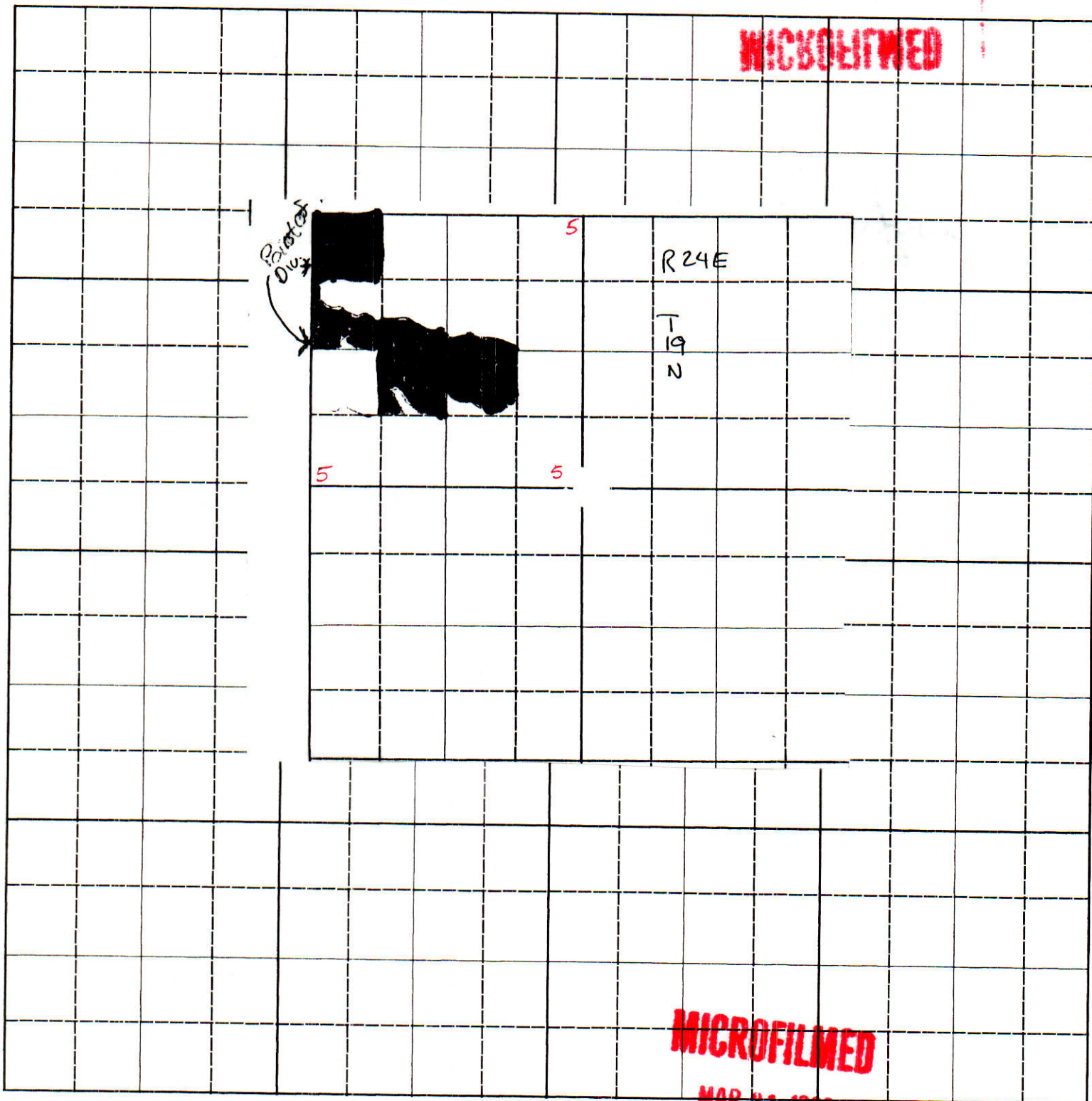


13. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



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.

*James R. Studebaker*  
(Applicant)

NOTICE OF APPLICATION  
FOR WATER RIGHT

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

74-07258

STUDEBAKER, DENNIS R.

P. O. BOX 6

TENDON, ID 83468

Source: GROUNDWATER

Diversion Pt: SWNW Sec 5 T 19N  
R 24E

Use: IRRIGATION (3.200 CFS)

Date Filed: 11/03/1988

In: T19N R24E S05 SWNE

NWNW SWNW SENW NESW

NWSE 160.0 ACRES TOTAL

74-07259

STUDEBAKER, DENNIS R.

P. O. BOX 6

TENDON, ID 83468

Source: SPRINGS

Tributary: SINKS

Diversion Pt: SWNWNW Sec 5 T  
19N R 24E

Use: IRRIGATION (.900 CFS)

Date Filed: 12/15/1988

In: T19N R24E S05 NWNW 30.0  
ACRES TOTAL

The permit(s) will be subject to  
all prior water rights. Protests  
must be filed with the Director,  
Dept. of Water Resources, East-  
ern Region, 150 Shoup Avenue,  
Suite 15, Idaho Falls, Idaho  
83402 on or before JANUARY 23,  
1989.

R. KEITH HIGGINSON  
Director

1-5-2tc

MAR 31 1989

# Affidavit of Publication

STATE OF IDAHO

County of Lemhi

ss.

JAN 20 1989

Department of Water Resources  
Eastern District Office

JERRY G. ROSIN, being first duly sworn, deposes  
and says he is one of the printers (publishers) of the RECORDER-HERALD, a newspaper published  
weekly at Salmon, Lemhi County, Idaho, and of general circulation therein.

That the Dept. of Water Resources, State of Idaho,  
Notice of application for water rights #74-07258, a true  
printed copy of which is attached to the margin hereof, has been and was correctly printed and pub-  
lished in the regular and entire issue of every number of said newspaper and not in any supplement  
thereof or thereto for 2 consecutive issues, commencing with the issue  
dated 1-5, 1989 and ending with the issue dated 1-12  
1989.

*Jerry G. Rosin*

STATE OF IDAHO

COUNTY OF LEMHI

ss.

On this twelfth day of January in the year of 1989,  
before me, A Notary Public, personally appeared  
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.

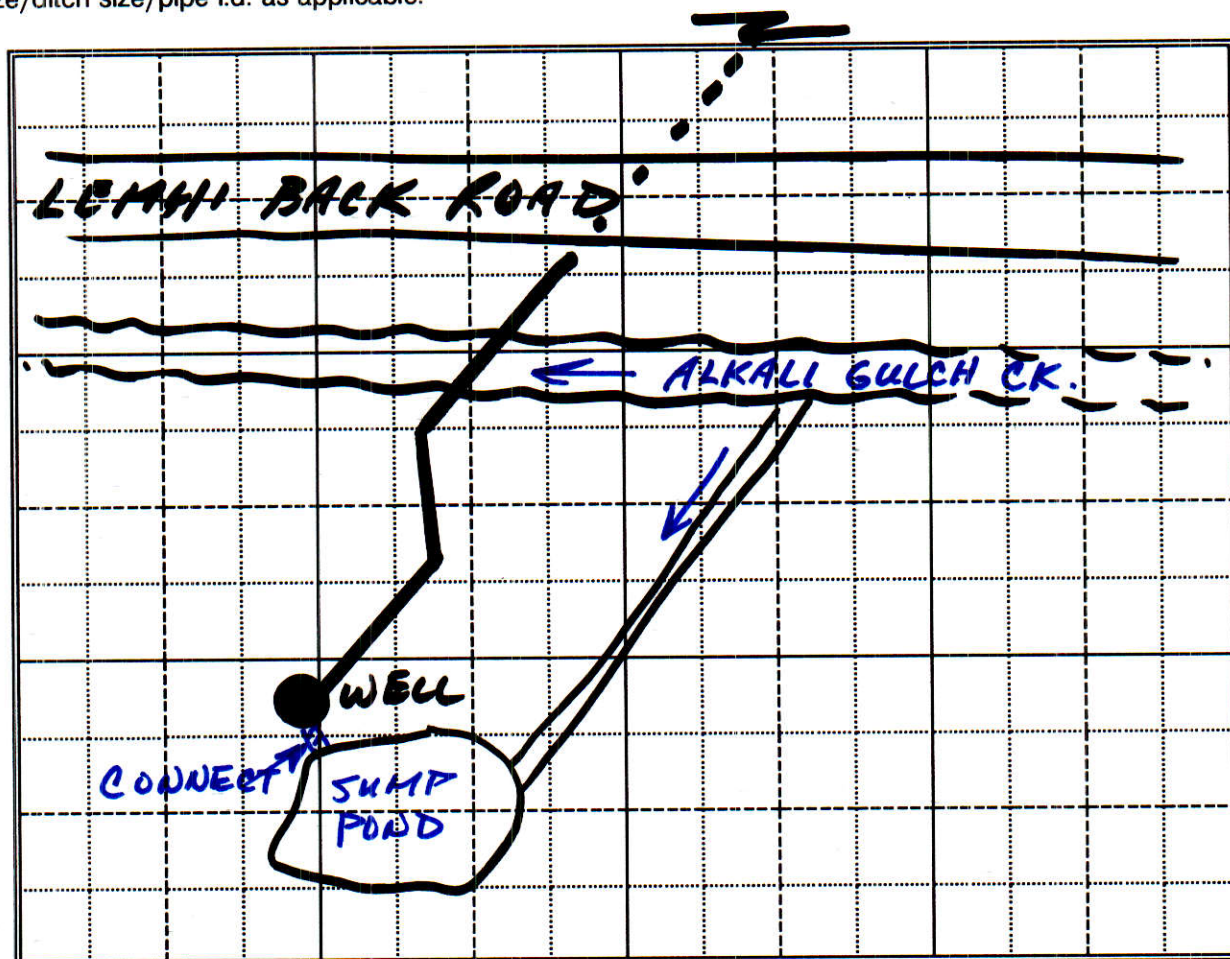
*Neil Armstrong*  
Notary Public for Idaho

Residing At Salmon, Idaho

My Commission expires: 12-4-91

Publication Fee \$ 41.28

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



Scale: 1" = \_\_\_\_\_

\_\_\_\_ Copy of USGS Quadrangle Attached Showing location(s) of point(s) of diversion and place(s) of use (required).

\_\_\_\_ Aerial Photo Attached (required for irrigation of 10+ acres)

\_\_\_\_ Photo of Diversion and System Attached

4.

| Well or Diversion Identification No.* | Motor Make | Hp  | Motor Serial No. | Pump Make | Pump Serial No. or Discharge Size |
|---------------------------------------|------------|-----|------------------|-----------|-----------------------------------|
| 16" WELL                              | JOHN DEER  | 125 | DIESEL           | CENTURY   | 4" OUTPUT / 6" INPUT              |
|                                       |            |     |                  |           |                                   |
|                                       |            |     |                  |           |                                   |

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

#### D. FLOW MEASUREMENTS

1.

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

2. Measurements: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

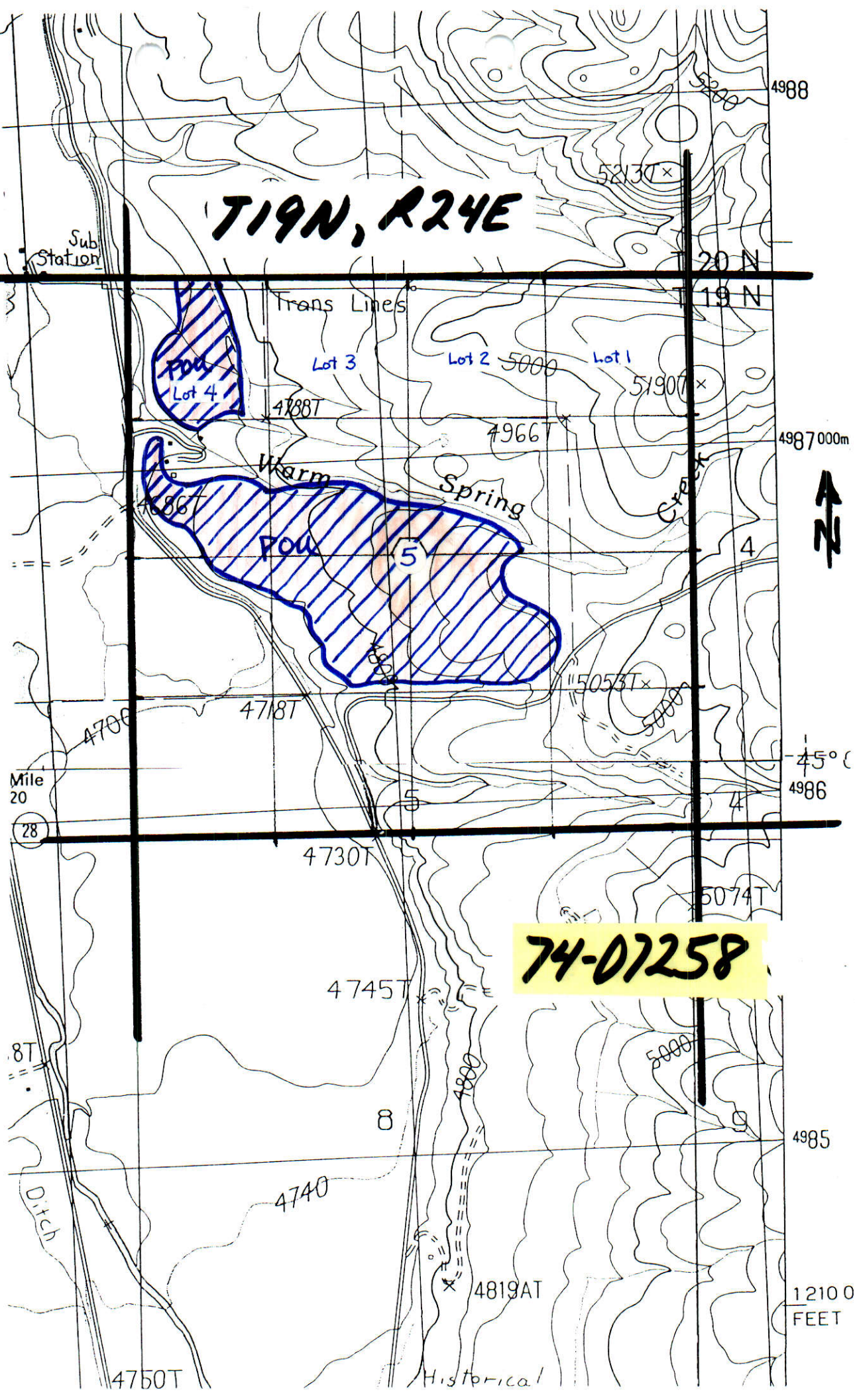
T19N, R24E

T20N

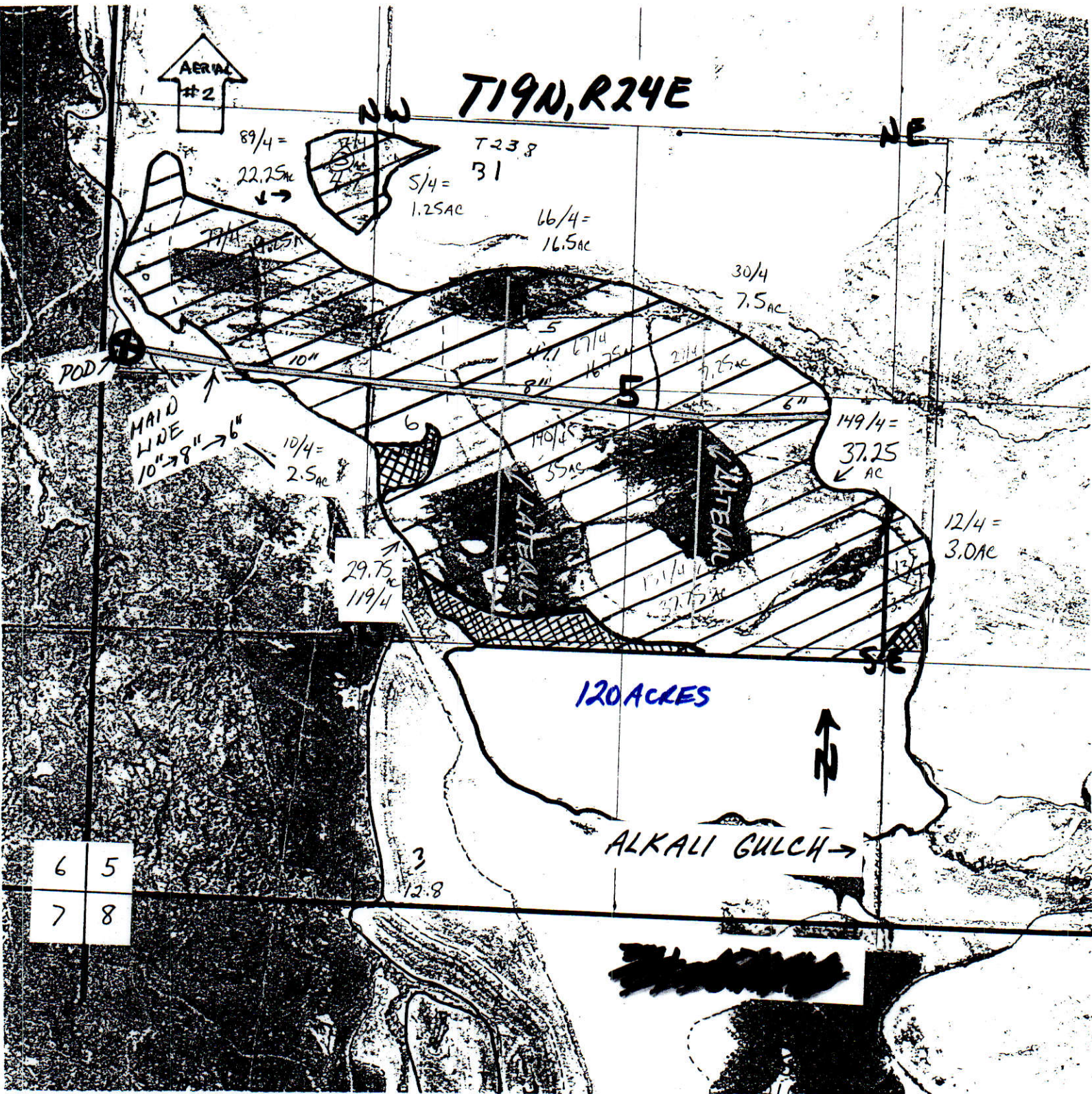
T19N

R24E

T19N



74-07258



|   |   |
|---|---|
| 6 | 5 |
| 7 | 8 |

T  
19  
N  
R24E

74-07258

T19N, R24E

31 32  
6 5

PLACE  
OF  
USE



2.0 21.8

POINT OF DIVERSION

74-07258

23.8 ACRES

PLACE OF USE

T20N  
T19N

PLACE  
OF  
USE

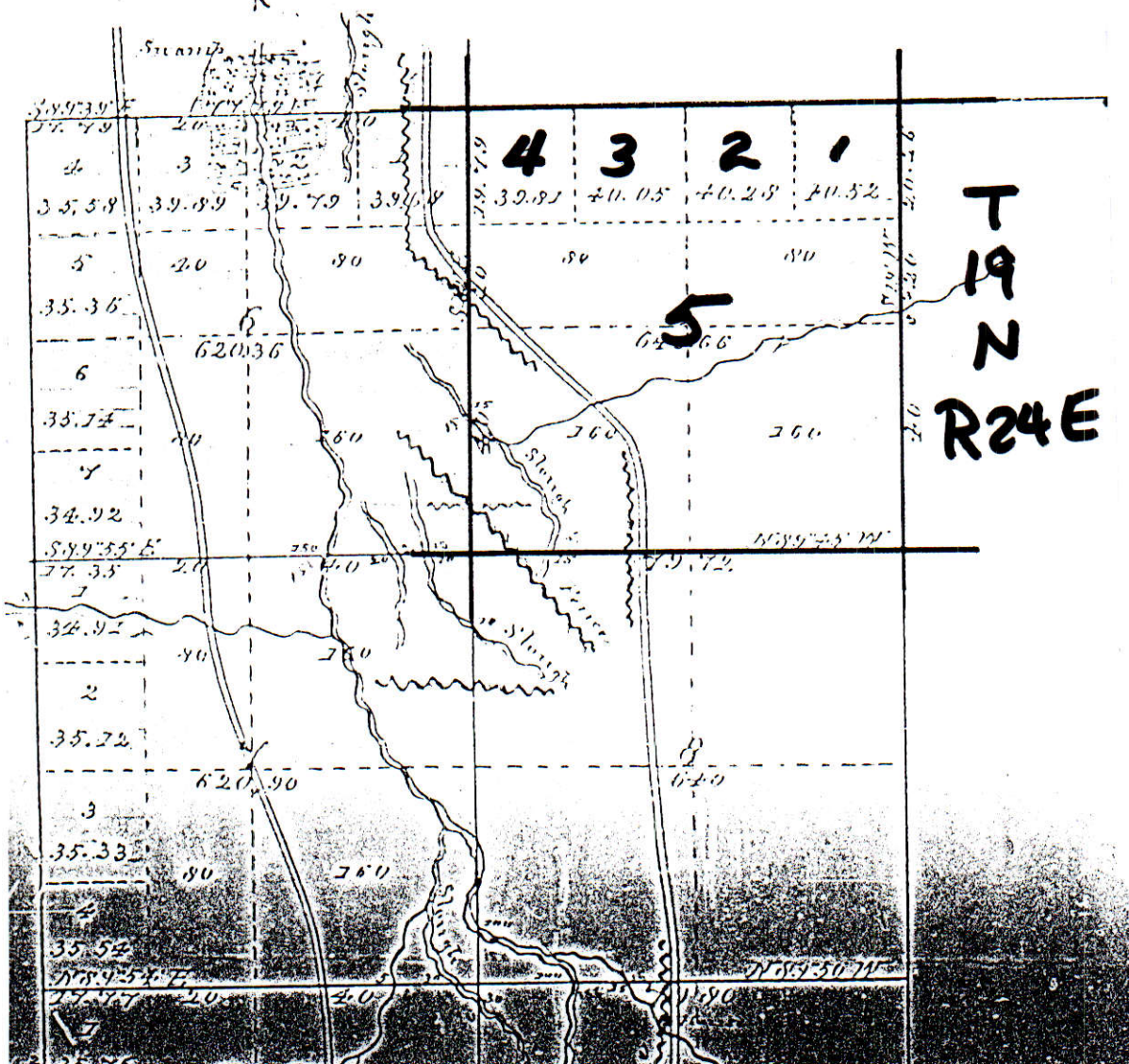
R24E  
T19N

2.0 21.8

↑ POINT OF DIVERSION

74-07258

AERIAL # 2



74-07258

M. HURLEY

IRRIGATION

1 of 4



PICTURE OF  
DIESEL  
MOTOR AND  
PUMP

PUMP IS NOT  
AT POINT OF  
DIVERSION  
LISTED IN  
PERMIT <sup>at this</sup><sub>time</sub>

THIS POND  
IS PATTEE  
CREEK DITCH  
WATER. used  
for other rights



PUMP +  
MOTOR.

This is  
moved to  
well site  
when needed  
to pump.

PERMIT  
NUMBER

74-07258

M. HURLEY

IRRIGATION

2/4

VIEW IS  
LEFT TO  
RIGHT (2  
PHOTOS)

UPPER  
FIELDS



UPPER  
IRRIGATED  
FIELDS



PERMIT  
NUMBER

74-07260

M. HURLEY

IRRIGATION

3 of 4

VIEW LEFT  
TO RIGHT  
(2 PHOTOS)  
MID LEVEL  
IRRIGATED  
FIELDS



SAME



PERMIT  
NUMBER

74-07260

M. HULLEY

IRRIGATION

4 of 4

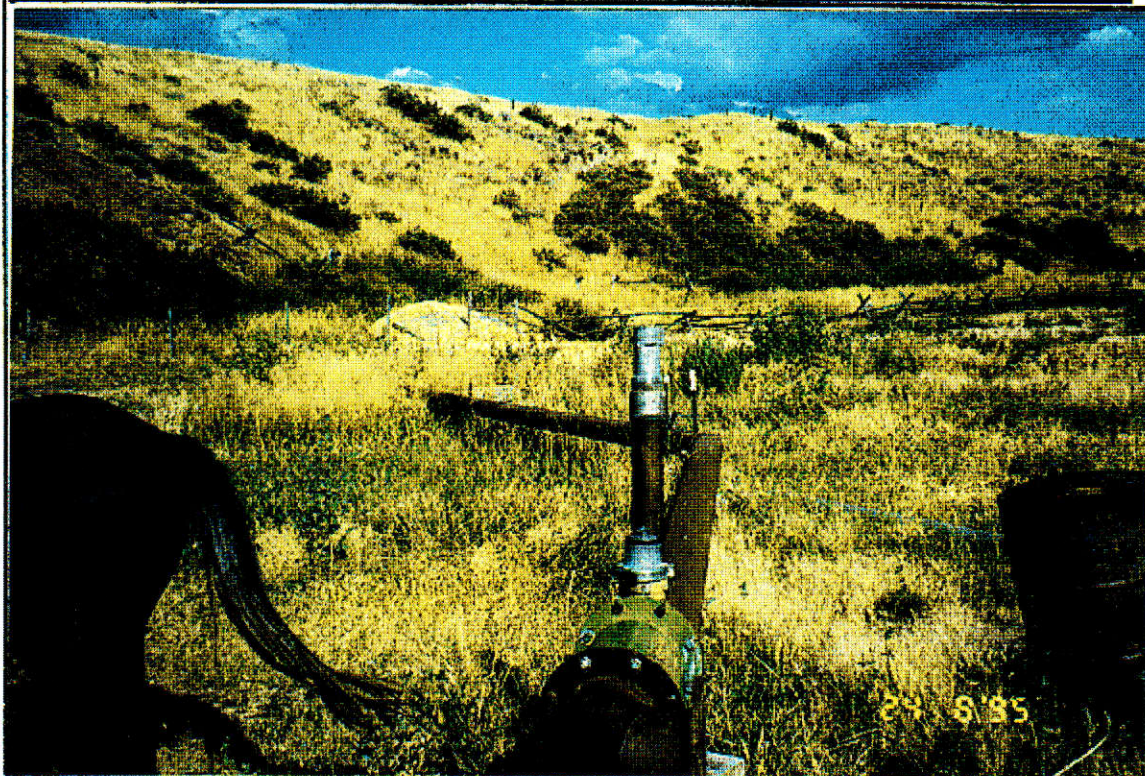


VIEW OF  
MAIN LINE  
GOING UP  
HILL

POINT OF  
DIVERSION

← ALKALI  
GULCH CREEK  
(DITCH)

← HOLDING  
POND



VIEW OF  
PIPING  
SYSTEM  
BURIED  
MAIN LINE

PERMIT  
NUMBER

74-07260

## WATER RIGHT SUMMARY

| ACTION               | RIGHT NO. | NAME                 | AMOUNT CFS |
|----------------------|-----------|----------------------|------------|
| Original Application | 74-07258  | Dennis R. Studebaker | 3.20       |
| Full Assignment      | 74-07258  | Mark A. Hurley       | 3.20       |

RECEIVED  
DEC 29 1994

**RECEIVED**  
APR 01 1991

STATE OF IDAHO

For Office Use Only  
Amt. of Fee \$ 175.00  
Date 4/1/91  
Receipt No. 0020081  
Received by [Signature]

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. 74-7258 Telephone No. (208) 756 3035

2. Name(s) of Permit Holder(s): DENNIS R. STUDEBAKER

3. Post Office Address: P.O. Box 6 TENDON, ID 83468

4. Source of Water: WELL

a. If ground water, well driller's name: DICK DANIE Date drilled: 4-13-89

b. Pump horsepower: 100 Pressure (psi): VARIES Dynamic pumping level (ft.):         

5. Extent of Use:

Domestic          (No. of households) Irrigation 160 (No. of acres)

Stockwater          (No. and type of stock) Other         

6. Total rate and/or volume for which proof is submitted 3.20 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? X Yes      No Installed? X Yes      No

8. Fee Enclosed: \$ 175.00 (See License Examination Fee Schedule)

9. Person to contact to accompany the Department representative during the field examination:

Dennis R. Studabaker (208) 756 3035  
Name Telephone No.

P.O. Box 6 Tendon IDAHO 83468  
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.

2/5/91 Dennis R. Studabaker JUN 10 1991  
Date Signature (and title if on behalf of a company or organization)

Well is in use after July 15th

Receipt # E022549

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

DEC 07 1994

ASSIGNMENT OF APPLICATION FOR PERMIT

Department of Water Resources  
Eastern District Office

I, DENNIS R. Studebaker, hereby assign to MARK A. HURLEY  
of, P.O. Box 2 Tendoy, ID 83468  
(Full Address)

All my right, title, and interest in and to Application for Permit  
No. 74-7258 to appropriate the public waters of the State of Idaho.

OR (for partial assignments)

The following described portion of my right, title, and interest in and to  
Application for Application for Permit No. \_\_\_\_\_ to appropriate the public  
waters of the State of Idaho.

Describe portion of the application assigned listing the number of acres in each 40 acre  
subdivision, point of diversion location, and the amount of water in cubic feet per second.

RECEIVED

DEC 14 1994

Department of Water Resources

Made this 15 day of August, 1994

Dennis R. Studebaker  
Applicant

State of Idaho Alaska )  
Borough ) ss  
County of Kona )

On this 15<sup>th</sup> day of August, 1994, personally appeared before me the signer of the  
above instrument, duly acknowledged to me that he (she) (they) executed the same.

Dennis K. Norton  
Notary Public

seal

My commission expires: 9-18-96

DEC 29 1994

RECEIVED

DEC 14 1994

Department of Water Resources

database updated 12/19/94 czj.

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

IDENT. No. 74-0637-258

To appropriate the public waters of the State of Idaho

APPROVED

1. Name of applicant Dennis R. Studebaker Phone 756-3 035  
Post office address P. O. Box 6, Tendoy, ID 83468
2. Source of water supply Groundwater which is a tributary of \_\_\_\_\_
3. Location of point of diversion is \_\_\_\_\_ 1/4 of SW 1/4 of NW 1/4, Govt. Lot \_\_\_\_\_  
Sec. 5 Township 19N Range 24E B.M. Lemhi County; additional  
points of diversion if any: \_\_\_\_\_
4. Water will be used for the following purposes:  
Amount 3.20 cfs for Irrigation purposes from 4-1 to 11-1 (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) 3.20 and/or (b) \_\_\_\_\_  
cubic feet per second acre feet per annum
6. Proposed diverting works:
  - a. Description of ditches, flumes, pumps, headgates, etc. Pump and pipeline - exists for Pattee Creek rt. #74-0637. Well will be a supplemental right.
  - 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 16 inches; proposed depth of well is 50 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 2 years (minimum 1 year).

MICROFILMED

MAR 31 1989

**MICROFILMED**

12. Remarks: This permit will supplement the spring water providing for full

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

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

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

Right is not filled after 1st of July.

10. Describe any other water rights used for the same purposes as described above. 74-0634 & 74-0637.

Total number of acres to be irrigated

[illegible]

ponding place of use below. See instructions for standard symbols.

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

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

9. Description of place of use:

e. Other; describe fully.

d. Domestic; show number of households.

c. Municipal; show name of municipality.

b. Stockwatering; list number and kind of livestock.

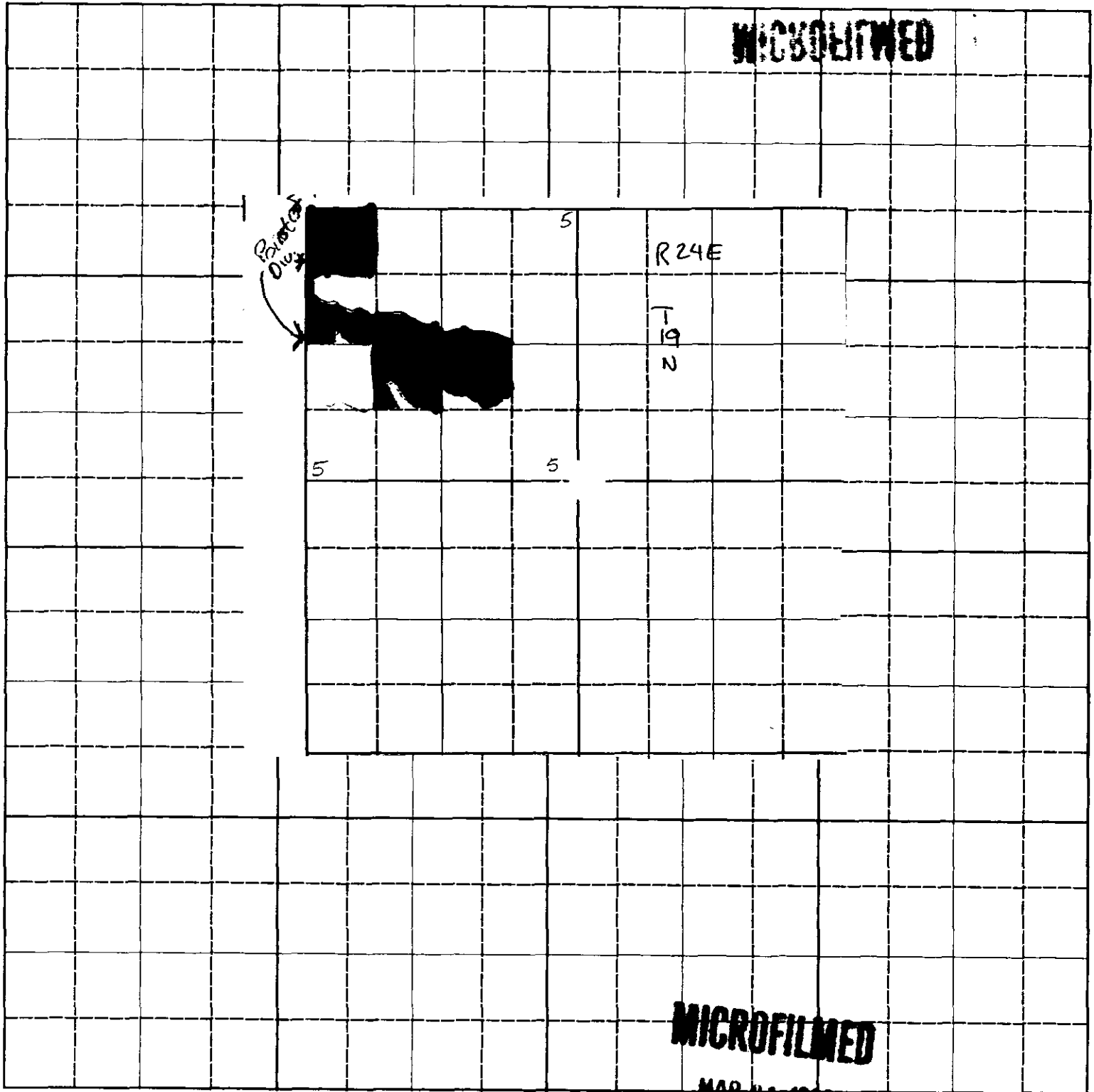
a. Hydropower; show total feet of head and proposed capacity in kW.

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

100-10744

03 JUL 1963

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.

*James R. Studebaker*  
(Applicant)

Proposed Priority 11/03/88

Received by Jo/Keth Date 11-3-88 Time 2:20pm Preliminary check by HWT  
Fee \$ 105 Received by Jo # E005774 Date 11-3-88  
Publication prepared by RB Date 12-23-88 Published in Recorder-Herald  
Publication approved OW Date 1-23-89

**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. 74-7258, 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 April 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 comply with the drilling permit requirements of Section 42-235, Idaho Code.

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.

Prior to the diversion of water under this permit a flow measurement port or other device as specified by the Department shall be installed to provide for the installation of measuring equipment and the determination of the rate of diversion by the Department.

Witness my hand this 2<sup>nd</sup> day of March, 1989.

J. Glen Saxton  
Chief, Water Allocation Bureau

**MICROFILMED**

MAR 31 1989

APPLICATION  
RIGHT  
application(s)  
appropriate  
the State of  
ID 83468  
DENNIS R.  
WATER  
NW Sec 5 T 19N  
(3.200 CFS)  
12/15/1988  
S05 SWNE  
SENW NESW  
TOTAL  
#7259  
DENNIS R.  
ID 83468  
SPRINGS  
SINKS  
SWNWNW Sec 11  
IRIGATION (.900 CFS)  
12/15/1988  
E24E S05 NWNW 300  
TOTAL  
(s) will be subject to  
water rights. Proce  
fied with the Direc  
Water Resources, E  
150 Shoup Ave  
Idaho Falls, Idaho  
before JANUARY  
HIGGIN

# Affidavit of Publication

STATE OF IDAHO

County of Lemhi

ss.

JAN 20 1989

Department of Water Resources  
Eastern District Office

JERRY G. ROSIN

being first duly sworn, deposes and says he is one of the printers (publishers) of the RECORDER-HERALD, a newspaper published weekly at Salmon, Lemhi County, Idaho, and of general circulation therein.

That the Dept. of Water Resources, State of Idaho,

Notice of application for water rights #74-07258

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 2 consecutive issues, commencing with the issue dated 1-5, 1989 and ending with the issue dated 1-12, 1989.

*Jerry G. Rosin*

STATE OF IDAHO

COUNTY OF LEMHI

ss.

On this twelfth day of January in the year of 1989 before me, A Notary Public, personally appeared 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.

*Terl Cionstony*  
Notary Public for Idaho

Residing At Salmon, Idaho

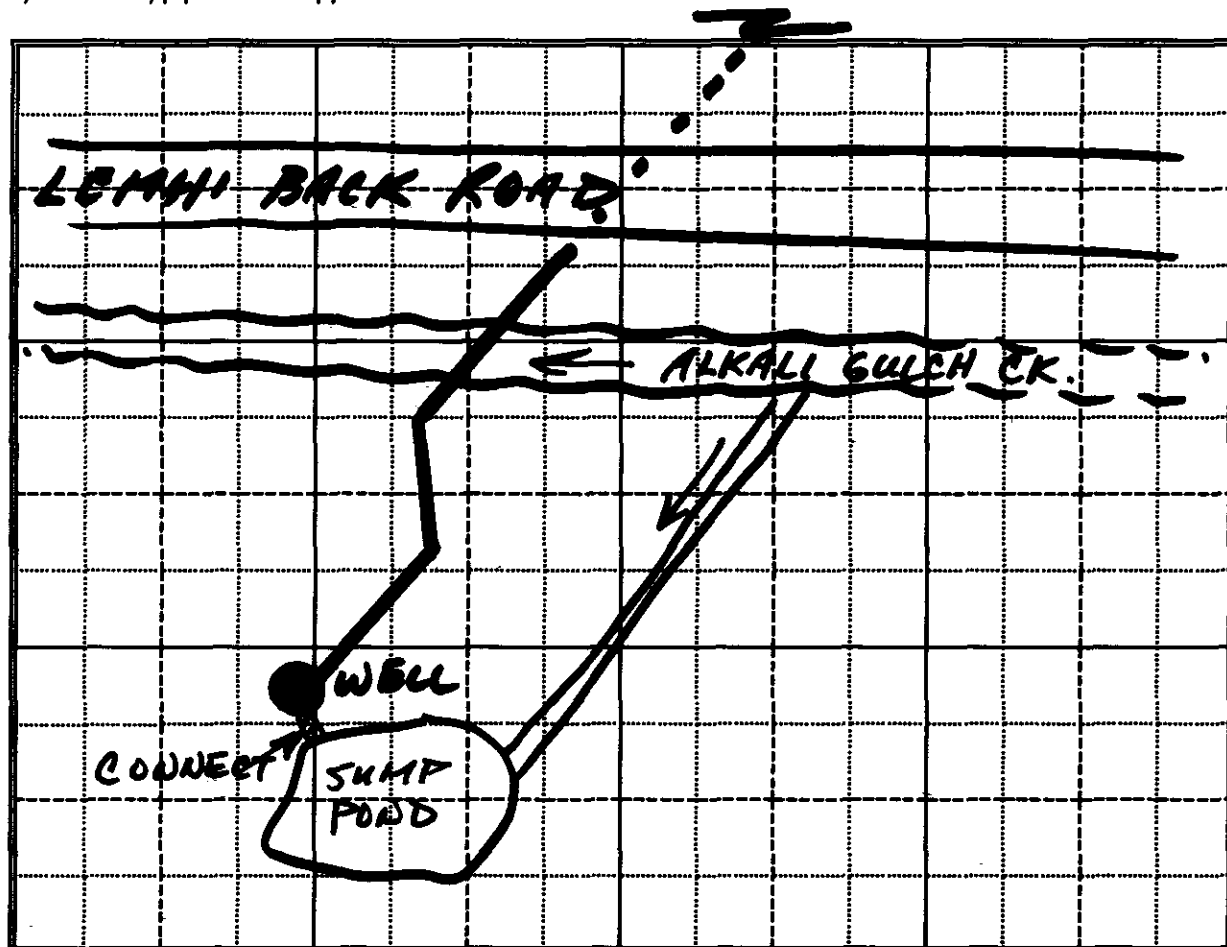
My Commission expires: 12-1-91

Publication Fee \$ 41.28

NOT RECORDED  
MAR 31 1989

TOTAL

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



Scale: 1" = \_\_\_\_\_

\_\_\_\_ Copy of USGS Quadrangle Attached Showing location(s) of point(s) of diversion and place(s) of use (required).

\_\_\_\_ Aerial Photo Attached (required for irrigation of 10+ acres)

\_\_\_\_ Photo of Diversion and System Attached

4.

| Well or Diversion Identification No.* | Motor Make | Hp  | Motor Serial No. | Pump Make | Pump Serial No. or Discharge Size |
|---------------------------------------|------------|-----|------------------|-----------|-----------------------------------|
| 16" WELL                              | JOHN DEER  | 125 | DIESEL           | CENTURY   | 4" OUTPUT / 6" INPUT              |
|                                       |            |     |                  |           |                                   |
|                                       |            |     |                  |           |                                   |

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

#### D. FLOW MEASUREMENTS

1.

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

2. Measurements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# E. NARRATIVE/REMARKS/COMMENTS

THIS PERMIT IS FOR IRRIGATION OF 160 ACRES FROM ~~MULTIPLE~~ <sup>GROUNDWATER</sup> SOURCES. THIS PERMIT IS FOR GROUND WATER FROM A 16" WELL. THIS POINT OF DIVERSION (WELL) CAN TAKE WATER (COMBINE) FROM ALKALI GULCH CREEK. (STATIC WATER IN WELL IS 3')

A 125 HP DIESEL MOTOR (CENTURY PUMP) IS USED TO PUMP WATER FROM THE POINT OF DIVERSION UP A HILL TO THE PLACES OF USE VIA A 10" MAIN LINE (LINE REDUCES TO 8" THEN TO 6" TOWARD TOP OF ACCEAGE. WATER IS DISTRIBUTED VIA: (2) WHEEL LINES (5" DIA. WITH 33 BIRDS PER LINE, UTILIZING 12 GPM NOZZELS), (4) HAND LINES (3" DIA. WITH 32 BIRDS PER LINE, UTILIZING 6 GPM NOZZELS). SYSTEM PRESSURE IS 90 PSI AT PUMP WHEN AT POD AND 50 PSI AT MAIN LINE AT TOP OF HILL.

WHEEL LINES  $2 \times 126PM \times 33 = 792 \text{ GPM}$

$4 \times 32 \times 6 = 768 \text{ GPM}$

$1,560 \text{ GPM} / 448.8 =$

CAPACITY OF SYSTEM 3.47 CFS

SYSTEM CAN COMBINE WELL WATER AND ALKALI GULCH WATER ON SAME FIELDS.

\* ACCEAGE COMPUTED BY DOT COMPUTER.

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

# F. FLOW CALCULATIONS

Additional Computation Sheets Attached

Measured Method:

SYSTEM CAPACITY  $Q = 3.47 \text{ cfs}$  PERMIT LIMITS TO 3.2 cfs

# G. VOLUME CALCULATIONS

## 1. Volume Calculations for Irrigation:

$$V_{LR} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 143.8 \times 3.5 = 503.3 \text{ AFA}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = 2.87 \times 183 \times 1.9835 = 1,041.7$$

$$V = \text{Smaller of } V_{LR} \text{ and } V_{D.R.} = 503.3 \text{ AFA}$$

## 2. Volume Calculations for Other Uses:

$$143.8 \text{ acres} \times 0.02 \text{ cfs} = 2.87 \text{ cfs}$$

THIS PERMIT IN COMBINATION WITH OTHER RIGHTS AND  
PERMITS WILL NOT EXCEED 0.02 CFS OR 3.5 AFA PER ACRE.

# H. RECOMMENDATIONS

## 1. Recommended Amounts

| Beneficial Use | Period of Use |       | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) |
|----------------|---------------|-------|------------------------------|--------------------------|
|                | From          | To    |                              |                          |
| IRRIGATION     | 4/15          | 10/15 | 2.87                         | 503.3                    |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
| Totals:        |               |       | 2.87 cfs                     | 503.3 AFA                |

## 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

# I. AUTHENTICATION

Field Examiner's Name Ann Dempsey Date 12/13/96

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

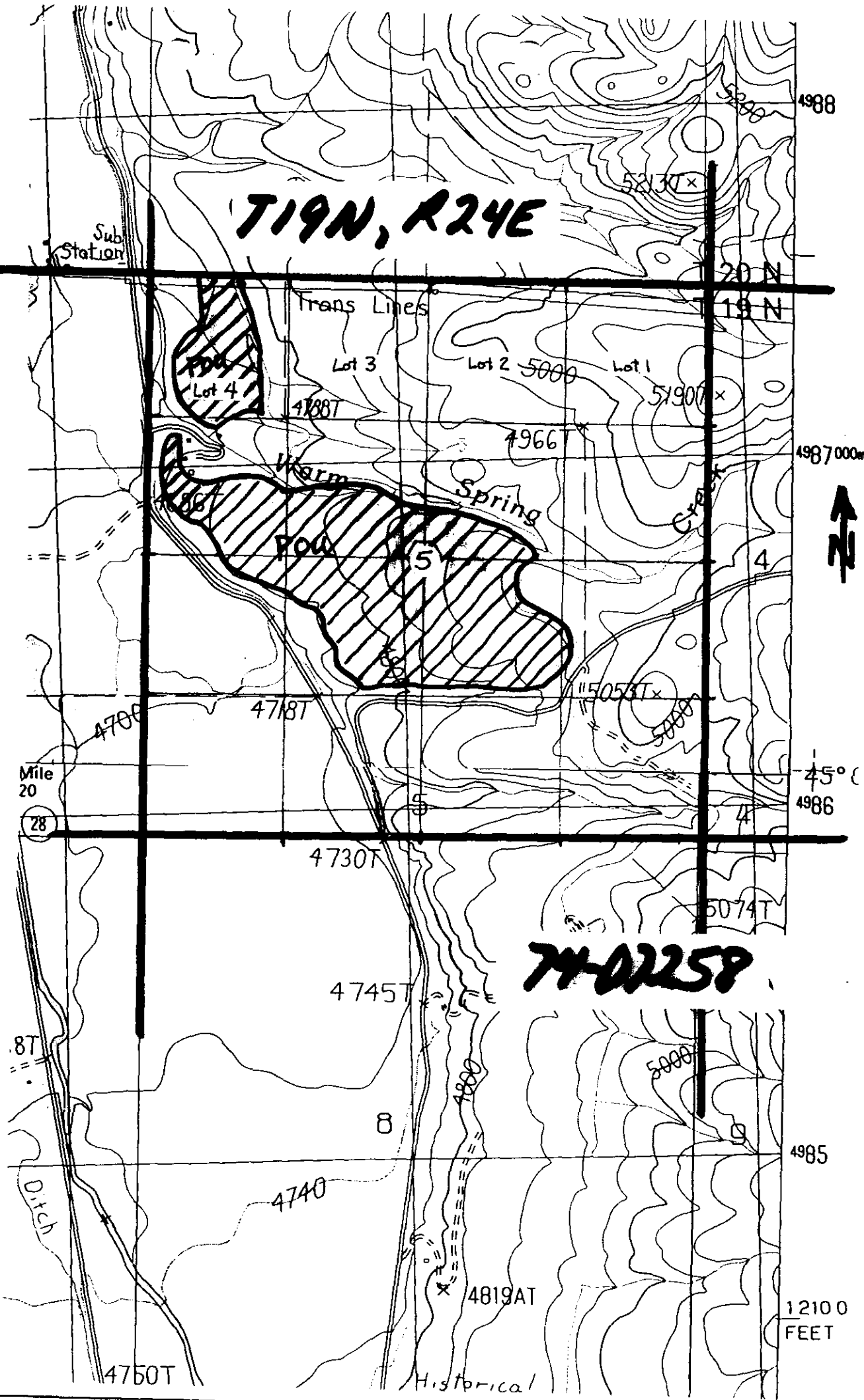
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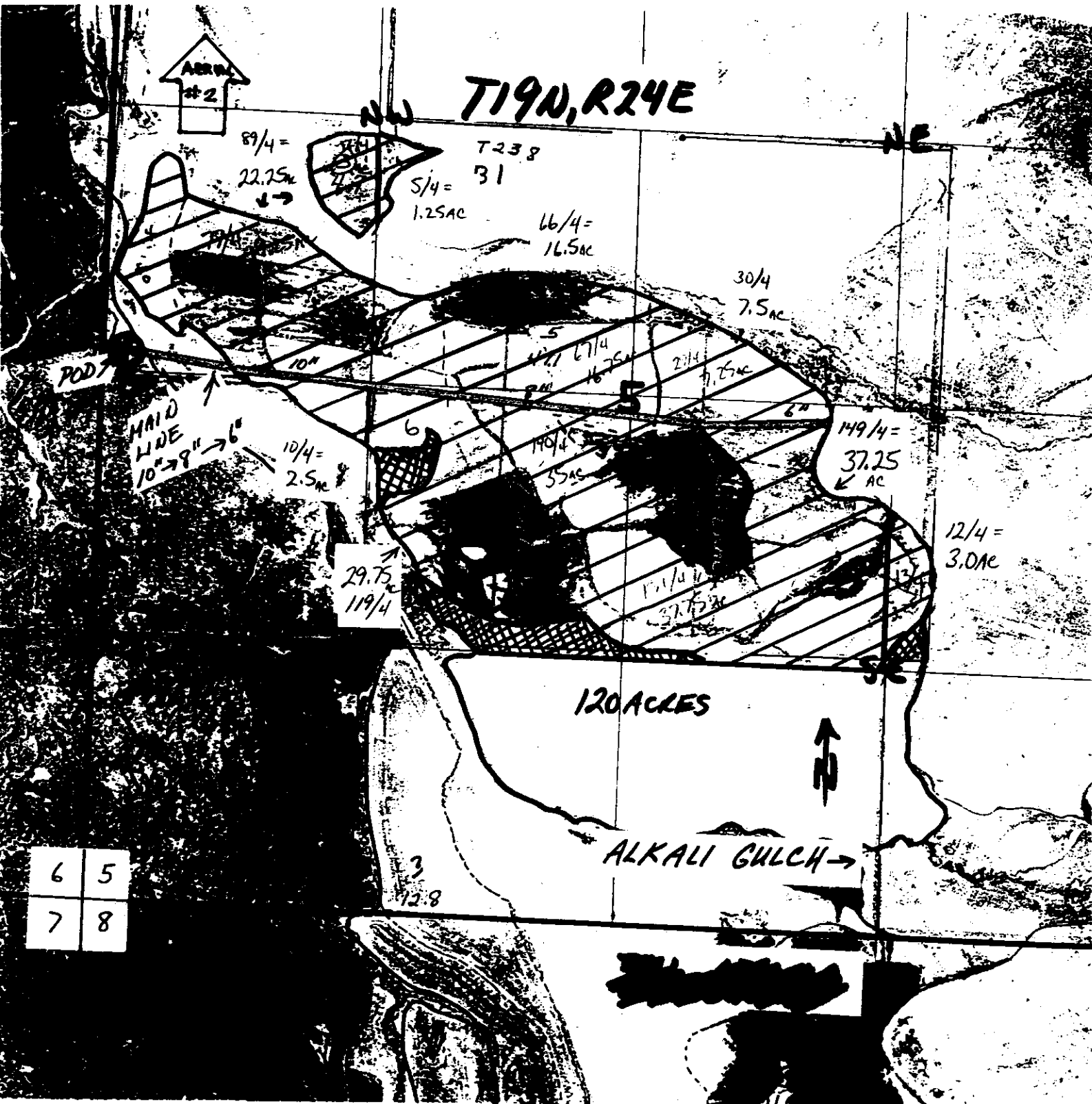
T20N  
T19N

R24E  
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T19N, R24E

74-02258

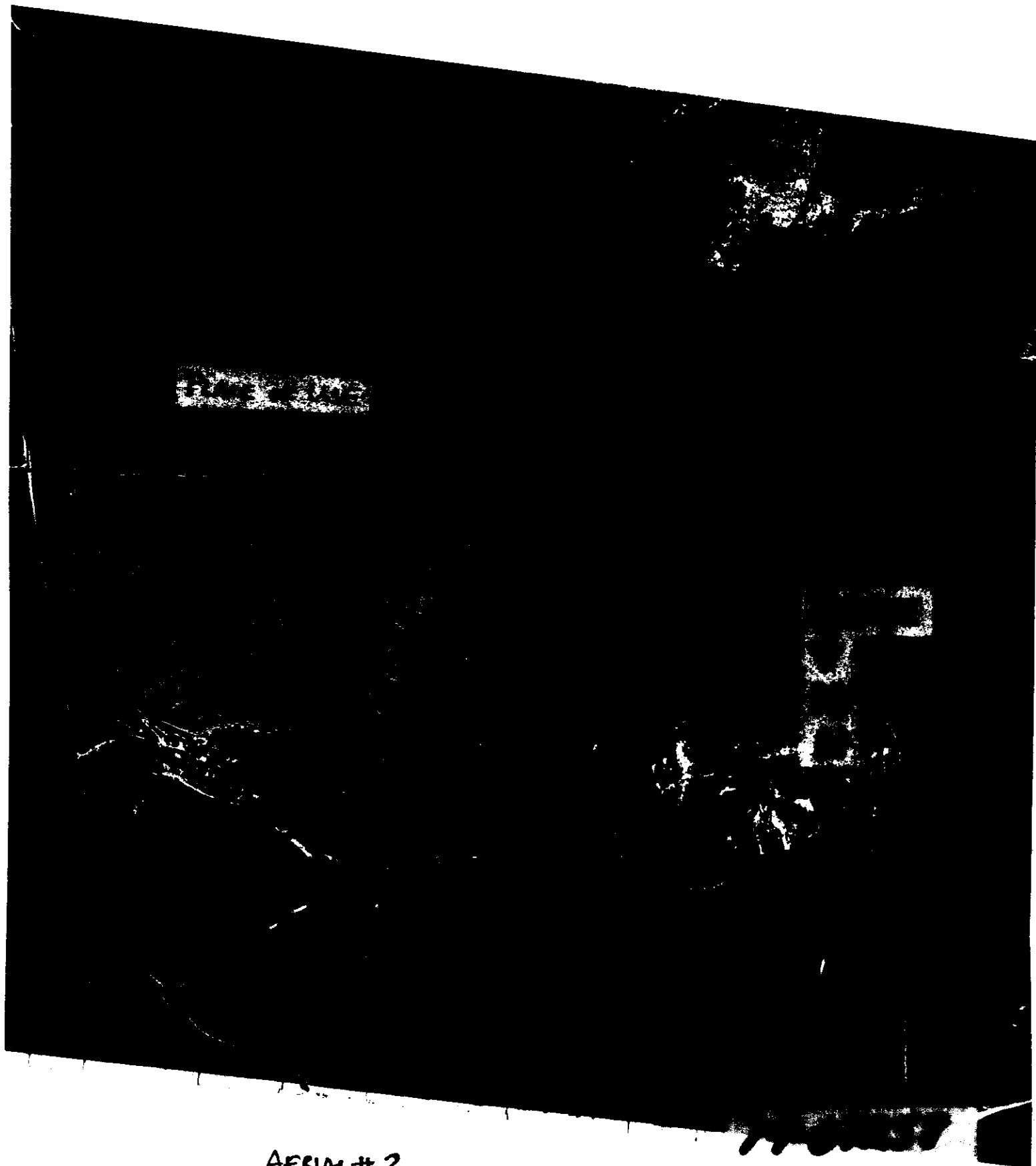




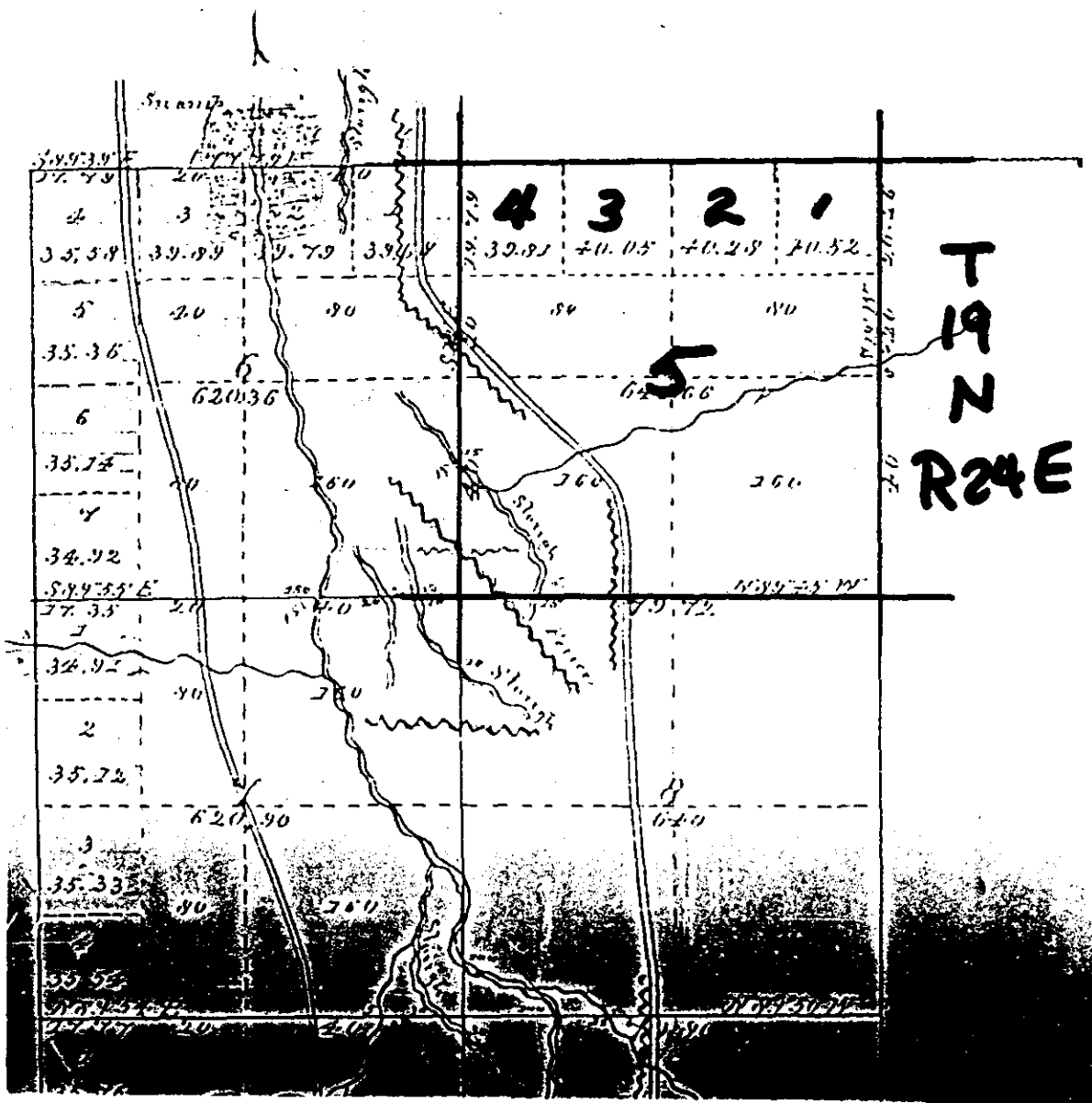
T19N, R24E

74-07258

23.8 ACRES



AERIAL # 2



74-07258

M. HURLEY

IRRIGATION

114

PICTURE OF  
DIESEL  
MOTOR AND  
PUMP

PUMP IS NOT  
AT POINT OF  
DIVERSION  
LISTED IN  
PERMIT <sup>of this</sup><sub>time</sub>

THIS POND  
IS PATTEE  
CREEK DITCH  
WATER. used  
for other rights

PUMP +  
MOTOR.

This is  
moved to  
well site  
when needed  
to pump.

PERMIT  
NUMBER

74-07258

M. HURLEY

IRRIGATION

2/4

VIEW IS  
LEFT TO  
RIGHT (2  
PHOTOS)

UPPER  
FIELDS

UPPER  
IRRIGATED  
FIELDS

PERMIT  
NUMBER

74-07260

M. HURLEY

IRRIGATION

344

VIEW LEFT  
TO RIGHT  
(2 PHOTOS)  
MID LEVEL  
IRRIGATED  
FIELDS

SAME

PERMIT  
NUMBER

74-07260

M. HULLEY

IRRIGATION

4 of 4

VIEW OF  
MAIN LINE  
GOING UP  
HILL

POINT OF  
DIVERSION

← ALKALI  
GULCH CREEK  
(DITCH)

← HOLDING  
POND

VIEW OF  
PIPING  
SYSTEM  
BURIED  
MAIN LINE

PERMIT  
NUMBER

74-07260



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

December 19, 1994

CECIL D. ANDRUS  
GOVERNOR

R. KEITH HIGGINSON  
DIRECTOR

MARK A HURLEY  
PO BOX 2  
TENDON ID 83468-0002

Re: Permit Nos. 74-07258 and 74-07260

Dear Mr. Hurley:

This letter is to confirm that the assignments of ownership on the above referenced water rights are satisfactory. We have modified our computer records to reflect these changes in ownership.

If you have any questions regarding this matter, please feel free to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jim Johnson', followed by a horizontal line.

JIM JOHNSON, Manager  
Water Right Permits Section

JJ:dc

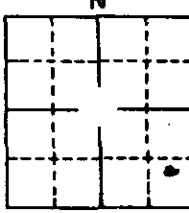
RECEIVED

DEC 29 1994

## WELL DRILLER'S REPORT

**State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.**

SEP 5 1989

| <b>1. WELL OWNER</b><br>Name <u>Dennis Studebaker</u><br>Address <u>Box 6 Tendency, Idaho 83468</u><br>Owner's Permit No. <u>[REDACTED]</u><br><u>Drilling Permit # - 74-89E-001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>7. WATER LEVEL</b><br>Department of Water Resources<br>Eastern District Office<br>Static water level <u>4</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature <u>50</u> °F. Quality _____<br><i>Describe artesian or temperature zones below.</i>                                                                                                                                                                             |                  |                                 |              |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Discharge G.P.M.</th> <th style="width: 33%;">Pumping Level</th> <th style="width: 33%;">Hours Pumped</th> </tr> </thead> <tbody> <tr> <td></td> <td><u>Not tested as of 7-16-89</u></td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                 | Discharge G.P.M. | Pumping Level                   | Hours Pumped |          | <u>Not tested as of 7-16-89</u> |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Hours Pumped     |                                 |              |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Not tested as of 7-16-89</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                 |              |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
| <b>3. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>9. LITHOLOGIC LOG</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th rowspan="2">Water Yes No</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>16</u></td> <td><u>1'</u></td> <td><u>4'</u></td> <td><u>clay top soil</u></td> <td><u>✓</u></td> </tr> <tr> <td></td> <td><u>4'</u></td> <td><u>20'</u></td> <td><u>Coarse gravel + boulders</u></td> <td><u>✓</u></td> </tr> <tr> <td></td> <td><u>20'</u></td> <td><u>34'</u></td> <td><u>Gravel + Brown clay</u></td> <td><u>✓</u></td> </tr> </tbody> </table> | Bore Diam.       | Depth                           |              | Material | Water Yes No                    | From             | To              | <u>16</u>      | <u>1'</u>    | <u>4'</u>    | <u>clay top soil</u> | <u>✓</u>   |              | <u>4'</u>    | <u>20'</u> | <u>Coarse gravel + boulders</u> | <u>✓</u>     |              | <u>20'</u> | <u>34'</u> | <u>Gravel + Brown clay</u> | <u>✓</u> |    |                         |                |                |                    |            |            |                    |            |            |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | Material                        | Water Yes No |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | To               |                                 |              |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
| <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>1'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>4'</u>        | <u>clay top soil</u>            | <u>✓</u>     |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>4'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>20'</u>       | <u>Coarse gravel + boulders</u> | <u>✓</u>     |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>20'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>34'</u>       | <u>Gravel + Brown clay</u>      | <u>✓</u>     |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
| <b>4. METHOD DRILLED</b><br><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="margin-bottom: 10px;">JUL 26 1989</div> <div style="margin-bottom: 10px;">Department of Water Resources<br/>Eastern District Office</div> <div style="margin-bottom: 10px;">JUL 24 1989</div> <div style="margin-bottom: 10px;">DEC 29 1994</div>                                                                                                                                                                                                                                                                                                                                  |                  |                                 |              |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br><table style="width: 100%;"> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> <tr> <td><u>.250</u> inches</td> <td><u>16</u> inches</td> <td>+ <u>1</u> foot</td> <td><u>34</u> feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </table> Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input checked="" type="checkbox"/> Torch<br>Size of perforation <u>3/16</u> inches by <u>5</u> inches<br><table style="width: 100%;"> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> <tr> <td><u>258</u> perforations</td> <td><u>20</u> feet</td> <td><u>32</u> feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </table> Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>19</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/><br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld<br><input type="checkbox"/> Cemented between strata<br>Describe access port <u>Removable cap installed</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Thickness        | Diameter                        | From         | To       | <u>.250</u> inches              | <u>16</u> inches | + <u>1</u> foot | <u>34</u> feet | _____ inches | _____ inches | _____ feet           | _____ feet | _____ inches | _____ inches | _____ feet | _____ feet                      | _____ inches | _____ inches | _____ feet | _____ feet | Number                     | From     | To | <u>258</u> perforations | <u>20</u> feet | <u>32</u> feet | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet | _____ feet |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Diameter         | From                            | To           |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
| <u>.250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>16</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | + <u>1</u> foot  | <u>34</u> feet                  |              |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____ feet       | _____ feet                      |              |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____ feet       | _____ feet                      |              |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____ feet       | _____ feet                      |              |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | To               |                                 |              |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
| <u>258</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>20</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>32</u> feet   |                                 |              |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____ feet       |                                 |              |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____ feet       |                                 |              |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br> Subdivision Name <u>AUG 29 1991</u><br>Lot No. _____ Block No. _____<br>County <u>Lemhi</u><br><u>SE ¼ SE ¼ Sec. 5, T. 12 N., R. 24 E.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>DAHLE WELL DRILLING<br>Firm Name <u>Richard L. &amp; Dean C. Dahle</u> Firm No. <u>21</u><br>P. O. Box 692<br>Address <u>SALMON, IDAHO 83467</u> Date <u>4-15-89</u><br>Signed by (Firm Official) <u>Richard Dahle</u><br>and<br>(Operator) <u>Richard Dahle</u>                                                                                                                                                                                                                                                             |                  |                                 |              |          |                                 |                  |                 |                |              |              |                      |            |              |              |            |                                 |              |              |            |            |                            |          |    |                         |                |                |                    |            |            |                    |            |            |

May 3, 1991

DENNIS R. STUDEBAKER  
P.O. BOX 6  
TENDON, ID 83468

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 74-07258

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 EASTERN Regional Office in Idaho Falls at (208)525-7161.

Sincerely,

Rita Fleck  
Secretary/Records Manager

c: IDWR - Region

**MICROFILMED**

JUN 10 1991

ANALYSIS SHEET  
for  
PROOF OF BENEFICIAL USE

Permit No. 74-7258

Date 4-16-91

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
- Yes Drill permit req'd?
- Yes Copy in file? Drill permit no. 74-89-E-001
- Yes Amt paid for drilling permit? 9 Correct?
- ☐ Well log in file?

4-13-89

LICENSE EXAMINATION FEE

- Yes Required?
- 175.00 Amount submitted?
- ☒ Correct amount?

MEASURING DEVICE

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

DEFICIENCIES OR ACTION ITEMS

*needs w.c. & D.P.  
well log - not in Linda's area or micro 4-30-91  
Proof acceptable*

PRIORITY CALCULATION

*LB*

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

RECEIVED

MAR 22 1989

State of Idaho  
Department of Water Resources

DRILLING PERMIT

RECEIVED

MAR 14 1989

Department of Water Resources  
Eastern District Office

(Authorizing Construction of a Well)\*

Department of Water Resources  
Eastern District Office

1. Applicant Dennis Studebaker  
2. Address Box 6 Taday, Idaho 83468

(☒) Well Owner ( ) Well Operator ( ) Other, specify \_\_\_\_\_

3. Water right permit no. \_\_\_\_\_; Injection well permit no. \_\_\_\_\_

4. Proposed well location 1/4 SW 1/4 NE 1/4, or Gov't lot No. \_\_\_\_\_,  
Sec. 5, Twp. 19N, Rge. 24E, County Lemhi,  
Lot, block and subdivision \_\_\_\_\_

5. Proposed use of well: (Check all that apply)  
( ) Domestic ( ) Stockwater ( ) Monitoring  
(☒) Irrigation ( ) Industrial ( ) Municipal  
( ) Injection ( ) Other, Specify \_\_\_\_\_

6. Well construction information:

(☒) New well ( ) Deepen ( ) Replace

Proposed surface diameter 16" Proposed depth 35 Feet

Anticipated bottom hole temperature:

- (☒) 85° F or less (Cold water well)  
( ) 85° F to 212° F (Low temp. geothermal well)  
( ) 212° F or more (Geothermal well)

7. Anticipated construction start date 3-18-89

8. Well Driller (if known) Richard Dahle

Address Box 692 Salmon, Idaho 83467

Date 3-11-89 Applicant's signature Dennis R. Studebaker

Title Owner

\* After other pre-requisite approvals have been obtained.

JUN 10 1991

(X) Approved ( ) Denied

The approval of this permit authorizes the construction of a well as described on this application subject to the conditions on this permit.

## GENERAL CONDITIONS:

1. The well must be constructed in compliance with the applicable statutes, specific conditions of approval shown on the water right permit, injection well permit, transfer or amendment and the rules and regulations of the Department for water appropriation, injection wells and well construction standards.
2. This drilling permit is valid for two (2) months from its date of issuance for the start of construction and is valid for one (1) year from the date of issuance for completion of the well unless an extension has been granted.
3. The permit holder or his representative shall notify the Department ten (10) days prior to the start of construction unless good cause for later notification can be shown.
4. The well shall be constructed by a driller currently licensed in the State of Idaho who must maintain a copy of the drilling permit at the drilling site.
5. Issuance of this drilling permit does not authorize trespass on the land of another party.
6. This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.

## SPECIFIC CONDITIONS:

Dated this 28<sup>th</sup> day of March 19 89Signed Ronald A. CarlsonTitle Eastern Regional ManagerReceived by HWT Fee \$100.00 EC006382 Date 3-23-89Receipt No. EC006382 Construction start date \_\_\_\_\_Construction start extension to \_\_\_\_\_Extension approved by \_\_\_\_\_

JUN 10 1991

138041  
January 31, 1991

DENNIS R. STUDEBAKER  
P.O. BOX 6  
TENDON, ID 83468

PROOF DUE NOTICE

RE: PERMIT NO. 74-07258

Dear Permit Holder:

One of the conditions of approval of the above referenced water permit was that proof of the extent of your beneficial use must be submitted to this office on or before April 1, 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

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JUN 10 1991

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
COMMENCEMENT OF WORKS

Permit No. 74-7258

Name(s) of Permit Holder(s): DENNIS R. STUDEBAKER

Post Office Address: P.O. Box 6 TULDOY IDAHO  
83468 Tel. No. (208) 756 3035

☒ I hereby certify that construction of diversion works for the above referenced permit began on 4/13/89 . I understand that I must  
(date)  
continue to develop the water system with due diligence to maintain a valid permit.

☐ I hereby certify that construction of diverting works on the above referenced project has not yet begun due to the following reason beyond my control\*:  
JUN 10 1991

\*Note: A financing difficulty is  
not an acceptable reason.

5/8/90  
Date

Dennis R. Studebaker  
Signature of Permit Holder

Dennis A Studebaker

P.O. Box 6

Tendoy IDAHO 83468



UNRECORDED



Department of Water Resources

JUN 10 1991

IDAHO DEPARTMENT OF WATER RESOURCES  
STATEHOUSE  
BOISE, IDAHO 83720

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  
March 14, 1989

DENNIS R. STUDEBAKER  
P.O. BOX 6  
TENDON, ID 83468

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

RE: PERMIT NO.        74-07258

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.

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.

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.

Be sure to note the special condition requiring you to install a measuring device, or a flow measurement port to provide for the installation of measuring equipment by the Department. Enclosed please find a list of measuring device options, and specifications for the installation of the flow measurement port.

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

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MAR 31 1989

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

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Form No. 202a  
4/87STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

## APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY HUJ DATE 12-16-88 APPLICATION NUMBER 74-7258REQUIRED 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, attach trust water 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

JAN 25 1989

Department of Water Resources

PROCESSING

☒ Yes ☐ No Form for advertising  
☐ Yes ☒ No Statewide advertising  
☒ Yes ☐ No Fee amount, receipt date & No. recorded on application

SEND COPIES TO

☐ 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 1-23-89  
☐ 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. 74-1K  
☒ Yes ☐ No Special conditions of approval or cover letter below. \_\_\_\_\_

☐ See below for additional information  
Date of priority recommended 11-03-88  
By HWJ Date 1-23-89

STATE OFFICE REVIEW

P23, P05, P03, P17 4/6 2/6 OIG  
☐ See below for additional information  
By DM Date 2/27/89  
kw 2/27/89

ADDITIONAL INFORMATION

overlapping P.O.U with 74-0634 + 74-0637

Condition, <OIG> <267>

2 yes. is reasonable for B/U development

January 17, 1989

Rexburg Standard-Journal  
P.O. Box 10  
Rexburg, Idaho 83440

RE: Application for Permit No. 74-07258; Dennis R.  
Studebaker

Gentlemen:

Would you please submit an affidavit of publication  
and certified bill in connection with the above  
referenced application. The legal notice was to  
have been published in your paper on January 5, and  
January 12, 1989.

Your cooperation in this matter is greatly  
appreciated.

Sincerely,

Rita Bodell  
Office Secretary

**MICROFILMED**  
**MAR 31 1989**

December 28, 1988

Dennis R. Studebaker  
P.O. Box 6  
Tendoy, ID 83468

Application for Permit No. 74-07258

Dear Water Right Applicant:

The Department of Water Resources acknowledges receipt of your water right application for permit. The application has been assigned identification No. 74-07258. Please refer to this number in all further correspondence.

This office is currently in the process of advertising the application in the RECORDER-HERALD. 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 application 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  
Water Rights Supervisor

HWJ/rb

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MAR 31 1989

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
Eastern Region  
150 Shoup Ave., Suite 15

---

Idaho Falls, Idaho 83402  
(208) 525-7161

DECEMBER 27, 1988

RECORDER-HERALD  
P.O. BOX 310  
SALMON, ID 83467

Gentlemen:

Enclosed you will find a legal notice which we wish to have published on the dates indicated (once a week for two consecutive weekly issues) in your newspaper. If you cannot publish the notice on the proposed dates, please contact us immediately.

An affidavit of publication must be submitted to the Department along with the publication bill. Your cooperation is appreciated.

Please send the affidavit of publication and publication billing to this office before JANUARY 23, 1989.

Yours truly,

Rita Bodell  
Secretary

Encl.

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**MAR 31 1989**

NOTICE OF APPLICATION FOR WATER RIGHT

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

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**MAR 31 1989**

The permit(s) will be subject to all prior water rights. Protests must be filed with the Director, Dept. of Water Resources, Eastern Region, 150 Shoup Avenue, Suite 15, Idaho Falls, Idaho 83402 on or before JANUARY 23, 1989.

R. KEITH HIGGINSON, Director

Published 1/05/1989 & 1/12/1989

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**MAR 31 1989**

