analysis sheet.)  
\*REQUEST ADDITIONAL INFORMATION FROM THE APPLICANT

*OK to advertise but Region\*  
won't advertise appl. until  
IDFG S.T. comments clarified*

*OK to continue processing  
once advertised*

*N/A to well appl.*

Date Requested \_\_\_\_\_ Date Response Received \_\_\_\_\_

PROCESSING

APP. NO. 65-13766

YES NO

- ☒ ☐ In form for advertising:  
☐ ☒ Statewide advertising: (> 10 cfs &/or 1000 af)  
☒ ☐ Fee amount, receipt number and date recorded on application:

SEND COPIES TO:

☒ YES ☐ NO

- ☐ ☒ I.D. Health & Welfare  
☒ ☒ I.D. District Health  
☒ ☒ I.D. Fish & Game  
☐ ☒ I.D. Lands

YES ☐ NO ☒

- ☐ ☒ U.S. BLM  
☐ ☒ U.S. Forest Service  
☐ ☒ Water Dist. # 65  
☐ ☒ Other

FINAL REGIONAL PROCESSING REVIEW:

YES NO

- ☒ ☐ Affidavit of publication received:  
☒ ☐ Application published correctly: If not, record action taken.

- ☒ ☐ Publication dates and paper recorded on application:

☐ ☐ Final date for protest 12-22-97

- ☐ ☒ Protests received.

- ☐ ☒ Recommendations attached:

- ☐ ☒ Measuring device required:

- ☐ ☒ Measuring port required:

- ☐ ☒ Water delivered by water master? District #

- ☒ ☐ Special conditions of approval or cover letter: 046, Domestic use

limited to 13,000 gal per day & irrigation, not to exceed  
1/2 acre (public campground)

See below for additional information

Recommended Date or Priority 11/6/97

Recommended by: Darys

Date: 3/16/98

STATE OFFICE REVIEW

See below for additional information. By \_\_\_\_\_ Date \_\_\_\_\_

ADDITIONAL INFORMATION:

6 similar appls REC'd - 5 surface flow  
- 1 well

SEE Attached notes & common processing info.  
CLARIFY bull trout issues BEFORE forward for  
approval (N/A to well appl)

\* \*

DELAY sending comment  
letter, Return file to  
Reviewer once  
advertiser

non regulated source but  
may require rental pool  
cond. of approval for  
surface water use,  
own letter not  
needed

# The Idaho World

P O Box 99  
Garden Valley, ID 83622  
208 462-3487

MAR 10 1998

WATER RESOURCES  
WESTERN REGION

State of Idaho >  
>  
County of Boise >

Deanna Stevenson, being duly sworn, deposes and says that she is the Editor of THE IDAHO WORLD, a weekly newspaper published at Idaho City, in the County of Boise and the State of Idaho, the said paper has been and is in general circulation in the county aforesaid, and in the vicinity of Idaho City, that the advertisement, a copy of which is hereto attached, was published in said newspaper once a week for the 12 consecutive weeks in the entire and regular issue of every number of said paper during the period and time of publication and was published in the newspaper and not a supplement, that said paper has been established and regularly and continuously published for more than seventy eight weeks past previous to the first publication of this notice. Such notice was published with the issue beginning with Dec 3, 1997 and ending with the issue of Dec 10, 1997.

Deanna Stevenson

State of Idaho >  
>  
County of Boise >

On this 9 day of Mar in the year 1998, before me, a notary public, personally appeared Deanna Stevenson 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 she executed the same

Diane E. Caughlin  
Notary Public for Idaho  
Residing at Garden Valley, Idaho

My commission expires 4/26/2001

## NOTICE OF APPLICATION FOR WATER RIGHT

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

65-13761  
US DEPT OF AGRICULTURE  
FOREST SERVICE  
324 25TH ST  
OGDEN, UT 84401  
Source: SMOKEY CREEK Tributary: PAYETTE RIVER, SOUTH FORK  
Diversion Pt: SWSW Sec 12 T 08N R 07E in BOISE County.  
Use DOMESTIC ( 0.020 CFS)  
Total Diversion ( 0.020 CFS)  
Date Filed 11/6/1997  
In BOISE County  
T08N R07E S11SESE  
65-13762  
US DEPT OF AGRICULTURE  
FOREST SERVICE  
324 25TH ST  
OGDEN, UT 84401

Source: CLEAR CREEK Tributary: PAYETTE RIVER, SOUTH FORK  
Diversion Pt: NESW Sec 12 T 09N R 07E in BOISE County  
Use DOMESTIC ( 0.020 CFS)  
Total Diversion ( 0.020 CFS)  
Date Filed 11/6/1997  
In BOISE County  
T09N R07E S12NESW  
65-13763  
US DEPT OF AGRICULTURE  
FOREST SERVICE  
324 25TH ST  
OGDEN, UT 84401

Source: PAYETTE RIVER, SOUTH FORK Tributary: PAYETTE RIVER  
Diversion Pt: LOT 2 (NWSW) Sec 27 T 09N R 07E in BOISE County.  
Use DOMESTIC ( 0.020 CFS)  
Total Diversion ( 0.020 CFS)  
Date Filed 11/6/1997  
In BOISE County  
T09N R07E S27 Lot 2 (NWSW)  
65-13764  
US DEPT OF AGRICULTURE  
FOREST SERVICE  
324 25TH ST  
OGDEN, UT 84401

Source: PAYETTE RIVER, SOUTH FORK Tributary: PAYETTE RIVER  
Diversion Pt: LOT 1 (NESE) Sec 28 T 09N R 07E in BOISE County  
Use DOMESTIC ( 0.020 CFS)  
Total Diversion ( 0.020 CFS)  
Date Filed 11/6/1997  
In BOISE County  
T09N R07E S28 Lot 1 (NESE)  
65-13765  
US DEPT OF AGRICULTURE  
FOREST SERVICE  
324 25TH ST  
OGDEN, UT 84401

Source: SPRING Tributary: PAYETTE RIVER, SOUTH FORK  
Diversion Pt: SWSE Sec 23 T 09N R 08E in BOISE County.  
Use DOMESTIC ( 0.020 CFS)  
Total Diversion ( 0.020 CFS)  
Date Filed 11/6/1997  
In BOISE County  
T09N R08E S23  
65-13766  
US DEPT OF AGRICULTURE  
FOREST SERVICE  
324 25TH ST  
OGDEN, UT 84401

Source: GROUNDWATER  
Diversion Pt: NESE Sec 6 T 09N R 10E in BOISE County  
Use DOMESTIC ( 0.020 CFS)  
Total Diversion ( 0.020 CFS)  
Date Filed 11/6/1997

In: BOISE County  
T09N R10E S06 NESE  
Permits will be subject to all prior water rights. Protests may be submitted based on the criteria of Sec. 42-203A, Idaho code. Any protest against the approval of this application must be filed with the Director, Dept. of Water Resources, Western Region, 2735 Airport Way, Boise, Idaho 83705 together with a protest fee of \$25.00 on or before DECEMBER 22, 1997. The protestant must also send a copy of the protest to the applicant.

KARL J. DREHER, Director

Published In The Idaho World December 3 and 10, 1997

MICROFILMED

MAY 18 1998

22-141 50 SHEETS  
22-142 100 SHEETS  
22-144 200 SHEETS

- 

- \*

- ✓ contact person = Lisa Maloney.  
(FS & RLM Dist office)  
~~33~~ 373-4100

\* ok to process but include in Appl. where need IDFG clarification e b.t.

MICROFILMED *82* *11/19/97*  
MAY 18 1998

65-13766

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

Source: GROUNDWATER

Diversion Pt: NESE Sec 6 T 09N R 10E in BOISE County.

|                  |   |            |
|------------------|---|------------|
| Use: DOMESTIC    | ( | 0.020 CFS) |
| Total Diversion: | ( | 0.020 CFS) |

Date Filed: 11/ 6/1997

|                  |      |
|------------------|------|
| In: BOISE County |      |
| T09N R10E S06    | NESE |

MICROFILMED

MAY 18 1998