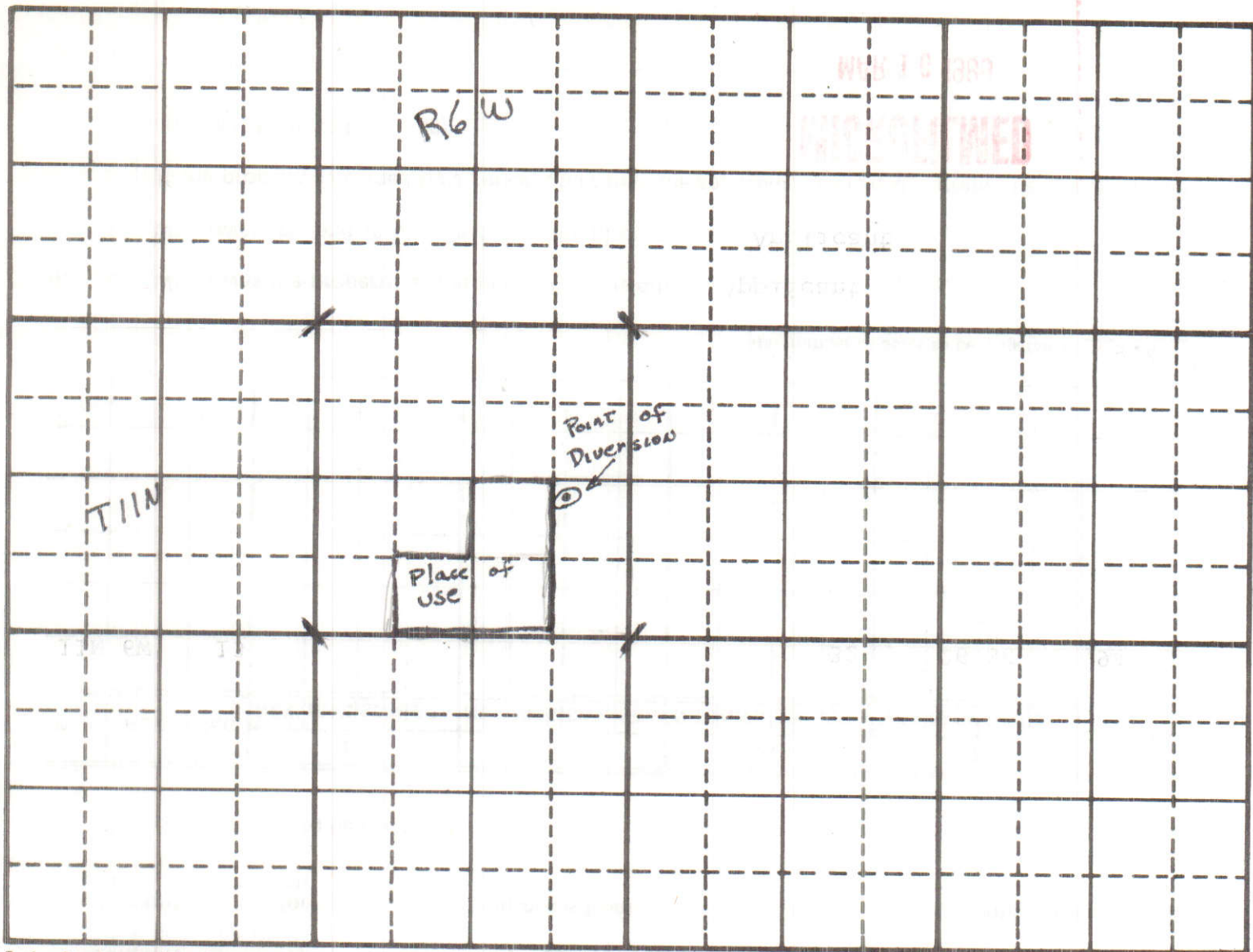


Complete the following map by showing land and point of diversion as proposed by this amendment.
Show 40-acre subdivisions, townships, ranges and ditches.



Scale: 2 inches equal 1 mile.

That no one will be injured by such change, and that such change will be made at permit holder's own risk.

Signed at Weiser, Idaho, this 28th day of October, 19 88.

J. L. Cherry
(Signature)

FOR DEPARTMENT USE ONLY

Preliminary check by SL #20 Fee = \$20.00

Receipted by SL Date 11/7/88 # W001310

Publication prepared by SL Date 11/10/88

Published in the Weiser Signal

Publication dates 11/17 & 11/24/88

11/17 & 11/24/88

ACTION OF THE DEPARTMENT OF WATER RESOURCES

I, L. GLEN SAXTON, of the Department of Water Resources hereby

Approve the above Amendment provided the conditions as set forth in Permit No. 67-7718 are met. The maximum rate of diversion under this permit shall not exceed 0.95 cfs.

Witness my hand this 17th day of January, 19 89

MICROFILMED
MAR 16 1989

L. Glen Saxton
Chief, Water Alloc. Bureau

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

WVB 12 1988
RECEIVED

R 6 W

T 11 N

13

Place of Use

Point of Diversion *

RECEIVED
MAR 15 1988

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.

x L. C. - Myra Cheney
(Applicant)

NOT A GATEWAY

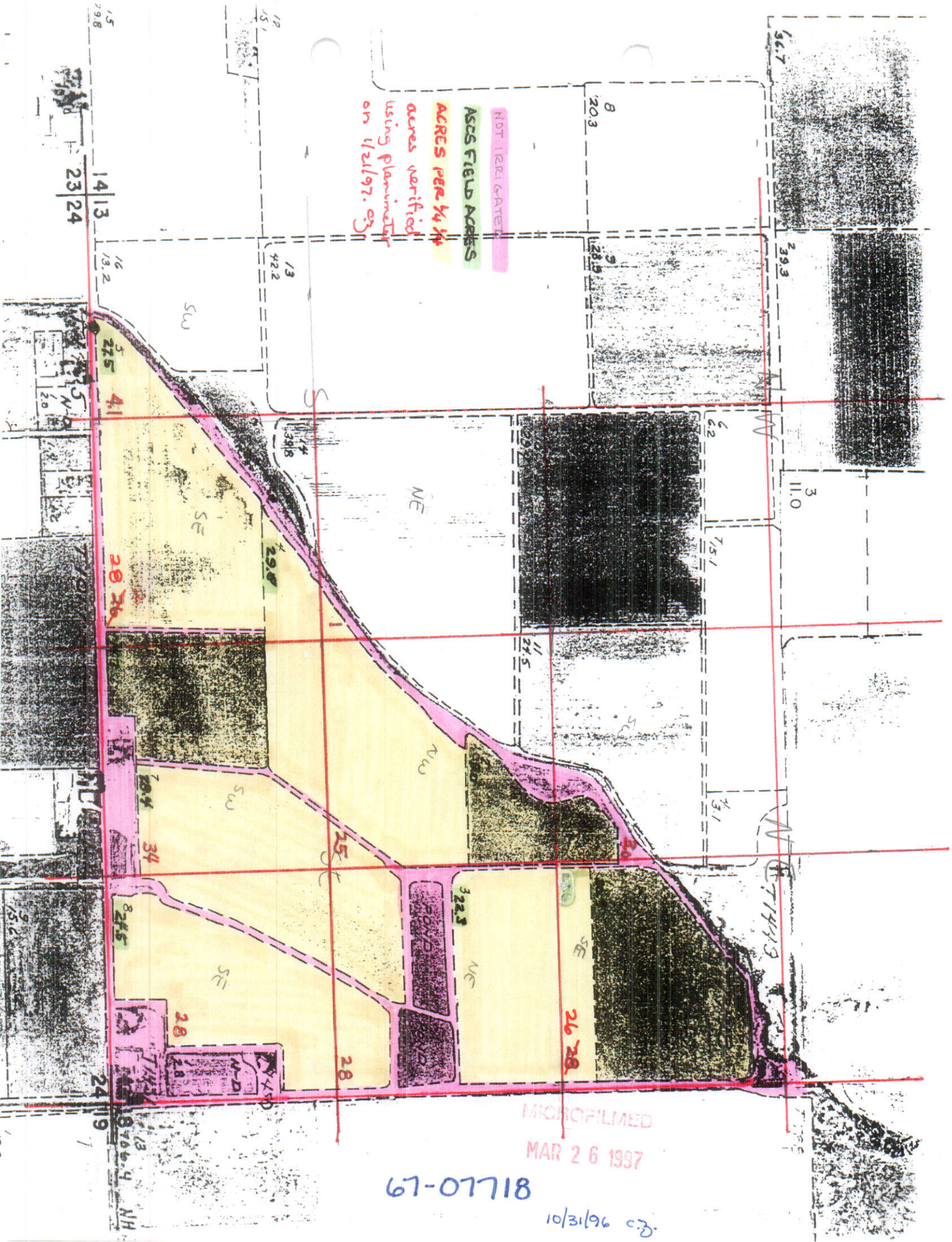
ACRES PER $\frac{1}{4}$ $\frac{1}{4}$

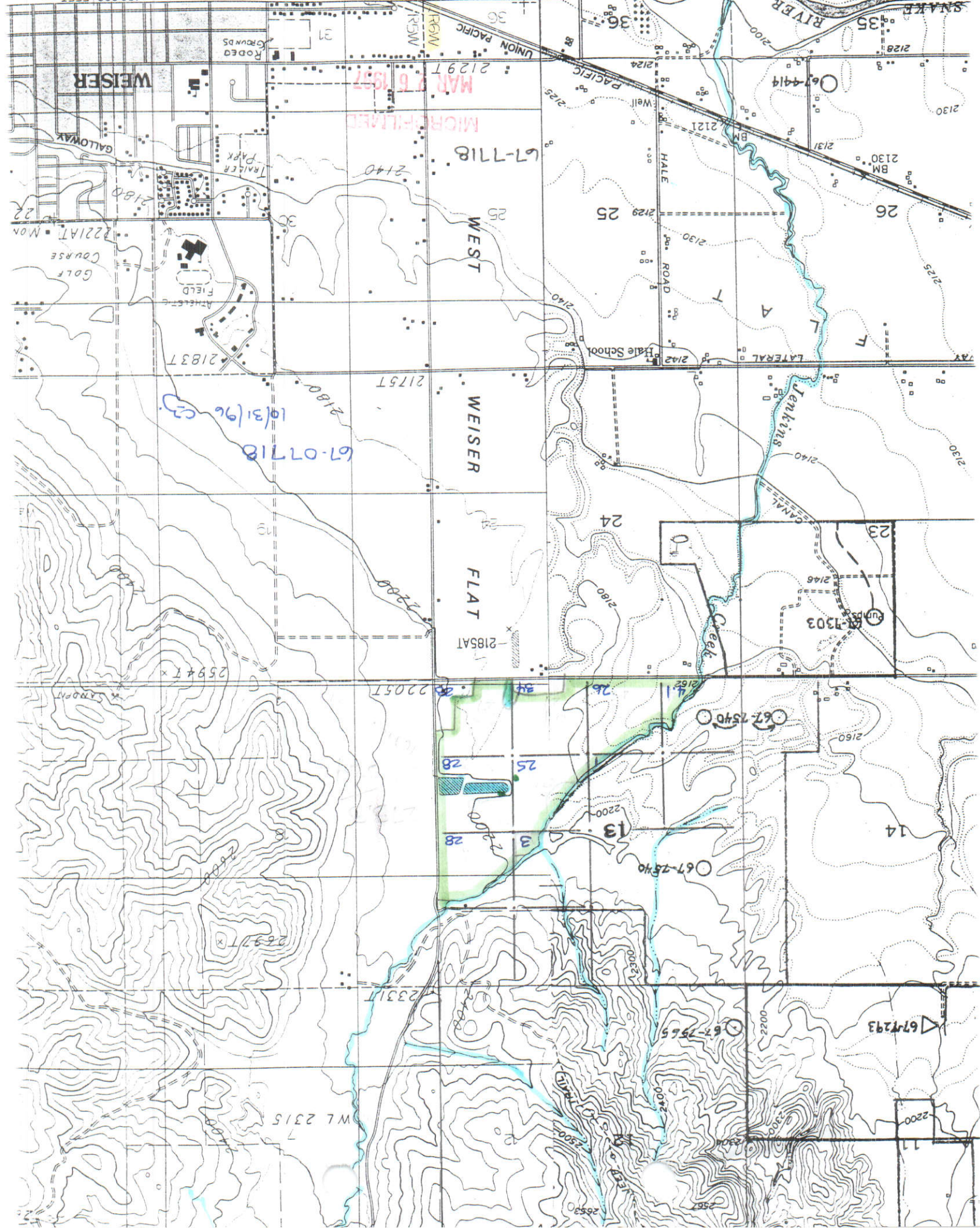
acres verified
using planimetry

رقم ۱۱۲۱۹۷۰ ضمیمہ ۵۵

MAR 26 1997

10/31/96 c33.





7/31/96 ASCS-Weiser

67-07718

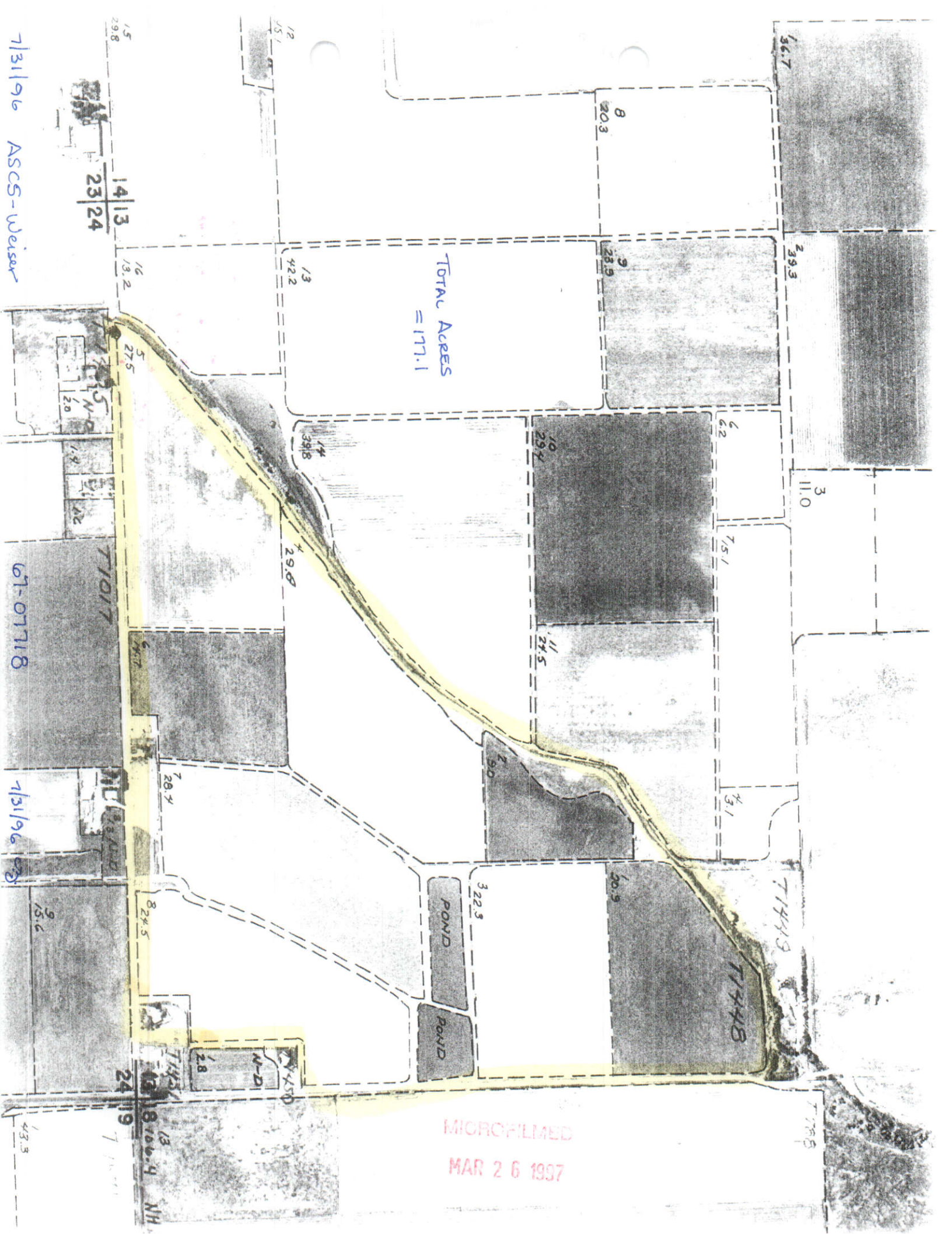
7/31/96

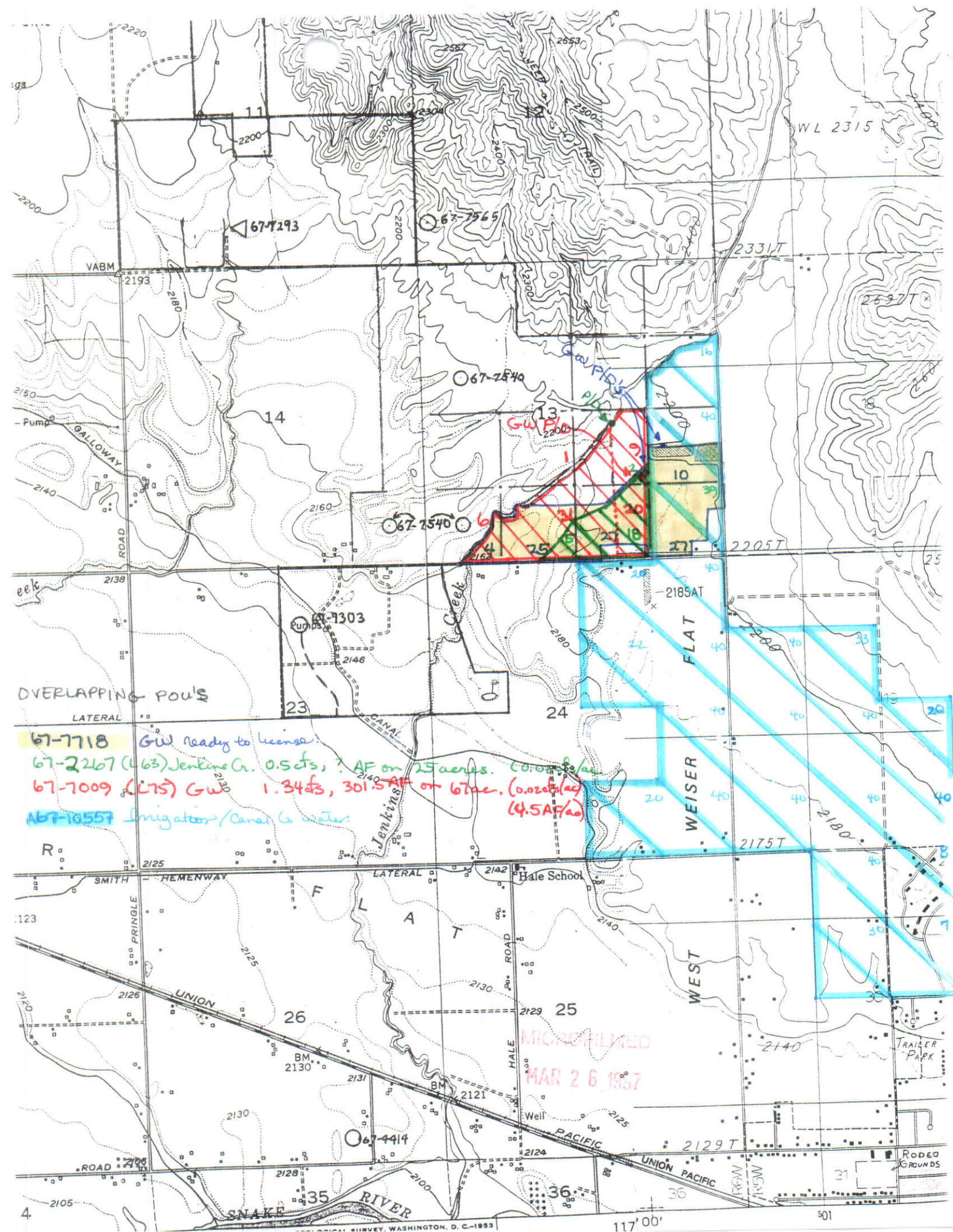
43.3

14 13
23 24

TOTAL ACRES
= 177.1

MICROFILMED
MAR 26 1997



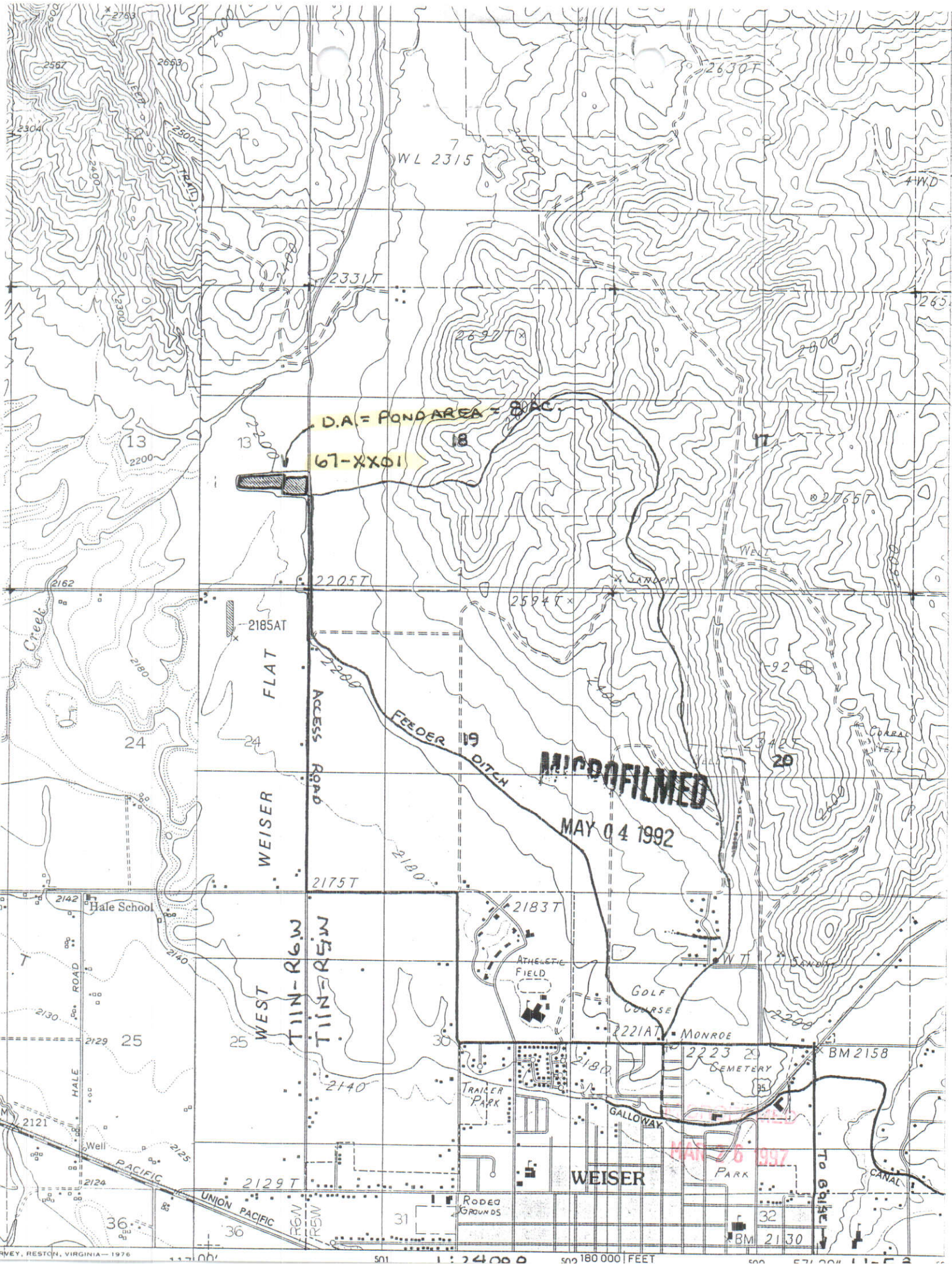


According to the
Washington County
Assessor's Office - all
the Saito brothers land
is North of JENKINS
CREEK.

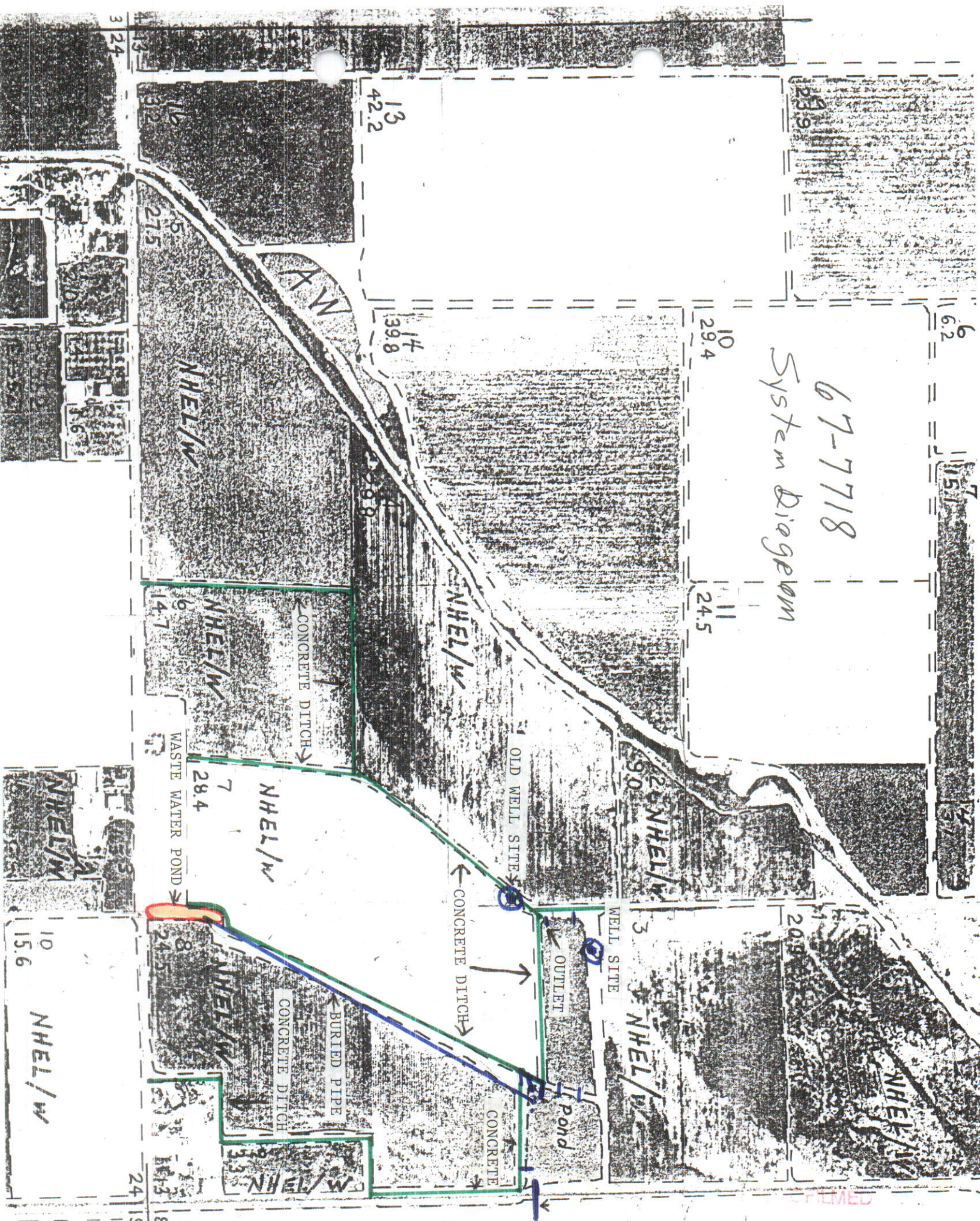
INFO FOR
67-07718

MAR 26 1997

BC



67-7718
System Diagram



CFIMED
MAR 26 1997

67-7718

TIIN R6W



PHOTO ID. 453

MAR 20 1987

67-7718



#1

P/D



#2

P/D looking
down from pond.

MICROFILMED
MAR 26 1987

67-7718



#3

Pipe from well
into pond



#4

Outlet pipe
from pond to
a concrete ditch

RECORDED
MAR 26 1997

67-7718



#5

Outlet box
from pond.



#6.

Headgate
wheel for
an outlet from
pond.

MAR 26 1937

67-7718



#7.

Outlet near
~~to as the~~ ditch water
inlet and
site of ~~outlet~~ ditch
water inlet



#8.

Concrete ditch
and overflow
outlet from
ponds.

MICROFILMED

MAY 26 1957

67-7718

#9

P14 looking
South from pond.



#10

Waste water
pond and pump



MAR 26 1997

Nº 1079

AFFIDAVIT OF PUBLICATION

STATE OF IDAHO, } ss.
County of Washington }

Dorothy A. Booth, being duly sworn,
deposes and says:

That he is the Clerk of
THE WEISER SIGNAL, a weekly newspaper published at
Weiser, in the County of Washington and State of Idaho; that
said paper has been and is in general circulation in the
county aforesaid, and in the vicinity of Weiser; that the ad-
vertisement, a copy of which is attached hereto, was pub-
lished in said newspaper once a week for 2 consecu-
tive weeks in the regular and entire issue of said paper dur-
ing the period and time of publication, and was published in
the newspaper proper and not in a supplement; that said
paper has been established and regularly published for more
than seventy-eight consecutive weeks prior to the date of
first publication of said advertisement.

Such notice was published in the issue beginning with
Nov. 17, 1988, and ending
with the issue of Nov 24, 1988
Dorothy A. Booth
Fees, \$ 33.80

Subscribed and sworn to before me this 24
day of November, 1988

Dorothy A. Booth
Notary Public, Residing at Weiser, Idaho.

My Commission Expires 5-1, 1991.

RECEIVED
DEC 02 1988

Department of Water Resources

No. 1079
NOTICE OF APPLICATION FOR AMENDMENT

Notice is hereby given that permit No. 67-07718 in the name of
L. C. and Myrla Cheney was filed on 6/8/87 for the diversion
of 1.88 cfs from groundwater with a point of diversion within
the T.11N, R.6W, S.13, NESWNE, and NENESW, B.M. to
be used for irrigation purposes from 4/1 to 10/30 within por-
tions of T.11N, R.6W, S.13, SESW & W½SE¼, B.M.

The permit holder now proposes to amend the permit by
changing the point of diversion to T.11N, R.6W, S.13, NESE,
B.M. and reducing the rate to .95 cfs.

Any protest against the approval of the proposed amendment
must be filed with the Department of Water Resources, 2735
Airport Way, Boise, ID 83705 on or before December 5, 1988.

R. Keith Higginson, Director
Published in the Weiser Signal on 11/17 & 11/24/1988.

76-2S

RECEIVED
MICROFILMED
DEC 5 1988
MAR 16 1989

Department of Water Resources
Western Regional Office

67-2244

State of Idaho

License and Certificate of Water Right

Water License No. G-25199

Amount 0.93 c.f.s.

Water District No.

Priority Sept. 30, 1954

THIS IS TO CERTIFY that

of Weiser, Idaho

WILLIAM M. CARSON

made application for a permit to appropriate the public waters of the State of Idaho, dated September 30, 1954; that Permit No. G-25199 was issued under said application; that Certificate of Completion of works, with a carrying capacity of 0.93 second feet, was issued thereunder on August 30, 1962, showing that said works were completed on the 18th day of September, 1959; and that on the 18th day of September, 1959,

WILLIAM M. CARSON

of Weiser

, State of Idaho

, made proof to the satisfaction of the

State Reclamation Engineer

of Idaho, of the right to use the waters of a well

, a tributary of subterranean flow

, for the purpose of irrigation & domestic

use, under Use Permit No. G-25199

of the Department of Reclamation

and that said right to the use of said waters has been perfected in accordance with the laws of Idaho, and is hereby confirmed by the State Reclamation Engineer of Idaho and entered of record in Volume 12 of Licenses at page 7424, on the 30 day of August, 1962;

The right hereby confirmed dates from

September 30, 1954;

The Point of Diversion is located

in the SE 1/4 SE 1/4 Sec. 14, Tp. 11 N, R. 6 W., B. M.

County Washington

That the amount of water to which such right is entitled and hereby confirmed, for the purposes aforesaid, is limited to an amount actually needed and beneficially used for said purposes, and shall not exceed 0.93 cubic feet per second.

Description and location of use:

Twp.	Range	Sec.	Forty-acre Tract	No. Acres Described in Permit	No. Acres Actually Irrigated
11 N.	6 N.	13	NE 1/4 SW 1/4	40	20
			NW 1/4 SW 1/4	40	40
			SW 1/4 SW 1/4	40	40
			SE 1/4 SW 1/4	40	20
			NE 1/4 SE 1/4	40	20
			SE 1/4 SE 1/4	40	40
Total number of acres to be irrigated:					180

MICROFILMED

MAR 15 1988

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 67-07718

Priority: July 11, 1987

Maximum Diversion Rate:

0.95 CFS

This is to certify, that MYRLA CHENEY
L C CHENEY

430 STATE ST
WEISER ID 83672

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated July 10, 1987; and has submitted Proof of Beneficial Use on November 2, 1988. An examination indicates that the works have a diversion capacity of 3.670 cfs of water from a GROUNDWATER source, and a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
IRRIGATION	03/15 to 11/15	0.95 CFS	

LOCATION OF POINT(S) OF DIVERSION:

NESE , Sec. 13, Township 11N, Range 06W
NWSE , Sec. 13, Township 11N, Range 06W
WASHINGTON County

PLACE OF USE: IRRIGATION

<u>TWN</u>	<u>RGE</u>	<u>SEC</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>TOTAL</u>
11N	06W	13	SWNE 3	SENE 26	NESW 1	
			SWSW 4.1	SESW 28	NESE 28	
			NWSE 25	SWSE 34	SESE 28	177.1

Total number of acres irrigated: 177.1

CONDITIONS OF APPROVAL AND REMARKS

1. This water right is appurtenant to the described place of use.
2. This right is subject to all prior water rights and may be forfeited by five years of non-use.
3. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
4. This right when combined with all other rights shall provide no more than 4.5 afa per acre for the lands above.
5. The right holder shall use the full allotment of appurtenant surface water rights in conjunction with groundwater diverted under this right and shall only divert groundwater under this right when water from the appurtenant surface water rights cannot be delivered to the right holder.
6. This right shall not be used if the surface water right(s) appurtenant to the place of use is sold, transferred, leased or used on any other place of use.

State of Idaho
Department of Water Resources

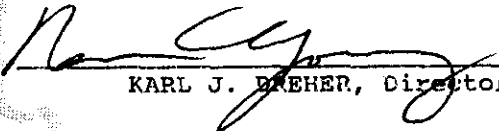
WATER RIGHT LICENSE

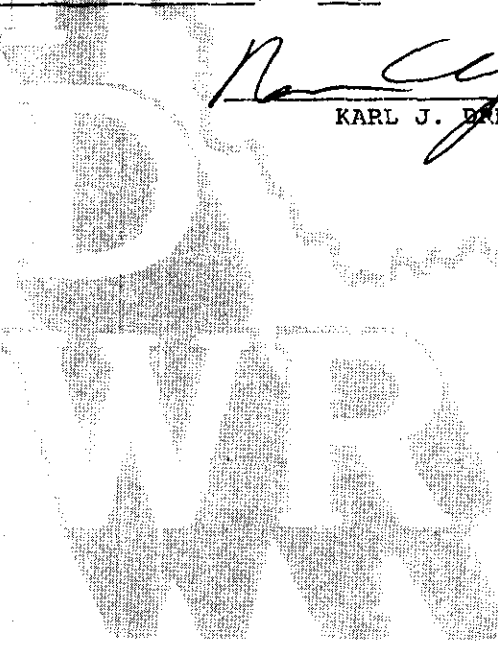
WATER RIGHT NO. 67-07718

CONDITIONS OF APPROVAL AND REMARKS

7. Right No. 67-07718 is limited to the irrigation of 94.0 acres in the place of use described above in a single irrigation season.
8. Right 67-07009 is also diverted at the point of diversion described above.
9. This right when combined with 67-02267, 67-07009, and all other rights shall provide no more than 0.02 cfs per acre nor exceed a combined annual diversion volume of 797.0 af for the lands above.

This license is issued pursuant to the provisions of Section 42-219, Idaho Code. Witness the seal and signature of the Director, affixed at Boise, this 21st day of MARCH, 1997.


KARL J. DREHER, Director



RECEIVED

MAR 17 1997

State of Idaho
Department of Water Resources

Department of Water Resources

APPLICATION FOR AMENDMENT
(For Licensing Purposes)
WATER RIGHT NO. 67-07718

Date of Priority: July 11, 1987
Comes now MYRLA CHENEY
L C CHENEY

Maximum Diversion Rate: 0.95 CFS

HC 1 BOX 69A
WEISER ID 83672

and represents to the Director of the

Idaho Department of Water Resources:

That he is the owner and holder of Permit to appropriate the Public Waters of the State of Idaho No. 67-07718, and requests that the permit be changed as follows:

Source: GROUNDWATER

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
IRRIGATION	03/15 to 11/15	0.95 CFS	

LOCATION OF POINT(S) OF DIVERSION:

NESE , Sec. 13, Township 11N, Range 06W
NWSE , Sec. 13, Township 11N, Range 06W
WASHINGTON County

PLACE OF USE: IRRIGATION

<u>TWN</u>	<u>RGE</u>	<u>SEC</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>TOTAL</u>
11N	06W	13	SWNE 3	SENE 26	NESW 1	
			SWSW 4.1	SESW 28	NESE 28	
			NWSE 25	SWSE 34	SESE 28	177.1

Total number of acres irrigated: 177.1

Permit holder asserts that no one will be injured by such change and that such change will be made at permit holder's own risk.

Signed at Myrla Cheney this 13 day of March, 1997.

430 STATE ST.
WEISER ID 83672

(Signature)

MAR 25 1997

State of Idaho
Department of Water Resources

APPLICATION FOR AMENDMENT
(For Licensing Purposes)
WATER RIGHT NO. 67-07718

FOR DEPARTMENT USE ONLY

Preliminary check by ket Fee \$30.00 Receipted by ket # 03822 Date 3-17-97

ACTION OF THE DEPARTMENT OF WATER RESOURCES

I, Karl J. Dreher, of the Department of Water Resources hereby approve the
above Application for Amendment for Permit No. 67-07718 with the following;

CONDITIONS OF APPROVAL AND REMARKS

1. This water right is appurtenant to the described place of use.
2. This right is subject to all prior water rights and may be forfeited by five years of non-use.
3. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
4. This right when combined with all other rights shall provide no more than 4.5 afa per acre for the lands above.
5. The right holder shall use the full allotment of appurtenant surface water rights in conjunction with groundwater diverted under this right and shall only divert groundwater under this right when water from the appurtenant surface water rights cannot be delivered to the right holder.
6. This right shall not be used if the surface water right(s) appurtenant to the place of use is sold, transferred, leased or used on any other place of use.
7. Right No. 67-07718 is limited to the irrigation of 94.0 acres in the place of use described above in a single irrigation season.
8. Right 67-07009 is also diverted at the point of diversion described above.
9. This right when combined with 67-02267, 67-07009, and all other rights shall provide no more than 0.02 cfs per acre nor exceed a combined annual diversion volume of 797.0 af for the lands above.

Witness my hand this 21st day of MARCH, 1997.


KARL J. DREHER, Director

EX-100-11111

MAR 26 1997

BEFORE THE DEPARTMENT OF WATER RESOURCES
OF THE STATE OF IDAHO

IN THE MATTER OF PERMIT NO. 67-7718 IN THE)
NAME OF L. C. AND MYRLA CHENEY) ORDER OF REINSTATEMENT
_____)

WHEREAS, the Department issued the above-captioned permit with the condition that proof of construction of works and application of water to beneficial use (proof of beneficial use) be submitted on or before November 1, 1988; and,

WHEREAS, the Department has notified the permit holders by certified mail that proof was due and instructed the permit holders as to the steps to be taken to make said proof; and,

WHEREAS, on November 1, 1988 the permit lapsed for failure of the permit holders to submit proof of beneficial use; and,

WHEREAS, Section 42-218a of the Idaho Code provides that a permit may be reinstated upon a showing of reasonable cause within sixty days of the date of lapsing; and,

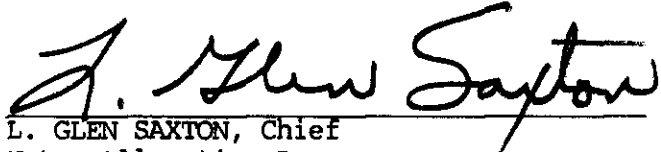
WHEREAS, the permit holders have provided a reasonable showing as to why said permit should be reinstated by submitting proof of beneficial use on November 2, 1988;

IT IS, THEREFORE, HEREBY ORDERED that Permit No. 67-7718 be REINSTATED and the priority advanced to July 11, 1987.

Dated this 1st day of February , 1989.

MICROFILMED

MAR 16 1989


L. GLEN SAXTON, Chief
Water Allocation Bureau

Form 217
03/85

RECEIVED
NOV 08 1988

For Office Use Only
Fee Received \$ 100
Date 11/7/88
Receipt # W001310
Receipt by SL
Reviewed by SL
Sent to region copy at region

STATE OF IDAHO 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 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.

Permit No. 67-07718

Name(s) of Permit Holder: L. C. Cheney and Myrla Cheney

Post Office Address: Route 1, Box 69-A, Weiser, Idaho 83672

Telephone No. (208) 549-1652

Source of Water: Ground Water

Extent of Use:

Domestic _____ (number of households) Stockwater _____ (number and type of stock)

Irrigation 94 (acres) Other/Remark _____

Total rate and/or volume for which proof is submitted .946 cfs _____ acre-feet

Show the date water was first diverted and beneficially used under this permit: April 15, 1988

Measuring Device: Required? ☒ Yes ☒ No
Installed? ☒ Yes ☒ No
Fee enclosed \$ 100
(See License Examination Fee Schedule)

Flow Measurement Port: Required? ☒ Yes ☒ No
Installed? ☒ Yes ☒ No

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

L. C. Cheney (Name) (208) 549-1652 (Telephone Number)

Route 1, Box 69-A, Weiser, ID 83672
(Address)

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.

MICROFILMED

MAR 16 1989

October 28, 1988

Date

L. C. Cheney
Signature of Permit Holder (and title, if appropriate)

RECEIVED
NOV 8 1988

Ident. No. _____

STATE OF IDAHO

Department of Water Resources
Western Regional Office

APPROVED

APPLICATION FOR AMENDMENT OF A PERMIT

To change the point of diversion and/or the place of use.

Comes now L.C. CHENEY and MYRLA CHENEY Phone 549-1971
of (address) Route 1, Box 69-A, Weiser, Idaho 83672, and represents to the
Director of the Idaho Department of Water Resources:

That he is the owner and holder of Permit to appropriate the Public Waters of the State of Idaho
No. 67-07718, and requests that the permit and permit map be changed as follows:

1. Point of diversion: NE 1/4 SE 1/4, Section 13, Township 11N, Range 6W, B.M.,
County of Washington. Other points of diversion: _____

2. Period and nature of use: (irrigation, domestic, stockwatering, industrial, etc.)
.95 Irrigation 2 11/88
Amount .946 for 94 acres purposes from April 1 to Oct 30 (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)

3. Place of use or land to be irrigated:

TWP	RGE	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				TOTALS
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
11N	6W	13											32		26	36			94

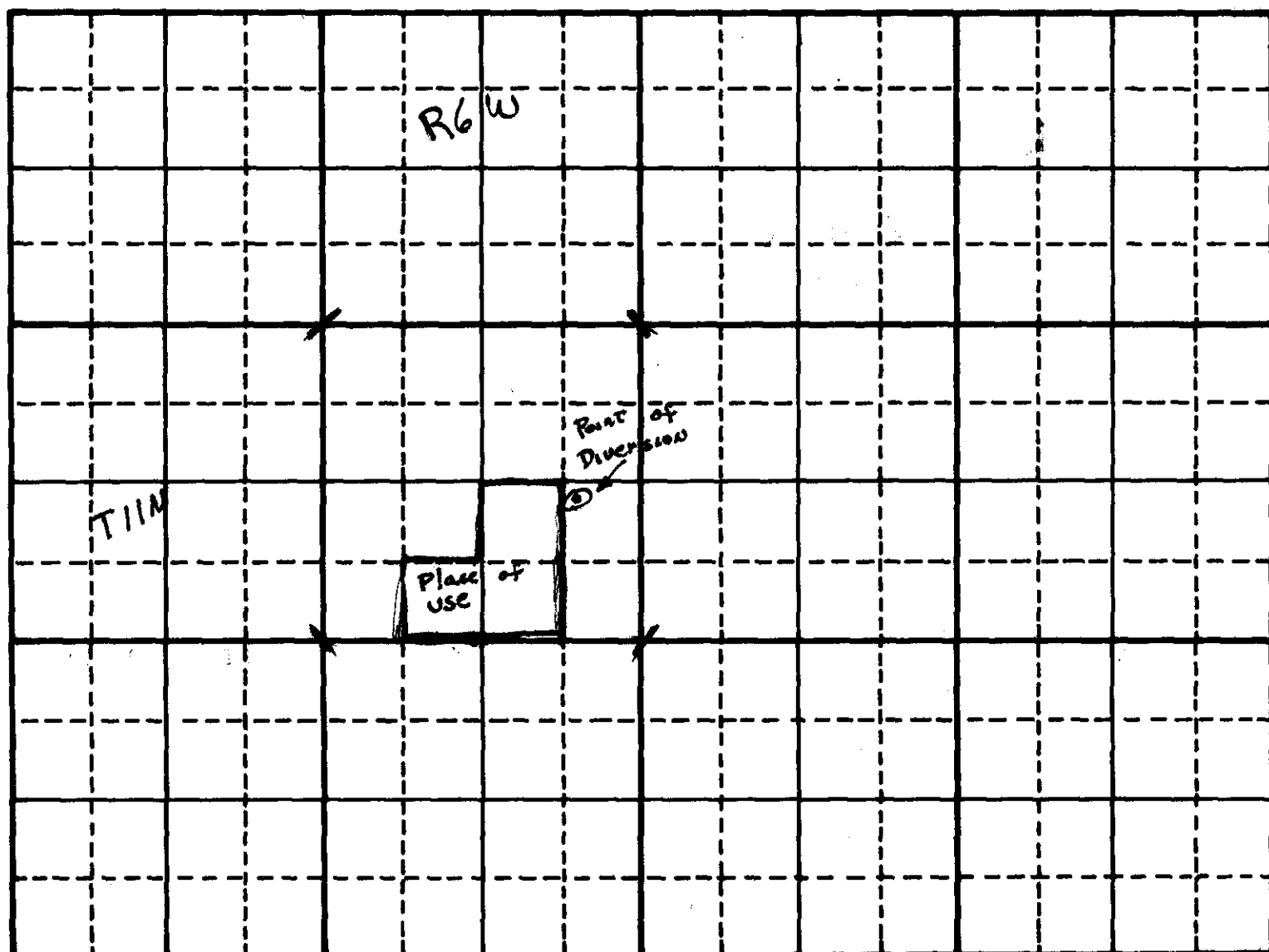
Total number of acres to be irrigated = 94

4. a. Who owns the property at the point of diversion? Applicant
b. Who owns the land to be irrigated or the place of use? Applicant
c. If the property is owned by a person other than the applicant, describe the arrangement enabling the
applicant to make this filing: _____

MICROFILMED

MAR 16 1989

Show 40-acre subdivisions, townships, ranges and ditches.



Signed at Weiser, Idaho , this 28th day of October , 19 88

S. C. Cheney
(Signature)

Preliminary check by 20 Fee = \$20.00

Received by SL Date 11/7/88 # W001310

Publication prepared by JE Date 11/10/88

Published in the Wiener Simmel

Publication dates 11/17/88 11/24/88

11/17 90 11/24/88

I, L. GLEN SAXTON, of the Department of Water Resources hereby

Approve the above Amendment provided the conditions as set forth in Permit No.

67-7718 are met. The maximum rate of diversion under this permit shall not exceed

0.95 cfs.

Witness my hand this

7 day of Ja
MICROFILMED

MAR 16 1989

January

. 19 89

S., 19 89.
Chief, Water Alloc. Bureau

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

APPROVED

To appropriate the public waters of the State of Idaho

1. Name of applicant L.C. and Myrla Cheney Phone 549-1671
Post office address Route #1 Box 69-A Weiser, Idaho 83672
2. Source of water supply Ground Water which is a tributary of N.A.
3. Location of point of diversion is NE $\frac{1}{4}$ of SW NE $\frac{1}{4}$ $\frac{1}{4}$ of NE* SW $\frac{1}{4}$ $\frac{1}{4}$, Govt. Lot _____
Sec. 13 Township 11-N Range 6-W B.M. Washington County; additional
points of diversion if any: NE NE SW Sec. 13, Twp. 11N Rge. 6W
4. Water will be used for the following purposes:
cfs 1.88 (DRT per telecon 7/10/87)
Amount 1.3 for Irrigation purposes from April 1 to Oct. 30 (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) 1.88 (DRT per telecon 7/10/87)
1.3
5. Total quantity to be appropriated is (a) 1.3 cubic feet per second and/or (b) _____ acre feet per annum
6. Proposed diverting works:
- a. Description of ditches, flumes, pumps, headgates, etc. WELL, PUMP & PIPELINE.
- 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 12" inches; proposed depth of well is 75 feet.
- d. Is ground water with a temperature of greater than 90°F being sought? _____
7. Time required for the completion of the works and application of the water to the proposed beneficial use is
1 year years (minimum 1 year).

MICROFILMED

MAR 15 1988

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

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

9. Description of place of use:

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

TWP	RANGE	SEC.	NE¼				NW¼				SW¼				SE¼				TOTALS
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
11N	6W	13											32 31.8		26 26.2		36.0		94

Total number of acres to be irrigated 94

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

Crane Creek Reservoir Water.

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

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

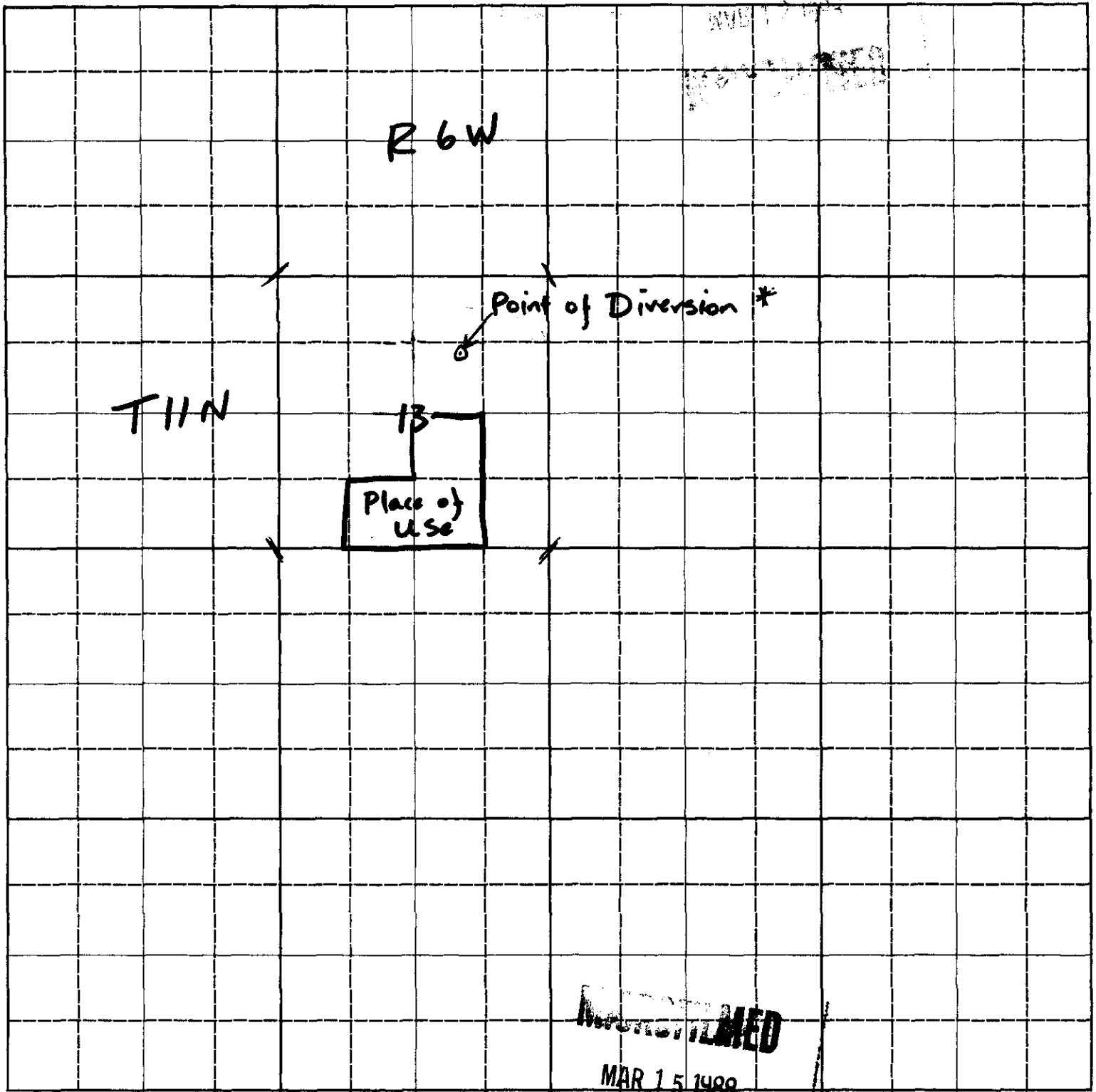
c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing. _____

12. Remarks: _____

RECEIVED

MAR 15 1988

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.

x L. C. - Myrle Cheney
(Applicant)

Proposed Priority 7/10/87 7/10/1987 due to increase of rate of flow per Dec 7/10/87
Received by RL Date 6-8-87 Time 9:00 am Preliminary check by [Signature]
Fee \$ 65.00 Receipted by LL # 44927 Date 6-8-87
Publication prepared by LL Date 7/29/87 Published in The Weiser Signal
8/6 + 8/13/87
Publication approved LL Date 9/4/87

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. 67-7712, 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 November 1, 19 88.
- 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: 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 16th day of October, 1987.

[Signature]
Director WJS

MICROFILMED

MAR 15 1988



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

March 24, 1997

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

MYRLA CHENEY
L C CHENEY
430 STATE ST
WEISER ID 83672

RE: WATER RIGHT NO. 67-07718

Dear Water Right Holder(s):

The Department of Water Resources (the Department) has issued the enclosed license confirming that a water right has been established in accordance with the permit referenced above. The license is a preliminary order issued by the Department pursuant to section 67-5243, Idaho Code. It can and will become a final order without further action of the Department unless a party petitions for reconsideration or files an exception and/or brief as further described below:

PETITION FOR RECONSIDERATION

Any party may file a petition for reconsideration of a preliminary order with the Department within fourteen (14) days of the service date of this order. The Department will act on a petition for reconsideration within twenty-one (21) days of its receipt, or the petition will be considered denied by operation of law. See section 67-5243(3), Idaho Code.

EXCEPTIONS AND BRIEFS

Within twenty-one (21) days after (a) the service date of a preliminary order, (b) the service date of a denial of a petition for reconsideration from this preliminary order, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration from this preliminary order, any party may in writing support or take exceptions to any part of a preliminary order and may file briefs in support of the party's position on any issue in the proceeding. Otherwise, this preliminary order will become a final order of the Department.

If any party appeals or takes exceptions to this preliminary order, opposing parties shall have twenty-one (21) days to respond to any party's appeal. Written briefs in support of or taking exceptions to the preliminary order shall be filed with the Department. The Department retains the right to review the preliminary order on its own motion.

ORAL ARGUMENT

If the Department grants a petition to review the preliminary order, the Department shall allow all parties an opportunity to file briefs in support of or taking exceptions to the preliminary order and may schedule oral argument in the matter before issuing a final order. If oral arguments are to be heard, the Department will within a reasonable time period notify each party of the place, date and hour for the argument of the case. Unless the Department orders otherwise, all oral arguments will be heard in Boise, Idaho.

CERTIFICATE OF SERVICE

All exceptions, briefs, requests for oral argument and any other matters filed with the Department in connection with the preliminary order shall be served on all other parties to the proceedings in accordance with Rules of Procedure 302 and 303.

FINAL ORDER

The Department will issue a final order within fifty-six (56) days of receipt of the written briefs, oral argument or response to briefs, whichever is later, unless waived by the parties or for good cause shown. The Department may remand the matter for further evidentiary hearings if further factual development of the record is necessary before issuing a final order. The Department will serve a copy of the final order on all parties of record.

Section 67-5246(5), Idaho Code, provides as follows:

Unless a different date is stated in a final order, the order is effective fourteen (14) days after its issuance if a party has not filed a petition for reconsideration. If a party has filed a petition for reconsideration with the agency head, the final order becomes effective when:

- (a) the petition for reconsideration is disposed of; or
- (b) the petition is deemed denied because the agency head did not dispose of the petition within twenty-one (21) days.

APPEAL OF FINAL ORDER TO DISTRICT COURT

Pursuant to sections 67-5270 and 67-5272, Idaho Code, if this preliminary order becomes final, any party aggrieved by the final order or orders previously issued in this case may appeal the final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which:

- i. A hearing was held,
- ii. The final agency action was taken,
- iii. The party seeking review of the order resides, or
- iv. The real property or personal property that was the subject of the agency action is located.

The appeal must be led within twenty-eight days of this preliminary order becoming final. See section 67-5273, Idaho Code. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.

For your records I have also enclosed a copy of your Application for Amendment of Permit, which was approved.

Sincerely,

A handwritten signature in cursive script that reads "Shelley W. Keen". The signature is written in dark ink and is positioned above the typed name and title.

Shelley W. Keen
Water Rights Supervisor

SK:ph

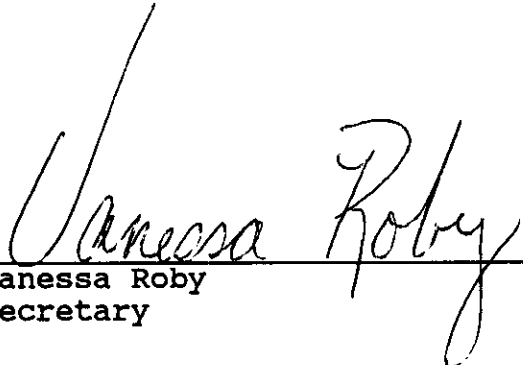
Enclosure

CERTIFICATE OF MAILING

I hereby certify that on the 24th day of March, 1997, I mailed a true and correct copy, postage prepaid, of the foregoing PRELIMINARY ORDER (Approved License) to the person(s) listed below:

Water Right No. 67-07718

MYRLA CHENEY
L C CHENEY
430 STATE ST
WEISER ID 83672



Vanessa Roby
Secretary



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

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

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

March 11, 1997

MYRLA CHENEY
L C CHENEY
HC 1 BOX 69A
WEISER ID 83672

RE: WATER RIGHT NO. 67-07718

Dear Water Right Holder(s):

I previously forwarded to you an Application for Amendment so that you could amend your permit to depict your water right as it has actually been developed.

As of this date, I have not received this amendment. If I do not receive the amendment within fourteen (14) days, a Water Right License will be issued for less than could have been allowed. In case the amendment form I sent you has been misplaced, a new one is enclosed. Please note that the filing fee for this amendment is \$50.00.

If you have any questions, please call me at (208) 327-7946.

Sincerely,

Shelley W. Keen
Water Rights Supervisor

SK:ph

Enclosure



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

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

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

January 21, 1997

MYRLA CHENEY
L C CHENEY
HC 1 BOX 69A
WEISER ID 83672

RE: WATER RIGHT NO. 67-07718

Dear Water Right Holder(s):

The above referenced water right is in the process of being licensed. However, before a license can be issued, your permit must be amended to depict your water right as it has actually been developed.

The enclosed Application for Amendment contains information that will be included on the license when it is issued. The amendment reflects a change in the location of the point(s) of diversion and the place(s) of use description. Please review carefully and if you concur, sign the amendment and return it with the \$50.00 filing fee within 14 days.

The last page of the Application for Amendment form contains a list of Conditions of Approval and Remarks proposed for the license when it is issued. These conditions of approval and remarks may be modified upon further administrative review.

If you do not concur, or if you have any questions about this information, please contact me as soon as possible. My telephone number is (208) 327-7946.

Sincerely,

Shelley W. Keen
Water Rights Supervisor

SK:ph

Enclosure

100-10-1000

MAR 28 1997

3/91

PLANIMETER ACRESWR
CLAIM NUMBER: 67-07718ADJ/WR AGENT: Cindy Zimmerman
SIGNATUREDATE: January 21, 1997

Short arm (0.09683 conversion factor)

T	R	S	N E				N W				S W				S E			
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE
11N	06W	13	—	—	3	26	—	—	—	—	1	—	4	28	28	25	34	28
					3.00	24.43					0.97		4.07	27.88	28.17	25.37	34.08	27.88

SECTION ACRES 177.1

T	R	S	N E				N W				S W				S E			
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE

SECTION ACRES _____

T	R	S	N E				N W				S W				S E			
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE

SECTION ACRES _____

T	R	S	N E				N W				S W				S E			
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE

SECTION ACRES _____

T	R	S	N E				N W				S W				S E			
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE

SECTION ACRES _____

PLANIMETER ACRES TOTAL:

177.0

OK to match with SCS acres = 177.1

NOT IRRIGATED
NEED FIELD ACRES
ACRES PER 1/4
acres verified
using planimeter
on 1/21/97. 23

1413
2324

1413

13.2

13.2

13.2

13.2

13.2

13.2

13.2

13.2

13.2

13.2

13.2

13.2

13.2

13.2

13.2

13.2

13.2

13.2

13.2

13.2

67-07718

10/31/96

B/U FIELD EXAM REVIEW
Cindy Zimmerman

01/96

Permit #: 67-7718 Name: Cheney Date: 10/31/96 ✓ Lots 1

NAME Chng Same ✓ Or Address Change?

SOURCE Chng Same ✓ Clarify source _____
Prelim. Order to Void - Source change.

P/D ✓ Chng Same Chng Amendment Needed? add NWSE P39
Overlap(s) 67-2267, 67-7009
(GW) (GW) across verified w/planimeter 1/24/97. 83.

P/U ✓ Chng Same Chng Amendment Needed? add PPU across 6 1/4/45 P41
Overlap(s) 67-2267, 67-7009, 67-2267 (Cont)
(Gov't special (P)S) (GW) *P/D & P/U Amend? P37

RATE Chng Same ✓ Permit/fee limits 0.95 / 1.0
✓ Measured Q= _____ cfs/Theoretical Q= * cfs
capacity = (NWSE well (per 67-7009) = 1.36 cfs) + (NWSE well (67-7718) = 2.31) = 3.67 cfs
for calculations see adjustment memo
rate limited by permitted amount
✓ Recommended capacity 3.67 cfs
✓ Recommended rate 0.95 cfs

VOLUME Chng Same ✓ Season: (.../4.5) 3/15-11/15 = 246 days
Calculations: _____
for calculations see adjustment memo
✓ Flow limit: 0.95 x 246 x 1.9835 = 463.5 AF
Recommended volume 383.0 AF

USES Chng Same ✓ Same Nature of Use? _____ P46
Amendment Needed? _____

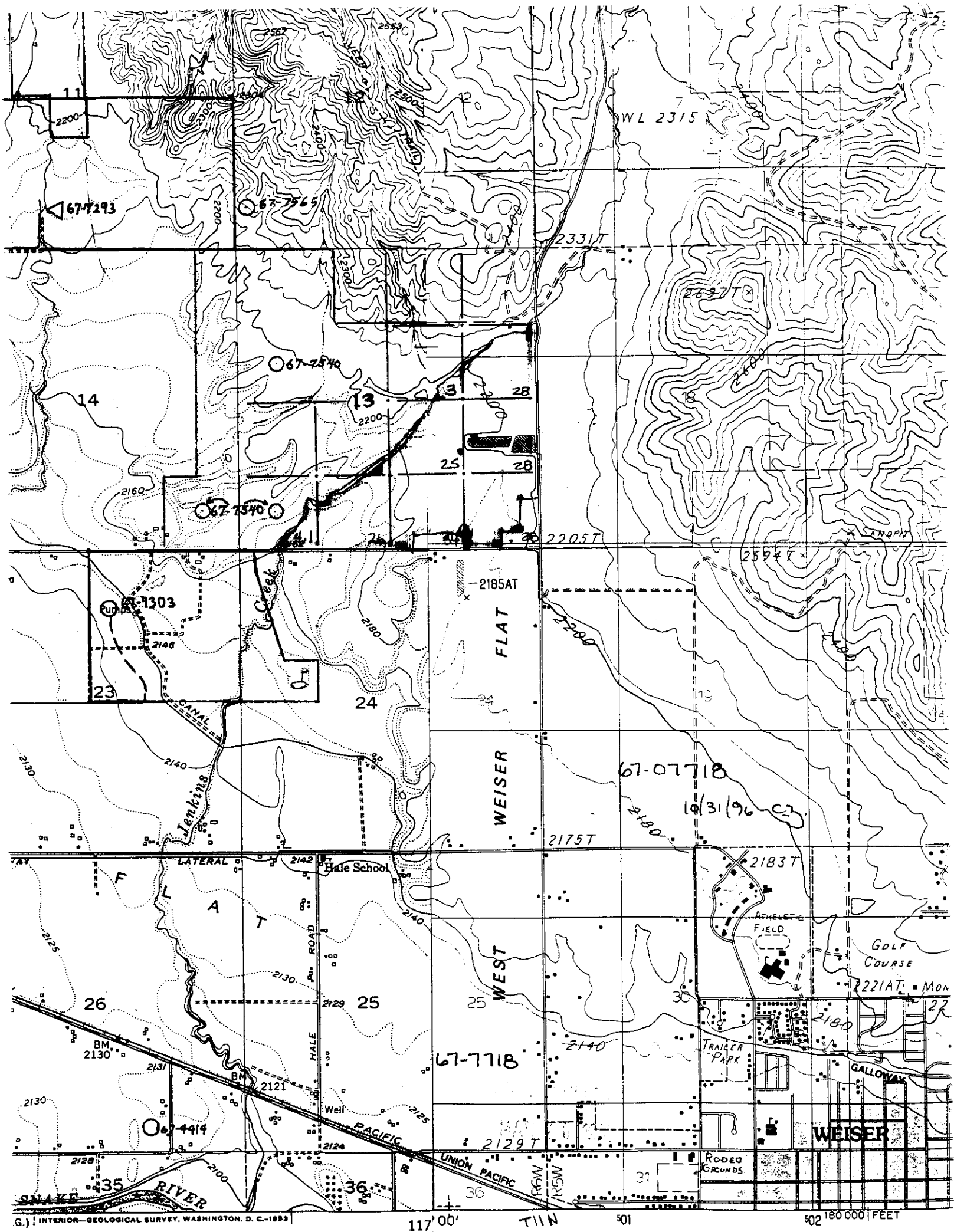
REMARKS Chng Same ✓ Multiple p/d's in 1/4? W32
✓ PPU rinks

CONDITIONS Chng Same Chng Measuring (R01)/Locking (R02) Devices
Chng Watermaster Control (R04) - WD # _____
Chng Irrigation rate/volume overlap
Chng GW irrigation replaces surface water (050)
Chng GW irrigation supplements surface water (065)
Chng Water Quality
Chng Other _____

PRIORITY App Rcd 7/10/87 Due 11/1/88 Rc'd 11/8/88
Receipt# W001310 Fee OK? Yes/No
Order to Reinstate Needed? Yes/No Done? 2/1/89
If Yes, Advanced? Yes/No to: 7/11/87
Priority 7/11/87 Examined 7/18/91

COMMENTS: flow limited by permit

USE	CFS	DIV VOL	SRBA Overlap 67-2267/67-7009/7718
<u>lnr</u>	<u>0.95</u>	<u>383.0</u>	<u>Adjustment Memo</u> <u>✓</u>
_____	_____	_____	LICENSE LTR: <u>P49</u>
_____	_____	_____	#1 AMEND LTR: <u>P37/P38</u>
_____	_____	_____	#2 AMEND LTR: <u>P42/P47</u>
TOTAL	<u>0.95</u>	<u>383.0</u>	



56.7

39.3

3
11.0

7144.3

786

8
40.3

6
6.2

7/5.1

3/1

11
24.5

322.3

TOTAL ACRES
= 177.1

1/3
42.2

4
29.8

14
13

23
24

1/6
13.2

5
27.5

7
20.7

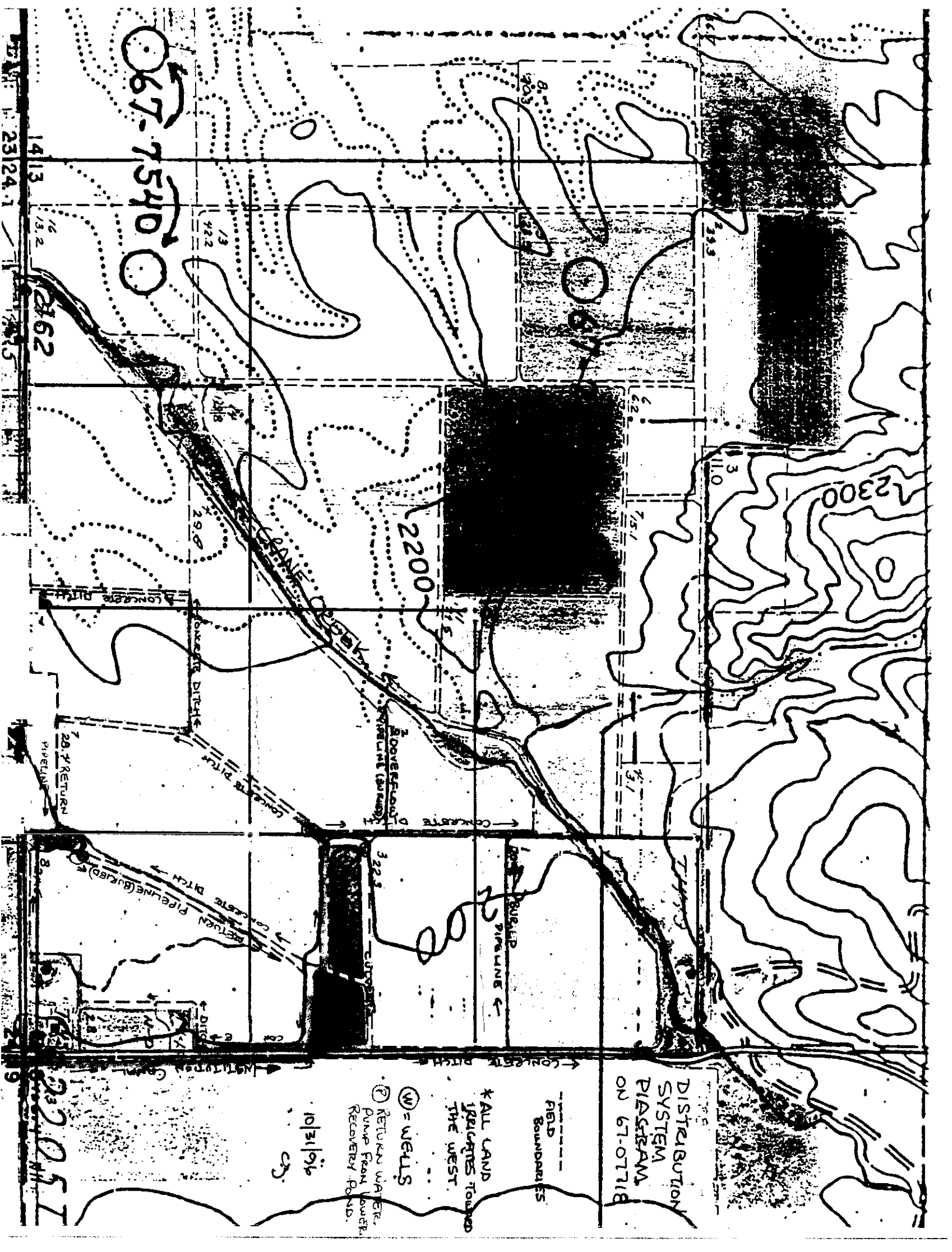
8
24.5

7/31/96

ASCS-Weiser

7/31/96

43.3



DISTRIBUTION
SYSTEM
PIEGRAM
ON 67-07118

FIELD
BOUNDARIES

* ALL LAND
IRREGULARITIES TOWARD
THE WEST

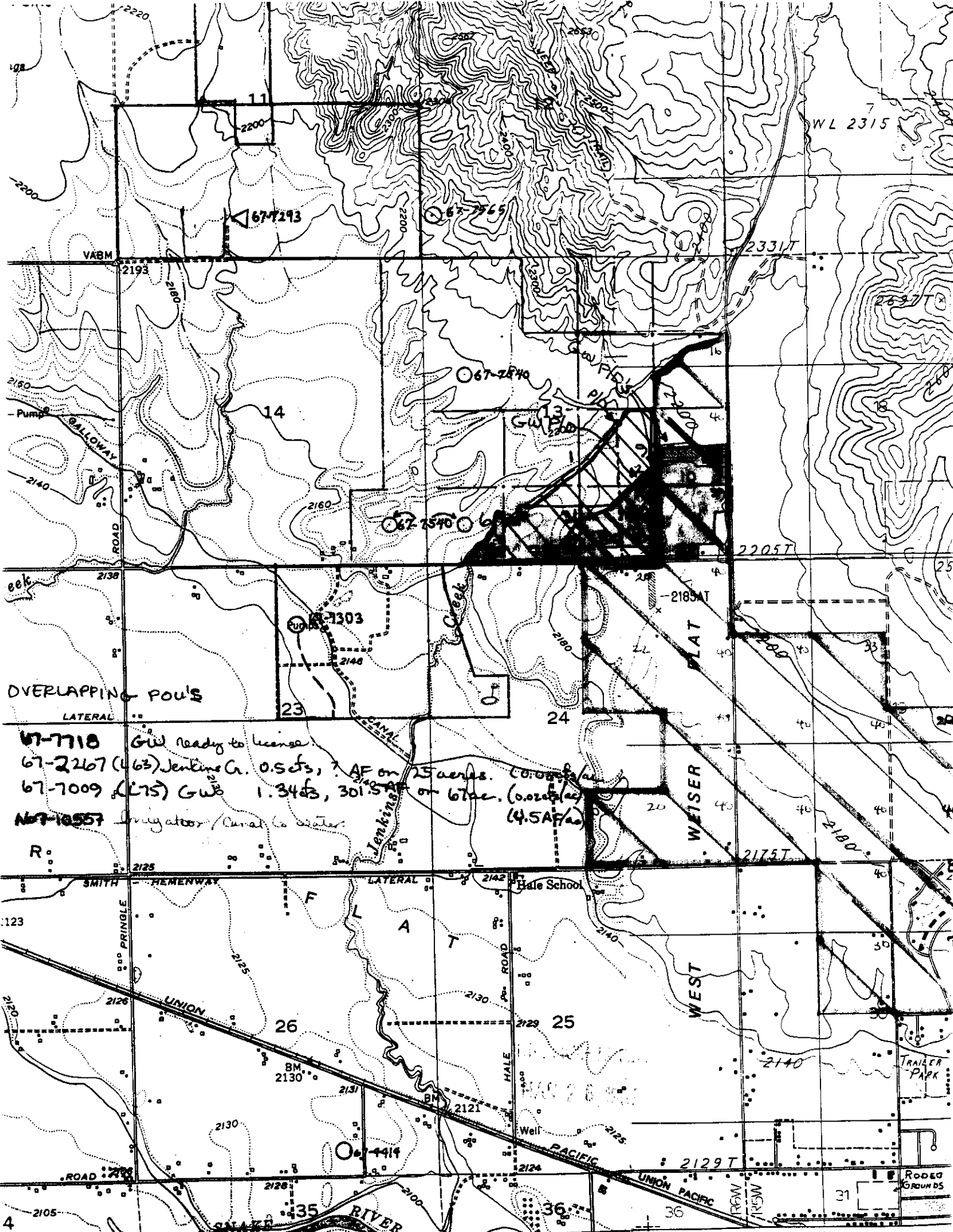
(W) = WELLS

(P) RETURN WATER
PUMP FROM LOWER
RECOVERY POND.

10/31/96

CS

232057



OVERLAPPING POW'S

67-7718 Gw ready to license
67-2267 (163) Jenkins Cr. 0.54fs, 7 AF on 25 acres. (0.0025/acre)
67-7009 (175) Gw 1.34fs, 301.5 AF on 67 acres. (0.0025/acre)
67-10557 Irrigator / Canal to water. (4.5 AF/acre)

WR's:

67-2097 (L-2/29) ^(NOT CLAIMED) Jenkins Cr. SWNW S6
 6.5 cfs 1462.5 AF
~~1466 cfs~~ ~~7 AF~~ on 325 ac.

67-2244 (L-62) ~~GW~~ ~~SESE S14~~
 NW OF JENKINS CR (SAITO BEOS)
~~0.93 cfs~~ ~~7 AF~~ 180 ac

67-2267 (L-63) Jenkins Cr. SENE S13
 112.5 AF
 0.5 7 AF 25 ac

A The Institute Canal Co.
 67-4250 (SC-18) Weiser R. NENE S35 10N4W
 3600 AF
 16.00 cfs 7 AF 800 ac

67-7336 GW (Kline) Jr + Dom SENE S13 don't
 0.02 cfs 4.5 AF 1 ac consider

67-7009 (L-75) GW NWSE S13
 1.34 cfs 301.5 AF 67 ac

(L) 67-7718 (P) ^{w/pan} GW NENE & NWSE S13
 0.95 cfs 423.0 AF 94 ac

S13	SWSW	4	6	10
	SESW	25	31	10
	NENE	10	10	10
	NWSE	1	2	10
	SWSE	27	27	10
	SESE	27	27	27

$$37 \times 4.5 = 166.5$$

$$37 \times 0.02 = 0.74 \text{ cfs}$$

S13	fully covered	100 SW
SWSW	67-7009	—
SESW	67-7009	—
<u>NENE</u>	67-2262	✓
NWSE	67-2267	—
SWSE	67-7009	—
SESE	67-2267	✓

MEMORANDUM

DATE: October 31, 1996
TO: File No. 67-07718
FROM: Cindy Zimmerman *CJ*
SUBJECT: Review of Beneficial Use Field Report

~~~~~

During the review of this exam, I noted that the water delivery system incorporating the use of Institution Canal Co. water was not included in the exam. On July 31, 1996, I met with the tenant farmer, Gish Amano, who showed me the entire distribution system.

Water is pumped from two wells into the westerly one of two elevated containment ponds located within the NESE, S13, T11N, R06W. Institution Canal Co. water is diverted into the easterly one of the same two elevated containment ponds. The ponds are interconnected via two culverts (submerged at the time of my exam).

The co-mingled water is then released through a headgate into concrete ditches and tube irrigated onto fields. All fields drain in a westerly direction. Fields are leveled in such a manner that all except the fields bordering Jenkins Creek drain into a recycling pond next to Jenkins Creek Road (south boundary line of section 13). Water is pumped from recycling pond back into the westerly containment pond via a buried pipeline. Irrigation water not draining into the recycling pond flows back into Crane Creek via dirt waste ditches.

The place of use overlap analysis:

| Water Right No.       | Acres              | Total cfs                      | cfs/ac                         | AF/ac | Total AF            | Source        | Stage   |
|-----------------------|--------------------|--------------------------------|--------------------------------|-------|---------------------|---------------|---------|
| (Total Farm)          | 177.1              | 3.67*                          | 0.02                           | 4.5   | 797.0               | -             | -       |
| 67-02267 <sup>1</sup> | 25.0               | 0.50                           | 0.02                           | 4.5   | 112.5               | Jenkins Creek | License |
| 67-07009              | <u>67.0</u>        | <u>1.34</u>                    | 0.02                           | 4.5   | <u>301.5</u>        | Groundwater   | License |
| Total Licensed        | 92.0               | 1.84                           | 0.02                           | 4.5   | 414.0               |               |         |
| <b>L67-07718</b>      | <b><u>85.1</u></b> | <b><u>1.70</u><sup>2</sup></b> | <b><u>0.02</u><sup>3</sup></b> | 4.5   | <b><u>383.0</u></b> | Groundwater   | Permit  |

\*= 1.36 (p/d in NWSE) + 2.31 (p/d in NESE).

<sup>1</sup>= not claimed in SRBA, not diverted anymore.

<sup>2</sup>= limited to permitted rate of diversion of 0.95 cfs.

<sup>3</sup>= 0.011 cfs/acre.

11/01/96

67-07718

The following adjustments<sup>1</sup> were made on the field report based upon my field findings:

C. Diversion and Delivery System.

1. Points of diversion:
  - a. Single point of diversion located within NESE, S13, T11N, R06W;
  - b. Single point of diversion located within **NWSE**, S13, T11N, R06W.
2. Place of use, (a **PPU**) is limited to **85.0** acres within **177.1** acres within S13, T11N, R06E described as follows: **3.0** acres in **SWNE**; **28.0** acres in **SENE**; **1.0** acre in **NESW**; **4.1** acres in **SWSW**; **26.0** acres in **SESW**; **28.0** acres in **NESE**; **25.0** acres in **NWSE**; **34.0** acres in **SWSE**; and **28.0** acres in **SESE**.

F. Flow Calculations.

1. Capacity; cfs = NESE well (per 67-07009) + NWSE well (per this exam)  
= 2.31 + 1.36  
= **3.67** cfs.
1. Irrigation; cfs = (total acres x cfs/ac) - already licensed cfs  
= (177.1 x 0.02) - (0.50 + 1.34)  
= 3.54 - 1.84  
= **1.70** cfs.

G. Volume Calculations.

1. Irrigation; AF = (total acres x AF/ac) - already licensed AF  
= (177.1 x 4.5) - (112.5 + 301.5)  
= 797.0 - 414.0  
= **383.0** AF.

H. Recommendations.

1. Recommended amounts:

| Beneficial Use | Period of Use | Rate of diversion      | Annual Volume          |
|----------------|---------------|------------------------|------------------------|
| Irrigation     | 3/15-11/15    | <b><u>1.70</u></b> cfs | <b><u>383.0</u></b> AF |
2. Recommended Amendments.

|                                                         |                                                                 |
|---------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Change P.D. as reflected above | <input checked="" type="checkbox"/> Add P.D. as reflected above |
| <input type="checkbox"/> Change P.U. as reflected above | <input checked="" type="checkbox"/> Add P.U. as reflected above |
| <input type="checkbox"/> None                           | <input type="checkbox"/> Other                                  |

Examiner: Melvin T. Schulte  
Examined: July 18, 1991

<sup>1</sup>Adjustments made are **bolded and underlined**.

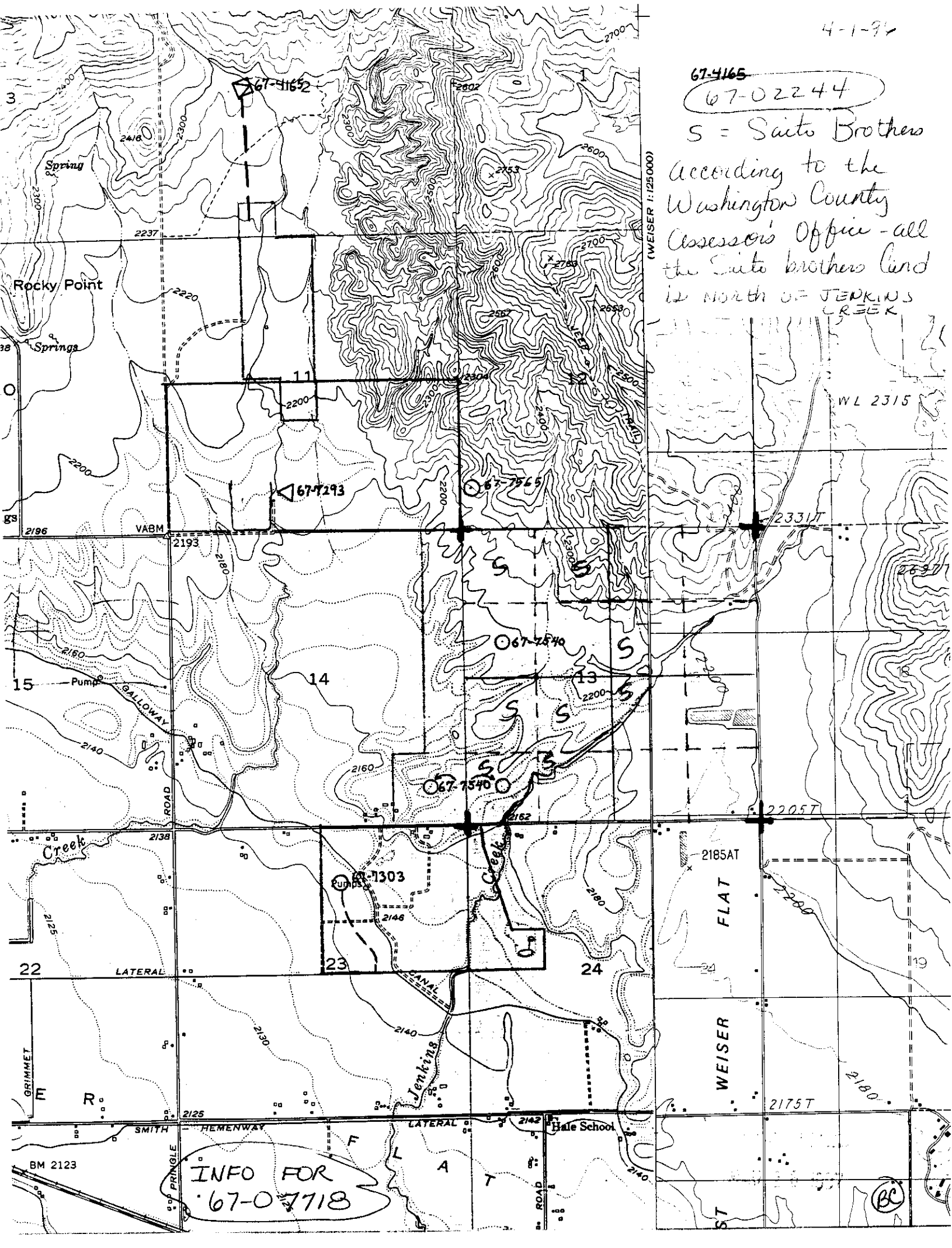
67-07718-112  
202 2 6 117

4-1-94

67-4165

67-02244

S = Saito Brothers  
According to the  
Washington County  
Assessor's Office - all  
the Saito brothers land  
is north of JENKINS  
CREEK



INFO FOR  
67-07718

BC

DAM SUMMARY SHEET  
Page No. 31  
04/20/93

BASIN -----> : 67  
DAM NUMBER -----> : XX01  
DAM NAME -----> : CHENEY  
COUNTY -----> : WASHINGTON  
STREAM -----> : WEISER RIVER (OS)  
REGION -----> : W  
PURPOSE -----> : I  
RISK CATEGORY -----> : 2  
SIZE CATEGORY -----> : 3  
Q-Q SECTION -----> : NESE  
SECTION -----> : 13  
TOWNSHIP -----> : 11N  
RANGE -----> : 06W  
LATITUDE DEC -----> : 44.2902  
LONGITUDE DEC -----> : 116.9942  
DAM TYPE -----> : EARTH  
STORAGE CAPACITY --> : 70 ACFT  
HEIGHT -----> : 15.0 FT  
DRAINAGE AREA -----> : 0.1 SQMI  
RESERVOIR AREA -----> : 8 AC  
YEAR COMPLETED -----> : 1972  
CREST ELEVATION --> : 2205 MSL  
CREST LENGTH -----> : 3350 FT  
SPILLWAY TYPE -----> : OVFL  
SPILLWAY DEPTH -----> : 2.6 FT  
SPILLWAY CAPACITY --> : 4 CFS  
OUTLET TYPE -----> : CMP  
OUTLET SIZE -----> : 12 IN  
OUTLET CAPACITY --> : 22 CFS  
IDF -----> : Q100  
IDF MAGNITUDE -----> : 40 CFS  
RELEASE\_CAPACITY--> : 26 CFS

CONDITION -----> : GD  
MAINTENANCE -----> : ROUTINE  
INSPECTION DATE --> : 0791 MO/YR  
CERTIFICATE EXP --> : 1196 MO/YR  
LAST RISK EVAL --> : 0791 MO/YR  
SURVEY DATE -----> : 08/22/91  
CALL UP DATE -----> : / /  
CERT ISSUE DATE --> : 03/25/92  
INSPECT INTERVAL --> : 2YR  
PHASE 1 INSP DATE --> : / /  
OPERATION PLAN -----> : N  
SEISMIC ANALYSIS --> : N  
RESTRICTED -----> : Y  
JOINT INSPECTION --> :  
QUAD NUMBER -----> : U53  
QUAD NAME -----> : WEISER NORTH

DAM OWNER -----> : L C CHENEY  
ADDRESS-1 -----> :  
ADDRESS-2 -----> : ROUTE 1 BOX 69A  
CITY -----> : WEISER  
STATE -----> : ID  
ZIP CODE -----> : 83672  
ZIP SUFFIX -----> :  
PHONE -----> : 5491671  
AREA CODE -----> : 208

GENERAL REMARKS : DAM IS RING DIKE WITH NO NATURAL DRAINAGE AREA. IDF MAGNITUDE IS TOTAL OF MAXIMUM DIVERSION INFLOW PLUS Q100 PRECIPITATION ON RESERVOIR AREA.

TECHNICAL REMARKS : CREST LENGTH IS PERIMETER DIKE. ALSO HAS 275' LONG INNER DIKE. SPILLWAY CAP IS WITH 2.0' FB. THREE 12' CMP OUTLETS : CAP IS TOTAL THRU ALL THREE OUTLETS.

RESTRICTIONS : THE MAXIMUM RESERVOIR LEVEL IS RESTRICTED TO 2.5 FEET BELOW THE TOP OF THE DAM EMBANKMENT AT ALL TIMES TO PROVIDE ADEQUATE FREEBOARD. FLASHBOARDS OR OTHER OBSTRUCTIONS SHALL NOT BE PLACED IN THE SPILLWAY OVERFLOWS.

ALTERNATE CONTACTS : WAYNE CHENEY, PH = 549-1269; GISH AMANO, RENTER, PH = 549-1771.

F4I

NO water right for this storage.



RECEIVED

MAR 25 1993

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**BENEFICIAL USE FIELD REPORT**

**A. GENERAL INFORMATION**

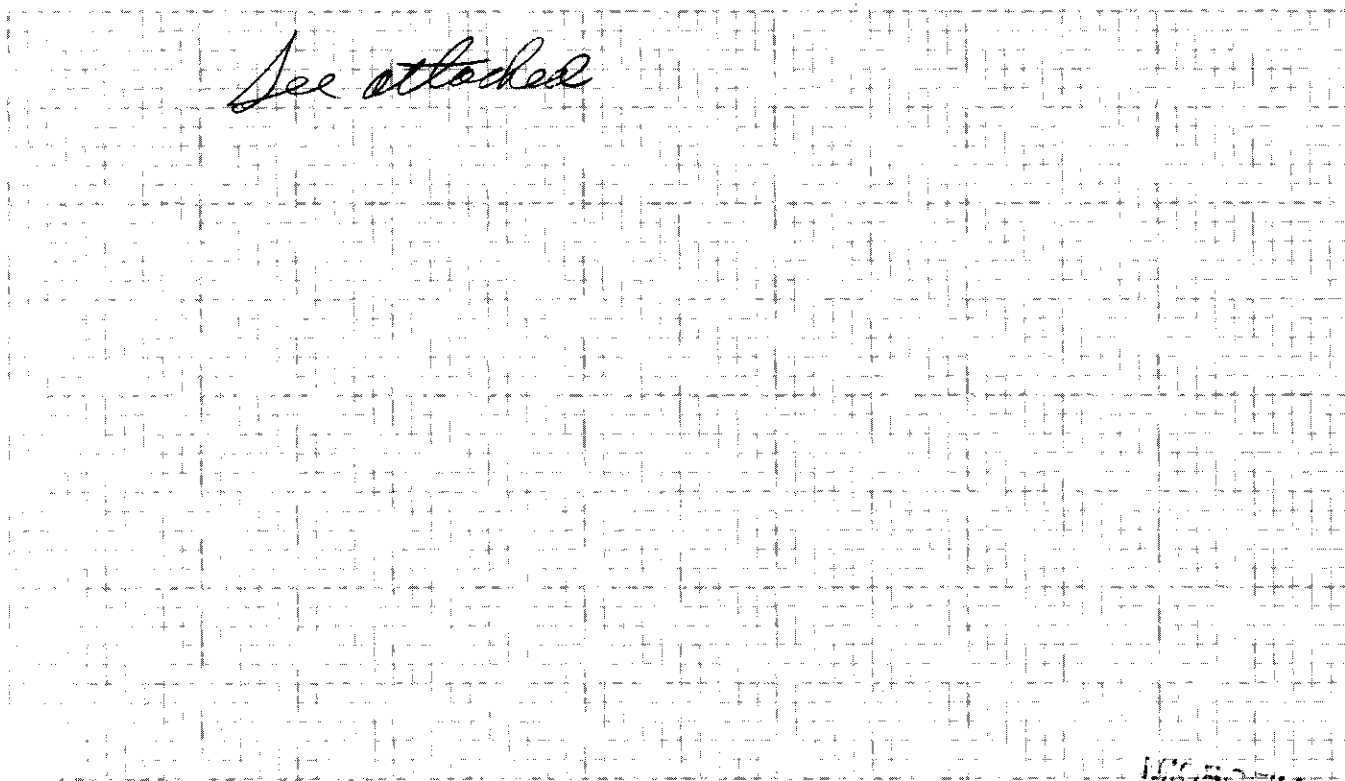
1. Owner: L.C. (deceased) & Myrtle Cheney Permit No. 67-7718  
Current Address: P.O. Box 694, Weiser, Idaho 83672 Phone No. 549-1971 549-1671  
2. Accompanied by: Dick Ormrod EXAM. DATE: 7-18-91  
Address: Olds Ferry Rd., Weiser Phone No. 549-1771  
Relationship to Permit Holder: tenant farmer  
3. Source: groundwater tributary to none

**B. OVERLAP REVIEW**

1. Other water rights with same place of use: 67-2244, 67-2267, 67-4004  
67-7009, 67-7540 ☒ Copies Attached  
2. Other water rights with same point of diversion: None  
☐ Copies Attached ☐ Copies of Field Exam's Attached

**C. SYSTEM DESCRIPTION**

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



Scale: 1" = not to scale

2. ☒ Copy of U.S.G.S. 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 or more).  
☒ Photo of Diversion and System Attached  
(required for all but single household domestic groundwater, and stockwater).

RECORDED

MAR 26 1993

**System Description (continued)**

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

A 12" cased well with a 15 hp pump discharges water through a 6" x 40' pipe uphill and into a storage pond that connects with a 2nd storage pond by two culverts. Water diverts from both ponds through headgates into concrete ditches. Irrigation is applied by gravity with siphon tubes. Another well also licensed supplies water to the 1st pond and ditch water is added to the 2nd pond. Recycled runoff water is collected in a small pond and pumped back to the

☒ See Remarks on page 4 for continuation

4.

| Well or Diversion Identification No.* | Motor Make | Hp | Motor Serial No. | Pump Make | Pump Serial No. or Discharge Size |
|---------------------------------------|------------|----|------------------|-----------|-----------------------------------|
|                                       | US         | 15 | CR1009990        | Webb      | 6" T77467                         |
|                                       |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |

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

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

| Ident. No. | Gov't. Lot | 1/4 | 1/4 | 1/4 | Sec. | Twp. | Rge. | County     | Method of Determination/Remarks |
|------------|------------|-----|-----|-----|------|------|------|------------|---------------------------------|
|            |            |     | NE  | SE  | 13   | 11 N | 6W   | Washington | Ortho photo quad map            |
|            |            |     |     |     |      |      |      |            |                                 |
|            |            |     |     |     |      |      |      |            |                                 |
|            |            |     |     |     |      |      |      |            |                                 |

\*

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

Indicate Method of Determination *ASCS & overlay grid*

| Twp. | Rge. | Sec. | NE 1/4 |        |        |        | NW 1/4 |        |        |        | SW 1/4 |        |        |        | SE 1/4 |        |        |        | Totals |
|------|------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|      |      |      | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 |        |
| 11 N | 6W   | 13   |        |        |        |        |        |        |        |        |        |        | 4      | 25     | 10     | 1      | 27     | 27     | 94     |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

\* See adjustment memo. BC

MICROFILMED

MAR 26 1997

Do not use this space

Do not use this space

#### D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

| Measurement Equipment | Type | Make | Model No. | Serial No. | Size | Calib. Date |
|-----------------------|------|------|-----------|------------|------|-------------|
| <i>None</i>           |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |

2. Measurements:

*No measurement taken*

#### E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

Permit - .95 CFS (Limiter)

1. Measured Method:

2. Alternate Method for Checking Purposes:

$$\frac{15 \times 8.8 \times 1.7}{40 + (2.3 \times 10)} = 2.31 \text{ cfs}$$

#### F. PUMP EFFICIENCY DATA (Optional)

Discharge Pressure: \_\_\_\_\_ psi x 2.31 = \_\_\_\_\_ ft (1); Dynamic pumping level: \_\_\_\_\_ ft (2)

Total Head: (1) + (2) = \_\_\_\_\_ (3)

; Flow rate: \_\_\_\_\_ cfs (4)

Water HP: (3) x (4) ÷ 8.8 = \_\_\_\_\_ (5)

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

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

Panel Input KW: \_\_\_\_\_ Ave PF x \_\_\_\_\_ Ave Volts x \_\_\_\_\_ Ave Amps x .001732 = \_\_\_\_\_ (6)

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

#### G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 94 \times 4.5 = 423 \text{ afa}$

$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = \frac{95.86}{100} \times 246 \times 1.9835 = 463.5$

$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 423 \text{ afa}$

2. Volume Calculations for Other Uses:

*NA*

RECEIVED  
MAR 26 1997

# H. REMARKS AND OVERLAP REVIEW ANALYSIS

ponds through a 10" buried pipe about 1,800' long.  
 67-2267 & 67-4004 are ditch water rights used on the same P/U as this permit. 67-2244 is a right for land adjacent to this right. 67-7009 is a groundwater right for the other well that supplies water to the ponds and P/U for this permit but is a separate well. The combination of all sources should not exceed .02 cfs or 4.5 afa per acre.  
 The place of use information was provided by the tenant farmer because Mr. Cheney is deceased and Mrs. Cheney was not knowledgeable about the system.  
 The ponds storage capacity is 70 AF per Perm file 67-XX01. 67-7540 is a right next to this permit with no effect. 2a paid \$2100 limits to 100 cfs. - Amended permit requests 0.95 cfs

# I. RECOMMENDATIONS

## 1. Recommended Amounts

| Beneficial Use | Period of Use |       | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) |
|----------------|---------------|-------|------------------------------|--------------------------|
|                | From          | To    |                              |                          |
| Irrigation     | 3-15          | 11-15 | <del>1.88</del> cfs<br>0.95  | 423 afa                  |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
|                |               |       | 0.95                         |                          |
|                |               |       | <del>1.88</del> cfs          | 423 afa                  |
| Totals:        |               |       |                              |                          |

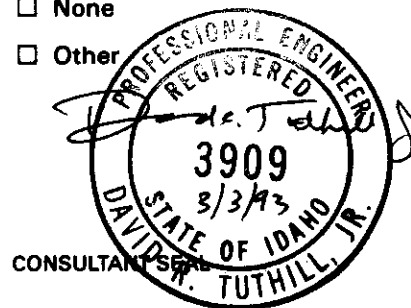
## 2. Recommended Amendments

- ☐ Change P.D. as reflected above      ☐ Add P.D. as reflected above  
☒ Change P.U. as reflected above      ☐ Add P.U. as reflected above

- ☐ None  
☐ Other

# J. AUTHENTICATION

Field Examiner's Name Melvin T. Schulte  
 JFW 4/1/92      Signature Melvin T. Schulte  
 Certification Date \_\_\_\_\_  
 Field Report Preparation Date 3-25-92



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

\* SEE adjustment memo. BC

MICROFILMED

MAR 26 1997

## IRRIGATION RIGHT FROM A GROUND WATER SOURCE

A theoretical calculation is necessary to determine if a measurement is required for irrigation from a groundwater source.

=====

1. Using the found acres (or an estimate by the permit holder) calculate the acre-foot per annum limit. This is the volume that the system must be able to theoretically produce to exclude a rate of flow measurement.
2. Next, given the pump hp and the estimated dynamic water level, calculate the theoretical rate of flow that the system can produce.
3. Using the rate found in step 2 and the days in the permitted irrigation season, calculate the theoretical AFA that the system could produce. This volume is then compared to the first AFA calculation. If the theoretical volume (step 3) is greater than the irrigation requirement volume (step 1) then no measurement is necessary. If it is less, then you must make a diversion rate measurement during the field examination.

$$1. \quad \frac{94}{\text{Found Acres}} * \frac{4.5}{\text{Irr. Req.}} = \frac{423}{\text{AFA}}$$

$$2. \quad \frac{(15) \text{ HP} * 8.8 * (.7) \text{ EFF}}{(40) \text{ Dyn Level} + (2.3 * (0) \text{ PSI})} = \frac{2.31}{\text{Theor. Div. Rate}} \text{ CFS}$$

$$3. \quad \frac{2.31}{\text{Theoretical Div. Rate}} * \frac{246}{\text{Days in season}} * 1.9835 = \frac{1.1271}{\text{AFA}}$$

Note: for electrical motors

EFF = 0.70

for diesel motors

EFF = 0.60

Data Requires Verification

Measurement Required --

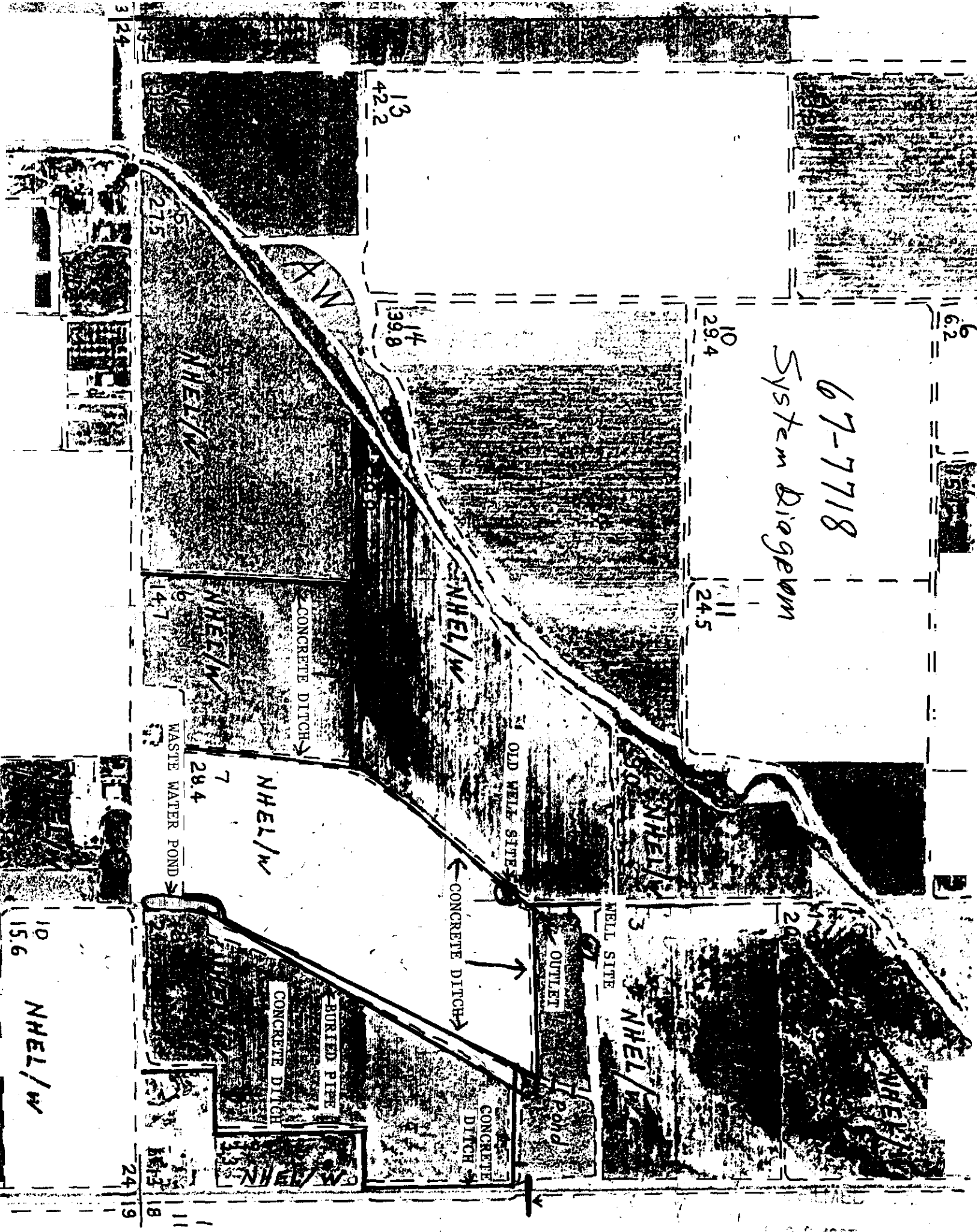
Measurement Not Required

Calculation data sources:

Found acres = 94 - ASCS + overlay  
 HP = 15 - motor plate  
 Dyn Level = 40 - estimated based on well log & area  
 PSI = 0 - open discharge

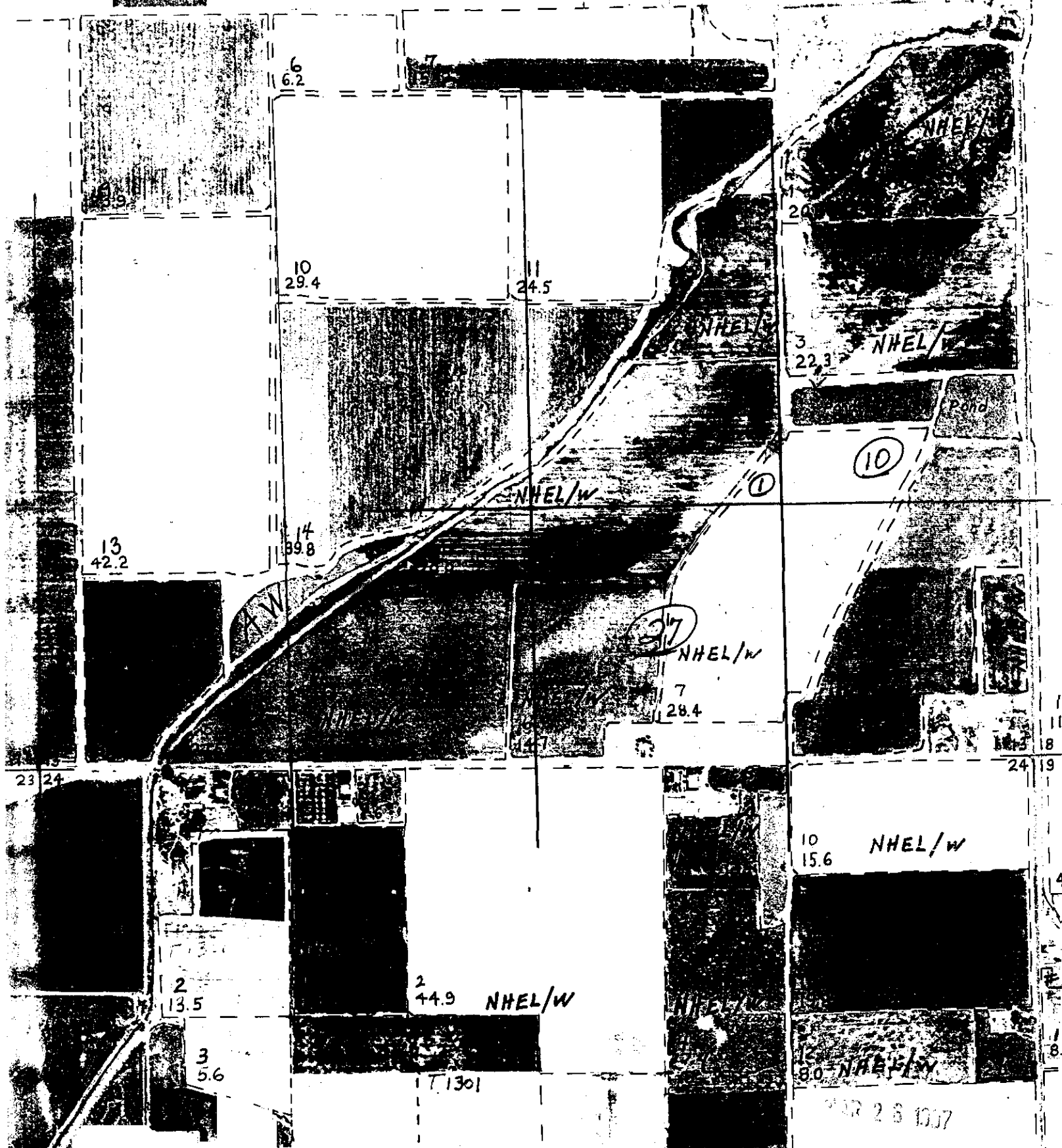
1987

67-7718  
System Diagram



TIIN R6W

67-7718



PERMIT 07-7718 INIT  
T. R. S. Q/Q  
P/D 111 041 E NESE  
SCALE  
PHOTO ID. 453

Rocky Point

Springs

Weiser  
Warm Springs

P/U

Department of Water Resources

WELL INSPECTION FORM

If well is associated with water right, provide WR# 67-7718

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

1. Legal Description: TWP 11N, Rge 6W, Sec. 13, NE 1/4 SE 1/4 or Lot \_\_\_\_\_.

2. Owner: L C & Myrtle Cheney  
Address \_\_\_\_\_, City Weiser, St Id.

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

4. Access Port: Yes \_\_\_\_\_ No ☒ Static Water Level: 18  
Pressure Gauge: Yes \_\_\_\_\_ No ☒ Casing Diameter: 12"  
Flowing: Yes \_\_\_\_\_ No ☒ Temperature: \_\_\_\_\_

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

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

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECEIVED  
2007-05-07

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

## 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.RECEIVED  
DEC 27 1988  
TYPEWRITTEN OR  
BALLPOINT PEN

| <b>1. WELL OWNER</b><br>Name <u>LC: Myra Chenay</u><br>Address <u>Jenkins CK RD</u><br>Owner's Permit No. <u>67-87-2-002</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  | <b>7. WATER LEVEL</b> Department of Water Resources<br>Static water level <u>18</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 <u>Good</u><br><small>Describe artesian or temperature zones below</small>                                                                                                                                                                                                                                                                                                                                                                           |                          |                  |                                     |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------|-------------------------------------|--------------|------------|-----------------------------------------------------------------------|------------------|---------------|----------------|--------------|--------------|------------|------------|--------------|-------------------|------------|-------------------------------------|--------------|--------------|------------|-------------------|--------|-------------------------------------|-----------|-------------------------|----------------|--------------------------|--------------------|-------------------------------------|------------|--------------------|------------|-------------------|--|-------------------------------------|
| <b>2. NATURE OF WORK</b> <u>67-7718</u><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 checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>300</u></td><td><u>39</u></td><td><u>4</u></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | Discharge G.P.M. | Pumping Level                       | Hours Pumped | <u>300</u> | <u>39</u>                                                             | <u>4</u>         |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Pumping Level    | Hours Pumped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                  |                                     |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| <u>300</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>39</u>        | <u>4</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> <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td><u>16</u></td><td><u>0</u></td><td><u>18</u></td><td><u>Brown Clay</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>12</u></td><td><u>18</u></td><td><u>21</u></td><td><u>Brown Clay</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>12</u></td><td><u>21</u></td><td><u>50</u></td><td><u>Brown gravel sand</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>12</u></td><td><u>50</u></td><td><u>63</u></td><td><u>Blue shale</u></td><td></td><td><input checked="" type="checkbox"/></td></tr></tbody></table> |                          | Bore Diam.       | Depth                               |              | Material   | Water                                                                 |                  | From          | To             | Yes          | No           | <u>16</u>  | <u>0</u>   | <u>18</u>    | <u>Brown Clay</u> |            | <input checked="" type="checkbox"/> | <u>12</u>    | <u>18</u>    | <u>21</u>  | <u>Brown Clay</u> |        | <input checked="" type="checkbox"/> | <u>12</u> | <u>21</u>               | <u>50</u>      | <u>Brown gravel sand</u> |                    | <input checked="" type="checkbox"/> | <u>12</u>  | <u>50</u>          | <u>63</u>  | <u>Blue shale</u> |  | <input checked="" type="checkbox"/> |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Depth            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Material                 |                  | Water                               |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | From             | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Yes              | No                                  |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>0</u>         | <u>18</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>Brown Clay</u>        |                  | <input checked="" type="checkbox"/> |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>18</u>        | <u>21</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>Brown Clay</u>        |                  | <input checked="" type="checkbox"/> |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>21</u>        | <u>50</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>Brown gravel sand</u> |                  | <input checked="" type="checkbox"/> |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>50</u>        | <u>63</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>Blue shale</u>        |                  | <input checked="" type="checkbox"/> |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| <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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | <u>Well is on the NW side of the irrigation road.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                  |                                     |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>250</u> inches</td><td><u>12</u> inches</td><td><u>1</u> feet</td><td><u>53</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></tbody></table><br>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>1/4</u> inches by <u>4</u> inches<br><table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>480</u> perforations</td><td><u>33</u> feet</td><td><u>53</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></tbody></table><br>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>18</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 checked="" 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>1/4" pipe cap</u> |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | Thickness        | Diameter                            | From         | To         | <u>250</u> inches                                                     | <u>12</u> inches | <u>1</u> feet | <u>53</u> feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches      | _____ feet | _____ feet                          | _____ inches | _____ inches | _____ feet | _____ feet        | Number | From                                | To        | <u>480</u> perforations | <u>33</u> feet | <u>53</u> feet           | _____ perforations | _____ feet                          | _____ feet | _____ perforations | _____ feet | _____ feet        |  |                                     |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Diameter         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | From             | To                                  |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>12</u> inches |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | <u>1</u> feet    | <u>53</u> feet                      |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____ inches     | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____ feet               |                  |                                     |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____ inches     | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____ feet               |                  |                                     |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____ inches     | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____ feet               |                  |                                     |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | From             | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                  |                                     |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| <u>480</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>33</u> feet   | <u>53</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                  |                                     |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____ feet       | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                  |                                     |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____ feet       | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                  |                                     |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><table border="1"><tr><td>N</td><td></td><td></td></tr><tr><td>W</td><td></td><td>E</td></tr></table><br>Subdivision Name _____<br>Lot No. <u>PNESE</u> Block No. _____<br>County <u>Wash</u> Sec. <u>13</u> T. <u>11N</u> S. R. <u>6E</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                  | W                                   |              | E          | <b>10. Work started</b> <u>7-20-87</u> <b>finished</b> <u>7-24-87</u> |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                  |                                     |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                  |                                     |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |
| <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>Firm Name <u>Frank Stelly</u> Firm No. <u>326</u><br>Address <u>920 W 14th Ave</u> Date <u>7-25-87</u><br>Signed by (Firm Official) <u>Frank Stelly</u><br>and<br>(Operator) <u>Same</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                  |                                     |              |            |                                                                       |                  |               |                |              |              |            |            |              |                   |            |                                     |              |              |            |                   |        |                                     |           |                         |                |                          |                    |                                     |            |                    |            |                   |  |                                     |

67-7718



#1

P/D



#2

P/D looking  
down from pond.

67-7718



#3

Pipe from well  
into pond



#4

Outlet pipe  
from pond to  
a concrete ditch

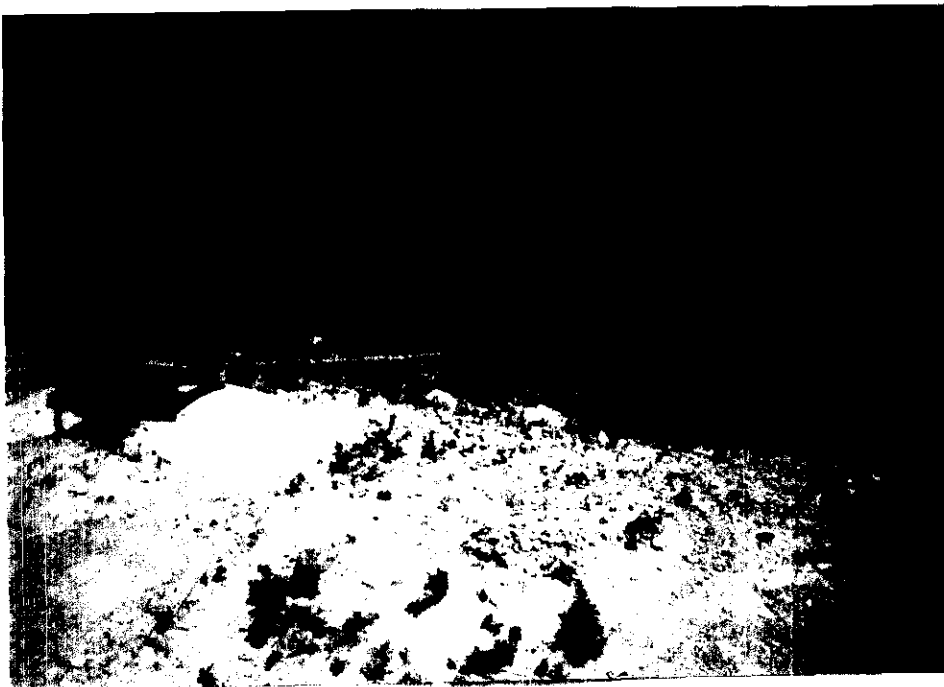
67-7718  
10/18/57

67-7718



#5

Outlet box  
from pond.



#6.

Headgate  
wheel for  
an outlet from  
pond.

67-7718



#7.

Outlet near  
~~ditch~~ water  
inlet and  
site of ~~ditch~~  
water inlet



#8.

Concrete ditch  
and overflow  
outlet from  
ponds.

67-7718

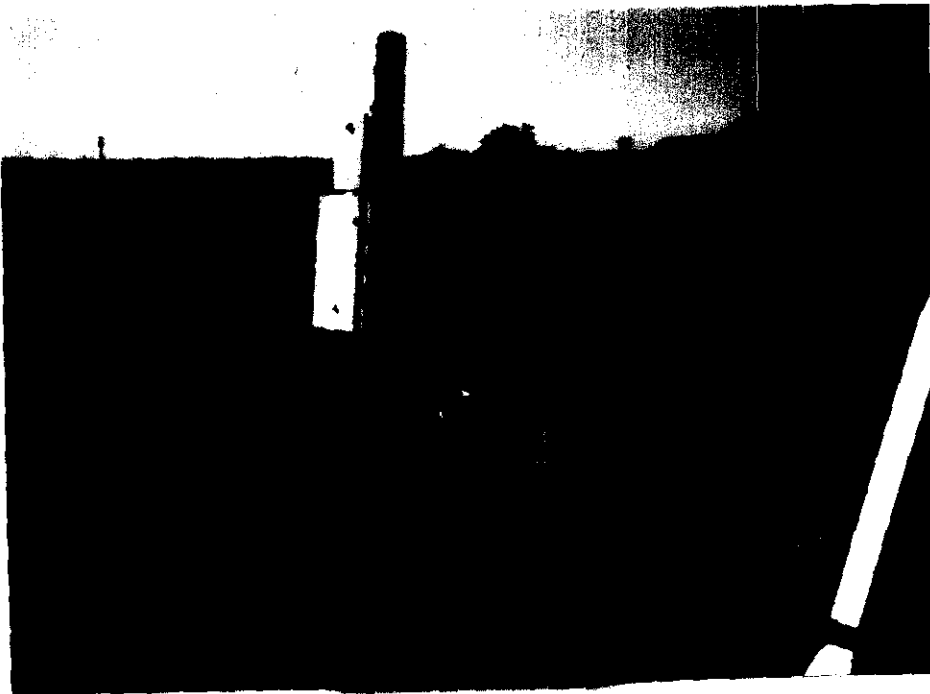
#9

P14 looking  
South from pond.



#10

Waste water  
pond and pump



February 1, 1989

L. C. and Myrla Cheney  
Rt. 1, Box 69-A  
Weiser, ID 83672

Re: Permit No. 67-7718

Dear Mr. and Mrs. Cheney:

This office acknowledges receipt of the application for amendment of a permit for the above-referenced permit. The amendment has been approved and entered in the Department's records. Enclosed is a copy of the approved amendment for your records.

The department also acknowledges receipt of the proof of beneficial use for this permit, submitted on November 7, 1988.

Before a license can be issued, a field examination must be made by a representative of this department. We cannot tell just when this examination will be made, but our examiner will contact you to schedule the exam at a convenient time.

If you have any questions regarding the field examination, please contact our Western Regional office at 334-2190.

Sincerely,

RITA I. FLECK  
Secretary/Records Manager

Enclosure

c: W. Region

**MICROFILMED**

MAR 16 1989

DEC 37 1988

Dear John,

Geographic Water Resources

The chimney only ended with one, producing well of a 12" diameter we drilled test holes in two places besides where the 12" well is. They were grouted and bentonited for abandonment. Our third try produced a 12" production well.

One test hole was  $\frac{1}{2}$  mile north and the other  $\frac{1}{2}$  mile north west. neither well showed enough gravel for a well. Inc. Included logs  
Thank you.

Frank Shelby

MAR 16 1989

# 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.

RECEIVED  
USE TYPEWRITER OR  
BALLPOINT PEN  
DEC 27 1988

| <p><b>1. WELL OWNER</b></p> <p>Name <u>LC: Myra Cheney</u></p> <p>Address <u>Jenkins CK RD</u></p> <p>Owner's Permit No. <u>67-87-2-002</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>7. WATER LEVEL</b> Department of Water Resources</p> <p>Static water level <u>18</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature <u>52</u> °F. Quality <u>Good</u></p> <p><i>Describe artesian or temperature zones below.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                          |                                     |                          |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|-------------------------------------|--------------------------|-------------------|------------------|---------------|----------------|--------------|--------------|------------|------------|--------------|-------------------|-------------------------------------|--------------------------|--------------|--------------|------------|-------------------|-------------------------------------|--------------------------|-----------|-------------------------|----------------|--------------------------|-------------------------------------|--------------------------|------------|--------------------|------------|-------------------|-------------------------------------|--------------------------|
| <p><b>2. NATURE OF WORK</b> <u>67-7718</u></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>8. WELL TEST DATA</b></p> <p><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>300</u></td> <td><u>39</u></td> <td><u>4</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Discharge G.P.M. | Pumping Level            | Hours Pumped                        | <u>300</u>               | <u>39</u>         | <u>4</u>         |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Hours Pumped     |                          |                                     |                          |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| <u>300</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>39</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>4</u>         |                          |                                     |                          |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| <p><b>3. PROPOSED USE</b></p> <p><input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>9. LITHOLOGIC LOG</b></p> <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 colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><u>16</u></td> <td><u>0</u></td> <td><u>18</u></td> <td><u>Brown Clay</u></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><u>12</u></td> <td><u>18</u></td> <td><u>21</u></td> <td><u>Green Clay</u></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><u>12</u></td> <td><u>21</u></td> <td><u>50</u></td> <td><u>Brown gravel sand</u></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><u>12</u></td> <td><u>50</u></td> <td><u>63</u></td> <td><u>Blue Shale</u></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | Bore Diam.       | Depth                    |                                     | Material                 | Water             |                  | From          | To             | Yes          | No           | <u>16</u>  | <u>0</u>   | <u>18</u>    | <u>Brown Clay</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>12</u>    | <u>18</u>    | <u>21</u>  | <u>Green Clay</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>12</u> | <u>21</u>               | <u>50</u>      | <u>Brown gravel sand</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>12</u>  | <u>50</u>          | <u>63</u>  | <u>Blue Shale</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | Material                 | Water                               |                          |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | To               |                          | Yes                                 | No                       |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>18</u>        | <u>Brown Clay</u>        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>18</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>21</u>        | <u>Green Clay</u>        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>21</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>50</u>        | <u>Brown gravel sand</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>50</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>63</u>        | <u>Blue Shale</u>        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| <p><b>4. METHOD DRILLED</b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><i>Well is on the NW side of the irrigation road.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                          |                                     |                          |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| <p><b>5. WELL CONSTRUCTION</b></p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>250</u> inches</td> <td><u>12</u> inches</td> <td><u>1</u> feet</td> <td><u>53</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> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input checked="" type="checkbox"/> Torch</p> <p>Size of perforation <u>1/4</u> inches by <u>4</u> inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>480</u> perforations</td> <td><u>33</u> feet</td> <td><u>53</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> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>18</u> Material used in seal: <input type="checkbox"/> Cement grout</p> <p><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Pudding clay <input type="checkbox"/> _____</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing</p> <p><input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld</p> <p>Describe access port <u>1/4" pipe cap</u> <input type="checkbox"/> Cemented between strata</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Thickness        | Diameter                 | From                                | To                       | <u>250</u> inches | <u>12</u> inches | <u>1</u> feet | <u>53</u> feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches      | _____ feet                          | _____ feet               | _____ inches | _____ inches | _____ feet | _____ feet        | Number                              | From                     | To        | <u>480</u> perforations | <u>33</u> feet | <u>53</u> feet           | _____ perforations                  | _____ feet               | _____ feet | _____ perforations | _____ feet | _____ feet        |                                     |                          |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Diameter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | From             | To                       |                                     |                          |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>12</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>1</u> feet    | <u>53</u> feet           |                                     |                          |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____ feet       | _____ feet               |                                     |                          |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____ feet       | _____ feet               |                                     |                          |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____ feet       | _____ feet               |                                     |                          |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | To               |                          |                                     |                          |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| <u>480</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>33</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>53</u> feet   |                          |                                     |                          |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _____ feet       |                          |                                     |                          |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _____ feet       |                          |                                     |                          |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| <p><b>6. LOCATION OF WELL</b></p> <p>Sketch map location <u>must</u> agree with written location.</p> <div style="display: flex; align-items: center;"> <div style="text-align: center;"> <p>N</p> <p>W E</p> </div> <div style="margin-left: 20px;"> <p>Subdivision Name _____</p> <p>Lot No. <u>PNESE</u> Block No. _____</p> <p>County <u>Wash</u></p> <p><u>SW 1/4 NE 1/4</u> Sec. <u>13</u> T. <u>11N</u> S. R. <u>6E</u></p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>10.</b> Work started <u>7-20-87</u> finished <u>7-24-87</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                          |                                     |                          |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |
| <p><b>11. DRILLERS CERTIFICATION</b></p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Frank Shelly</u> Firm No. <u>326</u></p> <p>Address <u>904 W 14TH AVE</u> Date <u>7-25-87</u></p> <p>Signed by (Firm Official) <u>Frank Shelly</u></p> <p>and (Operator) <u>Same</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                          |                                     |                          |                   |                  |               |                |              |              |            |            |              |                   |                                     |                          |              |              |            |                   |                                     |                          |           |                         |                |                          |                                     |                          |            |                    |            |                   |                                     |                          |

No 1079

# AFFIDAVIT OF PUBLICATION

STATE OF IDAHO, }  
County of Washington } ss.

Dorothy A. Barth, being duly sworn,  
deposes and says:

That he is the Capt of  
THE WEISER SIGNAL, a weekly newspaper published at  
Weiser, in the County of Washington and State of Idaho; that  
said paper has been and is in general circulation in the  
county aforesaid, and in the vicinity of Weiser; that the ad-  
vertisement, a copy of which is attached hereto, was pub-

lished in said newspaper once a week for 2 consecu-  
tive weeks in the regular and entire issue of said paper dur-  
ing the period and time of publication, and was published in  
the newspaper proper and not in a supplement; that said  
paper has been established and regularly published for more  
than seventy-eight consecutive weeks prior to the date of  
first publication of said advertisement.

Such notice was published in the issue beginning with

Nov. 17, 1988, and ending  
with the issue of Nov. 24, 1988

Dorothy A. Barth  
Fees, \$ 33.80

Subscribed and sworn to before me this 24  
day of November, 1988

Dorothy A. Barth  
Notary Public, Residing at Weiser, Idaho.

My Commission Expires 5-1, 1991

DEC 02 1988

Department of Water Resources

No. 1079  
NOTICE OF APPLICATION FOR AMENDMENT

Notice is hereby given that permit No. 67-07718 in the name of  
L. C. and Myrla Cheney was filed on 6/8/87 for the diversion  
of 1.88 cfs from groundwater with a point of diversion within  
the T.11N, R.6W, S.13, NESWNE, and NENESW, B.M. to  
be used for irrigation purposes from 4/1 to 10/30 within por-  
tions of T.11N, R.6W, S.13, SESW & W $\frac{1}{2}$ SE $\frac{1}{4}$ , B.M.

The permit holder now proposes to amend the permit by  
changing the point of diversion to T.11N, R.6W, S.13, NESE,  
B.M. and reducing the rate to .95 cfs.

Any protest against the approval of the proposed amendment  
must be filed with the Department of Water Resources, 2735  
Airport Way, Boise, ID 83705 on or before December 5, 1988.

R. Keith Higginson, Director

Published in the Weiser Signal on 11/17 & 11/24/1988  
76-2S

RECORDED  
MAR 16 1989

NOTICE OF APPLICATION FOR AMENDMENT

Notice is hereby given that permit No. 67-07718 in the name of L. C. and Myrla Cheney was filed on 6/8/87 for the diversion of 1.88 cfs from groundwater with a point of diversion within the T.11N, R.6W, S.13, NESWNE, and NENESW, B.M. to be used for irrigation purposes from 4/1 to 10/30 within portions of T.11N, R.6W, S.13, SESW & W1/2SE1/4, B.M.

The permit holder now proposes to amend the permit by changing the point of diversion to T.11N, R.6W, S.13, NESE, B.M. and reducing the rate to .95 cfs.

Any protest against the approval of the proposed amendment must be filed with the Department of Water Resources, 2735 Airport Way, Boise, ID 83705 on or before December 5, 1988.

R. Keith Higginson, Director

Published in the Weiser Signal on 11/17 & 11/24/1988.

MICROFILMED

MAR 16 1989

/am  
Sture ✓

BURTON & KROLL  
ATTORNEYS AT LAW  
P. O. BOX 387  
WEISER, IDAHO 83872

IRA T. BURTON  
CHARLES R. KROLL

208 549 1652

October 28, 1988

**RECEIVED**  
NOV 08 1988

**RECEIVED**  
NOV 08 1988

Department of Water Resources

Mr. Dave Tuthill, Jr.  
Dept. of Water Resources  
1301 North Orchard Street  
Statehouse Mail  
Boise, ID 83720

Department of Water Resources  
Western Regional Office

Re: Permit No. 67-07718

Dear Dave:

I am enclosing a Proof of Beneficial Use signed by  
L. C. Cheney, together with a check for \$100.00.

I am also enclosing an Application For Amendment of  
A Permit, together with a check for \$20.00. If you remember,  
we spoke about the fact that Mr. Cheney was concerned that  
the original application did not look right as the well should  
have been shown as lying east of the place of use and I believe  
the original permit showed it lying north. He went to the  
ASCS man and received information in accordance with our amended  
application. I believe you said it was best to wait until the  
Proof of Beneficial Use was filed to make the amendment.

If you have any questions, please call.

Sincerely yours,

BURTON & KROLL

*Ira T. Burton*  
IRA T. BURTON  
Attorney at Law

ITB/an  
encl.  
pc: L. C. Cheney

**MICROFILMED**

MAR 16 1989

138352  
August 31, 1988

L. C. CHENEY  
MYRLA CHENEY  
RT. 1 BOX 69-A  
WEISER, ID 836720000

PROOF DUE NOTICE

RE: PERMIT NO. 67-07718

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 November 1, 1988. (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

**MICROFILMED**

MAR 16 1989

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

- - - - -

STATEHOUSE  
BOISE, IDAHO 83720  
(208) 334-4440  
OCTOBER 21, 1987

CHENEY, L. C. & MYRIA  
RT. 1 BOX 69-A  
WEISER, ID 83672

PERMIT APPROVAL NOTICE

RE: PERMIT NO. 67-7718

DEAR PERMIT HOLDER:

ENCLOSED IS A COPY OF YOUR APPROVED APPLICATION FOR PERMIT. WE DIRECT YOUR ATTENTION TO THE CONDITIONS OF APPROVAL ON THE FOURTH PAGE.

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.

WE HAVE ENCLOSED A FORM ENTITLED "INSTRUCTIONS FOR PROOF OF BENEFICIAL USE". PLEASE READ THE INSTRUCTIONS CAREFULLY SINCE YOU MUST TAKE FURTHER ACTION TO DEVELOP THIS PERMIT. ALSO ENCLOSED FOR YOUR CONVENIENCE IS THE STATEMENT OF BENEFICIAL USE FORM THAT MUST BE SUBMITTED WHEN YOUR PROJECT IS COMPLETED.

SINCERELY,

GARY SPACKMAN  
SUPERVISOR, WATER ALLOCATION SECTION

GS: SC  
ENCLOSURES

RECEIVED  
MAR 16 1989  
MAR 15 1988



State of Idaho

## DEPARTMENT OF WATER RESOURCES

STATE OFFICE, 450 W. State Street, Boise, Idaho

CECIL D. ANDRUS  
Governor

A. KENNETH DUNN  
Director

Mailing address:  
Statehouse  
Boise, Idaho 83720  
(208) 334-4440

July 22, 1987

L.C. Cheney  
Route 1 Box 69A  
Weiser, ID 83672

Dear Mr. Cheney:

Enclosed is your approved drilling permit and receipt No. 44054 for \$130. This payment represents \$30 more than was needed for your permit. Rather than cause you delay or cause you to come to Boise, I have receipted this check and will take action to see that you receive a \$30 refund.

As the conditions on page 2 of the permit indicate, this permit does not represent any type of water right. The Department is issuing the permit so that you may begin construction of the well.

I have been told that you are taking action to correct the legal description on your water right application.

If you or Mr. Shelley have any questions, please contact me.

Sincerely,

JOHN E. BEAL, Manager  
Groundwater Protection Section

JEB:ldt

Enclosures

CC: Dave Tuthill  
Frank Shelley

MICROFILMED  
MAR 16 1989

State of Idaho  
Department of Water Resources

DRILLING PERMIT

(Authorizing Construction of a Well)\*

1. Applicant L C & Myrla Cheney
2. Address Jenkins Creek RD  
Rt 1 Box 69A Weiser ID 83672  
(☒) Well Owner ( ) Well Operator ( ) Other, specify \_\_\_\_\_
3. Water right permit no. 67-7718 ; Injection well permit no. \_\_\_\_\_
4. Proposed well location NE 1/4 SW 1/4 NE 1/4, or Gov't lot No. \_\_\_\_\_,  
Sec. 13, Twp. 4N, Rge. 6W, County Wash,  
Lot, block and subdivision \_\_\_\_\_
5. Proposed use of well: (Check all that apply)  
( ) Domestic ( ) Stockwater ( ) Monitoring  
(☒) Irrigation ( ) Industrial ( ) Municipal  
( ) Injection ( ) Other, Specify 6" Test Hole
6. Well construction information: Final well will be 12" diameter if water is found.  
( ) New well ( ) Deepen ( ) Replace  
Proposed surface diameter 6" Proposed depth 75  
Anticipated bottom hole temperature: MAX 3 holes. All but one to be backfilled.  
(☒) 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 7-24-87
8. Well Driller (if known) Frank Shelley 726  
Address 960 NW 14th AVE Fayette  
Date 7/20/87 Applicant's signature L C Cheney  
Title owner

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

FILED  
JUL 26 1987

(✓) 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:

7. Item 3 above is not required.
8. Only one well shall be left open under this permit. All other test holes shall be backfilled with bentonite, puddling clay or concrete.
9. This drilling permit does not represent a right to divert and use water of the State of Idaho. Prior to diversion of water, the well owner must obtain a water right approved by the Department of Water Resources.

Dated this 22<sup>nd</sup> day of July, 1987.

Signed

Title

John E. Beal  
Section Manager  
Groundwater Protection

Received by rg / gnd Fee

Date

7/22/87Receipt No. 44054

Construction start date

Construction start extension to

Extension approved by

**RECEIVED**  
MAR 16 1989

State of Idaho  
Department of Water Resources

DRILLING PERMIT

(Authorizing Construction of a Well)\*

1. Applicant LC & Myrla Cheney
2. Address Jenkins Creek RD  
Rt 1 Box 69A Weiser ID 83672  
☒ Well Owner    ☐ Well Operator    ☐ Other, specify \_\_\_\_\_
3. Water right permit no. 67-7718 ; Injection well permit no. \_\_\_\_\_
4. Proposed well location NE 1/4 SE 1/4 NE 1/4, or Gov't lot No. \_\_\_\_\_,  
Sec. 13, Twp. 11N, Rge. 6W, County Wash,  
Lot, block and subdivision \_\_\_\_\_
5. Proposed use of well: (Check all that apply)  
☐ Domestic    ☐ Stockwater    ☐ Monitoring  
☒ Irrigation    ☐ Industrial    ☐ Municipal  
☐ Injection    ☐ Other, Specify 6" Test Hole
6. Well construction information: Final well will be 12" diameter if water is found.  
☐ New well    ☐ Deepen    ☐ Replace  
Proposed surface diameter 6" Proposed depth 75  
Anticipated bottom hole temperature: MAX 3 holes. All but one to be backfilled.  
☒ 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 7-24-87
8. Well Driller (if known) Frank Shelley 326  
Address 960 NW 14th AVE Payette  
Date 7/20/87 Applicant's signature LC Cheney  
Title LC owner

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

MICROFILMED

MAR 15 1988

(✓) 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:

7. Item 3 above is not required.
8. Only one well shall be left open under this permit. All other test holes shall be backfilled with bentonite, puddling clay or concrete.
9. This drilling permit does not represent a right to divert and use water of the State of Idaho. Prior to diversion of water, the well owner must obtain a water right approved by the Department of Water Resources.

Dated this 22<sup>nd</sup> day of July, 1987.

Signed

Title

John E. BealSection MA-2201Groundwater ProtectionReceived by rg / gnd Fee

Date

100.00  
7/22/87

Receipt No.

44054

Construction start date

MAR 15 1988

Construction start extension to

Extension approved by



State of Idaho  
**DEPARTMENT OF WATER RESOURCES**  
Western Region

CECIL D. ANDRUS  
Governor

2735 Airport Way  
Boise, Idaho 83705  
(208) 334-2190

R. KEITH HIGGINSON  
Director

October 5, 1987

L. C. and Myrla Cheney  
Rt. 1 Box 69A  
Weiser, ID 83672

Re: Application for Permit No. 67-7718

Dear Applicants:

This letter is just to acknowledge and send you the receipt for your check you sent to us in the mail.

We have processed the application in our regional office and it will now go to the State Office for final processing. You will receive in the mail a copy of your application marked approval in the next few weeks.

If you have any questions, please call this office at 334-2190.

Sincerely,

Judy Pense  
Secretary

jp

Enclosure:

**MICROFILMED**  
MAR 15 1988

July 22, 1987

*DM*  
Mr. Dave Tuthill  
Department of Water Resources  
450 West State Street  
Boise, Idaho

Re: L. C. Cheney

Dear Sir:

This is to advise that the legal description on our application for drilling permit was incorrect. The legal description that should be provided on the permit for an additional or new point of diversion is as follows:

In Washington County, Idaho, located within the Northeast Quarter of the Southwest Quarter of the Northeast Quarter, Section 13, Township 11 North, Range 6 West of the Boise Meridian.

Sincerely yours,

*L. C. Cheney*  
L. C. Cheney

*Changed on  
application  
prior to advertising  
JP 7/24/87*

**RECEIVED**

JUL 23 1987

Department of Water Resources  
Western Regional Office

**MICROFILMED**

MAR 15 1988

## CONVERSATION MEMORANDUM

DATE 7/20/87FILE 67-7718NAME OF PARTY Ira Burton, ATTYEMPLOYEE Dave TurnillRE: Status

Mr. Burton called asking about the status of this application & related drilling permits. I advised him that the app is being processed & the drilling permits have been filed by Mrs. Frank Stelly, wife of well driller Frank Stelly.

I talked w/ John Beal & called Mr. Burton back to say that John will likely grant a waiver and issue one or more drilling permits prior to approval of the water right permit if the drilling permit is accompanied by an explanation which justifies the waiver. Mr. Burton plans to explain this to his client, Mr. Cheney

~~DET~~ 7/20/87UNRECORDED  
FILMED

MAR 15 1988

## CONVERSATION MEMORANDUM

DATE 7/10/87FILE 67-7718NAME OF PARTY L.C. CheneyEMPLOYEE D. TorthillRE: App

Mr. Cheney changed his mind and decided to pursue approval of the water right and wants to drill a well. I advised him that a well drilling permit is required.

He stated that the earlier well rights (g.w. rights) on the property have not been used for more than 10 yrs and are abandoned and forfeited. He said that the only other water rights on the property are from Crane Creek Reservoir. He requested an increase in rate of flow to 1.88 cfs (or 0.02 cfs/acre), and I advised that we would proceed with processing.

RECEIVED

MAR 15 1988

Dns



Cecil D. Andrus  
Governor

State of Idaho  
**DEPARTMENT OF WATER RESOURCES**  
Western Region

2735 Airport Way  
Boise, Idaho 83705  
(208) 334-2190

July 6, 1987

L. C. Cheney  
Route 1 Box 69-A  
Weiser, ID 83672

Dear Mr. Cheney:

During our conversation on June 23, 1987 you indicated that your well was unsuccessful and you did not intend to redrill, so you offered to relinquish the application.

Please find enclosed a relinquishment form which you can sign before a witness and return to this office to complete processing of the application. Please feel free to call this office if you have questions on this procedure.

Sincerely,

DAVID R. TUTHILL, JR., P. E.  
Manager, Western Regional Office

DRT:jp

Enclosure: Relinquishment Form

**MICROFILMED**

MAR 15 1988

IDAHO DEPARTMENT OF WATER RESOURCES  
WATER RIGHTS BY PLACE OF USE

| TOWNSHIP | RNG | SEC | TRACT  | LOT | ACRES       | USES | WATER RIGHT<br>NUMBER | LAST NAME          | OWNER STAGE<br>CODE | PRIORITY<br>DATE | SOURCE OF WATER |
|----------|-----|-----|--------|-----|-------------|------|-----------------------|--------------------|---------------------|------------------|-----------------|
| 11N      | 06W | 11  | N4SE   | 40  | 01.04       |      | 67-2338               | CARSON             | P                   | 12-16-1965       | SCOTT'S CREEK   |
|          |     |     | N4SE   | 40  | 03          |      | 67-7293               | H-J-H COMPANY      | P                   | 11-10-1976       | SCOTT CREEK     |
|          |     |     | S4SE   | 40  | 01.04       |      | 67-2338               | CARSON             | P                   | 12-16-1965       | SCOTT'S CREEK   |
|          |     |     | S4SE   | 40  | 03          |      | 67-7293               | H-J-H COMPANY      | P                   | 11-10-1976       | SCOTT CREEK     |
|          |     |     | S4SE   | 40  | 01.04       |      | 67-2338               | CARSON             | P                   | 12-16-1965       | SCOTT'S CREEK   |
|          |     |     | S4SE   | 40  | 03          |      | 67-7293               | H-J-H COMPANY      | P                   | 11-10-1976       | SCOTT CREEK     |
|          |     |     | S4SE   | 40  | 01.04       |      | 67-2338               | CARSON             | P                   | 12-16-1965       | SCOTT'S CREEK   |
|          |     | 12  | S4SE   | 40  | 03          |      | 67-7293               | H-J-H COMPANY      | P                   | 11-10-1976       | SCOTT CREEK     |
|          |     |     | S4SH   | 10  | 01.43       |      | 67-7565               | MULLINIX           | P                   | 01-12-1982       | GROUNDWATER     |
|          |     |     | S4SH   | 05  | 01.04.43    |      | 67-7565               | LINDQUIST          | P                   | 03-09-1982       | GROUNDWATER     |
|          |     |     | S4SH   | 05  | 01.04.43    |      | 67-7565               | LINDQUIST          | P                   | 03-09-1982       | GROUNDWATER     |
|          |     | 13  | S4SE   | 30  | 01.04       |      | 67-4004               | CARSON             | S                   | 03-01-1957       | JENKENS CREEK   |
|          |     |     | S4SE   | 30  | 01          |      | 67-7540               | SAITO              | P                   | 05-21-1981       | GROUNDWATER     |
|          |     |     | S4SE   | 16  | 01.03.02.55 |      | 67-20978              | IDAHO INDUSTRIAL I | L                   | 05-11-1918       | JENKINS CREEK   |
|          |     |     | S4SE   | 01  | 01          |      | 67-4250               | INSTITUTE CANAL CO | S                   | 06-01-1918       | WEISER RIVER    |
|          |     |     | S4SE   | 04  | 04          |      | 67-4252               | LOVELAND           | S                   | 01-01-1914       | JENKINS CREEK   |
|          |     |     | S4SE   | 01  | 01.43       |      | 67-7336               | KLINE              | L                   | 06-09-1977       | GROUNDWATER     |
|          |     |     | S4SE   | 15  | 01          |      | 67-7540               | SAITO              | P                   | 05-21-1981       | GROUNDWATER     |
|          |     |     | S4SH   | 40  | 01          |      | 67-7540               | SAITO              | P                   | 05-21-1981       | GROUNDWATER     |
|          |     |     | S4SH   | 40  | 01          |      | 67-2313               | CARSON             | L                   | 06-10-1963       | GROUNDWATER     |
|          |     |     | S4SH   | 40  | 01          |      | 67-7540               | SAITO              | P                   | 05-21-1981       | GROUNDWATER     |
|          |     |     | S4SH   | 18  | 01          |      | 67-2313               | CARSON             | L                   | 06-10-1963       | GROUNDWATER     |
|          |     |     | S4SH   | 40  | 01          |      | 67-7540               | SAITO              | P                   | 05-21-1981       | GROUNDWATER     |
|          |     |     | S4SH   | 20  | 01.43       |      | 67-2244               | CARSON             | L                   | 09-30-1954       | GROUNDWATER     |
|          |     |     | S4SH   | 10  | 01          |      | 67-2313               | CARSON             | L                   | 06-10-1963       | GROUNDWATER     |
|          |     |     | S4SH   | 01  | 01.04       |      | 67-4004               | CARSON             | S                   | 03-01-1957       | JENKENS CREEK   |
|          |     |     | S4SH   | 01  | 01          |      | 67-7009               | CHENEY             | L                   | 05-09-1968       | GROUNDWATER     |
|          |     |     | S4SH   | 37  | 01          |      | 67-7540               | SAITO              | P                   | 05-21-1981       | GROUNDWATER     |
|          |     |     | S4SH   | 40  | 01.43       |      | 67-2244               | CARSON             | L                   | 09-30-1954       | GROUNDWATER     |
|          |     |     | S4SH   | 19  | 01          |      | 67-2313               | CARSON             | L                   | 06-10-1963       | GROUNDWATER     |
|          |     |     | S4SH   | 40  | 01          |      | 67-7540               | SAITO              | P                   | 05-21-1981       | GROUNDWATER     |
|          |     |     | S4SH   | 40  | 01.43       |      | 67-2244               | CARSON             | L                   | 09-30-1954       | GROUNDWATER     |
|          |     |     | S4SH   | 06  | 01.04       |      | 67-4004               | CARSON             | S                   | 03-01-1957       | JENKENS CREEK   |
|          |     |     | S4SH   | 06  | 01          |      | 67-7009               | CHENEY             | L                   | 05-09-1968       | GROUNDWATER     |
|          |     |     | S4SH   | 25  | 01          |      | 67-7540               | SAITO              | P                   | 05-21-1981       | GROUNDWATER     |
|          |     |     | X S4SH | 20  | 01.43       |      | 67-2244               | CARSON             | L                   | 09-30-1954       | GROUNDWATER     |
|          |     |     | S4SH   | 05  | 01          |      | 67-2267               | CARSON             | L                   | 05-15-1958       | JENKINS CREEK   |
|          |     |     | S4SH   | 01  | 01.04       |      | 67-4004               | CARSON             | S                   | 03-01-1957       | JENKENS CREEK   |

17

IDAHO DEPARTMENT OF WATER RESOURCES  
WATER RIGHTS BY PLACE OF USE

| TOWNSHIP | RNG | SEC | TRACT  | LOT | ACRES       | USES | WATER RIGHT<br>NUMBER | LAST NAME          | OWNER STAGE<br>CODE | PRIORITY<br>DATE | SOURCE OF WATER |
|----------|-----|-----|--------|-----|-------------|------|-----------------------|--------------------|---------------------|------------------|-----------------|
| 11N      | 06W | 11  | S4SH   | 31  | 01          |      | 67-7009               | CHENEY             | L                   | 05-09-1968       | GROUNDWATER     |
|          |     |     | S4SH   | 04  | 01          |      | 67-7540               | SAITO              | P                   | 05-21-1981       | GROUNDWATER     |
|          |     |     | NESE   | 20  | 01.03.02.55 |      | 67-20978              | IDAHO INDUSTRIAL I | L                   | 05-11-1918       | JENKINS CREEK   |
|          |     |     | NESE   | 40  | 01.43       |      | 67-2244               | CARSON             | L                   | 09-30-1954       | GROUNDWATER     |
|          |     |     | NESE   | 02  | 01          |      | 67-4250               | INSTITUTE CANAL CO | S                   | 06-01-1918       | WEISER RIVER    |
|          |     |     | NESE   | 02  | 01          |      | 67-2267               | CARSON             | S                   | 05-15-1958       | JENKINS CREEK   |
|          |     |     | X NESE | 02  | 01.04       |      | 67-4004               | CARSON             | S                   | 03-01-1957       | JENKENS CREEK   |
|          |     |     | NESE   | 02  | 01          |      | 67-7009               | CHENEY             | L                   | 05-09-1968       | GROUNDWATER     |
|          |     |     | NESE   | 10  | 01          |      | 67-7540               | SAITO              | P                   | 05-21-1981       | GROUNDWATER     |
|          |     |     | S4SE   | 18  | 01          |      | 67-2267               | CARSON             | L                   | 05-15-1958       | JENKINS CREEK   |
|          |     |     | S4SE   | 20  | 01.04       |      | 67-4004               | CARSON             | S                   | 03-01-1957       | JENKENS CREEK   |
|          |     |     | X S4SE | 20  | 01          |      | 67-7009               | CHENEY             | L                   | 05-09-1968       | GROUNDWATER     |
|          |     |     | S4SE   | 40  | 01.03.02.55 |      | 67-20978              | IDAHO INDUSTRIAL I | L                   | 05-11-1918       | JENKINS CREEK   |
|          |     |     | S4SE   | 40  | 01.43       |      | 67-2244               | CARSON             | L                   | 09-30-1954       | GROUNDWATER     |
|          |     |     | S4SE   | 39  | 01          |      | 67-4250               | INSTITUTE CANAL CO | S                   | 06-01-1918       | WEISER RIVER    |
|          |     |     | NESE   | 25  | 01          |      | 67-7540               | SAITO              | P                   | 05-21-1981       | GROUNDWATER     |
|          |     |     | S4SE   | 10  | 01.43       |      | 67-2169               | WEISER IRRIGATION  | L                   | 12-18-1936       | WEISER RIVER    |
|          |     |     | S4SE   | 14  | 01          |      | 67-2313               | CARSON             | L                   | 06-10-1963       | GROUNDWATER     |
|          |     |     | S4SE   | 20  | 01          |      | 67-7540               | SAITO              | P                   | 05-21-1981       | GROUNDWATER     |
|          |     |     | NESE   | 10  | 01          |      | 67-2266               | CARSON             | L                   | 07-13-1958       | GROUNDWATER     |
|          |     |     | NESE   | 40  | 01          |      | 67-2266               | CARSON             | L                   | 07-13-1958       | GROUNDWATER     |
|          |     |     | S4SH   | 30  | 01.43       |      | 67-2169               | WEISER IRRIGATION  | L                   | 12-18-1936       | WEISER RIVER    |
|          |     |     | S4SH   | 30  | 01          |      | 67-2266               | CARSON             | L                   | 07-13-1958       | GROUNDWATER     |
|          |     |     | S4SH   | 10  | 01.43       |      | 67-2338               | SAITO              | L                   | 04-09-1920       | CRAKE CREEK     |
|          |     |     | SESE   | 10  | 01          |      | 67-2266               | WEISER RIVER IRRIG | L                   | 05-13-1958       | GROUNDWATER     |

# State of Idaho

## License and Certificate of Water Right

Water License No. G-25199

Amount 0.93 c.f.s.

Water District No. \_\_\_\_\_

Priority Sept. 30, 1954

THIS IS TO CERTIFY that WILLIAM H. CARSON  
of Weiser, Idaho, made application for a permit to appropriate the  
public waters of the State of Idaho, dated September 30, 1954; that Permit No. G-25199  
was issued under said application; that Certificate of Completion of works, with a carrying capacity of  
0.93 second feet, was issued thereunder on August 30, 1962, showing that said works  
were completed on the 18th day of September, 1959; and that on the 18th  
day of September, 1959.

WILLIAM H. CARSON

of Weiser, State of Idaho, made proof to the satisfaction of the  
State Reclamation Engineer of Idaho, of the right to use the waters of a well  
, a tributary of subterranean flow, for the purpose of irrigation & domestic  
use, under Use Permit No. G-25199 of the Department of Reclamation  
and that said right to the use of said waters has been perfected in accordance with the laws of Idaho,  
and is hereby confirmed by the State Reclamation Engineer of Idaho and entered of record in Volume

12 of Licenses at page 7424, on the 30 day of August, 1962;

The right hereby confirmed dates from September 30, 1954;

The Point of Diversion is located

in the SE 1/4 SE 1/4 Sec. 10, Twp. 11 N., R. 6 W., B. M. County Washington

That the amount of water to which such right is entitled and hereby confirmed, for the purposes  
aforesaid, is limited to an amount actually needed and beneficially used for said purposes, and shall  
not exceed 0.93 cubic feet per second.

Description and location of use:

| Twp.                                   | Range | Sec. | Forty-acre Tract | No. Acres<br>Described in Permit | No. Acres<br>Actually Irrigated |
|----------------------------------------|-------|------|------------------|----------------------------------|---------------------------------|
| 11 N.                                  | 6     | 13   | NE 1/4           | 40                               | 20                              |
|                                        |       |      | SE 1/4           | 40                               | 40                              |
|                                        |       |      | SW 1/4           | 40                               | 40                              |
|                                        |       |      | SW 1/4           | 40                               | 20                              |
|                                        |       |      | NE 1/4           | 40                               | 20                              |
|                                        |       |      | SE 1/4           | 40                               | 40                              |
| total number of acres to be irrigated: |       |      |                  |                                  | 180                             |

State of Idaho  
Department of Water Resources

WATER RIGHT LICENSE

License of Water Right No. 67-7009 Priority May 9, 1968 Amount 1.34 cfs

THIS IS TO CERTIFY, that L. C. CHENEY  
of Weiser, Idaho, has complied with the terms and conditions of Permit  
No. 67-7009 issued pursuant to Application for Permit dated May 9, 1968,  
and has submitted proof to the Department of Water Resources on June 28, 1973,  
that he has applied water to a beneficial use; an examination by the Department indicates that the works have a  
capacity for the diversion of 1.36 cfs of water from a ground water source,  
tributary to \_\_\_\_\_, and that the permit holder has applied to a beneficial use and  
established a right to use water as follows:

| Beneficial Use    | Period of Use                        | Rate of Diversion      | Annual Volume                                       |
|-------------------|--------------------------------------|------------------------|-----------------------------------------------------|
| <u>Irrigation</u> | from <u>April 1</u> to <u>Nov. 1</u> | at <u>1.34</u> cfs and | <u>301.5 acre feet or</u><br><u>4.5 af per acre</u> |
| _____             | from _____ to _____                  | at _____ cfs and       | _____                                               |
| _____             | from _____ to _____                  | at _____ cfs and       | _____                                               |

(both dates inclusive)

Subject, however, to the condition that no more than 1.34 cfs of water be diverted at any one time, and  
that the amount of water so diverted and to which such right is entitled and confirmed is for the purpose  
aforementioned and is limited to the amount which can actually be beneficially used and shall not exceed  
301.5 acre feet per year, said waters to be diverted within the NW $\frac{1}{4}$ SE $\frac{1}{4}$  of Sec. 13,  
Twp. 11 N, Rge. 6 W, B. M. in the County of Washington

Description and location of place of use:

| Twp. | Range | Sec. | NE $\frac{1}{4}$ |                  |                  |                  | NW $\frac{1}{4}$ |                  |                  |                  | SW $\frac{1}{4}$ |                  |                  |                  | SE $\frac{1}{4}$ |                  |                  |                  | Totals |
|------|-------|------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------|
|      |       |      | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ |        |
| 11 N | 6 W   | 13   |                  |                  |                  |                  |                  |                  |                  |                  | 1                |                  | 6                | 31               |                  | 9                | 20               |                  | 67     |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |

Total number of acres irrigated 67

A measuring device of a type approved by this Department shall be permanently  
maintained as part of the diverting works.

NOTE: Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho  
Code, or the applicable Idaho Law. This right may be forfeited by five years of non-use.

The right to the use of the water hereby confirmed is restricted and appurtenant to the lands or place of use  
herein described, as provided by the laws of Idaho.

Witness the seal and signature of the Director, affixed at Boise, Idaho, this 7 day of

April, 19 75

MAR 15 1988

Director

No 1018

RECEIVED

AFFIDAVIT OF PUBLICATION

Department of Water Resources  
Western Regional Office

STATE OF IDAHO,  
County of Washington } ss.

Dorothy A Booth, being duly sworn,  
deposes and says:

That he is the Clerk of  
THE WEISER SIGNAL, a weekly newspaper published at  
Weiser, in the County of Washington and State of Idaho; that  
said paper has been and is in general circulation in the  
county aforesaid, and in the vicinity of Weiser; that the ad-  
vertisement, a copy of which is attached hereto, was pub-  
lished in said newspaper once a week for 2 consecu-  
tive weeks in the regular and entire issue of said paper dur-  
ing the period and time of publication, and was published in  
the newspaper proper and not in a supplement; that said  
paper has been established and regularly published for more  
than seventy-eight consecutive weeks prior to the date of  
first publication of said advertisement.

Such notice was published in the issue beginning with  
August 6, 1987, and ending  
with the issue of August 13, 1987  
Dorothy A Booth  
Fees, \$ 74.32

Subscribed and sworn to before me this 13  
day of August, 1987  
[Signature]  
Notary Public, Residing at Weiser, Idaho.  
My Commission Expires 1-1, 1993

No. 1018  
NOTICE OF APPLICATION FOR WATER RIGHT

The following applications have been filed to appropriate the  
public waters of the State of Idaho:

65-12806  
U.S. DEPT. OF INTERIOR  
BUREAU OF LAND MGMT., IDAHO STATE OFFICE,  
3380 AMERICANA TERRACE, BOISE, ID 83706  
Source: SPRING trib. to CHERRY GULCH  
Diversion Pt: SWNESE Sec 10 T 10N R 02W  
Use: STOCKWATER (0.070 CFS)  
WILDLIFE (0.070 CFS)  
Date Filed: 07/02/1987  
In: NESE SENE Sec 10 T 10N R 02W

67-7718  
CHENEY, L. C. &/or MYRIA  
RT. 1 BOX 69-A, WEISER, ID 83672  
Source: GROUNDWATER  
Diversion Pt: NESWNE NENESW Sec 13 T 11N R 06W  
Use: IRRIGATION (1.940 CFS)  
Date Filed: 07/10/1987  
In: SESW NWSE SWSE Sec 13 T 11N R 06W FOR 94  
ACRES

67-7719  
U.S. DEPT. OF INTERIOR  
IDAHO STATE OFFICE, 3380 AMERICANA TERRACE,  
BOISE, ID 83706  
Source: SPRING trib. to SINKS  
Diversion Pt: SENESE Sec 05 T 10N R 03W  
Use: STOCKWATER (0.050 CFS)  
WILDLIFE (0.050 CFS)  
Priority Date: 07/02/1987  
In: NESE Sec 05 T 10N R 03W

67-7720  
U.S. DEPT. OF INTERIOR  
BUREAU OF LAND MGMT., IDAHO STATE OFFICE,  
3380 AMERICANA TERRACE, BOISE, ID 83706  
Source: HOLLAND GULCH trib. to LITTLE WILLOW  
CREEK  
Diversion Pt: SENW Sec 23 T 10N R 03W  
Use: STOCKWATER STORAGE (6.0 AF)  
STOCKWATER FROM STORAGE (6.0 AF)  
WILDLIFE STORAGE (6.0 AF)  
WILDLIFE FROM STORAGE (6.0 AF)  
Priority Date: 07/17/1987  
In: SENW Sec 23 T 10N R 03W

The permits will be subject to all prior water rights. Protests  
must be filed with the Director, Dept. of Water Resources,  
Western Region, Statehouse, Boise, Idaho 83720 on or before  
AUGUST 24, 1987.

KEN DUNN, D.  
Published 08/06 & 08/13/87 46-25

MAILED

AUG 15 1987

67-7718

CHENEY, L. C. &/or MYRIA

RT. 1 BOX 69-A, WEISER, ID 83672

Source: GROUNDWATER

Diversion Pt: NESWNE NENESW Sec 13 T 11N R 06W

Use: IRRIGATION (1.940 CFS)

Date Filed: 07/10/1987

In: SESW NWSE SWSE Sec 13 T 11N R 06W FOR 94 ACRES

**MICROFILMED**

MAR 15 1988