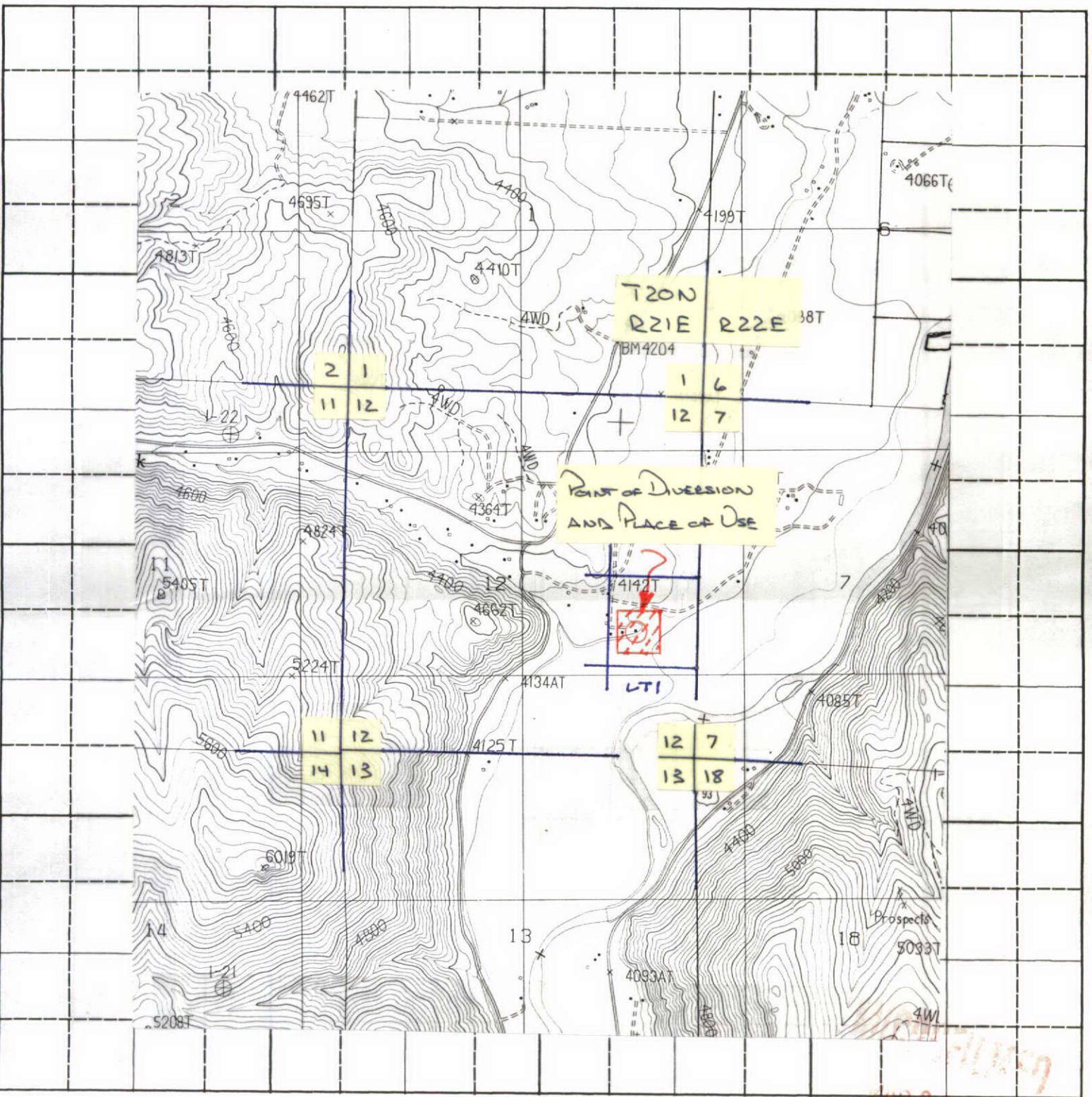


13. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



Scale: 2 inches equal 1 mile.

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

Labelle A. [Signature]
(Applicant)

RECEIVED

DEC 9 1999

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Department of Water Resources

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. 15-07637 Telephone No. (208) 156-4121
2. Name(s) of Permit Holder(s): Rick & Tabitha Austin
3. Mailing Address: R.R. 1 Box 242 A, Salmon ID 83467
4. Source of Water: well If GROUNDWATER (well), Date Drilled: mo. 06 / yr. 98
- a. Well Driller: Harbor Drilling Company Drilling Permit Number: 15-98-E-0011
- 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): 9 Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: 20 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)

Measuring Device: Is a measuring device required?

Yes _____ or No ✓

Has the measuring device been installed?

Yes _____ or No ✓

Flow Measurement Port: Is a flow measurement port required?

Yes _____ or No ✓

Has the measurement port been installed?

Yes _____ or No ✓

8. Fee Enclosed: \$ 50.00 (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: Rick or Tabitha Austin Telephone Number: (208) 156-4121

Address: R.R. 1 Box 242 A Salmon, ID 83467

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:

[Signature]

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

Date: 12-1-99

APR 18 2000

State of Idaho
Department of Water Resources
Permit To Appropriate Water
NO. 75-07637

Proposed Priority: December 4, 1995 **Maximum Diversion Rate:** 0.20 CFS

This is to certify, that **RICK AUSTIN**
TABITHA AUSTIN
PO BOX 184

SALMON ID 83467-0184

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	04/15 to 10/15	0.18 CFS
DOMESTIC	01/01 to 12/31	0.02 CFS
Totals		0.20 CFS

LOCATION OF POINT(S) OF DIVERSION:

NESE , Sec. 12, Township 20N, Range 21E
LEMHI 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>
20N	21E	12	NESE	9.0		9.0

Total number of acres irrigated: 9.0

PLACE OF USE: DOMESTIC, same as IRRIGATION use

CONDITIONS OF APPROVAL AND REMARKS

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before February 1, 2001.
2. Subject to all prior water rights.
3. Project construction shall commence within one year from the date of permit issuance and shall proceed diligently to completion unless it can be shown to the satisfaction of the Director of the Department of Water Resources that delays were due to circumstances over which permit holder had no control.
4. After specific notification by the department, the right holder shall install a suitable measuring device or shall enter into an agreement with the department to determine the amount of water diverted from power records and shall annually report the information to the department.
5. Right holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
6. Construction of the well must comply with Idaho well construction standards.
7. The rate of diversion of water for irrigation under this right and all other water rights on the same land shall not exceed 0.02 cubic feet per second for each acre of land.
8. Domestic use is for office restrooms.
9. Domestic use does not include lawn, garden, landscape, or other types of irrigation.

MICROFILMED
MAR 29 1996

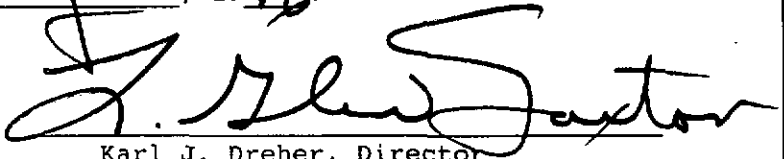
State of Idaho
Department of Water Resources

Permit To Appropriate Water

NO. 75-07637

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

7th day of February, 1996.


Karl J. Dreher, Director
for

MAR 29 1996

RECEIVED
FEB 02 1996

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

Ident. No. 75-7637

Department of Water Resources

To appropriate the public waters of the State of Idaho

1. Name of applicant Rick & Tabitha Austin Phone (208) 756-4161
Post office address P.O. Box 184, Salmon, ID 83467
2. Source of water supply GROUNDWATER which is a tributary of _____
3. Location of point of diversion is _____ $\frac{1}{4}$ of NE $\frac{1}{4}$ of SE $\frac{1}{4}$, Govt. Lot _____
Sec. 12 Township 20N Range 21E B.M. LEMMU County; additional
points of diversion if any: _____
4. Water will be used for the following purposes:
Amount 0.02 for DOMESTIC purposes from 1/1 to 12/31 (both dates inclusive)
(cfs or acre-feet per annum)
Amount 0.18 for IRRIGATION purposes from 4/15 to 10/15 (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)
5. Total quantity to be appropriated is (a) 0.20 and/or (b) _____
cubic feet per second acre feet per annum
6. Proposed diverting works:
 - a. Description of ditches, flumes, pumps, headgates, etc. WELL, PUMP AND PIPELINES
TO SMALL BUSINESS FOR GENERAL DOMESTIC USE AND TO
SPRINKLER SYSTEM TO IRRIGATE ADJACENT LAND.
 - 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 8" inches; proposed depth of well is 85 feet.
 - d. Is ground water with a temperature of greater than 85°F being sought? NO
 - e. If well is already drilled, when? _____; Drilling firm _____;
Well was drilled for (well owner) _____
7. Time required for the completion of the works and application of the water to be proposed beneficial use is
5 years (minimum 1 year).

MAR 29 1996

8. Description of proposed uses (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. 1 SMALL BUSINESS (2) OFFICE RESTROOMS
- e. Other; describe fully. _____

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.

* per telecons w/Tabitha Austin 2/6/96. cz.

TWP	RANGE	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	
20N	21E	12													D				
															9				9

Total number of acres to be irrigated 9

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

A75-10153, A75-10154

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

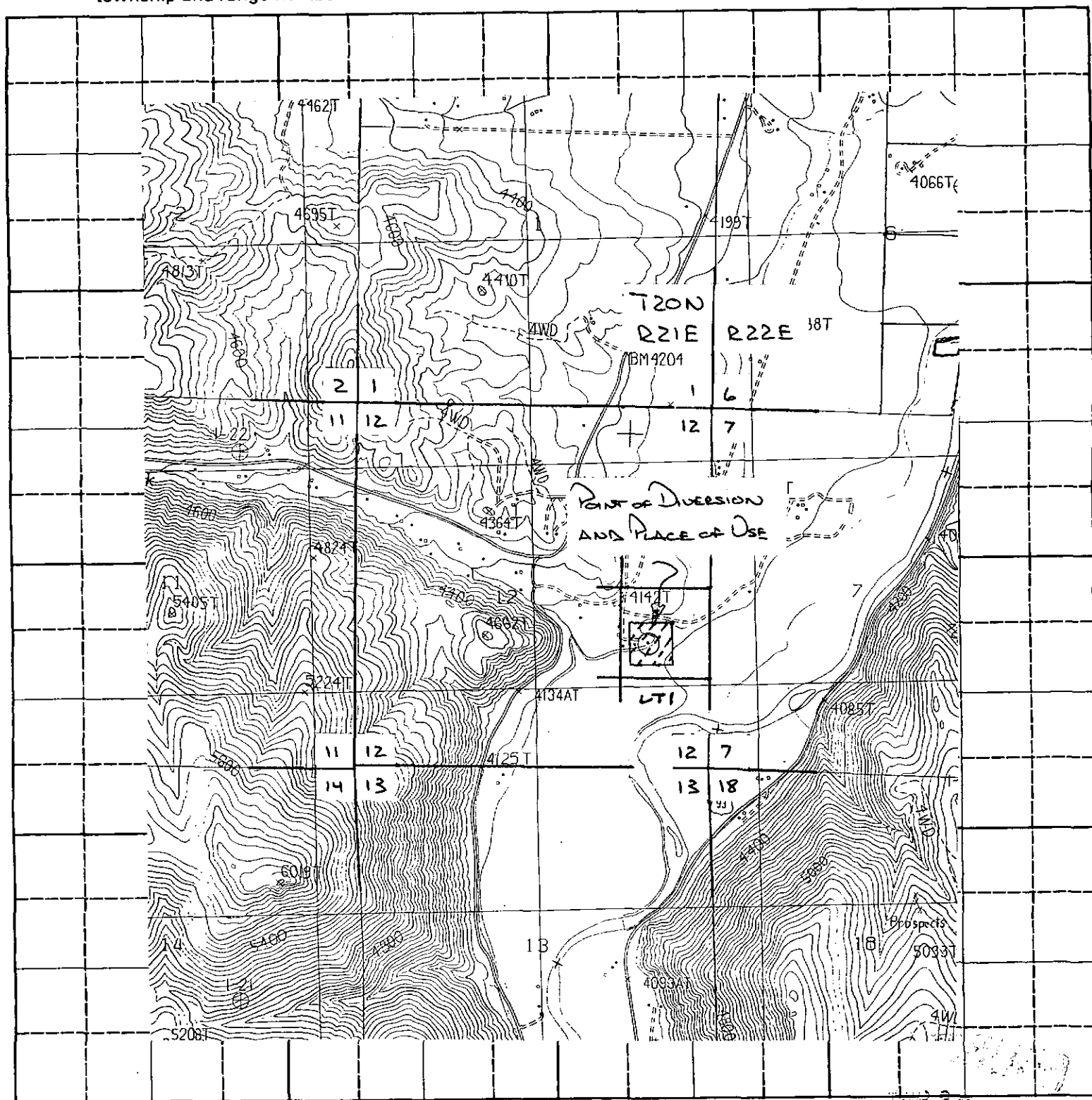
c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing. _____

12. Remarks: _____

RECEIVED

MAR 29 1996

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



Scale: 2 inches equal 1 mile.

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

Labelle J. [Signature]
(Applicant)

29 1996

Received by EM Date 12-4-95 Time 0930 Preliminary check by _____
Fee \$ 50⁰⁰/100 Receipted by EM # E021744 Date 12-4-95
Publication prepared by RB Date 12-21-95 Published in Lecander Herald
Publication approved RB Date 1-25-96

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:

MAR 29 1996

MAR 29 1996



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

April 19, 2000

DIRK KEMPTHORNE
GOVERNOR

KARL J. DREHER
DIRECTOR

RICK & TABITHA AUSTIN
RR 1 BOX 242A
SALMON ID 83467

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 75-07637

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 **Eastern Regional Office** of the department in Idaho Falls at (208) 525-7161.

Sincerely,

Deborah Drew-Ellis
Administrative Assistant
Water Allocation Bureau

c: IDWR - Regional Office

MICROFILMED

APR 18 2000

**ANALYSIS SHEET
FOR
PROOF OF BENEFICIAL USE**

Permit No. 75-67637 Reviewed by [Signature] Date 12-22-99

GENERAL CONSIDERATIONS

TYPES OF USE

yes Name same as permit?
no Address same as permit?
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. 75-98-E-0011-000
200- Amount paid for permit yes Correct?
no Well log in the file?

LICENSE EXAMINATION FEE

MEASURING DEVICE

yes Required?
0 Amount Submitted
no Correct?
no Required?
1 Installed?
1 Waiver requested?

PRIORITY CALCULATION

Date proof received	_____
Date proof due	_____
No. of days late	_____
Priority Date	_____
New Priority Date	_____

DEFICIENCIES OR ACTION ITEMS

Request 50.00 exam fee - received 3/7/00.

DATA ENTRY

New Address RR1 Box 2ND A Proof Made 3/7/00 fee received
Salmon 83467

RECEIPT
For Monies Paid
to the
Idaho Department of Water Resources

Receipt No: 0048303

Date: 3/ 7/2000
Time: 10:37:42

Received
From: AUSTIN RICK D

	Type of Payment		Program Acct	Amount
BENEFICIAL USE,	#75-07637	56104	229 21 1155	50.00

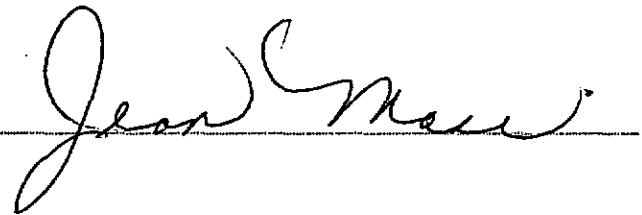
CHECK

0359

Total \$ 50.00

Region: STATE

Signature: _____



MICROFILMED
APR 18 2000

RECEIVED

MAR 6 2000

RECEIVED

DEC 9 1999

Department of Water Resources

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Department of Water Resources

FOR OFFICE USE ONLY

Amt. of Fee \$: 50.00
Receipt No. 0048303
Receipt By: JTW
Date Received: 3-7-00

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.

- Permit No. 15-07637 Telephone No. (208) 756-4121
- Name(s) of Permit Holder(s): Rick & Tabitha Austin
- Mailing Address: R.R. 1 Box 2nd A, Salmon ID 83467
- Source of Water: well If GROUNDWATER (well), Date Drilled: mo. 06 / yr. 98
 - Well Driller: Harbor Drilling Company Drilling Permit Number: 15-98-E-0011
 - OPTIONAL:
Pump Horsepower: _____ Pressure (psi): _____ Dynamic pumping level (ft): _____
- Use(s) (as authorized by the water right permit):
Domestic (No. of households): _____ Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 9 Other: _____
- Total rate of diversion and/or volume for which proof is submitted: 20 cfs OR _____ acre feet
- 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)

Measuring Device: Is a measuring device required?

Yes _____ or No ✓

Has the measuring device been installed?

Yes _____ or No ✓

Flow Measurement Port: Is a flow measurement port required?

Yes _____ or No ✓

Has the measurement port been installed?

Yes _____ or No ✓

8. Fee Enclosed: \$ 50.00 (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: Rick or Tabitha Austin Telephone Number: (208) 756-4121

Address: R.R. 1 Box 2nd A Salmon, ID 83467

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:

[Signature]

Date: 12-1-99

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

MICROFILMED

APR 18 2000

FEB-17-00 THU 03:59 PM



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

FAX TRANSMITTAL COVER SHEET

DIRK KEMPTHORNE
GOVERNOR

KARL J. DREHER
DIRECTOR

DATE: 2.17.00

TO: Jane Austin
208-756-8398

FROM: Kari Lynn Swenson
IDWR

DOCUMENT
DESCRIPTION:

Proof of Beneficial Use form!

COMMENTS:

Re 75-07637
more record of
receipt on file.
Kari Lynn
1.3.00

COVER SHEET + 1 PAGES

PLEASE CONTACT
ENTIRE DOCUMENT

Kari Lynn Swenson
327-7941

IF YOU DON'T RECEIVE THIS

Note: Jane said AMERICAN send check w/ faxed
Copy of B/U form
APR 18 2000

FROM

Mhu

DATE

01-03-00

TO

File 75-7637

SUBJECT

- Tabitha Austin called on this date inquiring about the fee the Dept has not rec'd.

- I advised that we have not rec'd it.

MICROFILMED

APR 18 2000



SIGNATURE



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

KARL J. DREHER
DIRECTOR

December 27, 1999

Rick and Tabitha Austin
RR 1 Box 2N2 A
Salmon ID 83467

RE: Permit No. 75-07637

Dear Permit Holder:

I have returned a copy of the Proof of Beneficial Use statement you submitted in connection with the above referenced water right permit. The proof as filed is not acceptable since was not accompanied by the required \$50.00 license examination fee.

Please return the copy of the proof form along with the \$50.00 license examination fee within 60 days of receipt of this letter. **Please address your correspondence to my attention.**

You can contact me at (208)327-7953, if you have any questions regarding this matter.

Sincerely,

JULIE L. YARBROUGH
Senior Secretary, Water Allocation Bureau

Enclosure

c: IDWR - Region

MICROFILMED
APR 18 2000

APR 18 241 635 789
2000

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail

Sent to	
Street & Number	
Post Office, State, & ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

75-07637
TABITHA AUSTIN
PO BOX 184
SALMON

ID B3467-0184

Stick postage stamps to article to cover First-Class postage, certified mail fee, and charges for any selected optional services (See front).

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (*no extra charge*).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make an inquiry.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

75-07637
TABITHA AUSTIN
PO BOX 184
SALMON

ID 83467-0184

4a. Article Number

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

5. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

RR2 Box 242-A

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
SPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

DEPARTMENT OF WATER RESOURCES
1301 N. ORCHARD ST.
BOISE, ID 83706-2237

RECEIVED

MICROFILMED
NOV 3 - 1999

APR 18 2000

Department of Water Resources

4A

83706-2237



P 241 635 788

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail

Sent to

Street & Number

Post Office, State, & ZIP Code

Postage

\$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees

\$

Postmark or Date

ID 83467-01B4

PS Form 3800, April 1995

75-07637
RICK AUSTIN
PO BOX 184
SALMON

Stick postage stamps to article to cover First-Class postage, certified mail fee, and charges for any selected optional services (See front).

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make an inquiry.

Is your RETL RN ADDE ESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

75-07637
RICK AUSTIN
PO BOX 184
SALMON

1D 83467-01B4

MICROFILMED

4a. Article Number

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

Tabitha J. Austin

6. Signature: (Addressee or Agent)

X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

RR2 BOX 242-A

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

DEPARTMENT OF WATER RESOURCES
1301 N. ORCHARD ST.
BOISE, ID 83706-2237

RECEIVED

NOV 3 - 1999

Department of Water Resources

MICROFILMED
APR 18 2000

WA

83706-2237





State of Idaho

DEPARTMENT OF WATER RESOURCES

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

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

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

February 7, 1996

RICK AUSTIN
TABITHA AUSTIN
PO BOX 184
SALMON ID 83467-0184

PERMIT APPROVAL NOTICE

RE: PERMIT NO. 75-07637

Dear Permit Holder:

Enclosed is a copy of your approved application for permit. Please be sure to thoroughly review the "CONDITIONS/REMARKS:" listing on the permit.

As a permit owner you must commence the excavation or construction of the diverting works within one year of the date the permit was issued, and you must proceed diligently until the project is completed. The date shown under condition no. 1 is the date when the project must be completed.

The Department will send you a "Proof Due Notice" approximately 60 days prior to the above referenced date requesting you to file either a Proof of Beneficial Use form or a Request for Extension of Time form.

If a well has not already been constructed you are required to obtain a "drilling permit" from the department. The right to drill a well is not a part of this permit to appropriate water.

Sincerely,

Shelley W. Keen
Water Rights Supervisor

SK:rl

Enclosures

RECEIVED

MAR 29 1996

COMMENTS:

RECEIVED

FEB 02 1996
Form No. 202a

4/87
Department of Water Resources

Dist. for staffing 12-5-95
Submitted for advertising 12-5-95

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATIONS FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY HWJ DATE 12-5-95 APPLICATION NO. _____

Rick Tabitha Austin
REQUIRED INFORMATION

- ☒ Name (If applicant is a corporation or partnership, names must be provided for the director, officers, & other partners.)
☒ Address
☒ Source (See USGS Quad for names of water sources)
☒ Point of Diversion (10 acres for spring, lot & block descriptions for subdivisions, local name, flow and/or volume)
☒ 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

ADDITIONAL INFORMATION

☒ Overlapping place of use (Describe source & relationship to present application on the back.)

☒ Overlapping point of diversion

- | | | |
|------------------------------|-----------------------------|---|
| ☐ Yes | ☐ No | Field check required |
| | | Field check by _____ |
| ☐ Yes | ☐ No | Field report attached |
| ☐ Yes | ☐ No | Critical groundwater area |
| ☐ Yes | ☐ No | Groundwater management area |
| ☐ Yes | ☐ No | Send dam safety information |
| ☐ Yes | ☐ No | Send power requirement letter |
| ☐ Yes | ☐ No | Send fish farm requirement letter |
| ☐ Yes | ☐ No | Power residency affidavit |
| ☐ Yes | ☐ No | Power efficiency form |
| ☐ Yes | ☐ No | Within trustwater boundary (If yes, <u>attach trust water</u> |

supplementary analysis sheet.)

☐ Yes ☒ No Diversion greater than 5 cfs or 500 acre ft. (If yes, attach large diversion supplementary analysis sheet.)

See reverse side for additional information

*REQUEST THE FOLLOWING ADDITIONAL INFORMATION FROM THE APPLICANT _____

_____ Date Requested _____

PROCESSING ☒ Yes ☒ No In form for advertising
☒ Yes ☒ No Statewide advertising
☒ Yes ☒ No Fee amount, receipt date & No. recorded on application

SEND COPIES TO NONE Idaho Dept. of Health & Welfare U.S. BLM
Idaho Dept. of Fish & Game U.S. Forest Service
Idaho Dept. of Lands Water District
Adjudication Bureau Unit Other

FINAL REGIONAL PROCESSING REVIEW

☒ Yes ☒ No Affidavit of publication received
☒ Yes ☒ No Application published correctly. If not, record action taken.

☒ Yes ☒ No Publication dates & paper, recorded on application
☒ Yes ☒ No Protests received
Final date for protest 1-8-96
☒ Yes ☒ No Protests, dates, resolution of protest, recorded on application
☒ Yes ☒ No Recommendations, attached
☒ Yes ☒ No Measuring device required
☒ Yes ☒ No Access port required
☒ Yes ☒ No Will water be delivered by watermaster? If yes, what Dist. _____
☒ Yes ☒ No Special conditions of approval or cover letter below. _____

See below for additional information

Date of priority recommended 12-4-95
By HWT Date 1-26-96

STATE OFFICE REVIEW

See below for additional information

By _____ Date _____

ADDITIONAL INFORMATION

RECEIVED
FEB 02 1996
Department of Water Resources

LOCAL PUBLIC INTEREST

Comments received from

<u> </u> City	<u> </u> Idaho Fish & Game	<u> </u> Irrigation District
<u> </u> County	<u> </u> Idaho Health & Welfare	<u> </u> Canal Company
<u> </u> Reservations	<u> </u> Division of Environment	<u> </u> Other _____

Project impacts/implications report

COMMENTS

[illegible]

RECEIVED
FEB 02 1996
Department of Water Resources

FOR WATER RIGHT

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

74-07365
POTTS, STANLEY
PO BOX 61
SHOUP, ID 83469
Source: GROUNDWATER
Diversion Pt: NENW Sec 30 T 23N
R 17E in LEMHI County
Use: DOMESTIC (0.050 CFS)
Total Diversion: (0.050 CFS)
Date Filed: 12/4/1995

In: LEMHI County
T23N R17E S30 NENW NWNW
75-07637
AUSTIN, RICK
AUSTIN, TABITHA
PO BOX 184
SALMON, ID 83467
Source: GROUNDWATER
Diversion Pt: NESE Sec 12 T 20N
R 21E in LEMHI County
Use: DOMESTIC (0.020 CFS)
IRRIGATION (0.180 CFS)
Total Diversion: (0.200 CFS)
Date Filed: 12/4/1995

In: LEMHI County
T20N R21E S12 NESE
9.0 ACRES TOTAL
75-07638
US DEPT OF INTERIOR
BUREAU OF LAND
MANAGEMENT
PO BOX 430
SALMON, ID 83467
Source: SPRING Tributary LAKE
CREEK

Diversion Pt: NESE Sec 34 T
20N R 21E in LEMHI County
Use: DOMESTIC (0.040 CFS)
Total Diversion: (0.040 CFS)
Date Filed: 12/8/1995
In FREMONT County

T20N R21E S34 NENW NWNW
The permits (s) will be subject to all prior water rights. Protests must be filed with the applicant and the Director, Dept. of Water Resources, along with a \$25.00 filing fee, Eastern Region, 900 N Skyline, Idaho Falls, Idaho 83402 on or before JANUARY 8, 1996.

KARL J. DREHER, Director
Published: 12/21/1995 & 12/28/

Affidavit of Publication

STATE OF IDAHO }
County of Lemhi } ss.

JAN 23 1996

Department of Water Resources
Eastern District Office

RICKY G. HODGES, being first duly sworn, deposes and says he is one of the publishers (printers) of The Recorder Herald, a newspaper published weekly at Salmon, Lemhi County, Idaho, and of general circulation therein. That the DEPT OF WATER RESOURCES 74-07365

, a true printed copy of which is attached to the margin hereof, has been and was correctly printed and published in the regular and entire issue of every number of said newspaper and not in any supplement thereof or thereto for TWO (2) consecutive issues, commencing with the issue dated 12/21, 1995 and ending with the issue dated 12/28, 1995

STATE OF IDAHO }
County of Lemhi } ss.

On this 28 day of DECEMBER in this year of 1995

before me, A Notary Public, personally appeared RICKY G. HODGES, 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.

Shirley K. Hodges

Notary Public for Idaho

Residing At Salmon, Idaho

My Commission expires: 9-21-2001

Publication Fee \$ 66.96

Account No. 630

MAR 29 1996

75-07637

AUSTIN, RICK
AUSTIN, TABITHA
PO BOX 184
SALMON, ID 83467

Source: GROUNDWATER

Diversion Pt: NESE Sec 12 T 20N R 21E in LEMHI County.

Use: DOMESTIC	(	0.020 CFS)
IRRIGATION	(	0.180 CFS)
Total Diversion:	(	0.200 CFS)

Date Filed: 12/ 4/1995

In: LEMHI County
T20N R21E S12 NESE

9.0 ACRES TOTAL

RECORDED

MAR 29 1996



State of Idaho
DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Idaho Falls, Idaho 83402-1718 - (208) 525-7161 - Fax (208) 525-7177

EASTERN REGION

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

December 13, 1995

RICK OR TABITHA AUSTIN
PO BOX 184
SALMON ID 83467

RE: Notice of Application for Permit No. 75-07637

Dear Applicant:

The Department of Water Resources acknowledges receipt of your water right application. This office is currently in the process of advertising the applications in the Recorder Herald on December 21 & 28, 1995. The advertisement will be published for two consecutive weeks, and a period of ten days following the second publication will be allowed for the submittal of protests.

If the application is protested, you will be sent a copy of the protest. The protest must be resolved before the application is approved or denied. If the protest is not resolved voluntarily, this Department will conduct a conference and/or hearing on the matter.

If the application is not protested, it will be forwarded to our State Office in about five weeks. State Office Personnel will conduct a complete review prior to final processing of the applications and will notify you of the outcome of this review. When a permit is issued, you will be sent a copy. A typical processing time for an unprotested application is about eight weeks.

Please feel free to contact this office if you have any questions regarding this procedure.

Sincerely,

Harold W. Jones
Harold W. Jones
Water Right Supervisor

HWJ/rb

RECEIVED

MAR 29 1996