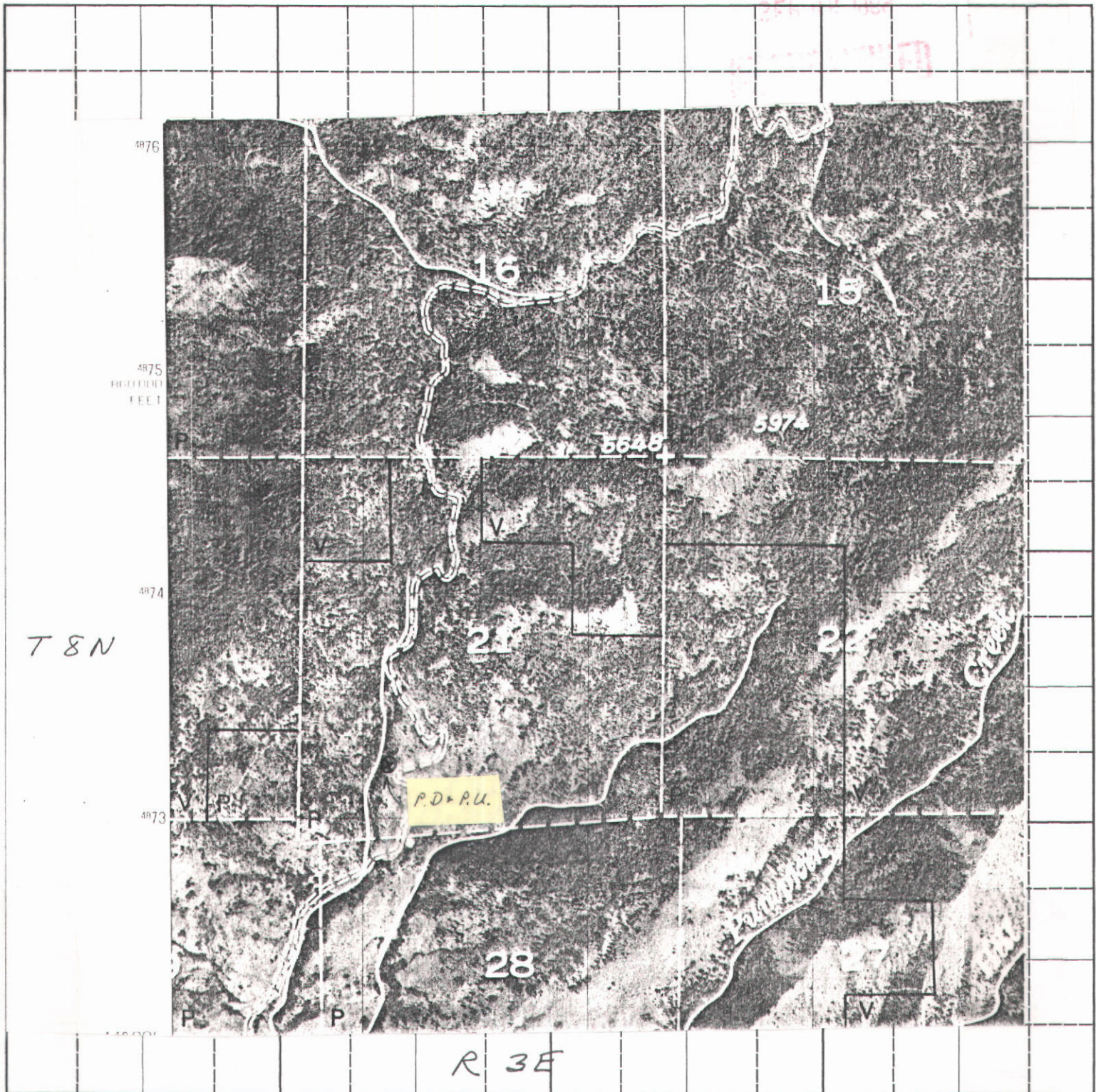


13. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



Scale: 2 inches equal 1 mile.

MICROFILMED

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. **SEP 06 1989**

Calvin C. Drake
(Applicant)

RECEIVED
JUL 29 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. 65-13007 Telephone No. 208-793-2372
- 2 Name(s) of Permit Holder(s): MR. + MRS CALVIN C. DRAKE
- 3 Post Office Address: Rt #1 Box 58 Horseshoe Bend, Id 83629
- 4 Source of Water: Spring
- a If ground water, well driller's name: _____ Date drilled: _____
- b Pump horsepower: _____ Pressure (psi): _____ Dynamic pumping level (ft): _____
- 5 Extent of Use:
- | | |
|--|---------------------------------|
| Domestic _____ (No. of households) | Irrigation _____ (No. of acres) |
| Stockwater <u>25</u> (No. and type of stock) | Other _____ |
- 6 Total rate and/or volume for which proof is submitted 0.02 cfs _____ acre/feet
- 7 Refer to the approval conditions on your permit and respond accordingly:
- Measuring device: Required? ☐ Yes ☒ No Installed? ☐ Yes ☐ No
- OR
- Flow Measurement Port: Required? ☐ Yes ☒ No Installed? ☐ Yes ☐ No
- 8 Fee Enclosed: \$ _____ (See License Examination Fee Schedule)
- 9 Person to contact to accompany the Department representative during the field examination:
- (MARGARET) MRS CALVIN DRAKE 208-793-2372
Name Telephone No.
- Rt #1 Box 58 Horseshoe Bend, Idaho 83629
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.

7-27-91
DateMrs Calvin C. Drake
Signature (and title if on behalf of a company or organization)

AUG 22 1991

RECEIVED
MAR 30 1989

65-13007

Ident. No. _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

APPROVED

Department of Water Resources To appropriate the public waters of the State of Idaho

1. Name of applicant Calvin C. Drake Phone 793-2372
Post office address Rt. 1, Box 58 Horseshoe Bend, ID 83629
2. Source of water supply Spring which is a tributary of Hill Creek
3. Location of point of diversion is NE 1/4 of SW 1/4 of SW 1/4, Govt. Lot _____
Sec. 21 Township 8N Range 3E B.M. Boise County; additional
points of diversion if any. _____
4. Water will be used for the following purposes.
Amount .04 for Domestic purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per annum)
Amount .02 for Stockwater purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
5. Total quantity to be appropriated is (a) 0.04 cubic feet per second and/or (b) _____ acre feet per annum
6. Proposed diverting works:
 - a. Description of ditches, flumes, pumps, headgates, etc. Spring box and pipe
 - 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 _____ inches; proposed depth of well is _____ feet.
 - d. Is ground water with a temperature of greater than 90°F being sought? _____
7. Time required for the completion of the works and application of the water to proposed beneficial use is
2 years (minimum 1 year).

MICROFILMED

SEP 06 1989

a Hydropower; show total feet of head and proposed capacity in KW. 25 head range cattle

b Stockwatering, list number and kind of livestock

c Municipal; show name of municipality.

d Domestic; show number of households. 2 homes (including up to 1/2 ac. irrigated)

e. Other; describe fully.

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.

[illegible]

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

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

c. If the property is owned by a person other than the applicant, describe the arrangement enabling the

applicant to make this filing.

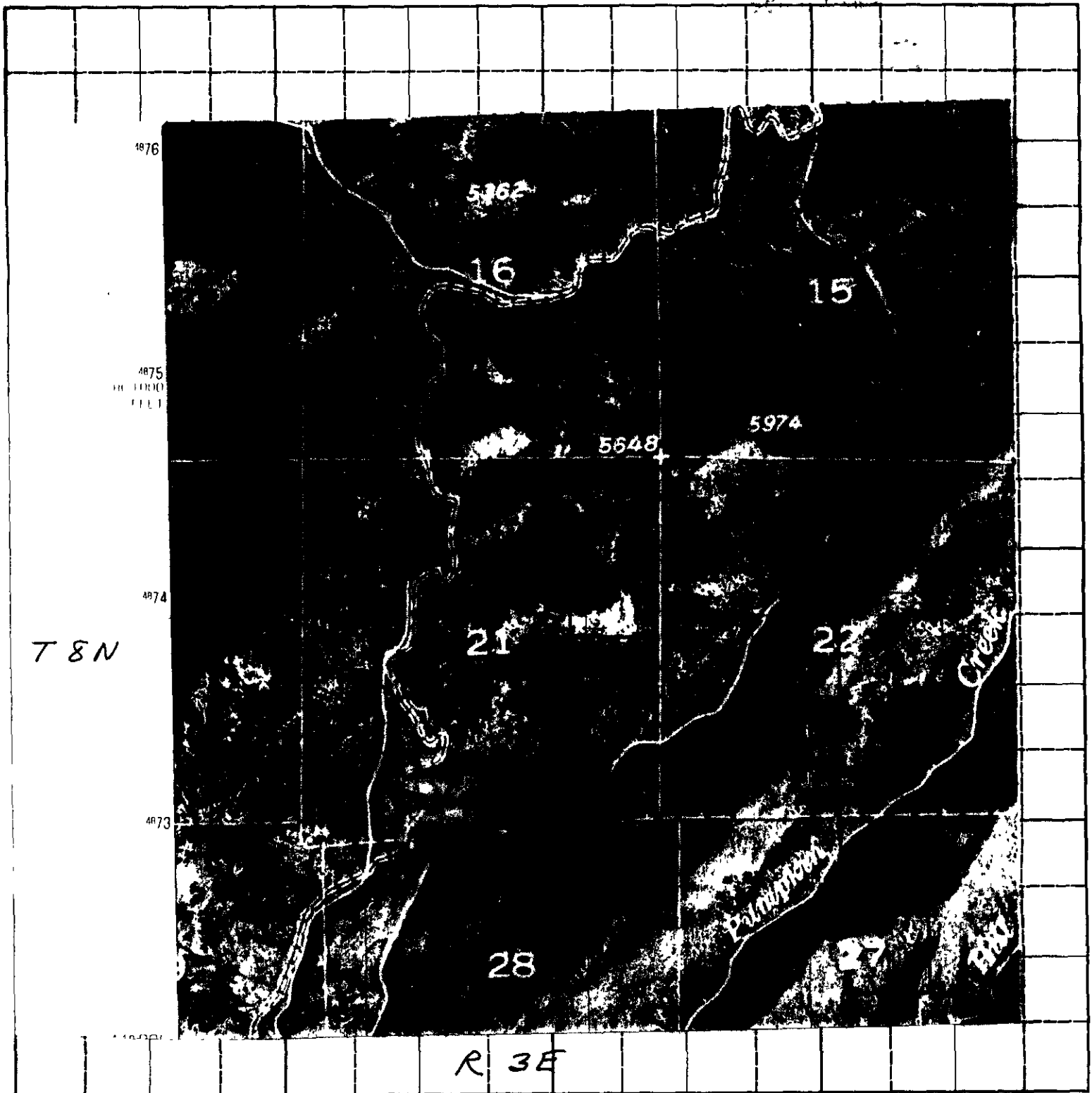
12. Remarks:

* per telco with applicant, 4/3/89, sz.

SEP 06 1983

DECLASSIFIED

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



Scale 2 inches equal 1 mile

MICROFILMED

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. SEP 06 1989

Calvin C. Drake
(Applicant)

Proposed Priority 3/30/89

3-31-89

9:00 AM

Received by CF Date 3-30-89 Time 2:25 P.M. Preliminary check by SL

Fee \$ 30.00 Receipted by CF # C006123 Date 3-30-89

Publication prepared by GG Date 4-12-89 Published in Idaho World

Publication approved et Date 5-10-89

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No. 65-13007, and said application is hereby APPROVED.

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

a. SUBJECT TO ALL PRIOR WATER RIGHTS.

b. Proof of construction of works and application of water to beneficial use shall be submitted on or before August 1, 19 91.

c. The rate of diversion, if water is to be used for irrigation under this permit, when combined with all other water rights for the same land shall not exceed 0.02 cubic feet per second for each acre of land

d. The water right acquired under this permit if for hydropower purposes shall be junior and subordinate to all rights to the use of water, other than hydropower, within the State of Idaho that are initiated later in time than the priority of this permit and shall not give rise to any right or claim against any future rights to the use of water, other than hydropower, within the State of Idaho initiated later in time than the priority of this permit.

e. Other: Permit holder shall commence the excavation or construction of diverting works within one year of the date this permit is issued and shall proceed diligently until the project is complete.

Use of water under this permit is subject to control by the watermaster of State Water District No. 65, Payette River.

Witness my hand this 19th day of July, 1989.

J. New Saxon

MICROFILMED

SEP 06 1989

NOTICE OF APPLICATION FOR WATER RIGHT

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

63-10783

SILVER, ANTHONY M.
HC 33, BOX 1641
BOISE, ID 83706

Source: SPRING, Tributary, SINKS, Diversion Pt. SESESE Sec 13 T 05N R 04E Use DOMESTIC (040 CFS), Date Filed: 4/04/1989, In: T05N R04E S13 SESE

65-12989

MURPHY, DOROTHY G.
316 SCHMEIZER LN.
BOISE, ID 83706

Source: SPRING, Tributary, SINKS, Diversion Pt. NESWNE Sec. 26 T 10N R 10E Use DOMESTIC (040 CFS), Date Filed: 3/23/1989, In: T10N R10E S26 SWNE

65-12995

COUGHLIN, MICHAEL J.
401 SUMMIT RIDGE
BOISE, ID 83702

Source: GROUNDWATER, Diversion Pt. LOT 8 (NWSE), Sec 32 T09N R08E Use, IRRIGATION (560 CFS), DOMESTIC (100 CFS), Date Filed: 3/27/1989, In: T09N R08E S32, Lot 7 (NESE), Lot 8 (NWSE), Lot 8 (SWSE), 28.0 ACRES TOTAL

STATE OF IDAHO

County of Boise

Peter A. Wierenga, being duly sworn, deposes and says: that he is the manager and principal clerk of THE IDAHO WORLD, a weekly newspaper published at Idaho City, in the County of Boise and 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 two (2) 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 in the issue beginning with 4/19 19 89 and ending with the issue of 4/26, 19 89.

Peter A. Wierenga

STATE OF IDAHO

County of Boise

On this 2nd day of May
In the year of 1989, before me, a Notary Public, personally appeared
Peter A. Wierenga

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

Peter A. Wierenga
Notary Public for Idaho

Residing at

My commission expires: 9/14/94

Department of Water Resources
Western Regional Office

WORLD - April 26, 1989 - Page 7

Legal Notices

65-12996

COUGHLIN, MICHAEL J.
401 SUMMIT PLAZA
BOISE, ID 83702

Source: EMMA CREEK, Tributary, PAYETTE RIVER, SOUTH FORK, Diversion Pt. LOT 9 (SWSW) Sec. 33 T 09N R 08E Use IRRIGATION (560 CFS), DOMESTIC (100 CFS), Date Filed: 3/27/1989, In: T09N R08E S32, Lot 7 (NESE), Lot 8 (NWSE), Lot 8 (SWSE), 28.0 ACRES TOTAL

65-12998

GARDEN VALLEY SUMMER HOME SITES
P.O. BOX 6157
BOISE, ID 83707

Source: EDDY CREEK, Tributary, PAYETTE RIVER, Diversion Pt. NWSE Sec. 19 T 09N R 04E, SWSE Sec. 19 T 09N R 04E, Use DOMESTIC (200 CFS), Date Filed: 3/21/1989, In: T09N R04E S19 NWSE SWSE SESE, S30, Lot 1 (NENE) NWNE

65-12999

GARDEN VALLEY SUMMER HOME SITES
P.O. BOX 6157
BOISE, ID 83707

Source: GROUNDWATER, Diversion Pt. SWNWSE Sec. 19 T09N R04E, Use DOMESTIC (200 CFS), Date Filed: 3/21/1989, In: T09N R04E S19 NWSE SWSE SESE, S30, Lot 1 (NENE) NWNE

65-13000

GARDEN VALLEY SUMMER HOME SITES
P.O. BOX 6157
BOISE, ID 83707

Source: SPRING, Tributary, EDDY CREEK, Diversion Pt. SWNWSE Sec. 19 T 09N R 04E, Use DOMESTIC (200 CFS), Date Filed: 3/21/1989, In: T09N R04E S19 NWSE SWSE SESE, S30, Lot 1 (NENE) NWNE

65-13001

GARDEN VALLEY SUMMER HOME SITES
P.O. BOX 6157
BOISE, ID 83707

Source: GROUNDWATER, Diversion Pt. SESE Sec. 19 T09N R 04E Use, DOMESTIC (200 CFS), Date Filed: 3/21/1989, In: T09N R04E S19 NWSE SWSE SESE, S30 Lot 1 (NENE) NWNE

65-13002

PORTER, CLYDE
PORTER, MARY CHRISTINE
HC 76, BOX 2523
GARDEN VALLEY, ID 83622

Source: PYLE CREEK, Tributary, PAYETTE RIVER, MIDDLE FORK, Diversion Pt. NENE Sec. 34 T10N R04E Use, IRRIGATION (050 CFS), STOCKWATER (020 CFS), Date Filed: 4/10/1989, In: T10N R04E S34 NENE, 2.2 ACRES TOTAL

65-13004

DUNCAN, DALE L.
1822 E MONTELELO LN
BOISE, ID 83712

Source: PAYETTE RIVER, MIDDLE FORK, Tributary, PAYETTE RIVER, Diversion Pt. NWSW Sec. 15 T 09N R 04E Use, IRRIGATION (500 CFS), Date Filed: 2/24/1989, In: T09N R04E S15 NWSW, 25.0 ACRES TOTAL

65-13005

DUNCAN, DALE L.
1822 E MONTELELO LN
BOISE, ID 83712

Source: GROUNDWATER, Diversion Pt. IWSW Sec. 15 T 09N R 04E Use, IRRIGATION (120 CFS), COMMERCIAL (070 CFS), DOMESTIC (130 CFS), Date Filed: 2/24/1989, In: T09N R04E S15 NWSW, 4.0 ACRES TOTAL

65-13007

DRAKE, CALVIN C.
RT. 1, BOX 58
HORSESHOE BEND, ID 83629

Source: SPRING, Tributary, HILL CREEK, Diversion Pt. NESWSW Sec. 21 T 08N R 03E, Use STOCKWATER (020 CFS), DOMESTIC (040 CFS), Date Filed: 3/30/1989, In: T08N R03E S21 SWSW

65-13008

DRAKE, CALVIN C.
RT. 1, BOX 58
HORSESHOE BEND, ID 83629

Source: SPRINGS, Tributary, HILL CREEK, Diversion Pt. NWSESE Sec. 29 T 08N R 03E, Use STOCKWATER (020 CFS), DOMESTIC (040 CFS), Date Filed: 3/30/1989, In: T08N R03E S29 SESE

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 MAY 8, 1989.

R. KEITH HIGGINSON, Director
Published in the Idaho World, Idaho City, Idaho, April 19 & 26, 1989



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Boise, ID 83706 - P.O. Box 83720, Boise, ID 83720-0098
Phone: (208) 327-7900 Fax: (208) 327-7866 Web Site: www.idwr.state.id.us

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

November 6, 2001

MARGARET L DRAKE
308 PIONEER RD
HORSESHOE BEND ID 83629

RE: Assignment of Permit for Permit 65-13007

Dear Mrs. Drake:

The Change in Address form you sent to our Western Region office has been forwarded to me so that the records for permit 65-13007 could be updated.

Our records show that permit 65-13007 was issued in the name of Calvin C. Drake who is now deceased. In order to change the ownership on a water right permit it is necessary to complete an Assignment of Permit form(form enclosed) and return it with the \$25.00 filing fee to our office. Please include documentation showing ownership of the estate or an assignment from the owner of the estate naming you as the current owner of this water right permit.

If you have any questions regarding this matter, please call me at 208-327-7941.

Sincerely,

Kari Lynn Townsend
Secretary

KLT:k

Enclosure

* 65-13007 is in Calvin Drake's name.
To change this right, we would need to
have him sign also.

**SNAKE RIVER BASIN ADJUDICATION
CHANGE IN ADDRESS OF NOTICE OF CLAIM**

RECEIVED

NOV - 5 2001

Department of Water Resources

RECEIVED

NOV 01 2001

WATER RESOURCES
WESTERN REGION

Claim Number(s):

REGION CHANGED
65-19625 / 65-13007

Previous Mailing Address:

Rt 1 Box 59

New Mailing Address:

308 Pioneer Rd
Horseshoe Bend, ID 83629

Telephone Number:

* (208) 793-2372

Signature of Claimant(s):

* Mrs Calvin Drake (Margaret L.) ⁶⁵⁻¹³⁰⁰⁷

*Please see enclosed copy of death
certificate*

Please return this completed form to:

Adjudication Bureau
Idaho Dept. of Water Resources
1301 N. Orchard St.
Boise, ID 83706-2237
Ph. 1/800/451-4129 or
FAX 208/327-5400

Adjudication Bureau
Idaho Dept. of Water Resources
2735 Airport Way
Boise, ID 83705-5082
Ph. 208/334-2190 or
FAX 208/334-2348

Adjudication Bureau
Idaho Dept. of Water Resources
1341 Fillmore St., Ste. 200
Twin Falls, ID 83301-3380 or
FAX 208/736-3037

Adjudication Bureau
Idaho Dept. of Water Resources
900 N. Skyline, Ste. A
Idaho Falls, ID 83402-3653 or
FAX 208/525-7177

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 38-2401 & 38-24

State File No. _____
Local Reg. No. _____

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN NAME OF DECEDENT For use by physician or evaluation	DECEDENT — NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Month, Day, Year)
	1 CALVIN		CHARLES		DRAKE		Male	June 30, 1990
	SOCIAL SECURITY NUMBER		AGE - Last Birthday (Yrs.)		UNDER 1 YEAR MONTHS DAYS		DATE OF BIRTH (Month, Day, Year)	
	2 519-22-3832		64				May 22, 1926	
	3 WAS DECEDENT EVER IN U.S. ARMED FORCES?		PLACE OF DEATH (Check only one) *		HOSPITAL (1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA		OTHER (4) ☐ Home (5) ☒ Private Residence (6) ☐ Licensed Shelter Home (7) ☐ Other (Specify) _____	
	4 Yes ☒ No ☐		5a					
	6 FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)						7 CITY, TOWN OR LOCATION OF DEATH	
	8 Foss Ranch; 5 Mi. No. Horseshoe B.						9 Gardenia	
	10 MARRITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)		11 SURVIVING SPOUSE (If wife, give maiden name)		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		12b KIND OF BUSINESS / INDUSTRY	
	10 Married		11 Margaret Olsen		12a Rancher		12b Cattle Ranch	
	13 RESIDENCE STATE		13b COUNTY		13c CITY, TOWN OR LOCATION		13d STREET AND NUMBER	
	13 Idaho		13b Boise		13c Horseshoe Bend		13d Route 1, Box 58	
	14 INSIDE CITY LIMITS?		15 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE — American Indian, Black, Japanese, White, etc. (Specify)		17 18. DECEDENT'S EDUCATION (Specify only highest grade completed)	
	14 Yes ☐ No ☒		15 Yes ☐ No ☒		16 White		17 Elementary/Secondary (0-12) 12 College (1-4 or 5+)	
	18 FATHER — NAME		19 BIRTHPLACE		20 MOTHER — FULL MAIDEN NAME		21 BIRTHPLACE	
	18 Ross Drake		19 Nebraska		20 Rena E. Gatfield		21 Kansas	
	22 INFORMANT'S NAME (Type/Print)				23 MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
	22 Margaret Drake				23 Rt 1 Box 58 Horseshoe Bend, Idaho 83629			
	24 METHOD OF DISPOSITION		25 PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		26 LOCATION — City or Town, State			
	24 ☒ Burial ☐ Cremation ☐ Removal from Idaho		25 Pioneer Cemetery		26 Horseshoe Bend, Idaho			
	27a ☐ Donation ☐ Other (Specify) _____		27b		27c			
	28 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		29 LICENSE NUMBER (of Licensee)		30 NAME AND ADDRESS OF FACILITY			
	28 <i>Walter H. Hottel</i>		29 M-445		30 Box 697 Potter Funeral Chapel, Emmett, Idaho			
	31 TIME OF DEATH		32 DATE PRONOUNCED DEAD (Month, Day, Year)		33 WAS CASE REFERRED TO CORONER?		34 MANNER OF DEATH (Check One)	
	31 10:35 a.m.		32 June 30, 1990		33 Yes ☒ No ☐		34 ☐ Natural ☐ Homicide ☐ Suicide ☒ Accident ☐ Pending Investigation ☐ Could Not Be Determined	
	35 27 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.							
	36 IMMEDIATE CAUSE (Final disease or condition resulting in death)		37					
	36 multiple internal injuries		37 sudden					
	38a DUE TO (or as a consequence of)							
	38b DUE TO (or as a consequence of)							
	38c DUE TO (or as a consequence of)							
	38d							
	39 27 PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I						40 WAS AN AUTOPSY PERFORMED?	
							40 Yes ☐ No ☒	
							41 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
							41 Yes ☐ No ☐	
	42 CERTIFIER (Check only one)							
	42 ☐ PHYSICIAN — To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) and manner as stated							
	42 ☒ CORONER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated							
	43 SIGNATURE AND TITLE OF CERTIFIER				44 LICENSE NUMBER		45 DATE SIGNED (Month, Day, Year)	
	43 <i>Jim Stam</i> Dep. Coroner				44		45 July 2, 1990	
	46 NAME AND ADDRESS OF CERTIFIER (Type/Print)							
	46 Jim Stam Box 118 Horseshoe Bend, Idaho 83629							
	47 DATE OF INJURY (Mo, Day, Yr)		48 HOUR OF INJURY		49 DESCRIBE HOW INJURY OCCURRED			
	47 June 30, 90		48 10:00 am		49 swather operator fell forward into sydle and reel			
	50 INJURY AT WORK? ☒ Yes ☐ No		51 IF TRANSPORTATION ACCIDENT, Specify		52 PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		53 LOCATION (Street or Route Number, City/Town, or County and State)	
	50		51 Driver ☐ Passenger ☐ Pedestrian ☐ Other _____		52 farm		53 milepost 69.1 highway 55 east side of highway	
	54 CORONER'S ACTION (Check One)				55 CORONER'S SIGNATURE		56 DATE SIGNED (Month, Day, Year)	
	54 (1) ☐ Reviewed Only (2) ☐ Reviewed, Completed Items 26 and/or 30 (3) ☐ Reviewed, Amended and Certified				55		56	
	57 REGISTRAR'S SIGNATURE						58 DATE FILED (Month, Day, Year)	
	57						58	

August 14, 1991

CALVIN C. DRAKE
RT. 1 BOX 58
HORSESHOE BEND, ID 83629

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 65-13007

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 22 1991

ANALYSIS SHEET
for
PROOF OF BENEFICIAL USE

Permit No. 65-13007

Date 8-12-91

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
☒ Drill permit req'd?
☐ Copy in file? Drill permit no. _____
☐ Amt paid for drilling permit? _____ Correct?
☐ Well log in file?

LICENSE EXAMINATION FEE

- ☒ Required?
☐ Amount submitted?
☐ Correct amount?

MEASURING DEVICE

- ☒ Measuring device or access port required?
☐ Installed?
☐ Waiver requested or needed?

DEFICIENCIES OR ACTION ITEMS

Proof acceptable

PRIORITY CALCULATION

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

[Signature]

138679
May 31, 1991

CALVIN C. DRAKE
RT. 1 BOX 58
HORSESHOE BEND, ID 83629

PROOF DUE NOTICE

RE: PERMIT NO. 65-13007

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

MAILED
AUG 22 1991

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

Statehouse
Boise, Idaho 83720
(208) 334-7900
July 19, 1989

CALVIN C. DRAKE
RT. 1 BOX 58
HORSESHOE BEND, ID 83629

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

RE: PERMIT NO. 65-13007

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.

Please note the requirement that as a permit holder you must commence the excavation or construction of diverting works within one year of the date the permit was issued, and you must proceed diligently until the project is completed. The enclosed blue card must be completed and returned to this office as soon as you commence construction, no later than one year from the date the permit was approved.

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 into a license.

Sincerely,

GARY SPACKMAN, Supervisor
Water Right Permits Section

GS: SC
Enclosures

MICROFILMED

SEP 06 1989

P/O - - 8N 3E 5.21 NESWSW

P/O -

"

JWSW

Form No. 202a.

4/87

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPROPRIATION APPLICATION ANALYSIS SHEET

INITIAL REVIEW BY: SC DATE: 4/3/89 APPLICATION: 65-13007

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)
☒ 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 signator 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 boundry: (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

JUN 30 1989

Department of Water Resources

PROCESSING

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 District # _____
☐ ☒ 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 May 8, 1989
☐ ☒ Protests, dates, resolution of protest recorded on application:
☐ ☒ Recommendations attached:
☐ ☒ Measuring device required:
☐ ☒ Measuring port required:
☐ ☒ Water delivered by water master? District # 65
☐ ☒ Special conditions of approval or cover letter: (see additional info. below)
☐ ☒ See Below For Additional Information
Recommended Date of Priority 3/30/1989 ☒
Recommended by: DR Date 6/29/1989

STATE OFFICE REVIEW

P17

26 05 (65, Payette River)

See below for additional information. By kw Date 7/17/89

ADDITIONAL INFORMATION

☒ 26A, Recommend not 2 years for allowed for completion of this project.

65-13007

DRAKE. CALVIN C.

RT. 1 BOX 58
HORSESHOE BEND, ID 83629

Source: SPRING

Tributary: HILL CREEK

Diversion Pt: NESWSW Sec 21 T 08N R 03E

Use: STOCKWATER (.020 CFS)
DOMESTIC (.040 CFS)

Date Filed: 3/30/1989

In: T08N R03E S21 SWSW

MICROFILMED

SEP 06 1989