

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
PLACE OF USE MAP

T10N R01E

2 2

P/D

2 3

2 7

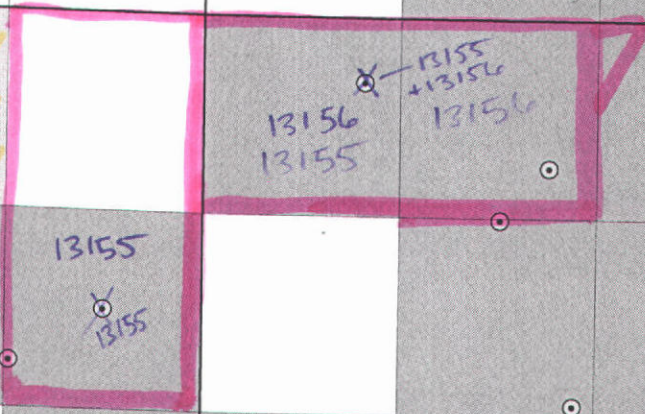
2 6

*insufficient map,
replace with topo*

02/05/90

MICROFILMED

JAN 24 1992



3025x

13155

13155

13156
13155

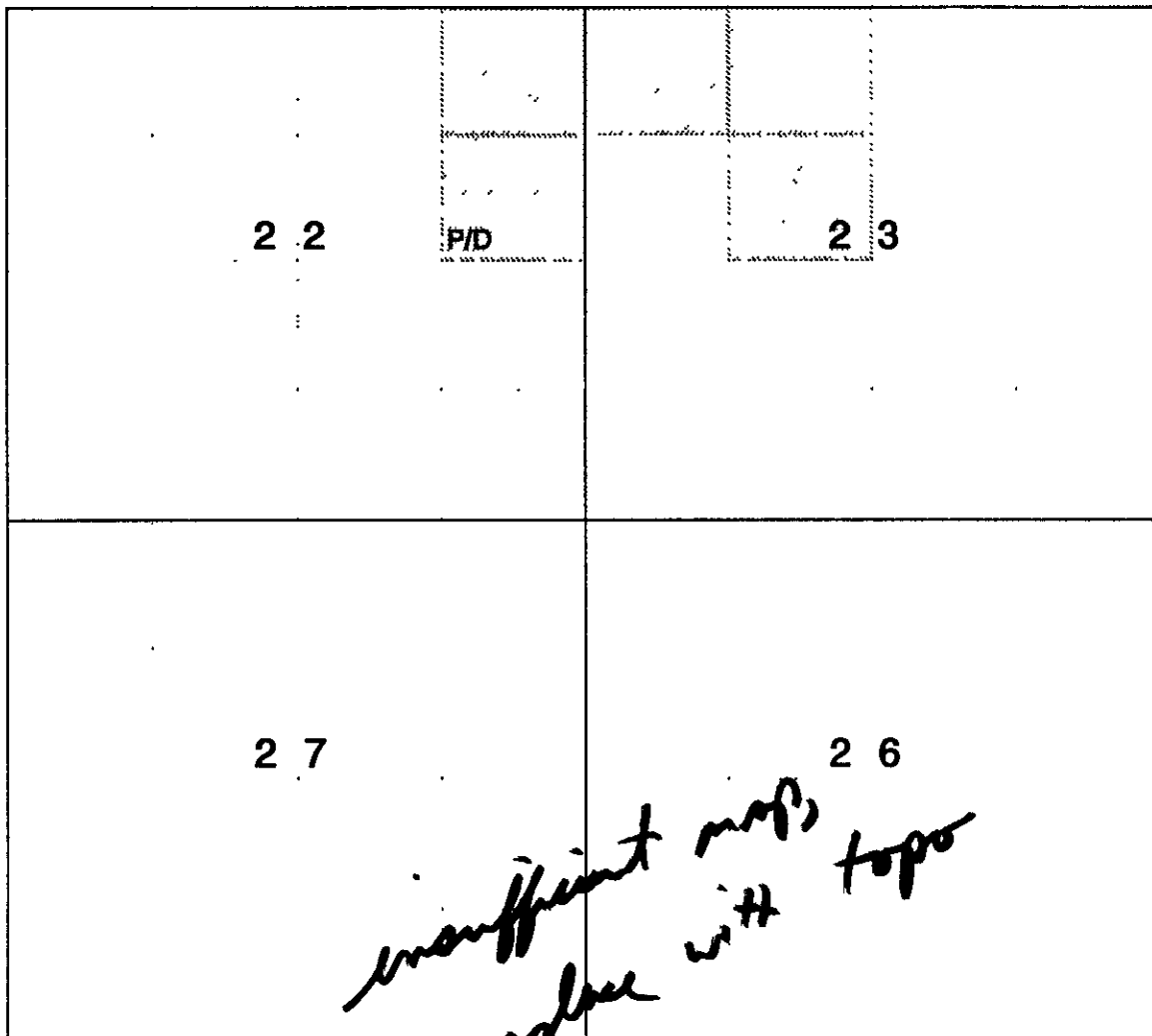
13155
+ 13156
13156

E. Retelle
November 2004

yellow - decreed (incorrectly)
pink - land ownership

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
PLACE OF USE MAP

T10N R01E



02/05/90

MICROFILMED

JAN 24 1992

MEMORANDUM

Date: December 20, 2004
To: Water Right File 65-13155
From: eretelle
Re: incorrect decree

during review for ownership change, it was noticed the PoU on the right does not match the land ownership. a map is attached.

E. Retelle
November 2004

LICENSE REVIEW CHECKLIST

PERMIT NO. 65-13155

DATE 7/28/97

REVIEWER: SHARLA

NAME	Change <u>—</u>	OK <u>✓</u>	Address Change <u>No</u>
SOURCE	—	✓	Is change/clarification of originally intended source? <u>—</u>
POINT OF DIV	—	✓	If not, prepare Notice of Intent to Void <u>—</u>
PLACE OF USE	—	✓	Amendment required <u>No</u>

Does map agree with written description? ✓ yes — no

OVERLAPS — P/D — P/U

RATE OF DIV

Permitted Rate	<u>.20</u> cfs
Fee limit	<u>.20</u> cfs <u>\$5000</u>
Measured	<u>.45</u> cfs
Theoretical	<u>—</u> cfs

Recommended Total Div Rate 20 cfs

ANNUAL VOLUME/
NATURE OF USES —

Use ✓

<u>Stock</u>	<u>11.0</u> af
<u>" Stor</u>	<u>9.0</u> af
<u>Rec</u>	<u>144.8</u> af
<u>Stor</u>	<u>9.0</u> af
SUBTOTAL	<u>173.8</u> af
<u>ENVIS Stor</u>	<u>NA</u>

Flow rate — cfs X — days X 1.9835 = — af

Total volume recommended — af

(SUBTOTAL or Flow Rate, whichever is less)

REMARKS

WB of ports

CONDITIONS

RO4 Watermaster Control WD# 65A

— GW Measurement/Measuring Device

— Overlap

— Use-specific conditions 080

Advancement of Priority Date Required — yes ✓ no

SRBA Claim Filed NA

Adjustment Memo

total volume
additive

1st Amend Letter NA

2nd Amend Letter NA

**ANALYSIS SHEET
FOR
PROOF OF BENEFICIAL USE**

Permit No. 65-13155 Reviewed by Klg Date 1/22/93

GENERAL CONSIDERATIONS

yes Name same as permit?
yes Address same as permit?
no Proof timely received?
If not, complete calculation below.

TYPES OF USE

Recreation
cattle - 800
Correct Uses? yes

SOURCE OF WATER

☒ Surface water source
☐ Ground water source
NA Drilling permit required?
/ Copy in the file? Drilling Permit No. _____
/ Amount paid for permit _____ Correct?
/ Well log in the file?

LICENSE EXAMINATION FEE

yes Required?
50 Amount Submitted
yes Correct?

MEASURING DEVICE

yes Required?
no Installed?
yes Waiver requested?

PRIORITY CALCULATION

Date proof received 1/20/93 20
Date proof due 1/1/93 - 1
No. of days late = 19
Priority Date 2/5/90 + 36
New Priority Date 2/24/90 55

DEFICIENCIES OR ACTION ITEMS

proof acceptable

*needs an order
needs a
measure device*

DATA ENTRY

New Address _____

Proof Made 1/20/93
1/29/93 Klg

Karen,

We do not have
the measuring Devices
in. You said you would
~~check it~~ see if
they were necessary.

FEB 04 1993 thanks

Allen

Form No. 202a.
10/90

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPROPRIATION APPLICATION ANALYSIS SHEET

INITIAL REVIEW BY: SR DATE: 1/29/91 APPLICATION: 65-13155

REQUIRED INFORMATION

see note in appl. file

☒ 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) Gov't. Lots:
☒ Period of use: W P/D
☒ Nature of proposed use: (Include description of use) N P/U
☒ 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:

ADDITIONAL INFORMATION

YES NO

N/A
Stockman
et al

☒ 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:
☒ Diversion within interim protected river 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 or irrigation greater than 200 acres: (If yes, attach Large Diversion supplementary analysis sheet.)
☒ *REQUEST ADDITIONAL INFORMATION FROM THE APPLICANT

DATE REQUESTED: _____

Additional information on reverse side:

RECEIVED
JUL 26 1991

Department of Water Resources

PROCESSING

APPLICATION NO. 65-13155

YES NO

☒ ☒
☒ ☒
☒ ☒

In form for advertising:

Statewide advertising:

Fee amount, receipt number and date recorded on application:

SEND COPIES TO

YES NO

☐ ☒
☐ ☒
☐ ☒
☐ ☒

I.D. Health and Welfare

I.D. Fish and Game

I.D. Lands

Adjudication Bureau

YES NO

☐ ☒
☐ ☒
☐ ☒
☐ ☒

U.S. BLM

U.S. Forest Svc.

Water Dist. # _____

Other _____

FINAL REGIONAL PROCESSING REVIEW

YES NO

☒ ☐
☒ ☐

Affidavit of publication received:

Application published correctly: If not, record action taken.

Publication dates and paper recorded on application:

Protests received. Final date for protest February 25, 1991

Protest dates, resolution of protest recorded on application:

Recommendations attached: Agrove, Dr

Measuring device required: Not in this circumstance

Measuring port required:

Water delivered by water master? District # 65-A, Squaw Cr & Tr. 65

Special conditions of approval or cover letter:

✓ 26A (Mlow 2 yrs), 65 (65A-Squaw Creek)

See below for additional information

Recommended Date or Priority 2/5/1990

Recommended by: DM

Date 7/23/1991

STATE OFFICE REVIEW

See below for additional information. By _____

Date _____

ADDITIONAL INFORMATION