



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED
MAR 8 1993
Department of Water Resources

A. GENERAL INFORMATION

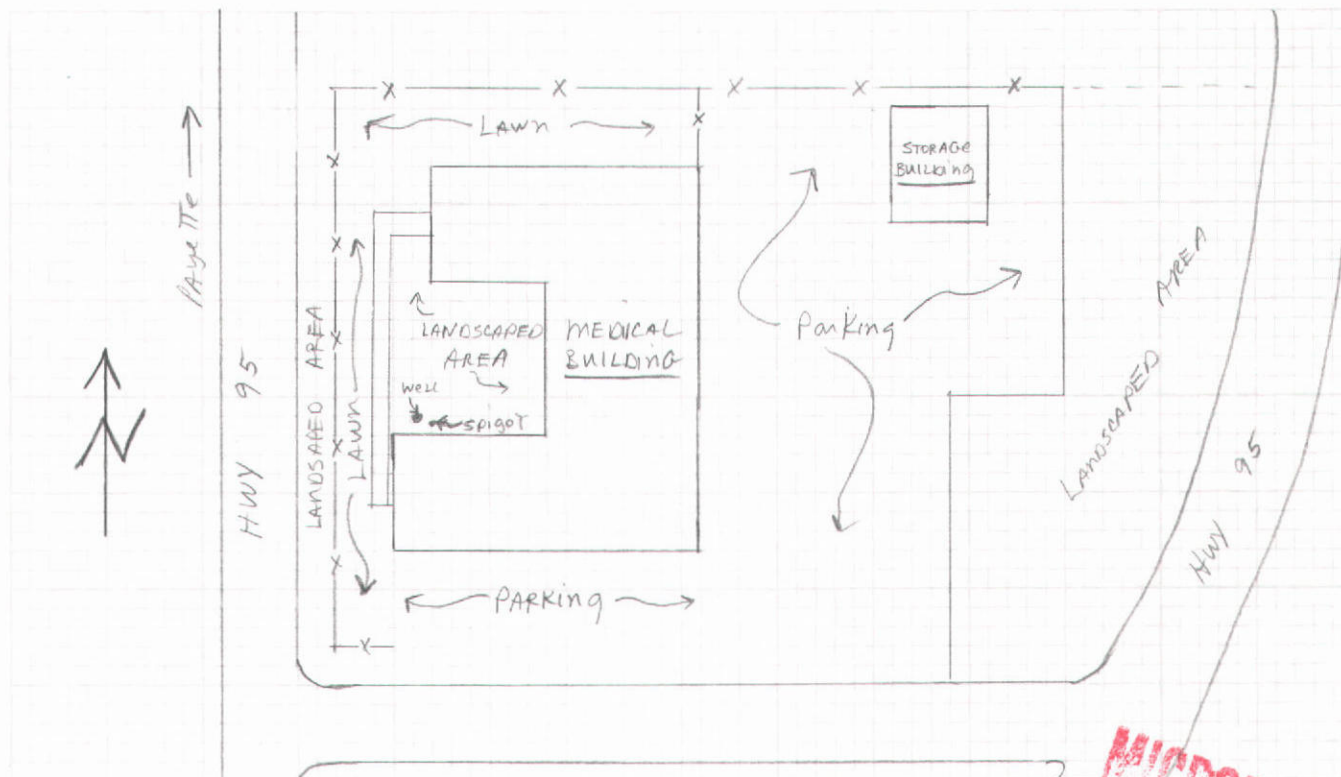
1. ✓ Owner: Valley Family Health Care, Inc. Permit No. 65-13234
Current Address: 1441 N.E. 10th Ave., Payette, ID 83661 Phone No. 642-9374
2. Accompanied by: Ron Poombis - Maintenance Supervisor EXAM. DATE: 7/21/92
Address: _____ Phone No. (SAME)
Relationship to Permit Holder: Maintenance Supervisor
3. ✓ Source: Groundwater tributary to _____

B. OVERLAP REVIEW

1. Other water rights with same place of use: 65-8965, 65-8969, 65-6070
_____ ☒ Copies Attached
2. Other water rights with same point of diversion: 65-8965, 65-8969
_____ ☒ Copies Attached ☐ Copies of Field Exam's Attached

C. SYSTEM DESCRIPTION

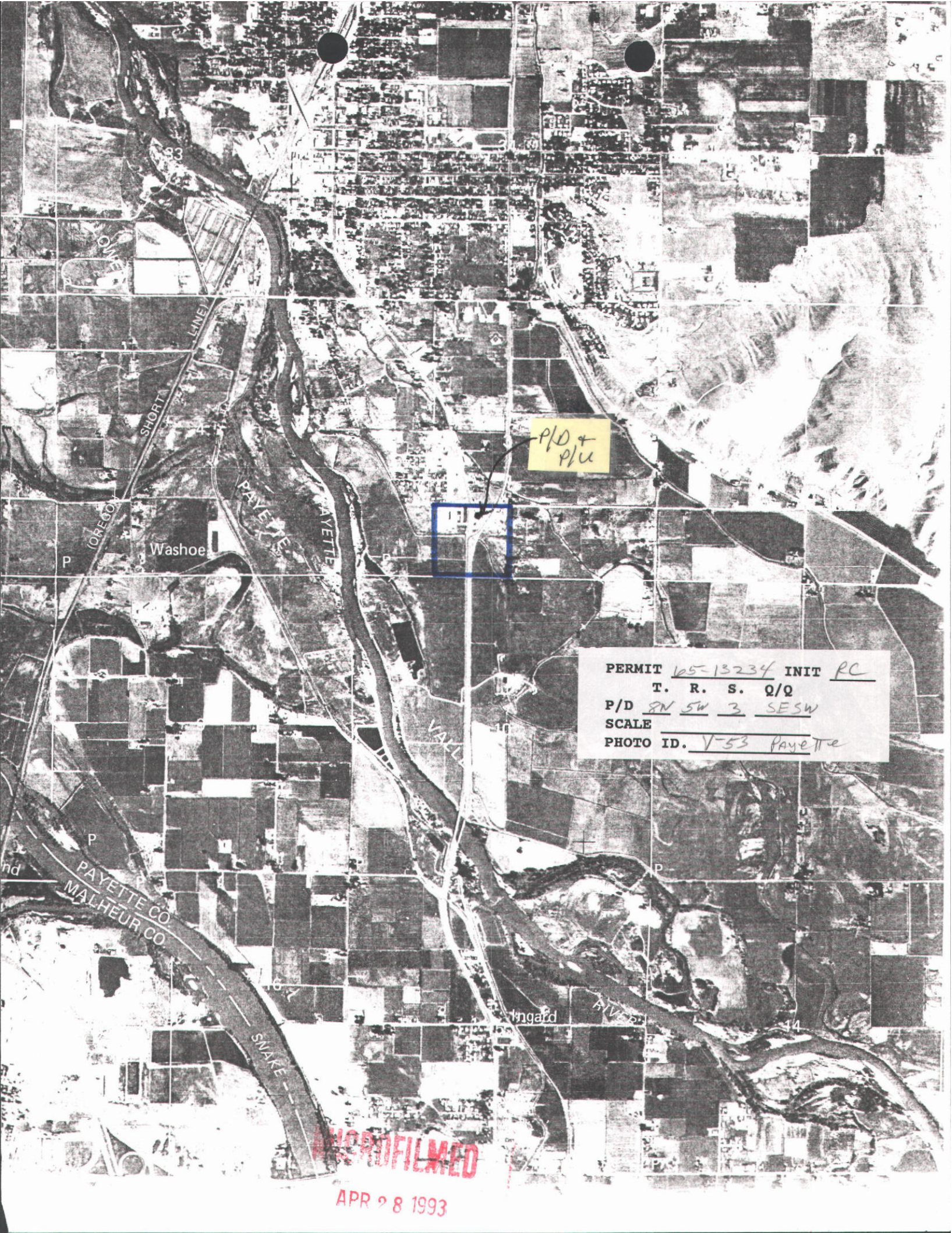
1. **Diversion System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



Scale: 1" = NTS

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

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P/D +
P/U

PERMIT 65-13234 INIT RC
T. R. S. Q/Q
P/D 8N 5W 3 SESW
SCALE
PHOTO ID. V-53 Payette

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COMPOSITE PLAT OF RANGE N° 5 WEST OF THE BOISE MERIDIAN

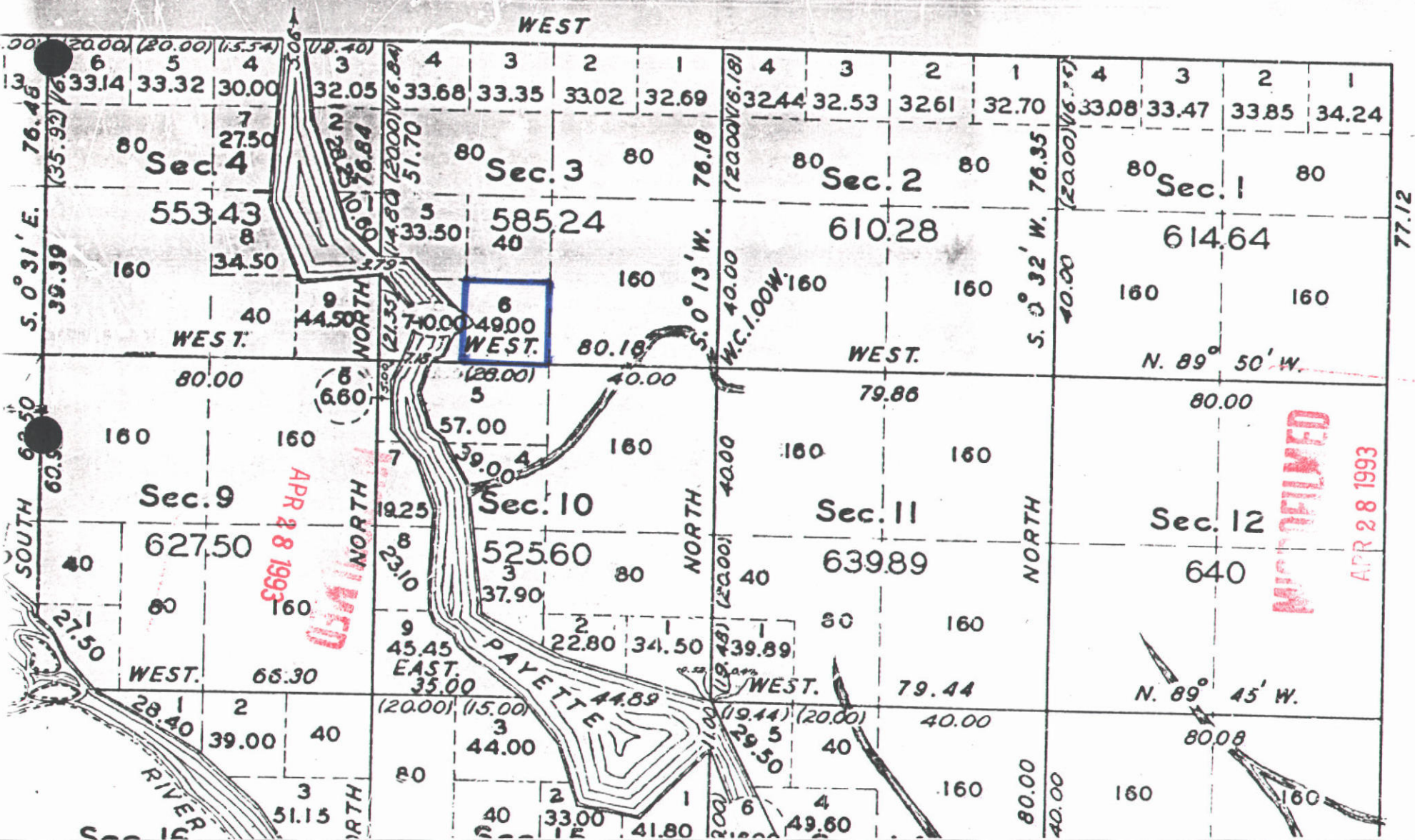




PHOTO ONE-

View northwesterly OF Front OF Valley Family Health building.



PHOTO TWO-

View easterly OF north end OF medical building.

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PHOTO THREE-

View easterly of area behind building which has sprinkling system newly installed. Grass seeding is to take place as soon as settling stopped.

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PHOTO FOUR-

View northwest of north end of area behind medical building. Spigot is shown at center of photo.



PHOTO FIVE-

View westerly of rear of medical building.
Spigot is shown to the right side of photo.



PHOTO SIX-

Well, sprinkler valves, sand filtering system, and
spigot located in landscaped area at front of
building.

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PHOTO ONE-

pressure Tank and gauge located in closet of
office.

>

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PHOTO TWO

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 65-13234

Priority: April 13, 1990

Maximum Diversion Rate:

0.04 CFS

Maximum Diversion Volume:

8.1 AF

This is to certify, that VALLEY FAMILY HEALTH CARE INC

1441 NE 10TH AVE

PAYETTE ID 83661

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated April 13, 1990; and has submitted Proof of Beneficial Use on June 24, 1991. An examination indicates that the works have a diversion capacity of .040 cfs of water from a GROUNDWATER source, and a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
IRRIGATION	03/15 to 11/15	0.04 CFS	8.1 AF

LOCATION OF POINT(S) OF DIVERSION: Lot 6(SESW), Sec. 3, Township 08N, Range 05W
PAYETTE County

PLACE OF USE: IRRIGATION

<u>TWN</u>	<u>RGE</u>	<u>SEC</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>TOTAL</u>
08N	05W	3	Lot 6(SESW)	1.8		1.8

Total number of acres irrigated: 1.8

CONDITIONS/REMARKS:

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to more accurately describe the beneficial use or to implement accepted standards of diversion and use efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
5. This right when combined with all other rights shall provide no more than .03 cfs per acre nor more than 4.5 afa per acre for the lands above.
6. The right holder shall fully use all surface water rights appurtenant to the lands identified above prior to using water under this right.

NOTED

APR 28 1993

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 65-13234

This license is issued pursuant to the provisions of Section 42-219, Idaho Code.
Witness the seal and signature of the Director, affixed at Boise, this 9TH
day of APRIL, 1992.


R. Keith Higginson, Director

APR 28 1993

State of Idaho
Department of Water Resources

Permit To Appropriate Water

NO. 65-13234

Proposed Priority: April 13, 1990 Maximum Diversion Rate: 0.06 CFS

This is to certify, that **VALLEY FAMILY HEALTH CARE INC.**

1441 N.E. 10TH AVE.

PAYETTE, ID 83661

has applied for a permit to appropriate water from: **GROUNDWATER**
and a permit is **APPROVED** for development of water as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>
IRRIGATION	03/15 to 11/15	0.06 CFS
<u>LOCATION OF POINT(S) OF DIVERSION:</u> NESESW Sec. 3, Township 08N, Range 05W PAYETTE County		

PLACE OF USE: IRRIGATION

<u>TWN</u>	<u>RGE</u>	<u>SEC</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>TOTAL</u>
08N	05W	3	SESW	3		3

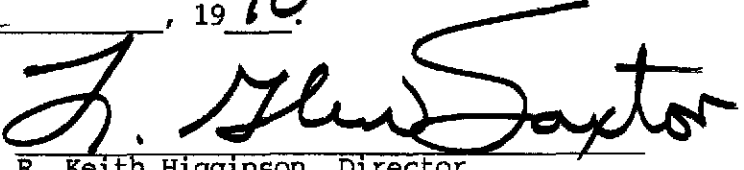
Total number of acres irrigated: 3

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before **August 1, 1991**.
2. Subject to all prior water rights.
3. Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
4. The rate of diversion of water for irrigation under this permit and all other water rights on the same land shall not exceed 0.02 cubic feet per second for each acre of land.

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

27th day of July, 1990.

for 
R. Keith Higginson, Director

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JUL 30 1990

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

65-13234
Ident No. 65-13234

65-13234

To appropriate the public waters of the State of Idaho

1. Name of applicant Valley Family Health Care Inc Phone 642-9376
Post office address 1441 NE 10th Ave PAYETTE, ID 83661
2. Source of water supply groundwater which is a tributary of _____
3. Location of point of diversion is NE $\frac{1}{4}$ of SE $\frac{1}{4}$ of SW $\frac{1}{4}$, Govt. Lot _____
Sec. 3 Township 8N Range 5W B.M. Payette County; additional
points of diversion if any _____
4. Water will be used for the following purposes.
Amount 0.06 for irrigation purposes from 3/15 to 11/15 (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
5. Total quantity to be appropriated is (a) 0.06 and/or (b) 3 N/A
cubic feet per second acre feet per annum
6. Proposed diverting works:
a. Description of ditches, flumes, pumps, headgates, etc. Well and pump to
sprinklers
b. Height of storage dam _____ feet, active reservoir capacity _____ acre-feet; total
reservoir capacity _____ acre-feet; period of year when water will be diverted to storage:
_____ to _____ inclusive
c. Proposed well diameter is 6 inches; proposed depth of well is _____ feet.
d. Is ground water with a temperature of greater than 90°F being sought? NO
7. Time required for the completion of the works and application of the water to the proposed beneficial use is
1 years (minimum 1 year).

RECORDED

JUL 30 1990

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

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

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of the use (example *D* for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RANGE	SEC	NE¼				NW¼				SW¼				SE¼				TOTALS
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
8N	5W	3											3						3

Total number of acres to be irrigated 3

10. Describe any other water rights used for the same purposes as described above. Payette City

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

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

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

12. Remarks: Officers of Corporation

William Kroulek, Board Chairperson

Cecelia Serrano, Vice-Chairperson

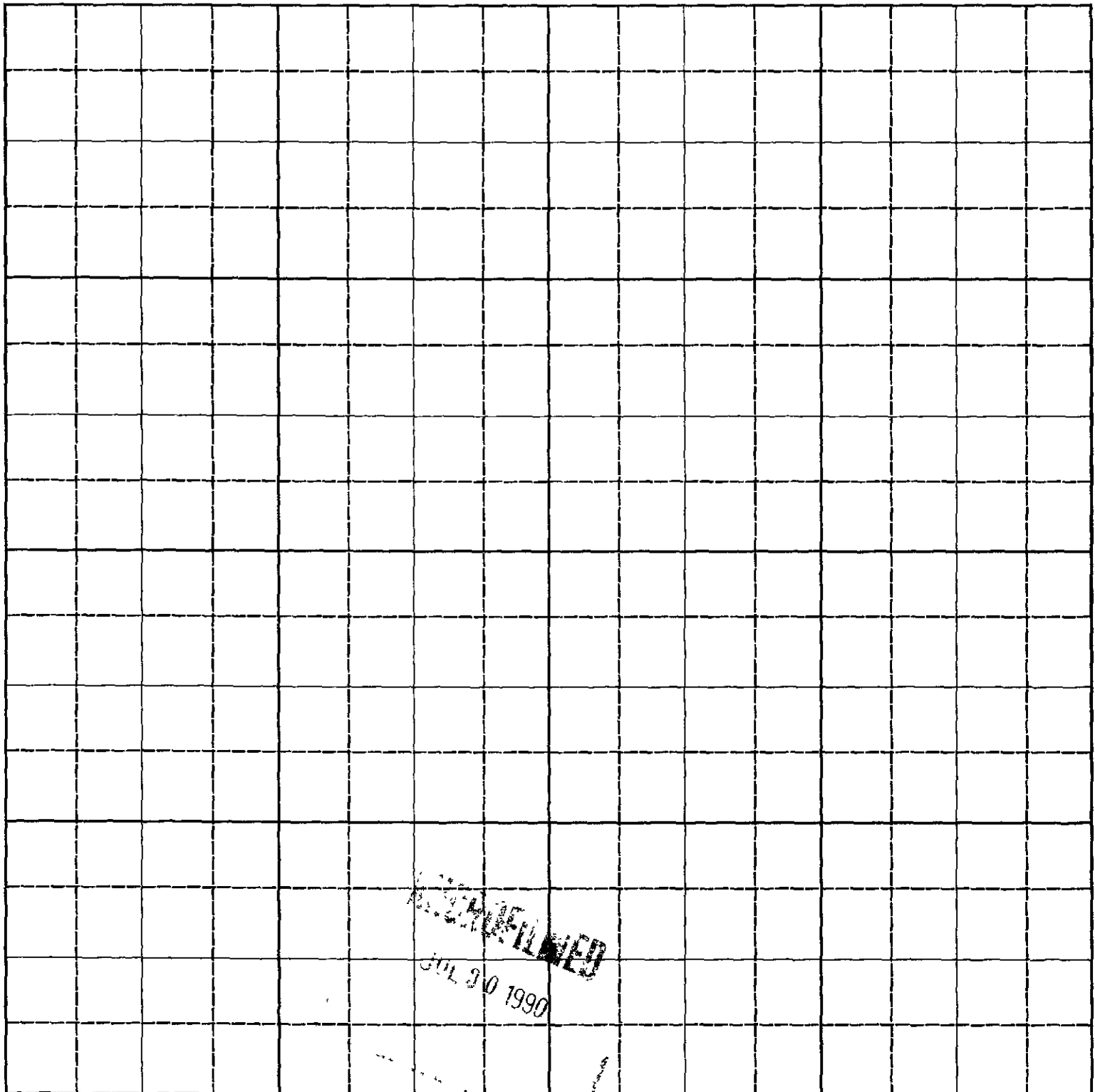
Margie Schmidt, Secretary

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



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Scale 2 inches equal 1 mile

BE IT KNOWN that the undersigned hereby makes application for permit to appropriate the public waters of the State of Idaho as herein set forth.

H. Kyzalysan Case
(Applicant)
*Executive Director **

* per telecon $\frac{7}{2} = k_0 - k_1$

Received by MS Date 4/13/90 Time 1:35 pm Preliminary check by RW
Fee \$ 3000 Receipted by W011964 # 21 Date 4-13-90
Publication prepared by GG Date 5-30-90 Published in Independent Enterprise
6/7 & 6/13/90
Publication approved at Date 7-2-90

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

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

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

- a. SUBJECT TO ALL PRIOR WATER RIGHTS.
- b. Proof of construction of works and application of water to beneficial use shall be submitted on or before _____, 19 ____.
- c. The rate of diversion, if water is to be used for irrigation under this permit, when combined with all other water rights for the same land shall not exceed 0.02 cubic feet per second for each acre of land.
- d. The water right acquired under this permit if for hydropower purposes shall be junior and subordinate to all rights to the use of water, other than hydropower, within the State of Idaho that are initiated later in time than the priority of this permit and shall not give rise to any right or claim against any future rights to the use of water, other than hydropower, within the State of Idaho initiated later in time than the priority of this permit.
- e. Other:

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JUL 30 1990

Affidavit of Publication

NOTICE OF APPLICATION FOR WATER RIGHT

STATE OF IDAHO
COUNTY OF PA

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

63-11320

DURRETT, DOUGLAS, P.
P.O. BOX 21415
EUGENE, OR 97402

Source: GROUNDWATER

Diversion Pt: SWNENW Sec 16 T 06N R 05W

NWSENW Sec 16 T 06N R 05W

Use: IRRIGATION (720 CFS)

STOCKWATER (040 CFS)

DOMESTIC (040 CFS)

Total Diversion: (800 CFS)

Date Filed: 5/4/1990

In: T06N R05W S16 NWNE NENW SENW

35.8 ACRES TOTAL

duly sworn, dep

That s/he is t

THE INDEPENDI

at Payette, in th

paper has bee

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a copy of whic

newspaper once

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time of publicat

and not a suppl

regularly publi

weeks prior to t

Such notice

of

STATE OF IDAHO

COUNTY OF

On this 14th

a Notary Public

known or ide

subscribed to

sworn, declar

acknowledged

63-11328

FEARLESS FARRIS SERVICE STATIONS INC.

P.O. BOX 7627

BOISE, ID 83707

Source: GROUNDWATER

Diversion Pt: SWSWSE Sec 11 T 06N R 04W

Use: COMMERCIAL (200 CFS)

DOMESTIC (060 CFS)

Total Diversion: (200 CFS)

Date Filed: 4/11/1990

In: T06N R04W S11 SWSE

63-11329

FEARLESS FARRIS SERVICE STATIONS INC.

P.O. BOX 7627

BOISE, ID 83707

Source: GROUNDWATER

Diversion Pt: SWSWSE Sec 11 T 06N R 04W

Use: COMMERCIAL (200 CFS)

DOMESTIC (060 CFS)

Total Diversion: (200 CFS)

Date Filed: 4/11/1990

In: T06N R04W S11 SWSE

65-13217

WILSON, DON E.

WILSON, VIRGINIA

3815 HWY. 30 W.

NEW PLYMOUTH, ID 83655

Source: GROUNDWATER

Diversion Pt: NWSE Sec 5 T 07N R 04W

Use: IRRIGATION (200 CFS)

STOCKWATER (020 CFS)

DOMESTIC (040 CFS)

Total Diversion: (200 CFS)

Date Filed: 4/11/1990

In: T07N R04W S05 NWSE

10.0 ACRES TOTAL

65-13234

VALLEY FAMILY HEALTH CARE INC.

1441 N.E. 10TH AVE.

PAYETTE, ID 83661

Source: GROUNDWATER

Diversion Pt: NESESW Sec 3 T 08N R 05W

Use: IRRIGATION (060 CFS)

Total Diversion: (060 CFS)

Date Filed: 4/13/1990

In: T08N R05W S03 SESW

3.0 ACRES TOTAL

65-13235

UEHLIN, DALLAS W.

1875 CREST RD.

CALDWELL, ID 83605

Source: GROUNDWATER

Diversion Pt: SENE Sec 19 T 06N R 03W

Use: IRRIGATION (040 CFS)

DOMESTIC (040 CFS)

Total Diversion: (040 CFS)

Date Filed: 4/11/1990

In: T06N R03W S19 SENE

2.0 ACRES TOTAL

65-13236

INOUE, EVALINE J.

10475 SCOTCH PINES RD.

PAYETTE, ID 83661

Source: GROUNDWATER

Diversion Pt: SESE Sec 9 T 08N R 05W

Use: IRRIGATION (060 CFS)

Total Diversion: (060 CFS)

Date Filed: 4/10/1990

In: T08N R05W S09 SESE

2.0 ACRES TOTAL

65-13237

KETZ, VERNON E.

KETZ, PEARL J.

820 8TH AVE. N.

PAYETTE, ID 83661

Source: GROUNDWATER

Diversion Pt: SWSWSW Sec 35 T 09N R 05W

Use: IRRIGATION (060 CFS)

Total Diversion: (060 CFS)

Date Filed: 3/29/1990

In: T09N R05W S35 SWSW

2.0 ACRES TOTAL

65-13239

MAHAN, LLOYD

MAHAN, MABLE

980 DEWITT AVE.

PAYETTE, ID 83661

Source: GROUNDWATER

Diversion Pt: SENWSW Sec 3 T 08N R 05W

Use: IRRIGATION (060 CFS)

STOCKWATER (020 CFS)

DOMESTIC (040 CFS)

Total Diversion: (120 CFS)

Date Filed: 4/12/1990

In: T08N R05W S03 NWSW

3.0 ACRES TOTAL

65-13240

METTLER, CHRIS

METTLER, PENNY

5221 BLAINE RD.

NEW PLYMOUTH, ID 83655

Source: GROUNDWATER

Diversion Pt: SWNW Sec 14 T 07N R 04W

Use: STOCKWATER (260 CFS)

Total Diversion: (260 CFS)

Date Filed: 4/18/1990

In: T07N R04W S14 SWNW

3.0 ACRES TOTAL

65-13241

EBY, ALBERT

EBY, CLARA M.

241 N. IOWA

PAYETTE, ID 83661

Source: GROUNDWATER

Diversion Pt: NWSWNW Sec 35 T 09N R 05W

Use: IRRIGATION (100 CFS)

Total Diversion: (100 CFS)

Date Filed: 5/2/1990

In: T09N R05W S35 SWNW

3.5 ACRES TOTAL

The permit(s) will be subject to all prior water

rights. Protests must be filed with the Director,

Dept. of Water Resources, Western Region, 2735

Airport Way, Boise, Idaho 83705 on or before JUNE

25, 1990.

R. KEITH HIGGINSON, Director

No. 102 June 6, 13

JUN 23 1990

Department of Water Resources
Western Region, Office

Number

Number

146

146

TOTAL

WILL



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

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

CECIL D. ANDRUS
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

April 12, 1993

VALLEY FAMILY HEALTH CARE INC
1441 NE 10TH AVE
PAYETTE ID 83661

RE: WATER RIGHT NO. 65-13234

Dear Water Right Holder(s):

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

Sincerely,

PAMELA SKAGGS
Water Resource Agent

PS:cz

Enclosure

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED
MAR 8 1993
Department of Water Resources

A. GENERAL INFORMATION

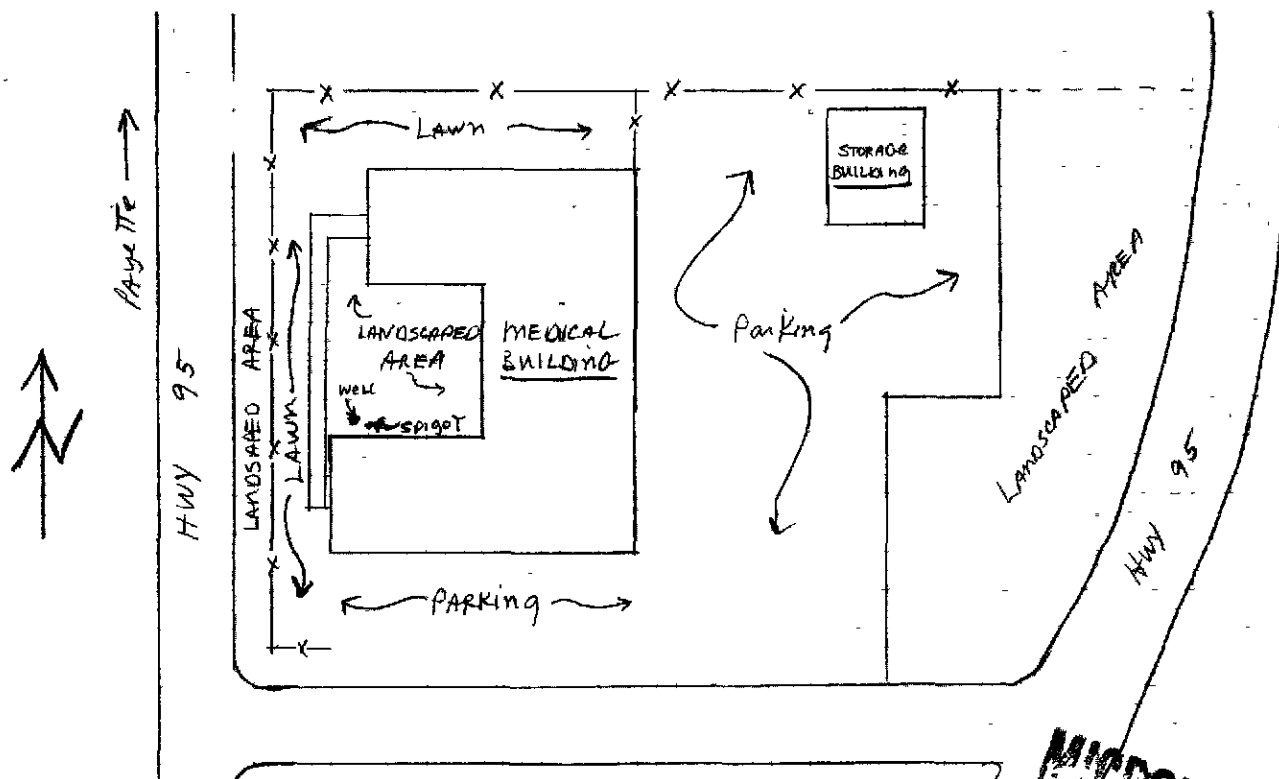
1. Owner: Valley Family Health Care, Inc. Permit No. 65-13234
Current Address: 1441 N.E. 10th Ave., Payette, ID 83661 Phone No. 642-9374
2. Accompanied by: Ron Poombis - Maintenance Supervisor EXAM. DATE: 7/21/92
Address: _____ Phone No. (SAME)
Relationship to Permit Holder: Maintenance Supervisor
3. Source: Groundwater tributary to _____

B. OVERLAP REVIEW

1. Other water rights with same place of use: 65-8965, 65-8969, 65-6070
☒ Copies Attached
2. Other water rights with same point of diversion: 65-8965, 65-8969
☒ Copies Attached ☐ Copies of Field Exam's Attached

C. SYSTEM DESCRIPTION

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



Scale: 1" = NTS

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

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System Description (continued)

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

Water is pumped by a 1h.p. submersible pump to underground sprinkler lines. The sprinkling system is a Rainbird and consists of (11) 15H and 60 Maxi-Paw, model # 2045A. This system is used to irrigate approximately 1.8 acres. The medical building is serviced by Payette City water.

☐ See Remarks on page 4 for continuation

4.

Well or Diversion Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
(NO)	TAG	1	(NO)	TAG	

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

5. **Point(s) of Diversion:**

Ident. No.	Gov't. Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Method of Determination/Remarks
	6	NE	SE	SW	3	8N	5W	Payette	AERIAL MAP

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

Indicate Method of Determination

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
8N	5W	3												1.8					1.8 ✓
																			1.8

Do not use this space

APR 28 1993

Do not use this space

D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

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

2. Measurements:

5 gallon bucket - Spigot near well
 $Q = \frac{5 \text{ gal}}{15 \text{ sec}} = 20 \text{ gpm}$

Allowable limit = $1.8 \times .03 = .05$ Limited by capacity = .04 cfs (TRR)

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method: 5 gallon bucket

$$Q = \frac{20 \text{ gpm}}{448.8 \text{ gpm}} = 0.04 \text{ CFS capacity}$$

2. Alternate Method for Checking Purposes:

F. PUMP EFFICIENCY DATA (Optional)

50 (sprinkler system) SWL = 7.5'
 Discharge Pressure: $\frac{25}{13.3}$ psi x 2.31 = ft (1); Dynamic pumping level: $\frac{11.5}{7.5}$ ft (2) (drawdown per well test)
 Total Head: (1) + (2) = 13.3 (3) $Q = \frac{(8.8)(1)(1.7)}{65.2127} = 0.09 \text{ CFS}$; Flow rate: 0.05 cfs (4)

Water HP: (3) x (4) ÷ 8.8 = (5)

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

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

Panel Input KW: Ave PF x Ave Volts x Ave Amps x .001732 = (8)

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

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{IR} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = (1.8)(4.5) = 8.1 \text{ AFA}$$

$$V_{DR} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = (0.06)(245)(1.9835) = 29.2 \text{ AFA}$$

$$V = \text{Smaller of } V_{IR} \text{ and } V_{DR} = 8.1 \text{ AFA (IRR)}$$

2. Volume Calculations for Other Uses:

NOT FILMED
 APR 28 1993

H. REMARKS AND OVERLAP REVIEW ANALYSIS

OVERLAPS - (P/O & P/U) - Same area but different P/O
and P/U

Theoretical Pump efficiency calculated to be 0.04^{05} cfs, but the permit requests only 0.06 cfs. Also, actual acreage being irrigated is only 1.8 acres, not 3 acres as requested on permit. Therefore, recommend Licensing for 0.04^{05} cfs as requested on permit, and only for 1.8 acre, not 3 acre.

Remarks - WB3/GW Supplemental

Conditions - R52

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
Irrigation	3/15	11/15	~~0.06~~ .04	8.1
Totals:			~~0.06~~ .04	8.1

2. Recommended Amendments

☐ Change P.D. as reflected above

☐ Add P.D. as reflected above

☒ None

☐ Change P.U. as reflected above

☐ Add P.U. as reflected above

☐ Other

J. AUTHENTICATION

Field Examiner's Name

Rick Collingwood

Signature

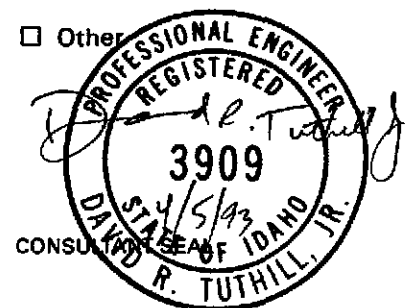
Rick Collingwood

Q88 03-18-43

Certification Date

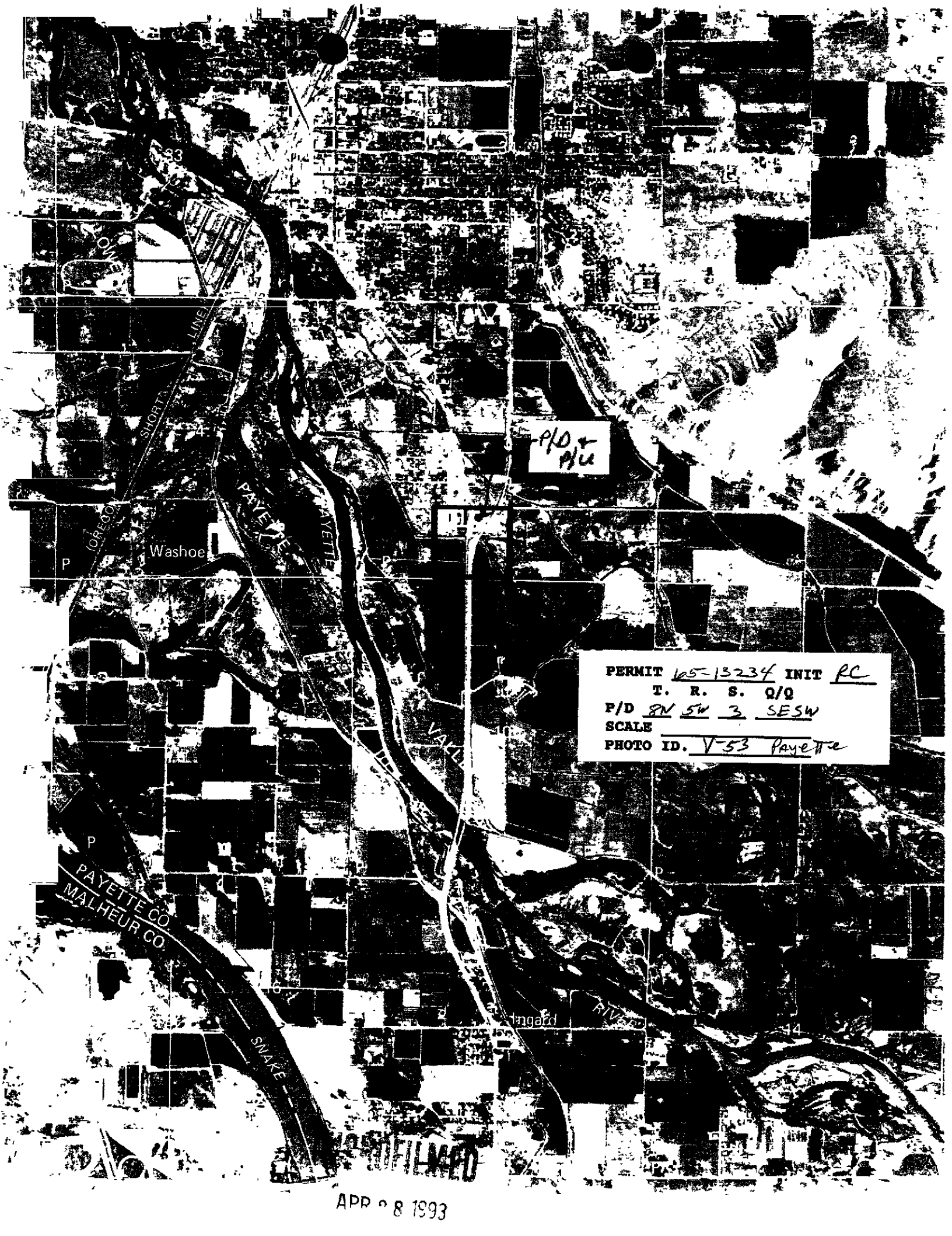
Field Report Preparation Date

8/3/92



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

APR 28 1993

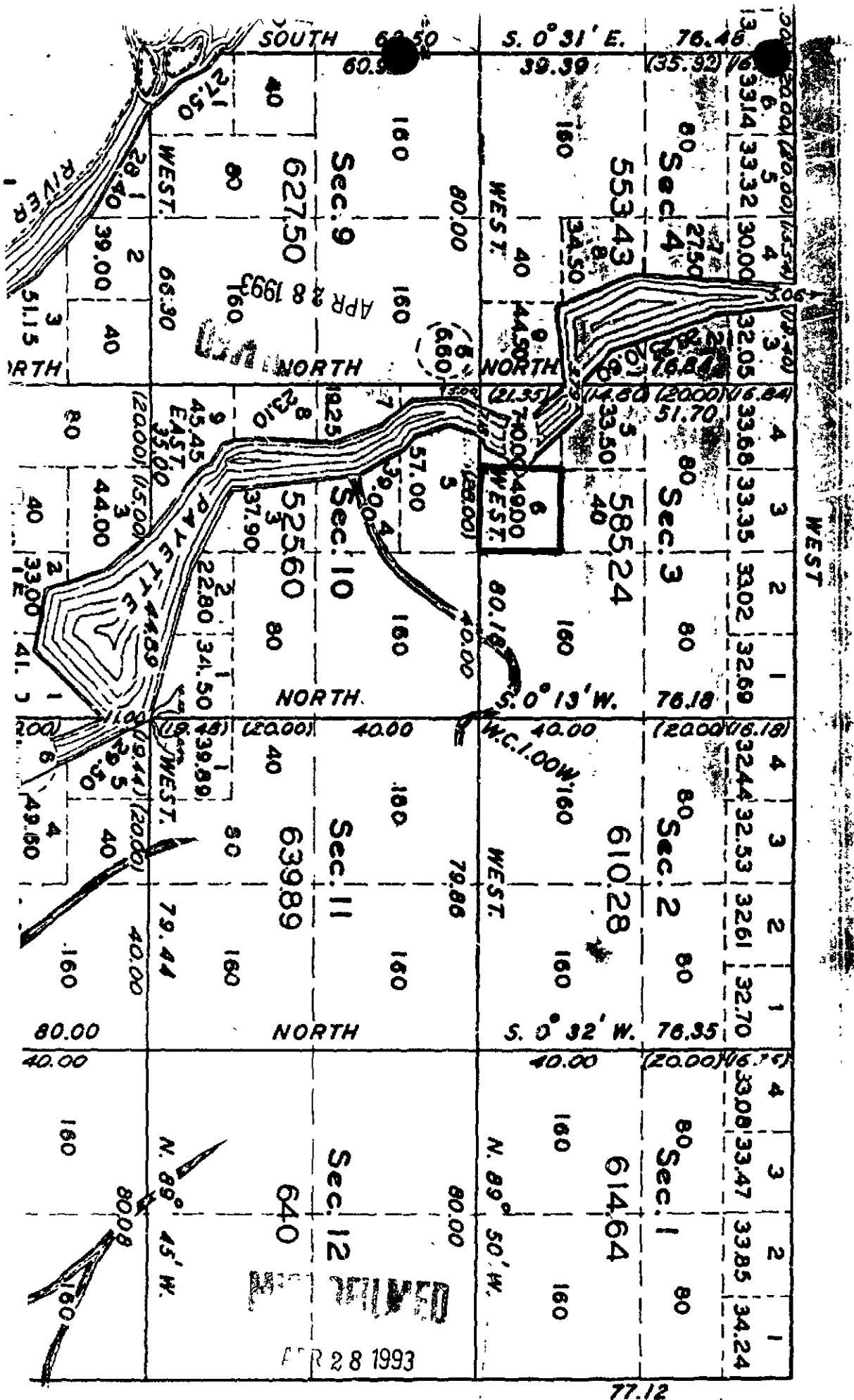


P/D
P/L

PERMIT 125-13234 INIT RC
T. R. S. Q/Q
P/D SN SW 3 SESW
SCALE
PHOTO ID. V-53 Payette

APR 8 1993

COMPOSITE PLAT OF RANGE NO. 5 WEST OF THE BOISE MERIDIAN



Department of Water Resources

WELL INSPECTION FORM

If well is associated with water right, provide WR# 65-13134

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

1. Legal Description: TWP 8N, Rge 5W, Sec. 3, SE 1/4 SW 1/4 or Lot _____.

2. Owner: (SAME AS PERMIT)

Address _____, City _____, St _____

3. Casing $\geq$ 12 inches above ground: Yes _____ No ☒

4. Access Port: Yes _____ No ☒
Pressure Gauge: Yes _____ No ☒
Flowing: Yes ☒ No _____

Static Water Level: 7.5'
Casing Diameter: 6"
Temperature: 63°

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

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

Remarks: _____

APR 28 1993

Will Run 8 Sprinkler
pump Little SAND

DALLAS DRILLING & PUMP CO., INC.
505 SOUTH 18TH STREET
PAYETTE, IDAHO 83661
208-642-3788 OR 642-2939

OCTOBER 17, 1991

OWNER: Family Valley Health CARE
1441 NE 10th Ave.
PAYETTE Idaho

LOCATION OF WELL: front of Building

LEGAL DESCRIPTION: _____

CERTIFIED WELL TEST DATE: NO

CERTIFIED WELL TEST RESULTS:

TIME	G.P.M.	WATER LEVEL	DRAW DOWN
10:00	27	11'9"	3ft 3in
10:15	27	11'9"	" "
10:30	27	11'9"	11 "
11:00	27	11'4"	11 "
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

**TOTAL DRAW DOWN

**DIAMETER OF WELL 6

**DEPTH OF WELL 22ft 6in

**CASED DEPTH NA

**TYPE OF PUMP 1HP Subm. pump

**TANK INFORMATION Hydro Severt + 40 GAL TANK

**WELL SEAL PRESENT? YES

**STATIC WATER LEVEL 7ft 6in

**WATER LEVEL AFTER PUMP SHUT OFF 7ft 6in

**WATER LEVEL AFTER 4 HOURS

**TOTAL GALLONS OF WATER PUMPED AT END OF TESTING PERIOD.

**WATER TEMP. 63 DEGREES

**ADDL. NOTES:

**WELL TEST COMPLETED BY MR. LEON GRIFFIN

DALLAS DRILLING & PUMP CO., INC.

APR 28 1993



PHOTO ONE-

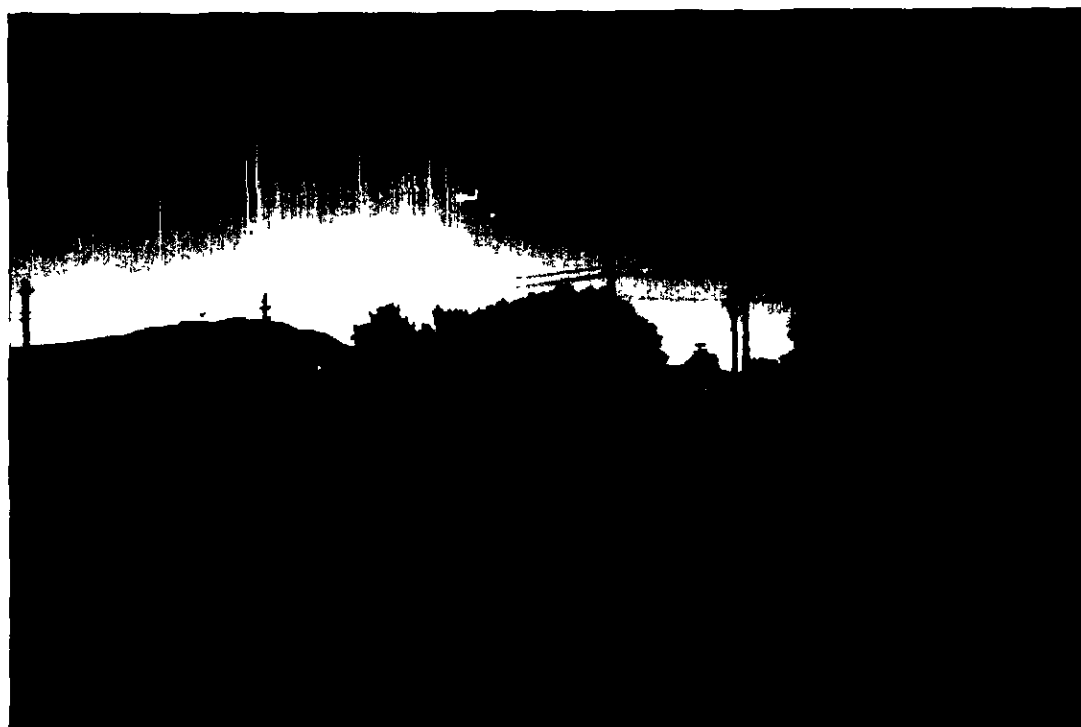
View northwesterly OF FRONT OF VALLEY Family
Health building.



PHOTO TWO-

View easterly OF north end OF medical building.

APR 28 1993

**PHOTO THREE-**

View easterly of area behind building which has sprinkling system newly installed. Grass seeding is to take place as soon as settling stopped.

>



APR 28 1993

PHOTO FOUR-

View northwest of north end of area behind medical building. Spigot is shown at center of photo.



PHOTO FIVE-

View westerly of rear of medical building.
Spigot is shown to the right side of photo.

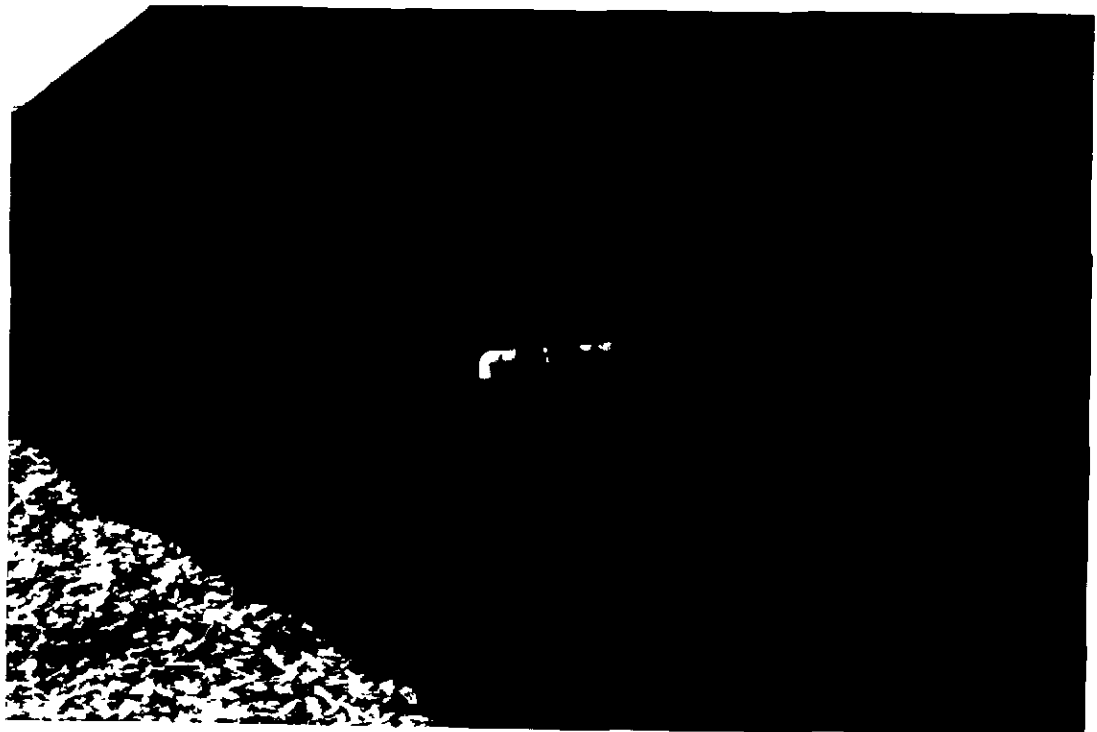


PHOTO SIX-

Well, sprinkler valves, sand filtering system, and
spigot located in landscaped area at front of
building.

APR 28 1993

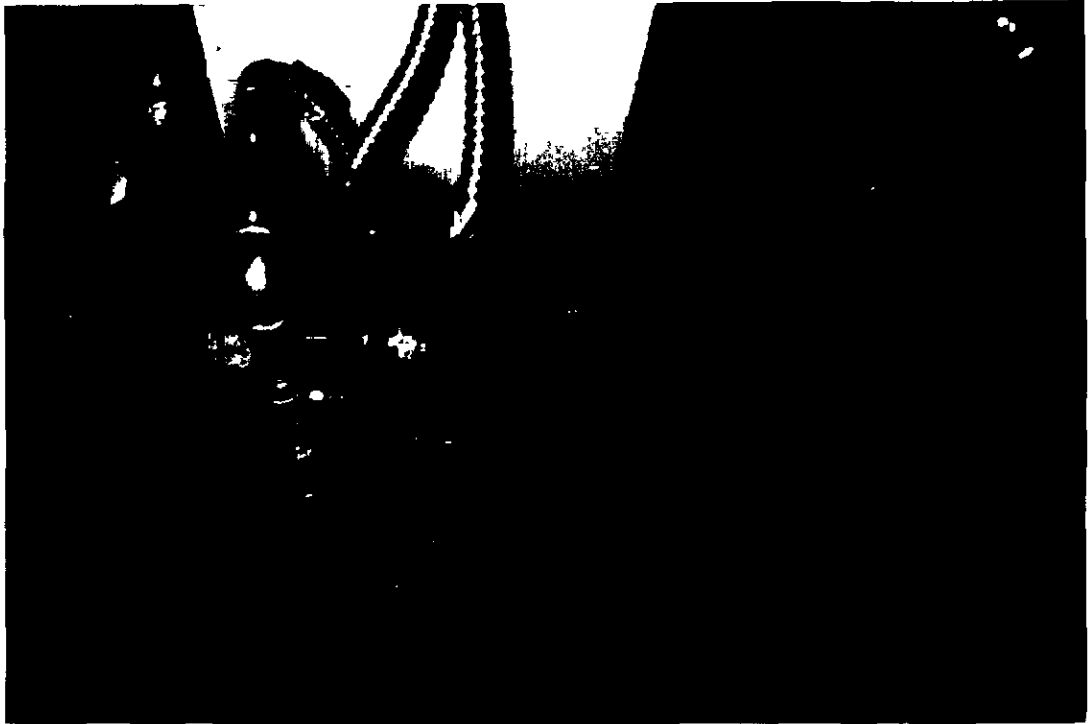


PHOTO ONE-

Pressure Tank and gauges located in closet of
OFFICE.

>

APR 28 1993
PHOTO TWO

July 9, 1991

VALLEY FAMILY HEALTH CARE INC.
1441 N.E. 10TH AVE.
PAYETTE, ID 83661

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 65-13234

Dear Permit Holder:

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

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

Sincerely,

Rita Fleck
Secretary/Records Manager

c: IDWR - Region

RECEIVED
AUG 06 1991

RECEIVED

JUN 24 1991

STATE OF IDAHO

For Office Use Only
Amt. of Fee \$ _____
Date _____
Receipt No. _____
Received by _____

DEPARTMENT OF WATER RESOURCES

Department of Water Resources

PROOF OF BENEFICIAL USE

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

1. Permit No. 65-13234 Telephone No. (208) 642-9376
2. Name(s) of Permit Holder(s): Valley Family Health Care, Inc.
3. Post Office Address: 1441 NE 10th Ave., Payette, ID 83661
4. Source of Water: Ground Well
 - a. If ground water, well driller's name: Unknown Date drilled: Prior to 1977
 - b. Pump horsepower: 1/2 Pressure (psi): _____ Dynamic pumping level (ft.): _____
5. Extent of Use:

Domestic _____ (No. of households)	Irrigation <u>3</u> (No. of acres)
Stockwater _____ (No. and type of stock)	Other _____
6. Total rate and/or volume for which proof is submitted .033 cfs _____ acre/feet
7. Refer to the approval conditions on your permit and respond accordingly:

Measuring device:	Required? <u>Yes</u> <u>X</u> No	Installed? <u>Yes</u> <u>No</u>
OR		
Flow Measurement Port:	Required? <u>Yes</u> <u>X</u> No	Installed? <u>Yes</u> <u>No</u>
8. Fee Enclosed: \$ 0 (See License Examination Fee Schedule)
9. Person to contact to accompany the Department representative during the field examination:

<u>Royalynn Case or Cookie Atkins</u>	<u>(208) 642-9376</u>
Name	Telephone No
<u>1441 NE 10th Ave.</u>	<u>Payette, ID 83661</u>
Address	
10. The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho

6/21/91
DateRoyalynn Case
Signature (and title if on behalf of a company or organization)**FILMED**
AUG 06 1991

ANALYSIS SHEET
for
PROOF OF BENEFICIAL USE

Permit No. 65-13234

Date 7-2-91

GENERAL CONSIDERATIONS

- ☒ Name same as permit?
☒ Address same as permit? If no, indicate below.
☒ Proof timely received? If no, complete priority advancement below.

SOURCE OF WATER

- ☐ Surface water source
☒ Ground water source
NA Drill permit req'd?
1977 ☐ Copy in file? Drill permit no. _____
☐ Amt paid for drilling permit? _____ Correct?
☐ Well log in file?

LICENSE EXAMINATION FEE

- NO Required?
☐ Amount submitted?
☐ Correct amount?

MEASURING DEVICE

- NO Measuring device or access port required?
☐ Installed?
☐ Waiver requested or needed?

DEFICIENCIES OR ACTION ITEMS

proof acceptable

PRIORITY CALCULATION

Date proof received NA
Date proof due -
No. of days late =
Priority date +
NEW PRIORITY DATE =

LB

138701
May 31, 1991

VALLEY FAMILY HEALTH CARE INC.
1441 N.E. 10TH AVE.
PAYETTE, ID 83661

PROOF DUE NOTICE

RE: PERMIT NO. 65-13234

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 August 1, 1991. (See last page of your approved permit or your last approved extension request.) Enclosed is a form which when accompanied by the license examination fee or a complete field examination report prepared by a certified water right examiner may be used to submit the required proof.

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

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

SINCERELY,

Rita Fleck
Secretary/Records Manager

Enclosures

RECEIVED

AUG 06 1991

S T A T E O F I D A H O

DEPARTMENT OF WATER RESOURCES

Statehouse
Boise, Idaho 83720
(208) 327-7900
July 27, 1990

VALLEY FAMILY HEALTH CARE INC.
1441 N.E. 10TH AVE.
PAYETTE, ID 83661

PERMIT APPROVAL NOTICE

RE: PERMIT NO. P65-13234

Dear Permit Holder:

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

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

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

We have enclosed a form entitled "Instructions for Proof of Beneficial Use". Please read the instructions carefully since you must take further action to develop this permit. Also enclosed for your convenience is a form entitled "Proof of

RECORDED

JUL 30 1990

Beneficial Use" that must be submitted to the Department when your project is completed. If development is complete, you may submit proof of beneficial use immediately.

Sincerely,

GARY SPACKMAN, Supervisor
Water Right Permits Section

GS: SC
Enclosures

MICROFILMED

1990

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPROPRIATION APPLICATION ANALYSIS SHEET

INITIAL REVIEW BY: RW DATE: 5-19-90 APPLICATION: 65-13234

REQUIRED INFORMATION

See Remarks on Appl.

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

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

ADDITIONAL INFORMATION

YES NO

- ☒ Overlapping place of use: (Describe source & relationship to present application on the back.)
- ☒ Overlapping point of diversion:
- ☒ Field check required: Field check by: _____
- ☒ Field report attached:
- ☒ Critical groundwater area:
- ☒ Groundwater management area:
- ☒ Send dam safety information:
- ☒ Send power requirement letter:
- ☒ Send fish farm requirement letter:
- ☒ Power residency affidavit:
- ☒ Power efficiency form:
- ☒ Within trust water boundary: (If yes, attach Trust Water Supplementary Analysis Sheet.)
- ☒ Diversion greater than 5 cfs or 500 af: (If yes, attach Large Diversion supplementary analysis sheet.)
- ☒ *REQUEST ADDITIONAL INFORMATION FROM THE APPLICANT

DATE REQUESTED: _____

Additional information on reverse side: _____

RECEIVED
JUL 09 1990

PROCESSING

65-13234

YES NO

In form for advertising:

Statewide advertising:

Fee amount, receipt number and date recorded on application:

SEND COPIES TO

YES NO

YES NO

FINAL REGIONAL PROCESSING REVIEW

~~YES~~, NO

✓✓✓

Affidavit of publication received:

Application published correctly: If not, record action taken.

✓

Publication dates and paper recorded on application:

Protests received. Final date for protest *June 25, 1990*

~~Protest dates, resolution of protest recorded on application:~~

Recommendations attached: *Approve, One*

Measuring device required:

Measuring port required:

Water delivered by water master? District # 6.5-

Special conditions of approval or cover letter:

✓ See below for additional information

Recommended Date or Priority 4/13/1990

Recommended by: _____

Date 7/3/1990

STATE OFFICE REVIEW

P05, P23

P/16

46

See below for additional information. By

kw

Date 7-23-90

ADDITIONAL INFORMATION

65-13234

VALLEY FAMILY HEALTH CARE INC.
1441 N.E. 10TH AVE.
PAYETTE, ID 83661

Source: GROUNDWATER

Diversion Pt: NESESW Sec 3 T 08N R 05W

Use: IRRIGATION (.060 CFS)
Total Diversion: (.060 CFS)

Date Filed: 4/13/ 1990

In: T08N R05W S03 SESW

3.0 ACRES TOTAL

MICROFILMED

JUL 30 1990