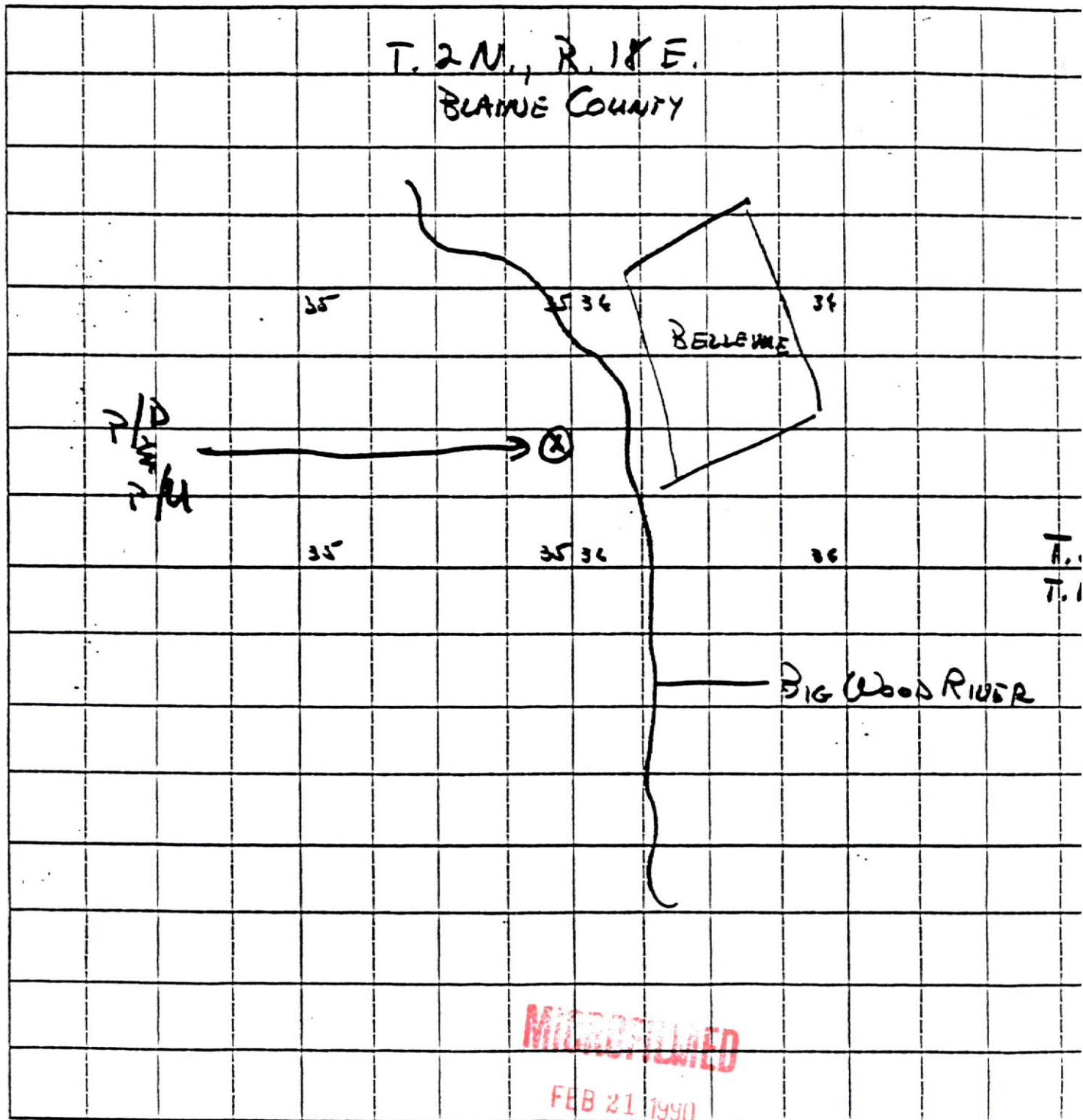


13. Map of proposed project show clearly the proposed point of diversion, place of use, section number, township and range number.

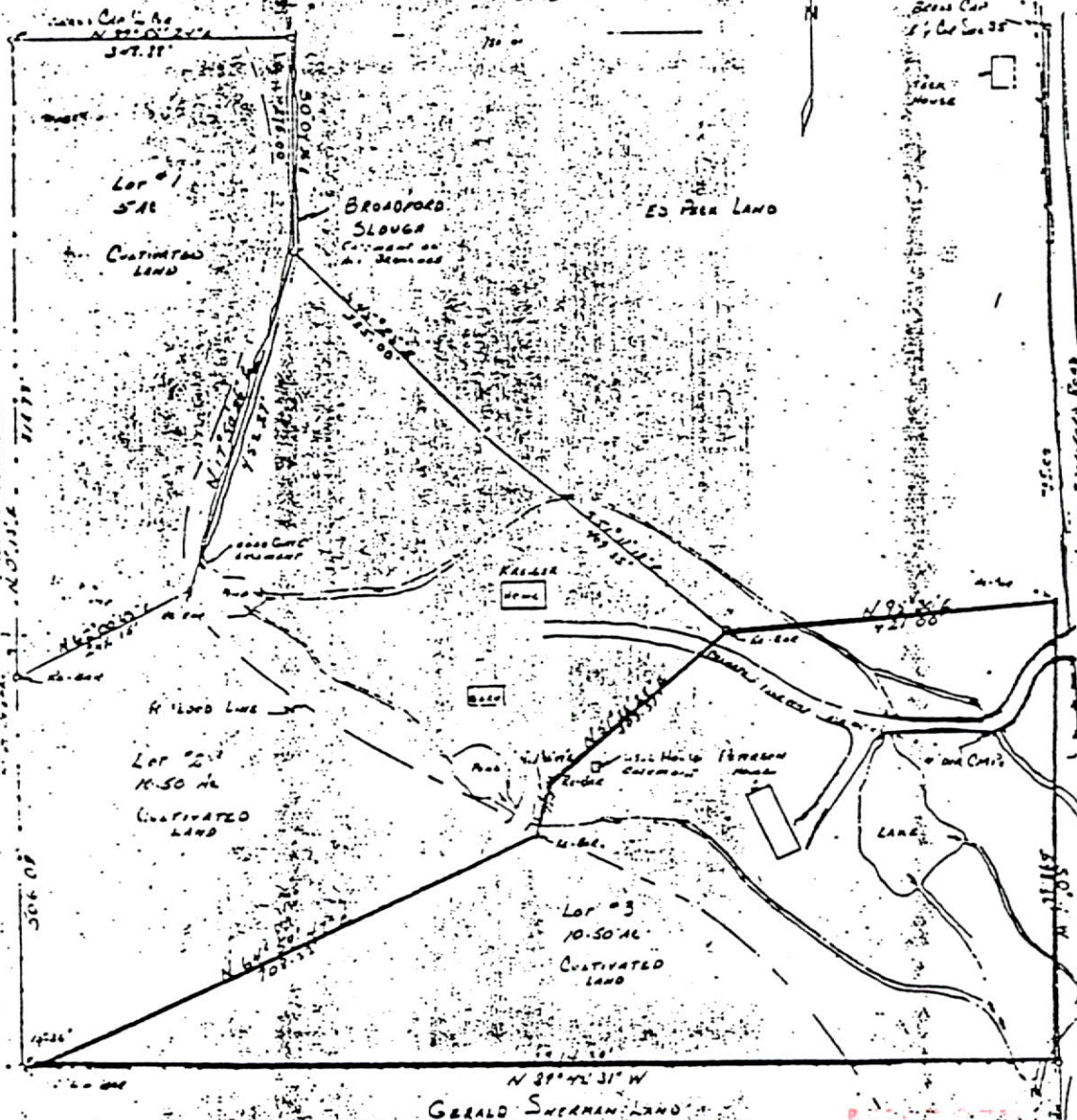


Scale: 2 inches equal 1 mile.

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.

  
(Applicant)

KREIGER-PETERSON  
SUBDIVISION  
LOCATED IN NE 1/4 SEC 35  
T4N R12E B1  
BLAINE COUNTY, IDAHO



Sun Valley Title Company  
Fox Building, P. O. Box 577  
Hailey, Idaho 83333

While this map is a photographic reproduction of  
that on file in either the recorder's or surveyor's  
office, the Company assumes no liability for  
variation, if any, with another or re-survey.

FEB 21 1990

# AFFIDAVIT of PUBLICATION

State of Idaho, }  
County of Blaine } SS.

RECEIVED

OCT 26 1989

Department of Water Resources  
Southern Region Office

DANIEL J. GORHAM

, being first duly sworn, deposes and says that he is the printer (publisher) of the Wood River Journal, a newspaper published every week in Hailey, County of Blaine, State of Idaho; that said newspaper has been continuously and uninterruptedly published for a period of seventy-eight consecutive weeks prior to the first publication of the annexed notice, and is a newspaper qualified to publish legal notices as provided by act of the 1919 session of the legislature of the State of Idaho, known as House Bill 145; that the

annexed advertisement was published once each week for 2 consecutive issues in said newspaper proper and not in a supplement; that the date of the first

publication of said advertisement was on the 18<sup>th</sup> day of Oct, 1989, and

the date of the last publication was on the 25<sup>th</sup> day of Oct, 1989.

*Daniel J. Gorham*

Subscribed and sworn to before me this 25<sup>th</sup> day of Oct, 1989.  
(SEAL)

*Roberta Crocker*

NOTARY PUBLIC

WOOD RIVER JOURNAL  
Hailey, Idaho

## COST OF PUBLICATION

Number of Picas per Line \_\_\_\_\_  
Number of Lines in Notice 36  
Number of Insertions 2  
Lines tabular at \_\_\_\_\_ 5.5¢/Pica  
36 Lines straight at 19.80 5¢/Pica  
36 Subsequent lines at 15.84 5¢/Pica  
TOTAL COST 35.64

COPY OF NOTICE  
(Paste Here)

Not. of Application #37-08555  
TITLE OF NOTICE Girton

PLAINTIFF ATTORNEY

DEFENDANT

PLAINTIFF

Dept. of Water Resources  
BILL TO

### Girton files on water right

#### NOTICE OF APPLICATION FOR WATER RIGHT

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

37-08555

GIRTON, RALPH  
C/O JAMES P. SPECK ESQ.  
P.O. BOX 987  
KETCHUM, ID 83340

Source: GROUNDWATER  
Diversion Pt.: NENESE Sec 35 T  
02N R 18E  
Use: DOMESTIC ( .040 CFS)  
IRRIGATION ( .090 CFS)  
Date Filed: 7/18/1989  
In: T02N R18E S35 NESE  
3.0 ACRES TOTAL

The permit(s) will be subject to all prior water rights. Protests may be submitted based on the criteria of Sec. 42-203A, Idaho Code, and/or the new public interest criteria of Sec. 42-203C, Idaho Code. Protests must be filed with the Director, Dept. of Water Resources, 2148 4th Avenue East, Twin Falls, Idaho 83301, on or before NOVEMBER 6, 1989.

R. Keith Higginson, Director  
Publish: Wood River Journal-  
October 18 & 25, 1989.

#### PUBLICATION RATES As of Oct. 1, 1988 (Idaho Code, Reb. Statutes 1984)

7-8 pt. per line straight....4.5/pica  
7-8 pt. per line tabular....5.5/pica  
7-8 pt. per line successive  
insertion....3.5/pica

6773

Toro Super 200

Sta-Rite : CP4502C-04 5 #p

65' to water

5 sets

Nelson

Kevin Bryson

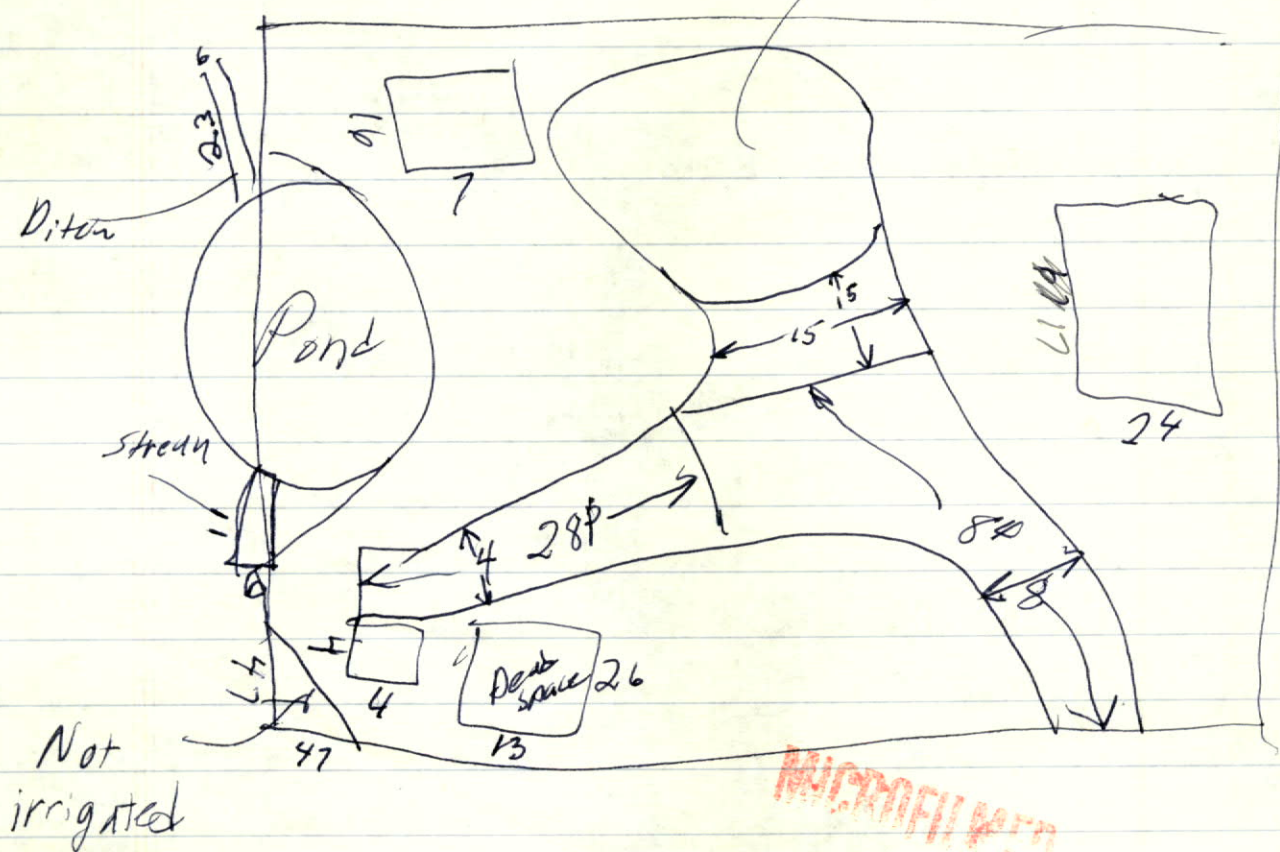
788-4750

25" of water

Lot 2 Peterson-Krieger Sub

Pond Dia=37

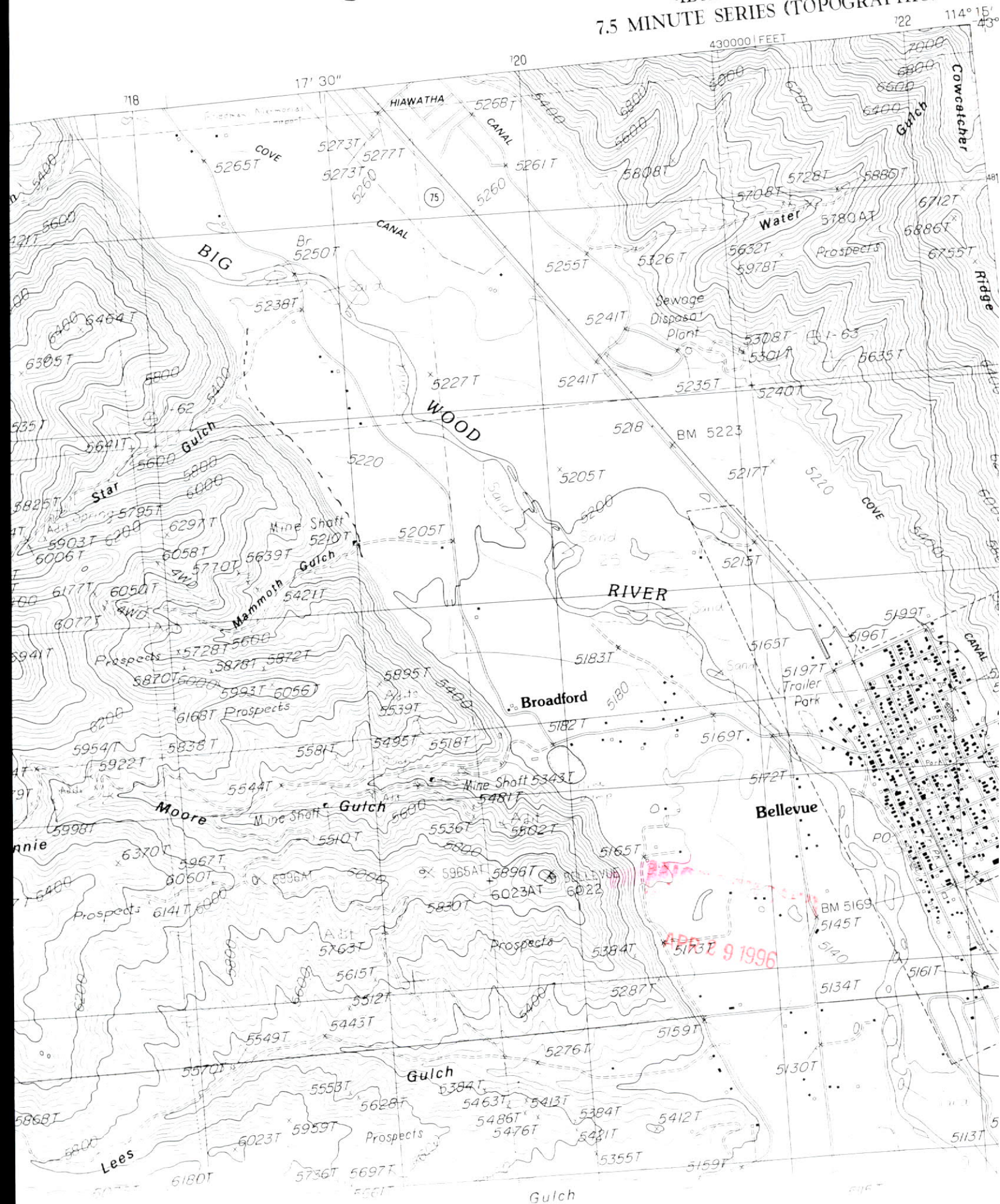
D=24  
r=12p



MICROFILM

APR 29 1996

BLAINE QUADRANGLE  
IDAHO-BLAINE CO.  
7.5 MINUTE SERIES (TOPOGRAPHIC)



37-08555

(CULTIVATED)  
LAND

SLOUGH  
 1. FINEST OF  
 ALL BRANCHES

$$1'' = 156'$$

Driveway not to scale.

- Irrigates Area

45' x 45'

24' width

FRAD LARSON LAND  
05.13'E - 8187

BRADLEY  
NOV 13 'E

[illegible]

506.09

15-26

10.11.21R



HEAD GATE  
ELEVATION

Page 4

Lot #2  
10.50 Ac

CULTIVATED  
LAND

width = 12

well house (144 ft<sup>2</sup>)

Lot #3  
10.50.40

CULTIVATED  
LAND

LAND  
This area behind well house  
is not irrigated and is .3 ac.

1314.39

N 89° 42' 31" W

GERALD SHERMAN LAND

VEGETATION CONSISTS OF  
WILLOW & COTONWOOD ALONG  
STREAM BANKS

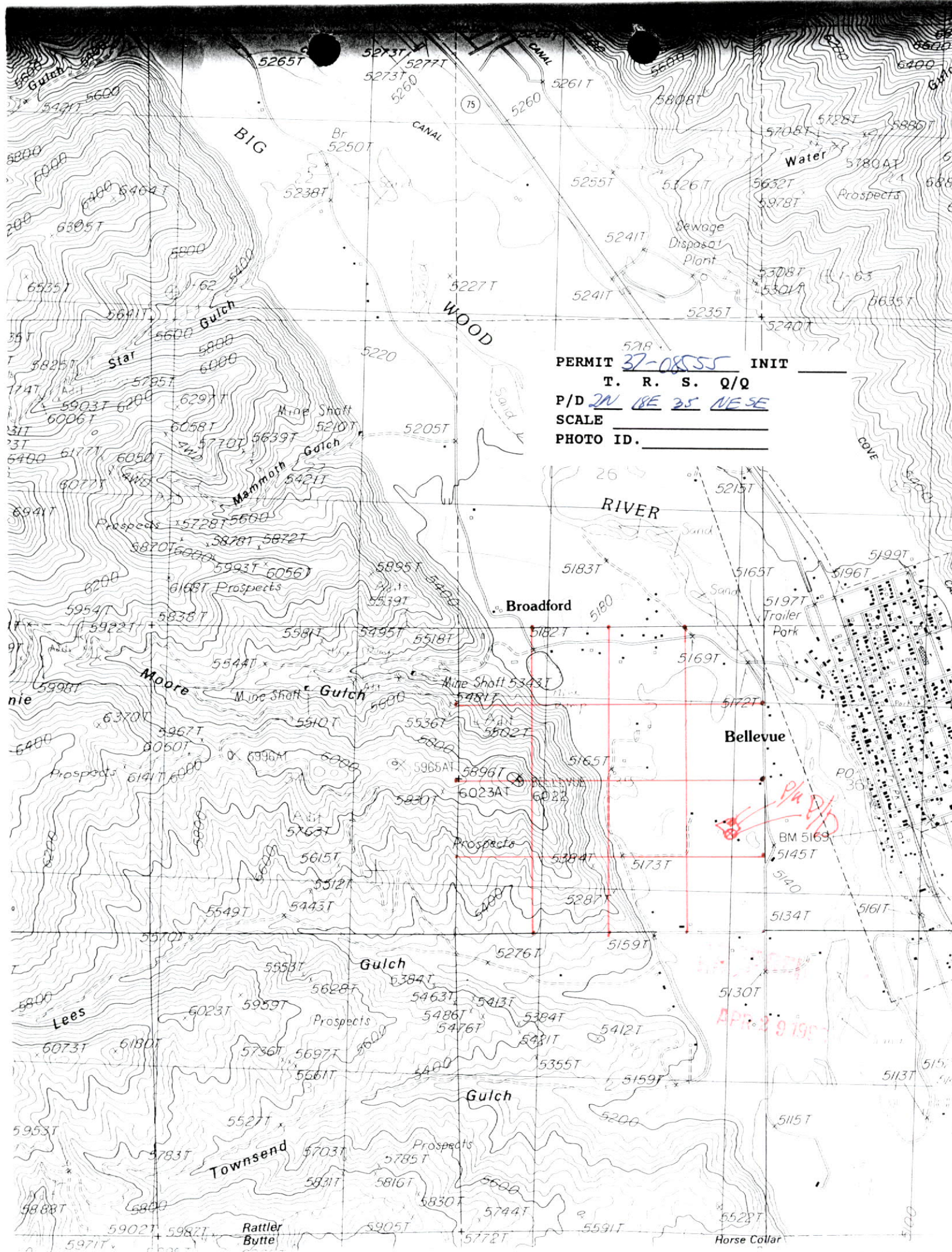
SOILS - LITTLE LAKE GRAVELLY LOAM  
 & TERRY " "

LAND IS FLAT WITH DOWN RIVER GRADE  
HENCE 5' CONTOUR LINE IS NOT MEANINGFUL

APR 29 1996



7412/79



PERMIT 37-0855 INIT \_\_\_\_\_  
T. R. S. Q/Q  
P/D 2N 18E 35 NESE  
SCALE \_\_\_\_\_  
PHOTO ID. \_\_\_\_\_

*Handwritten:* Pa P/D  
BM 5169  
5145T  
5140  
5134T  
5161T  
5130T  
APR 29 1957

37-08555



#1  
P/D



#2  
P/u  
Domestic

APR 29 1996

37-08555



#3

P/u

Irrigation



#4

P/u

Irrigation

APR 29 1996

APR 29 1996

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 37-08555

Priority: July 30, 1989

Maximum Diversion Rate: 0.06 CFS  
Maximum Diversion Volume: 4.8 AF

This is to certify, that RALPH GIRTON  
C/O JAMES P SPECK  
PO BOX 987

KETCHUM ID 83340-0987 has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated July 18, 1989; and has submitted Proof of Beneficial Use on January 13, 1992. An examination indicates that the works have a diversion capacity of 0.170 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            | 04/15 to 10/15       | 0.04 CFS                 | 4.2 AF               |
| DOMESTIC              | 01/01 to 12/31       | 0.02 CFS                 | 0.6 AF               |
| Totals                |                      | 0.06 CFS                 | 4.8 AF               |

LOCATION OF POINT(S) OF DIVERSION: NESE , Sec. 35, Township 02N, Range 18E  
BLAINE 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> |
|------------|------------|------------|--------------|--------------|--------------|--------------|
| 02N        | 18E        | 35         | NESE         | 1.2          |              | 1.2          |

Total number of acres irrigated: 1.2

PLACE OF USE:

DOMESTIC, same as IRRIGATION use

## CONDITIONS OF APPROVAL AND REMARKS

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to more accurately describe the beneficial use or to implement accepted standards of diversion and use efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
5. Irrigation use under this right is authorized only in connection with a domestic use.

APR 29 1996

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 37-08555

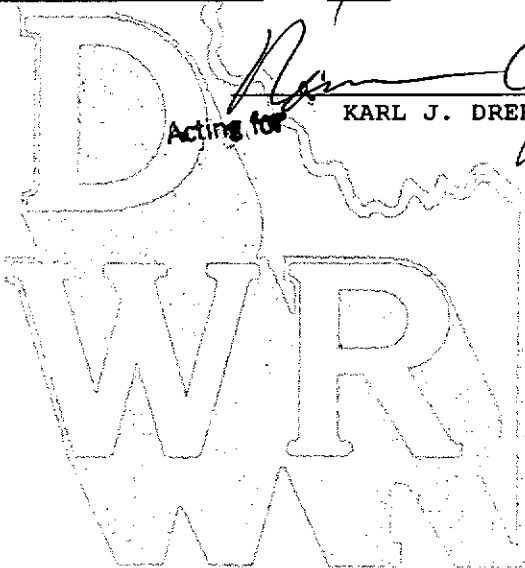
## CONDITIONS OF APPROVAL AND REMARKS

6. Diversion and use of water under this right is subject to rules that may subsequently be promulgated for the use of existing rights used for supplemental purposes.
7. This right when combined with all other rights shall provide no more than 0.04 cfs on the lands described above.
8. Place of use is located within Lot 2, Kreiger-Peterson Subdivision.
9. Domestic use is for 1 home.
10. Domestic use does not include lawn, garden, landscape, or other types of irrigation.

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 24<sup>TH</sup> day of APRIL, 1976.

Acting for

  
KARL J. DREHER, Director



APR 29 1996

BEFORE THE DEPARTMENT OF WATER RESOURCES  
OF THE STATE OF IDAHO

IN THE MATTER OF PERMIT NO. 37-08555 )  
IN THE NAME OF RALPH GIRTON ) 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 January 1, 1992; and,

WHEREAS, the Department notified the permit holder by certified mail that proof was due and instructed the permit holder of the steps to be taken to submit the proof of beneficial use; and,

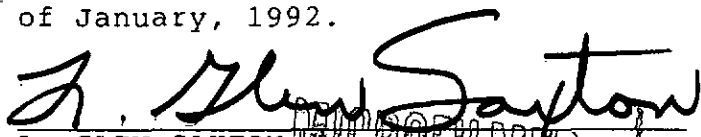
WHEREAS, the Department notified the permit holder that the permit lapsed for failure of the permit holder to submit the proof of beneficial use; and,

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 the notice of lapsing; and,

WHEREAS, the permit holder has provided a reasonable showing why the permit should be reinstated by submitting proof of beneficial use on January 13, 1992;

IT IS, THEREFORE, HEREBY ORDERED that Permit No. 37-08555 be REINSTATED with an advance in priority to July 30, 1989.

Dated this 15<sup>th</sup> day of January, 1992.

  
L. GLEN SAXTON  
Chief, Water Allocation Bureau

JAN 22 1992

JAN 13 1992

OFFICE USE ONLY  
Armt. of Fee \$ 50.00  
Date 1-13-92  
Receipt No. 0022912  
Receipt by LLB

JAN 13 1992

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

Department of Water Resources

Signature (and title, if on behalf of a company or organization)

State of Idaho  
Department of Water Resources  
**Permit To Appropriate Water**

NO. 37-08555

Proposed Priority: July 18, 1989

Maximum Diversion Rate:

0.13 CFS

This is to certify, that **RALPH GIRTON**  
C/O JAMES P. SPECK, ESQ.  
P.O. BOX 987  
KETCHUM, ID 83340

has applied for a permit to appropriate water from: **GROUNDWATER**  
and a permit is **APPROVED** for development of water as follows:

| <u>BENEFICIAL USE</u> | <u>PERIOD OF USE</u> | <u>RATE OF DIVERSION</u> |
|-----------------------|----------------------|--------------------------|
| IRRIGATION            | 04/01 to 11/01       | 0.09 CFS                 |
| DOMESTIC              | 01/01 to 12/31       | 0.04 CFS                 |
|                       | Totals               | 0.13 CFS                 |

LOCATION OF POINT(S) OF DIVERSION:

NENESE Sec. 35, Township 02N, Range 18E  
BLAINE 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> |
|------------|------------|------------|--------------|--------------|--------------|--------------|
| 02N        | 18E        | 35         | NESE         | 3            |              | 3            |

Total number of acres irrigated: 3

PLACE OF USE: DOMESTIC, same as IRRIGATION use

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before **January 1, 1992**.
2. Subject to all prior water rights.
3. Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
4. The rate of diversion of water for irrigation under this permit and all other water rights on the same land shall not exceed 0.03 cubic feet per second for each acre of land.
5. Irrigation use under this permit is authorized only in connection with a domestic use.
6. Permit holder shall commence the excavation or construction of diverting works within one year of the date this permit is issued and shall proceed diligently until the project is complete.
7. Place of use also known as Lot 2, Kreiger-Peterson Subd.
8. Domestic use is for 1 home.

**MICROFILMED**

FEB 21 1990

State of Idaho  
Department of Water Resources

# Permit To Appropriate Water

NO. 37-08555

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

22<sup>nd</sup> day of December, 1989.

*R. Keith Higginson*  
for R. Keith Higginson, Director

MICROFILMED

FEB 21 1990

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of applicant Ralph Girton Phone 208-726-4421  
Post office address C/O James P. Speck, Esq., Hoque, Speck & Aanestad  
P.O. Box 987, Ketchum, Idaho 83340
2. Source of water supply groundwater which is a tributary of \_\_\_\_\_
3. Location of point of diversion is NE  $\frac{1}{4}$  of NE  $\frac{1}{4}$  of SE  $\frac{1}{4}$ , Govt. Lot \_\_\_\_\_  
Sec. 35 Township 2N Range 18E B.M. Blaine County; additional  
points of diversion if any: None
4. Water will be used for the following purposes:  
Amount 0.04 cfs for domestic purposes from Jan. 1 to Dec. 31 (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount 0.09 cfs for irrigation purposes from April 1 to Nov. 1 (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)
5. Total quantity to be appropriated is (a) 0.13 cfs and/or (b) \_\_\_\_\_  
cubic feet per second acre feet per annum
6. Proposed diverting works:
  - a. Description of ditches, flumes, pumps, headgates, etc. Well & pump
  - b. Height of storage dam \_\_\_\_\_ feet; active reservoir capacity \_\_\_\_\_ acre-feet; total  
reservoir capacity \_\_\_\_\_ acre-feet; period of year when water will be diverted to storage:  
\_\_\_\_\_ to \_\_\_\_\_ inclusive.
  - c. Proposed well diameter is 8 inches inches; proposed depth of well is 50 feet.
  - d. Is ground water with a temperature of greater than 90°F being sought? No
7. Time required for the completion of the works and application of the water to the proposed beneficial use is  
5 years (minimum 1 year).

MICROFILMED

FEB 21 1990

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

- a. Hydropower; show total feet of head and proposed capacity in KW. \_\_\_\_\_
- b. Stockwatering; list number and kind of livestock. \_\_\_\_\_
- c. Municipal; show name of municipality. \_\_\_\_\_
- d. Domestic; show number of households. One (1) household
- e. Other; describe fully. \_\_\_\_\_

9. Description of place of use:

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

| TWP | RANGE | SEC. | NE¼ |     |     |     | NW¼ |     |     |     | SW¼ |     |     |     | SE¼ |     |     |     | TOTALS |
|-----|-------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
|     |       |      | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ |        |
| 2N  | 18E   | 35   |     |     |     |     |     |     |     |     |     |     |     |     | 3   |     |     |     | 3      |
| 2N  | 18E   | 35   |     |     |     |     |     |     |     |     |     |     |     |     | D   |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |

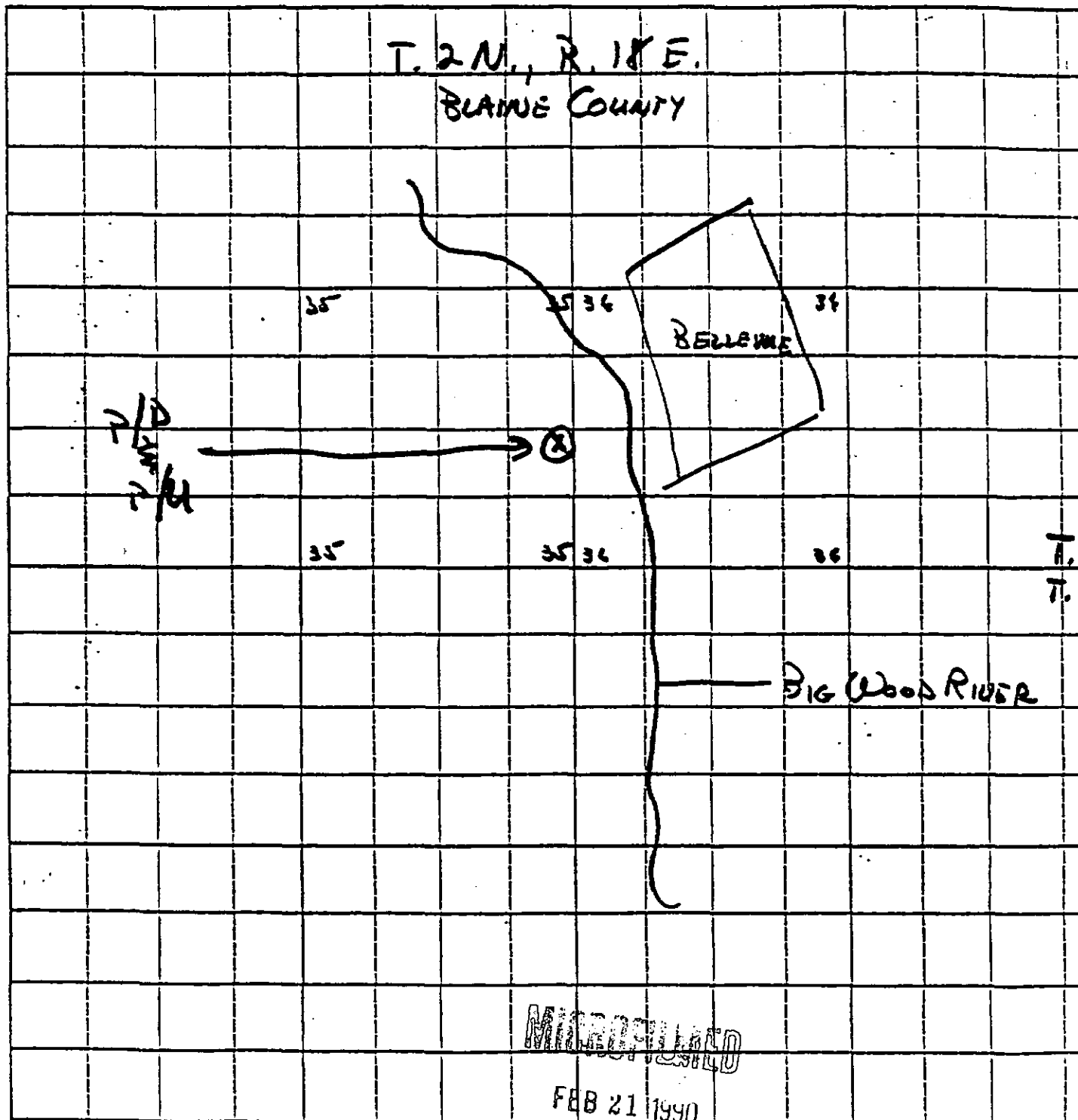
Total number of acres to be irrigated 3

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

11. a. Who owns the property at the point of diversion? Applicant FEB 21 1990
- 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. N/A

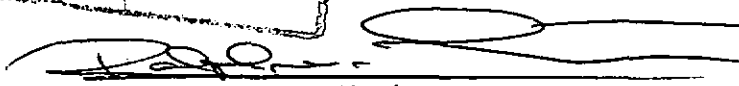
12. Remarks: Well will provide domestic water for one (1) household located on Lot 2 Kreiger - Peterson Subdivision. (see plat attached hereto) and irrigation of approximately 3 acres of residential landscaping for that lot. Diversion for the household is less than 13,000 gallons per day - this is a "DCMI" use under Rule 2, 8 of the Idaho Water Appropriation Rules and Regulations.

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.

  
(Applicant)

Received by ZRP Date 7-18-89 Time 11:05 AM Preliminary check by DRS  
Fee \$ 30.00 Receipted by J. F. Stanton # 5008578 Date 7-19-89  
Publication prepared by M. Baldwin Date 9/29/89 Published in Wood River Journal  
Publication approved M. Baldwin Date 10/30/89

### ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

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

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

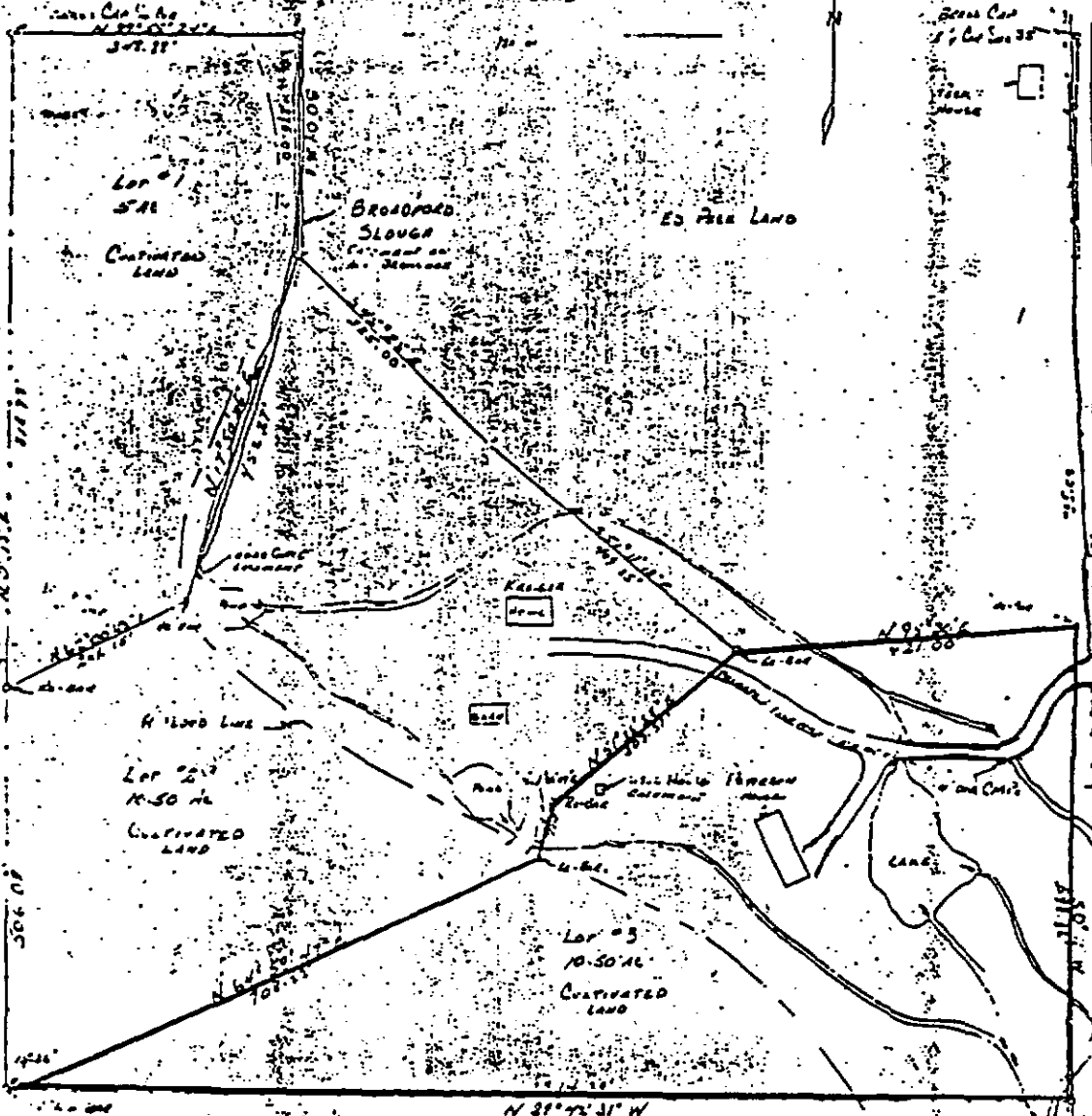
- a. SUBJECT TO ALL PRIOR WATER RIGHTS.
- b. Proof of construction of works and application of water to beneficial use shall be submitted on or before \_\_\_\_\_, 19 \_\_\_\_.
- c. The rate of diversion, if water is to be used for irrigation under this permit, when combined with all other water rights for the same land shall not exceed 0.02 cubic feet per second for each acre of land.
- d. The water right acquired under this permit if for hydropower purposes shall be junior and subordinate to all rights to the use of water, other than hydropower, within the State of Idaho that are initiated later in time than the priority of this permit and shall not give rise to any right or claim against any future rights to the use of water, other than hydropower, within the State of Idaho initiated later in time than the priority of this permit.
- e. Other:

MICROFILMED

FEB 21 1990

KREIGER - PETERSON  
SUBDIVISION  
LOCATED IN NE 1/4 & SE 1/4  
OF SEC. 35, TEN R1E, 8M  
BLAINE COUNTY, IDAHO

JIM McCLYNN ET AL  
LAND



Sun Valley Title Company  
Fox Building, P. O. Box 577  
Hailey, Idaho 83333

While this map is a photographic reproduction of a map on file in either the Recorder's or Surveyor's office, the Company assumes no liability for variation, if any, with another or re-survey.

FEB 21 1990

# AFFIDAVIT of PUBLICATION

State of Idaho, }  
County of Blaine } SS.

## RECEIVED

OCT 26 1989

Department of Water Resources  
Southern Region Office

**DANIEL J. GORHAM**

being first duly sworn, deposes and says that he is the printer (publisher) of the Wood River Journal, a newspaper published every week in Hailey, County of Blaine, State of Idaho; that said newspaper has been continuously and uninterruptedly published for a period of seventy-eight consecutive weeks prior to the first publication of the annexed notice, and is a newspaper qualified to publish legal notices as provided by act of the 1919 session of the legislature of the State of Idaho, known as House Bill 145; that the

annexed advertisement was published once each week for 2 consecutive issues in said newspaper proper and not in a supplement; that the date of the first

publication of said advertisement was on the 18<sup>th</sup> day of Oct. 1989, and

the date of the last publication was on the 25<sup>th</sup> day of Oct. 1989.

*Daniel J. Gorham*

Subscribed and sworn to before me this 25<sup>th</sup> day of Oct. 1989.  
(SEAL)

*Roberta Brecken*

NOTARY PUBLIC

WOOD RIVER JOURNAL  
Hailey, Idaho

### COST OF PUBLICATION

Number of Picas per Line \_\_\_\_\_  
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TOTAL COST 351.64

COPY OF NOTICE  
(Paste Here)

Not. of Application #37-08555  
TITLE OF NOTICE Girton

PLAINTIFF ATTORNEY

DEFENDANT

PLAINTIFF

Dept. of Water Resources  
BILL TO

### Girton files on water right

#### NOTICE OF APPLICATION FOR WATER RIGHT

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

37-08555

GIRTON, RALPH  
C/O JAMES P. SPECK ESQ.  
P.O. BOX 987  
KETCHUM, ID 83340

Source: GROUNDWATER  
Diversion Pt.: NENESE Sec 35 T  
02N R 18E

Use: DOMESTIC ( .040 CFS)  
IRRIGATION ( .090 CFS)

Date Filed: 7/18/1989

In: T02N R18E S35 NESE

3.0 ACRES TOTAL

The permit(s) will be subject to all prior water rights. Protests may be submitted based on the criteria of Sec. 42-203A, Idaho Code, and/or the new public interest criteria of Sec. 42-203C, Idaho Code. Protests must be filed with the Director, Dept. of Water Resources, 2148 4th Avenue East, Twin Falls, Idaho 83301, on or before NOVEMBER 6, 1989.

R. Keith Higginson, Director

Publish: Wood River Journal-  
October 18 & 25, 1989.

### PUBLICATION RATES

As of Oct. 1, 1988

(Idaho Code, Reb. Statutes 1984)

7-8 pt. per line straight....4.5/pica

7-8 pt. per line tabular....5.5/pica

7-8 pt. per line successive  
insertion....3.5/pica

6773



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

April 25, 1996

RALPH GIRTON  
C/O JAMES P SPECK  
PO BOX 987  
KETCHUM ID 833400987

RE: WATER RIGHT NO. 37-08555

Dear Water Right Holder(s):

Enclosed is a copy of the Water Right License issued on the above referenced permit. If you have any questions, please contact me within 10 days of receipt of this license.

Sincerely,

Shelley W. Keen  
Water Rights Supervisor

SK:rl

Enclosure

RECEIVED

APR 29 1996

B/U FIELD EXAM REVIEW  
Cindy Zimmerman

01/96

Permit #: 37-8555 Name: Ginton Date: 4/15/96 / Lots ✓

NAME Chng Same ✓ Or Address Change?

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

P/D ✓ Amendment Needed? P39  
Overlap(s) 37-8521(1 of 2)

P/U ✓ Amendment Needed? reduce to 1.2 acres. P41  
Overlap(s) SW=R37-00315C & R37-00313D - not used  
(Gov't special #'s) \*P/D & P/U Amend? P37

RATE ✓ Permit/fee limits: 0.13 / 0.13  
✓ Measured Q = none cfs/Theoretical Q = 0.17 cfs  
(1.2 ac x 0.03 cfs/ac = 0.04 cfs) + (dom, 1, in-house = 0.02) = 0.06  
(HP)  $\frac{8.8 \times 0.70 \times 5}{65 + (2.31 \times 60)} = \frac{35.2}{203.6} = 0.17$   
✓ Recommended capacity 0.17 cfs  
✓ Recommended rate 0.04 + 0.02 = 0.06 cfs

VOLUME ✓ Season: (B / 3.5) 4/15-10/15 = 184 days  
Calculations: irr use + domestic use  
=(1.2 ac x 3.5 AF/ac = 4.2) + (dom = 0.6) = 4.8

✓ Flow limit: 0.04 x 184 x 1.9835 = 14.6 AF  
Recommended volume 4.2 + 0.6 = 4.8 AF

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

REMARKS ✓ Multiple p/d's in  $\frac{1}{4}$ ? W32  
✓ ① Pu = Lt 2, Kreiger, Peterson Subd. ② WBS/1  
③ W44/37-8524

CONDITIONS ✓ Measuring (R01)/Locking (R02) Devices  
✓ Watermaster Control (R04) - WD #         
B50 Irrigation rate/volume overlap  
050 GW irrigation replaces surface water (050)  
✓ GW irrigation supplements surface water (065)  
✓ Water Quality/Other 041

PRIORITY App Rcd 1/18/89 Due 1/1/92 Rc'd 1/13/92 (late)  
Receipt# C022912 Fee OK? Yes/No  
Order to Reinstate Needed? Yes/No Done? 1/15/92  
If Yes, Advanced? Yes/No to: 7/30/89  
Priority 1/30/89 Examined 6/30/94

COMMENTS: reduce irr to 1.2 ac & dom to inhouse.

| USE          | CFS         | DIV VOL    | SRBA Overlap                    |
|--------------|-------------|------------|---------------------------------|
| <u>irr.</u>  | <u>0.04</u> | <u>4.2</u> | <u>Adjustment Memo</u> <u>✓</u> |
| <u>Dom</u>   | <u>0.02</u> | <u>0.6</u> | <u>LICENSE LTR: P49</u>         |
| <u>TOTAL</u> | <u>0.06</u> | <u>4.8</u> | <u>#1 AMEND LTR: /P38</u>       |
|              |             |            | <u>#2 AMEND LTR: P42/P47</u>    |

## MEMORANDUM

DATE: April 15, 1996  
TO: File No. 37-08555  
FROM: Cindy Zimmerman *CJ*  
SUBJECT: Review of Beneficial Use Field Report

=====

The following adjustments<sup>1</sup> were made on the field report to reflect irrigation and domestic in-house use:

1. Rate of diversion.
  - a. Irrigation = acres x cfs/acre  
= 1.2 x 0.02  
= 0.04 cfs.
  - b. Domestic, 1 home, in-house use = **0.02** cfs.
  - c. Maximum rate of diversion = a + b  
= 0.04 + 0.02  
= **0.06** cfs.

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

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

RECEIVED  
JUL 06 1995  
Department of Water Resources

**A. GENERAL INFORMATION**

- Permit No. 37-08555  
1. Owner: Ralph Ginton Phone No. 726-4421  
Current Address: c/o James P. Speck, Hogue Spack & Alvestad, P.O. Box 987, Ketchum, ID 83340  
2. Accompanied by: Owner EXAM. DATE: 6-30-94  
Address: Same Phone No. Same  
Relationship to Permit Holder: Owner  
3. Source: Ground water tributary to None

**B. OVERLAP REVIEW**

1. Other water rights with same place of use: None ☐ 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

*See attached Subdivision Plat map.*

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

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).

**System Description (continued)**

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

There were no overlapping water-rights for the place of use or the point of diversion. A 5 Hp Sta-Rite submersible pump is used to pump water for the irrigation system and the guest house on lot #2 of Kreiger-Peterson Subdivision. 5 stations are used to irrigate the lawn area of the property. The well is located near the south edge of the property, and east of a small stream that runs through the lot. A buried pipe irrigation system is used with Toro pop-up

☒ 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 |
|---------------------------------------|------------|----|------------------|-----------|-----------------------------------|
|                                       | Unknown    | 5  | Unknown          | Sta-Rite  | CP4502C-04                        |
|                                       |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |

\*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 |
|------------|------------|-----|------|-----|------|------|------|--------|---------------------------------|
|            |            |     | NESE |     | 35   | 2N   | 18E  | Blaine | USGS Topo Map                   |
|            |            |     |      |     |      |      |      |        |                                 |
|            |            |     |      |     |      |      |      |        |                                 |
|            |            |     |      |     |      |      |      |        |                                 |

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

Indicate Method of Determination Pacing

| 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 |        |
| 2N   | 18E  | 35   |        |        |        | 1.2    |        |        |        |        |        |        |        |        |        |        |        |        | 1.2    |
|      |      |      |        |        |        | 0      |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

Do not use this space

**D. FLOW MEASUREMENTS**

☐ Additional Data Sheets Attached

1.

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

2. Measurements:

No flow measurements were taken. A theoretical  
flow calculation is used.

**E. FLOW CALCULATIONS**

☐ Additional Computation Sheets Attached

1. Measured Method:

$$Q = \frac{8.8 (15) (0.79)}{65 + 60 \times 2.31} = .15 \text{ cfs}$$

65' of lift from owner

2. Alternate Method for Checking Purposes:

**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:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = \underline{1.2 (3.5) = 4.2 \text{ afa}}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = \underline{.04 (184) \times 1.9835 = 14.6 \text{ afa}}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = \underline{4.2 \text{ afa}}$$

2. Volume Calculations for Other Uses:

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## H. REMARKS AND OVERLAP REVIEW ANALYSIS

sprinkler heads to irrigate the area.

## I. RECOMMENDATIONS

### 1. Recommended Amounts

| Beneficial Use    | Period of Use |              | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) |
|-------------------|---------------|--------------|------------------------------|--------------------------|
|                   | From          | To           |                              |                          |
| <u>Domestic</u>   | <u>1-1</u>    | <u>12-31</u> | <u>.04 cfs *</u>             | <u>.6 afa</u>            |
| <u>Irrigation</u> | <u>4-15</u>   | <u>10-15</u> | <u>.04 cfs</u>               | <u>4.2 afa</u>           |
|                   |               |              |                              |                          |
|                   |               |              |                              |                          |
| Totals:           |               |              | <u>.08 cfs *</u>             | <u>4.8 afa</u>           |

### 2. Recommended Amendments

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

## J. AUTHENTICATION

Field Examiner's Name Alan Hansten

Signature Alan Hansten 7-11-94

Certification Date \_\_\_\_\_

Field Report Preparation Date \_\_\_\_\_

CONSULTANT SEAL

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

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Gorton

Scale:  $4 \frac{17}{32}'' = 708.22'$

$2 \frac{5}{8} = 409.35'$

~~$1'' = 156.30'$~~

$1'' = 156$

$\frac{1''}{156.30} = \frac{x''}{69'} \quad x'' = .44 \quad \frac{44}{100} = \frac{7}{16}$

$\frac{100}{x} = 16$

Medium

$C A = 156,30^2 (.017324) = .0019 \text{ ac}$   
 $\pm 3,560$

~~.0019~~

1.9 ac. Total area = 1.9 ac

1.9 Subtractions: Barn:  $48' \times 21' = 1008 \text{ ft}^2$

1.9 House:  $51' \times 72' = 3672 \text{ ft}^2$

2 out areas:  $\frac{141 \times 141}{2} + 78 \times 39 = 12,982.5 \text{ ft}^2$

Well house:  $12' \times 12' = 144 \text{ ft}^2$

Pavement:  $(12' \times 84') + (24' \times 252) + 45^2 + \pi(36)^2 =$

APR 29 1996

$= 13,152.5 \text{ ft}^2$

1.2 ac irrig.

Total non-irrig = 30,959  
= .7 ac out

Flow =  $5 (8.8) (.70) = .15 \text{ cfs}$   
 $65 + 60 (2.3)$

.04 Dom

.03 (1.2)

.08 cfs

.08 cfs

Taro Super 200

Sta-Rite : CP4502C-04 5 #p

65' to water

5 sets

№ 1504

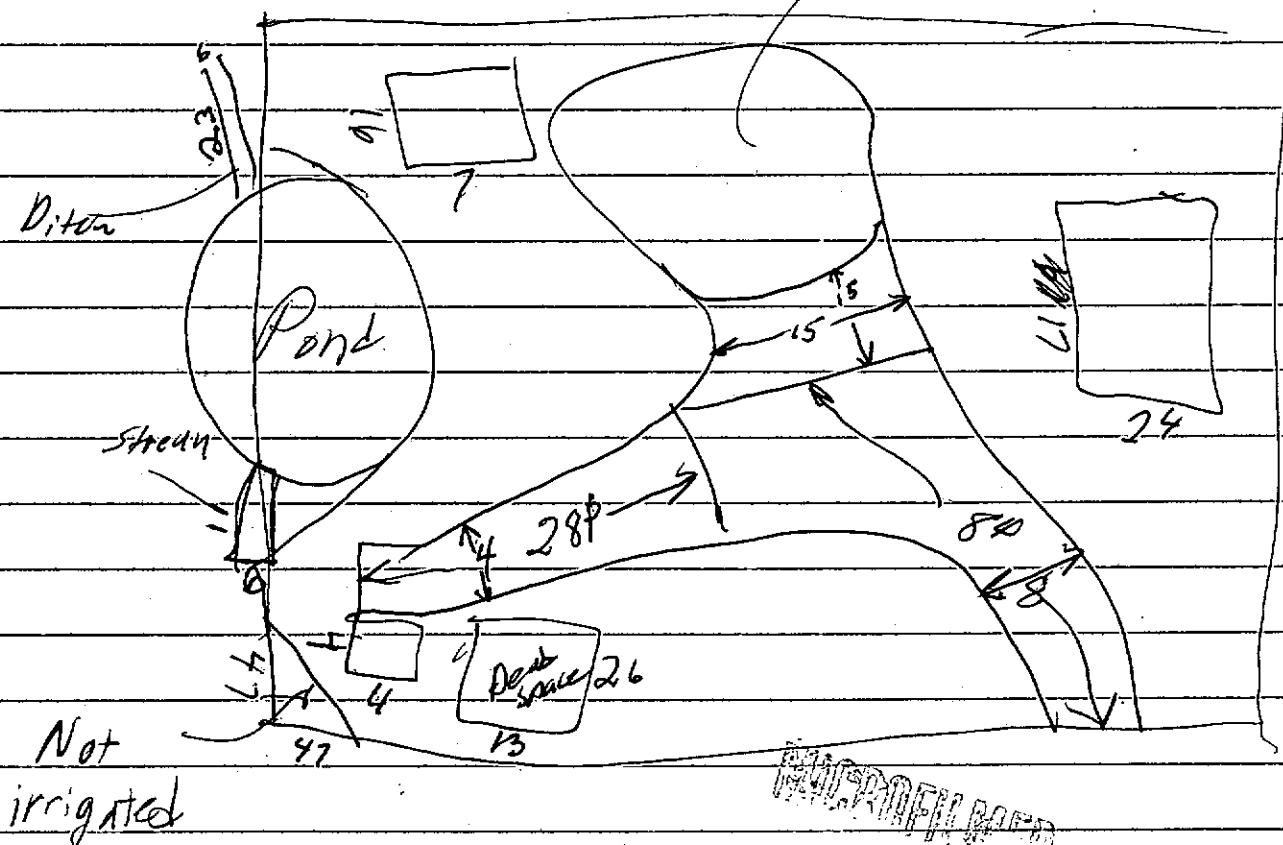
Kevin Bryson

788-4750

25" of water

Lot 2 Peteroon-Krieger Sub

Pond Dia = 37

$$D = 24$$
$$r = 12$$


Not irrigated

**BRITISH**

APR 29 1996

GROUNDWATER MEASUREMENT REQUIREMENT ANALYSIS  
\*\*\*\*\*

FILE: 37-08555  
DATE: 7-8-94  
BY: Alan Hamster

THEORETICAL RATE OF FLOW:  $Q = \frac{(8.8) \times (\text{H.P.}) \times (\text{EFF.})}{\text{TDH}}$

Q = CFS  
H.P. = Total Brake Horsepower of pumping plant (including booster)  
EFF. = Pumping plant efficiency (ASSUME 70% OR 0.70)  
TDH = total dynamic head = [ (LIFT) + (PSI X 2.31) ]  
LIFT = depth to water in FEET from land surface to pumping water level  
PSI = pumping pressure measured in psi near pump (if open discharge assume zero [ 0 ])

$$Q = \frac{(8.8) \times (5) \times (0.70)}{[(65) + (6.0 \times 2.31)]} = 0.15 \text{ cfs}$$

|                   |                 |                                 |
|-------------------|-----------------|---------------------------------|
| LIFT FROM:        | PSI FROM:       | NOTES ON PUMP:                  |
| measurement ( )   | measurement ( ) | Motor Make, Serial or ID        |
| owner (X)         | owner ( )       |                                 |
| area estimate ( ) | estimate (X)    | Pump Make, Serial or ID, rating |
| well logs ( )     | owner gage ( )  | Star-Rite CP4502C-04            |
| Booster (Y) (N)   |                 |                                 |

REMARKS

ANNUAL VOLUME ANALYSIS

POTENTIAL Acre Feet/Acre/Annum =  $\frac{(\text{DAYS IN SEASON}) \times (1.98) \times (Q)}{(\text{RECOMMENDED ACRES IRRIGATED})}$

|              |        |             |
|--------------|--------|-------------|
| (season)     | (days) |             |
| 3/15 - 11/15 | 246    |             |
| 4/1 - 11/1   | 215    | POTENTIAL = |
| 4/15 - 10/15 | 184    |             |
| 3/1 - 12/1   | 276    |             |

POTENTIAL = 45.54 afa

REQUIRED Acre Feet/Acre/Annum = 4.2 afa  
(AF/Ann/Ac irrigation requirement from chart for area)

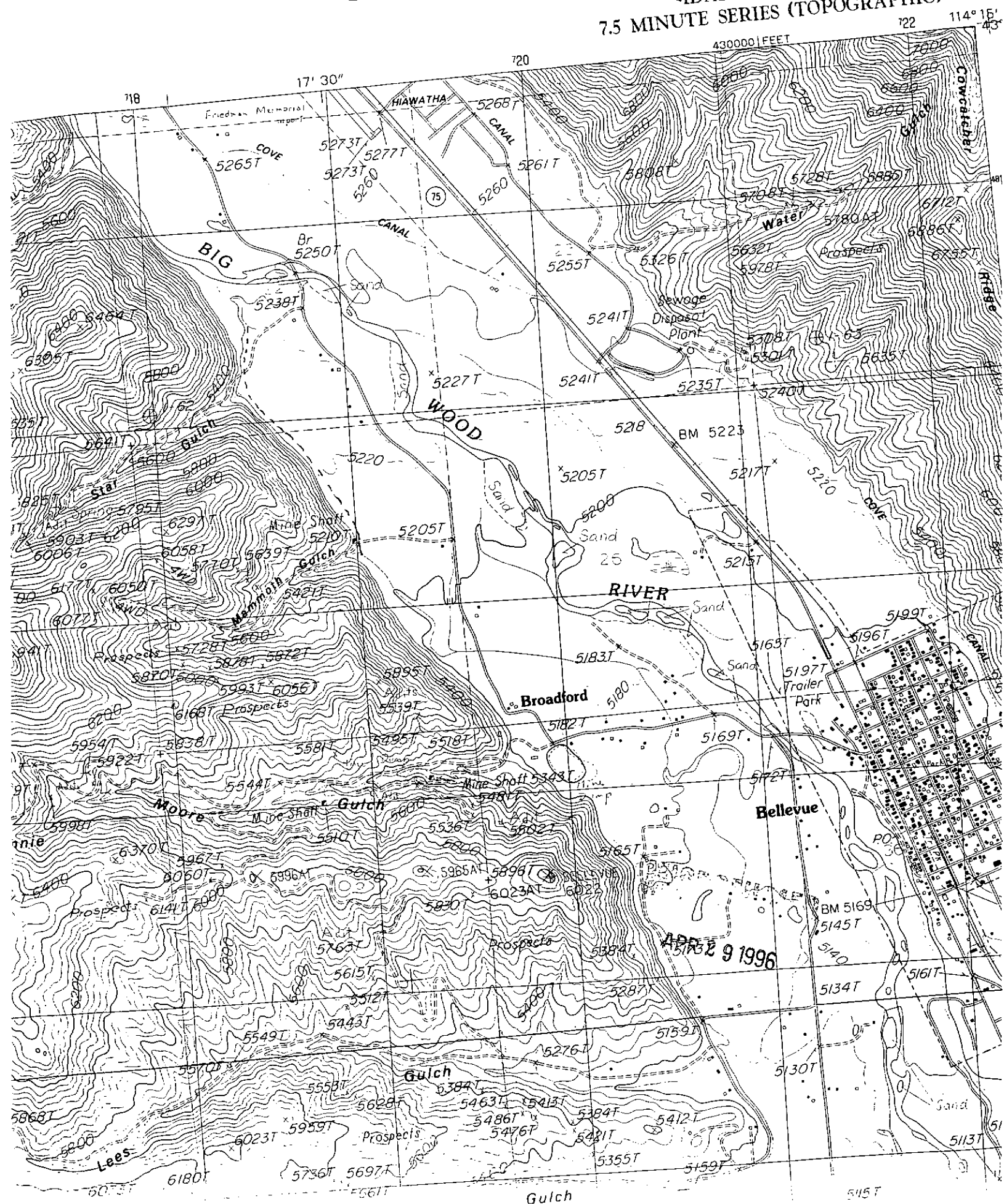
\*\*\*NOTE that this is NOT Consumptive use\*\*\*

IF POTENTIAL IS GREATER THAN REQUIRED THEN NO MEASUREMENT NECESSARY (✓)

IF POTENTIAL IS LESS THAN REQUIRED THEN MEASUREMENT IS NECESSARY ( )

APR 29 1996

114° 15' 43"



37-08555

CULTIVATED  
LANDSLOUGH  
EASEMENT AND  
ALL BRANCHES

1" = 156'

Driveway not to scale.

Irrigates Area

45'x45'

24' width

BRAD JEARSON LAND  
N 0° 13' E  
814.73

506.09

HEAD GATE  
EASEMENTN 62° 00' 43" E  
241.15'N 2° 00' 43" E  
241.15'

FLOOD LINE

LOT #2  
10.50 ACCULTIVATED  
LAND

width = 12'

well  
house (144 sq ft)N 64° 54' 47" E  
708.22'

15.26'

1" = 156'

LOT #3  
10.50 ACCULTIVATED  
LANDThis area behind well house  
is not irrigated and is .3 ac.

1314.39'

N 89° 42' 31" W

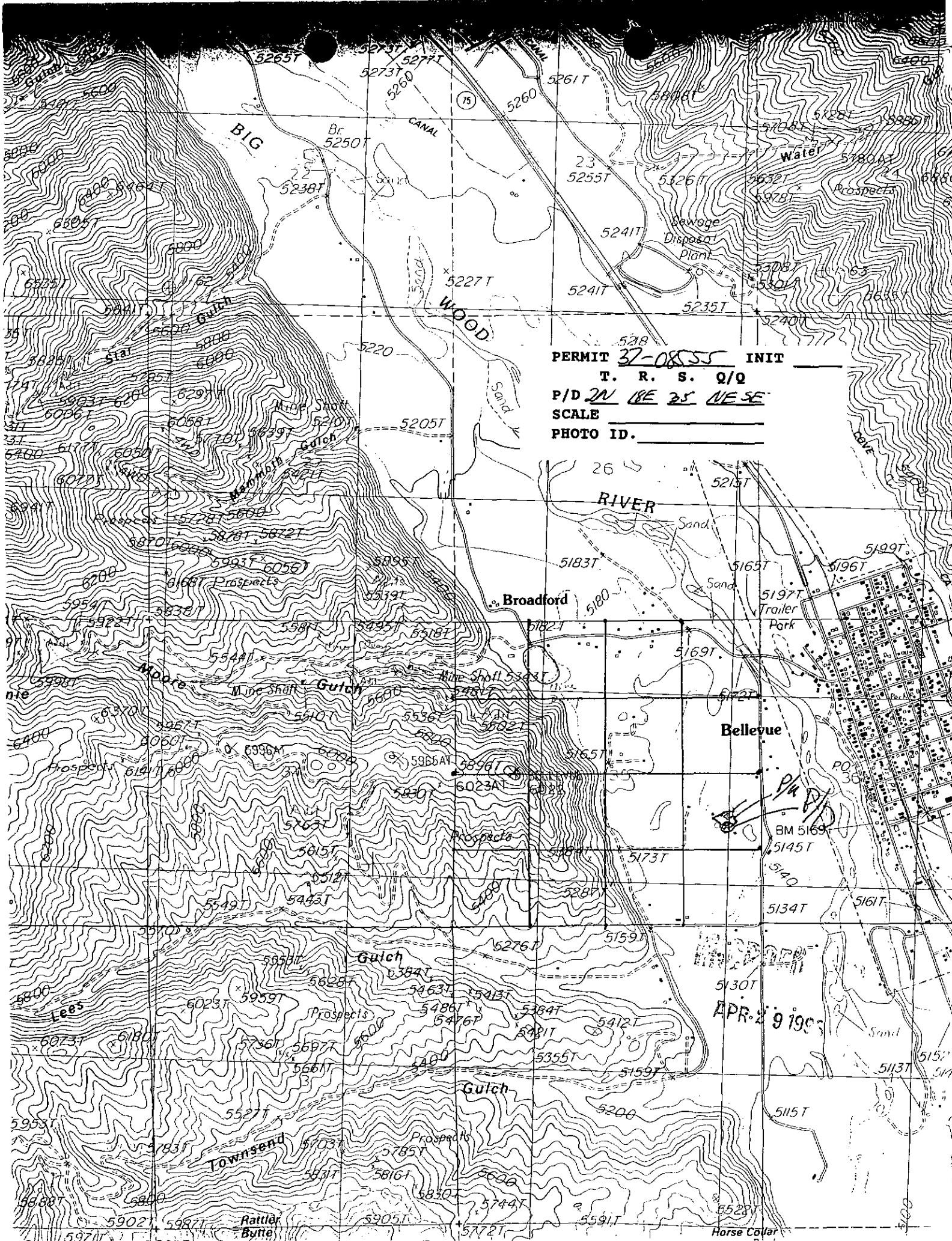
GERALD SHERMAN LAND

VEGETATION CONSISTS OF  
WILLOW + COTONWOOD ALONG  
STREAM BANKSSOILS - LITTLE LAKE GRAVELLY LOAM  
+ TERRY "LAND IS FLAT WITH DOWN RIVER GRADE  
HENCE 5' CONTOUR LINE IS NOT MEANINGFUL

APR 29 1996



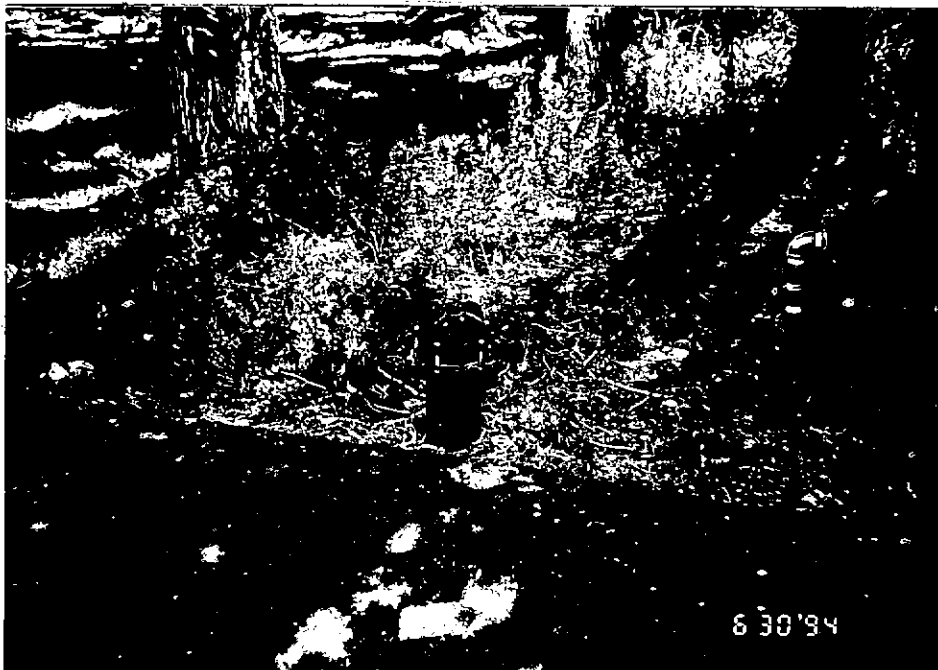
7/667/79



PERMIT 37-0855 INIT  
T. R. S. Q/Q  
P/D IN BE 25 NESE  
SCALE  
PHOTO ID.

APR 29 1905

37-08555



#1  
P/O



#2  
P/u  
Domestic

APR 29 1996

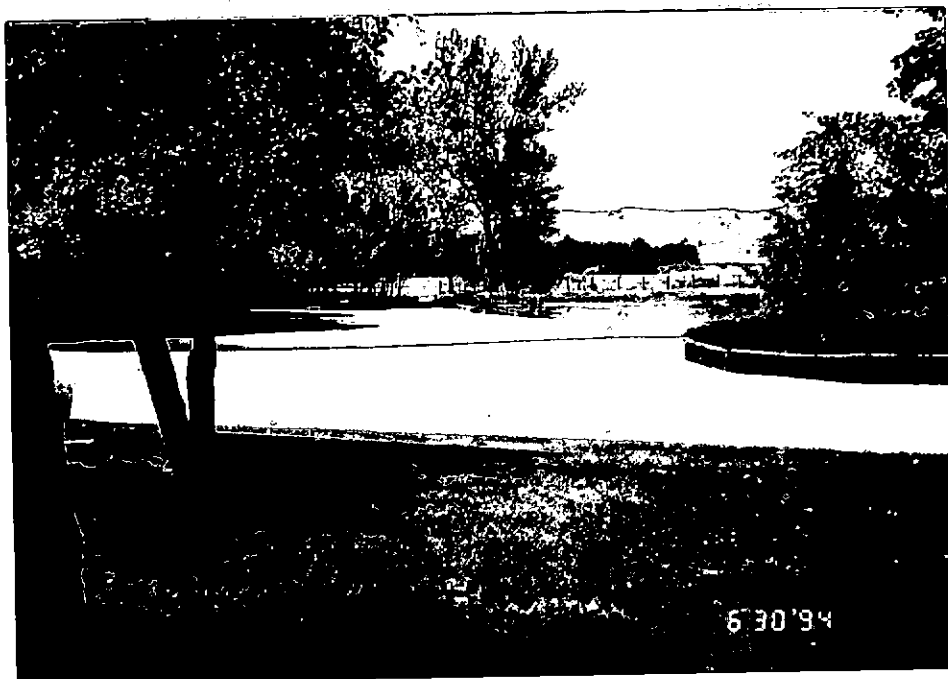
37-08555



#3

P/u

Irrigation



#4

P/u

Irrigation

WILSON

APR 29 1996

January 15, 1992

RALPH GIRTON  
C/O JAMES P. SPECK, ESQ.  
P.O. BOX 987  
KETCHUM ID 83340

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 37-08555

Dear Permit Holder:

The department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. Enclosed is an order advancing the priority of the permit since the proof was received after the proof due date. The next step in the process of developing a water right is for the department to conduct a field examination to determine and confirm the use being made of the water.

If you have questions concerning this matter, please feel free to contact the SOUTHERN Regional Office in Twin Falls at (208)736-3033.

Sincerely,

Karen L. Gustafson  
Secretary/Records Manager

c: IDWR - Region

Enclosure

RECORDED

JAN 22 1992

Drilling Permit No. 37-89-S-055  
Water Permit No. \_\_\_\_\_  
Injection Permit No. \_\_\_\_\_

RECEIVED  
JUN 14 1989

State of Idaho  
Department of Water Resources  
Southern Region Office  
DRILLING PERMIT  
(Authorizing Construction of a Well)\*

2148 4<sup>th</sup> ave East  
Twin Falls Ida

RECEIVED  
JUN 15 1989

1. Applicant RALPH GIRTOW  
2. Address RT 1 Box 40 Bellevue Telephone 788-2953

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

3. Proposed well location NE 1/4 SE 1/4, or Gov't lot No. \_\_\_\_\_,  
Sec. 35, Twp. 2N, Rge. 18E, County Blaine,  
Lot, block and subdivision \_\_\_\_\_

4. Proposed use of well: (Check all that apply)

☒ Domestic ( ) Stockwater ( ) Monitoring  
( ) Irrigation ( ) Industrial ( ) Municipal  
( ) Injection ( ) Other, Specify \_\_\_\_\_

5. Well construction information:

☒ New well ( ) Deepen ( ) Replace  
Proposed surface diameter 6" Maximum depth 50ft.  
Anticipated bottom hole temperature: \_\_\_\_\_

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

6. Anticipated construction start date 6-20-89

7. Well Driller (if known) WOOD RIVER DRILLING AND PUMP  
Address BOX 1165 788-3163  
HAILEY, IDAHO 83333

8. Applicant's signature B. Girtow  
Title AGENT FOR OWNER Date 6/5/89

RECEIVED  
JAN 22 1992

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

\* Fee is \$10 for single family domestic. Other uses may be \$100, \$50 or \$10.

## ACTION OF IDWR

(✓) 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. This permit does not constitute the approval of the District Health Department or the Idaho Department of Health and Welfare which may be required before construction of this well.
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.
7. This drilling permit does not represent a right to divert and use the water of the State of Idaho.

## SPECIFIC CONDITIONS:

PAID FOR FILMED

JAN 22 1992

Dated this 14 day of June, 1989.

Signed

Loren O'Halloran

Title

Southern Region MGR.

Received by

JAP

Fee

10.00

Date

6-14-89

Receipt No.

5008226

Construction start extension to

Extension approved by

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**USE TYPEWRITER OR  
BALLPOINT PENState 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.

| <b>1. WELL OWNER</b><br>Name: <u>Alvin Barton</u><br>Address: <u>Rt. 1 Box 40 Bellevue, Id. 83313</u><br>Owner's Permit No. <u>37-89-3-056</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | <b>7. WATER LEVEL</b><br>Static water level <u>10</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 _____ °F. Quality _____<br><small>Describe artesian or temperature rates below</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                     |                                     |  |          |       |  |      |    |     |    |   |   |   |                         |  |                                     |   |   |   |                         |  |                                     |   |   |    |        |                                     |                                     |   |    |    |             |                                     |                                     |   |    |    |                 |                                     |                                     |   |    |    |                       |  |                                     |   |    |    |                     |  |                                     |   |    |    |                             |  |                                     |   |    |    |                            |  |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|-------------------------------------|--|----------|-------|--|------|----|-----|----|---|---|---|-------------------------|--|-------------------------------------|---|---|---|-------------------------|--|-------------------------------------|---|---|----|--------|-------------------------------------|-------------------------------------|---|----|----|-------------|-------------------------------------|-------------------------------------|---|----|----|-----------------|-------------------------------------|-------------------------------------|---|----|----|-----------------------|--|-------------------------------------|---|----|----|---------------------|--|-------------------------------------|---|----|----|-----------------------------|--|-------------------------------------|---|----|----|----------------------------|--|-------------------------------------|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____<br>Discharge G.P.M. <u>45</u> Pumping Level <u>20.5</u> Hours Pumped <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                     |                                     |  |          |       |  |      |    |     |    |   |   |   |                         |  |                                     |   |   |   |                         |  |                                     |   |   |    |        |                                     |                                     |   |    |    |             |                                     |                                     |   |    |    |                 |                                     |                                     |   |    |    |                       |  |                                     |   |    |    |                     |  |                                     |   |    |    |                             |  |                                     |   |    |    |                            |  |                                     |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input 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<br/>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>8</td><td>0</td><td>4</td><td>Gravel &amp; brown top soil</td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td>8</td><td>4</td><td>7</td><td>Gravel &amp; large boulders</td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td>8</td><td>7</td><td>16</td><td>Gravel</td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td>8</td><td>16</td><td>19</td><td>Coarse sand</td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td>6</td><td>19</td><td>35</td><td>Gravel and sand</td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td>6</td><td>35</td><td>45</td><td>Brown clay and gravel</td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td>6</td><td>45</td><td>58</td><td>Brown clay and sand</td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td>6</td><td>58</td><td>67</td><td>Sm. boulders to coarse sand</td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td>6</td><td>67</td><td>68</td><td>Pea gravel and coarse sand</td><td></td><td><input checked="" type="checkbox"/></td></tr></tbody></table> |                             | Bore<br>Diam.                       | Depth                               |  | Material | Water |  | From | To | Yes | No | 8 | 0 | 4 | Gravel & brown top soil |  | <input checked="" type="checkbox"/> | 8 | 4 | 7 | Gravel & large boulders |  | <input checked="" type="checkbox"/> | 8 | 7 | 16 | Gravel | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 8 | 16 | 19 | Coarse sand | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 6 | 19 | 35 | Gravel and sand | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 6 | 35 | 45 | Brown clay and gravel |  | <input checked="" type="checkbox"/> | 6 | 45 | 58 | Brown clay and sand |  | <input checked="" type="checkbox"/> | 6 | 58 | 67 | Sm. boulders to coarse sand |  | <input checked="" type="checkbox"/> | 6 | 67 | 68 | Pea gravel and coarse sand |  | <input checked="" type="checkbox"/> |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Depth |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Material                    |                                     | Water                               |  |          |       |  |      |    |     |    |   |   |   |                         |  |                                     |   |   |   |                         |  |                                     |   |   |    |        |                                     |                                     |   |    |    |             |                                     |                                     |   |    |    |                 |                                     |                                     |   |    |    |                       |  |                                     |   |    |    |                     |  |                                     |   |    |    |                             |  |                                     |   |    |    |                            |  |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | From  | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             | Yes                                 | No                                  |  |          |       |  |      |    |     |    |   |   |   |                         |  |                                     |   |   |   |                         |  |                                     |   |   |    |        |                                     |                                     |   |    |    |             |                                     |                                     |   |    |    |                 |                                     |                                     |   |    |    |                       |  |                                     |   |    |    |                     |  |                                     |   |    |    |                             |  |                                     |   |    |    |                            |  |                                     |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0     | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Gravel & brown top soil     |                                     | <input checked="" type="checkbox"/> |  |          |       |  |      |    |     |    |   |   |   |                         |  |                                     |   |   |   |                         |  |                                     |   |   |    |        |                                     |                                     |   |    |    |             |                                     |                                     |   |    |    |                 |                                     |                                     |   |    |    |                       |  |                                     |   |    |    |                     |  |                                     |   |    |    |                             |  |                                     |   |    |    |                            |  |                                     |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4     | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Gravel & large boulders     |                                     | <input checked="" type="checkbox"/> |  |          |       |  |      |    |     |    |   |   |   |                         |  |                                     |   |   |   |                         |  |                                     |   |   |    |        |                                     |                                     |   |    |    |             |                                     |                                     |   |    |    |                 |                                     |                                     |   |    |    |                       |  |                                     |   |    |    |                     |  |                                     |   |    |    |                             |  |                                     |   |    |    |                            |  |                                     |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7     | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Gravel                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |          |       |  |      |    |     |    |   |   |   |                         |  |                                     |   |   |   |                         |  |                                     |   |   |    |        |                                     |                                     |   |    |    |             |                                     |                                     |   |    |    |                 |                                     |                                     |   |    |    |                       |  |                                     |   |    |    |                     |  |                                     |   |    |    |                             |  |                                     |   |    |    |                            |  |                                     |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 16    | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Coarse sand                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |          |       |  |      |    |     |    |   |   |   |                         |  |                                     |   |   |   |                         |  |                                     |   |   |    |        |                                     |                                     |   |    |    |             |                                     |                                     |   |    |    |                 |                                     |                                     |   |    |    |                       |  |                                     |   |    |    |                     |  |                                     |   |    |    |                             |  |                                     |   |    |    |                            |  |                                     |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 19    | 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Gravel and sand             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |          |       |  |      |    |     |    |   |   |   |                         |  |                                     |   |   |   |                         |  |                                     |   |   |    |        |                                     |                                     |   |    |    |             |                                     |                                     |   |    |    |                 |                                     |                                     |   |    |    |                       |  |                                     |   |    |    |                     |  |                                     |   |    |    |                             |  |                                     |   |    |    |                            |  |                                     |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 35    | 45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Brown clay and gravel       |                                     | <input checked="" type="checkbox"/> |  |          |       |  |      |    |     |    |   |   |   |                         |  |                                     |   |   |   |                         |  |                                     |   |   |    |        |                                     |                                     |   |    |    |             |                                     |                                     |   |    |    |                 |                                     |                                     |   |    |    |                       |  |                                     |   |    |    |                     |  |                                     |   |    |    |                             |  |                                     |   |    |    |                            |  |                                     |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 45    | 58                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Brown clay and sand         |                                     | <input checked="" type="checkbox"/> |  |          |       |  |      |    |     |    |   |   |   |                         |  |                                     |   |   |   |                         |  |                                     |   |   |    |        |                                     |                                     |   |    |    |             |                                     |                                     |   |    |    |                 |                                     |                                     |   |    |    |                       |  |                                     |   |    |    |                     |  |                                     |   |    |    |                             |  |                                     |   |    |    |                            |  |                                     |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 58    | 67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sm. boulders to coarse sand |                                     | <input checked="" type="checkbox"/> |  |          |       |  |      |    |     |    |   |   |   |                         |  |                                     |   |   |   |                         |  |                                     |   |   |    |        |                                     |                                     |   |    |    |             |                                     |                                     |   |    |    |                 |                                     |                                     |   |    |    |                       |  |                                     |   |    |    |                     |  |                                     |   |    |    |                             |  |                                     |   |    |    |                            |  |                                     |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 67    | 68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Pea gravel and coarse sand  |                                     | <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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | <div style="text-align: center;">REC-<br/>SEP 07 1989<br/><br/>RECEIVED<br/>JAN 22 1992</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                     |                                     |  |          |       |  |      |    |     |    |   |   |   |                         |  |                                     |   |   |   |                         |  |                                     |   |   |    |        |                                     |                                     |   |    |    |             |                                     |                                     |   |    |    |                 |                                     |                                     |   |    |    |                       |  |                                     |   |    |    |                     |  |                                     |   |    |    |                             |  |                                     |   |    |    |                            |  |                                     |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br>Thickness _____ Diameter _____ From _____ To _____<br>inches inches feet feet<br>inches inches feet feet<br>inches inches feet feet<br>inches inches feet feet<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 type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br>Number _____ From _____ To _____<br>perforations feet feet<br>perforations feet feet<br>perforations feet feet<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>20</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input 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 type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld _____<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                     |                                     |  |          |       |  |      |    |     |    |   |   |   |                         |  |                                     |   |   |   |                         |  |                                     |   |   |    |        |                                     |                                     |   |    |    |             |                                     |                                     |   |    |    |                 |                                     |                                     |   |    |    |                       |  |                                     |   |    |    |                     |  |                                     |   |    |    |                             |  |                                     |   |    |    |                            |  |                                     |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><div style="text-align: center;">N<br/>W E<br/>X</div><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>BLAINE</u><br><u>NE 1/4 SE 1/4 Sec. 35 T. 2 N. S. R. 18 E.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       | <b>10.</b><br>Work started <u>8-3-89</u> finished <u>8-7-89</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                     |                                     |  |          |       |  |      |    |     |    |   |   |   |                         |  |                                     |   |   |   |                         |  |                                     |   |   |    |        |                                     |                                     |   |    |    |             |                                     |                                     |   |    |    |                 |                                     |                                     |   |    |    |                       |  |                                     |   |    |    |                     |  |                                     |   |    |    |                             |  |                                     |   |    |    |                            |  |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       | <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were<br>complied with at the time the rig was removed.<br>Firm Name <u>Woods Drilling</u> Firm No. <u>203</u><br>Address <u>1111 E. 10th St.</u> Date <u>8-5-89</u><br>Signed by (Firm Official) <u>Ken Smith</u><br>and<br>(Operator) <u>Ken Smith</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                     |                                     |  |          |       |  |      |    |     |    |   |   |   |                         |  |                                     |   |   |   |                         |  |                                     |   |   |    |        |                                     |                                     |   |    |    |             |                                     |                                     |   |    |    |                 |                                     |                                     |   |    |    |                       |  |                                     |   |    |    |                     |  |                                     |   |    |    |                             |  |                                     |   |    |    |                            |  |                                     |

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

HOGUE, SPECK & AANESTAD

A PROFESSIONAL ASSOCIATION  
ATTORNEYS

TERRY G. HOGUE  
JAMES P. SPECK  
DOUGLAS J. AANESTAD  
J. STEPHEN CRABTREE  
TRACY DUNLAP  
DONALD E. MITCHELL

120 EAST AVENUE  
POST OFFICE BOX 987  
KETCHUM, IDAHO 83340  
(208) 726-4421  
FAX (208) 726-0752

HAILEY OFFICE:  
16 WEST CROY STREET  
SUITE K  
POST OFFICE BOX 460  
HAILEY, IDAHO 83333  
(208) 788-3567  
FAX (208) 788-4230

January 9, 1992

Mr. L. Glen Saxton  
Chief, Water Allocation Bureau  
Department of Water Resources  
1301 North Orchard Street  
Statehouse Mail  
Boise, Idaho 83720-9000

Re: Permit No. 37-08555  
Ralph Girton

Dear Glen:

Enclosed you will find the Proof of Beneficial Use for the above-referenced permit. I apologize for not getting this filed prior to the due date. However, I understand the present filing is timely as long as it is made prior to sixty days after January 6, 1992.

I am also enclosing our check payable to the Department for \$50.00 as the license examination fee. Thank you.

Sincerely yours,

HOGUE, SPECK & AANESTAD

  
James P. Speck

JPS\dmk  
Enclosure  
cc: Mr. R. Girton (w/encls.)

NOT RECORDED

JAN 22 1992

j\corres92\saxtonlg

January 6, 1992

RALPH GIRTON  
C/O JAMES P. SPECK, ESQ.  
P.O. BOX 987  
KETCHUM ID 83340

LAPSE NOTICE

RE: PERMIT NO. 37-08555

Dear Permit Holder:

You are hereby notified that under the provisions of Section 42-218A, Idaho Code, the above referenced permit has lapsed and is of no further force nor effect. The department provided the proper forms to you in our proof due notice dated October 31, 1991. No further construction or additional development is authorized under this permit unless it is reinstated.

The permit can only be reinstated if you submit an acceptable proof of beneficial use or an acceptable request for extension of time to the department within sixty (60) days of the mailing of this lapse notice. An acceptable proof of beneficial use submittal must include the examination fee or a completed field examination report. A request for extension of time must be accompanied by a fifteen dollar (\$15) fee.

Enclosed again for your use are a proof of beneficial use form and a request for extension of time form. Please note that only one extension of time can be granted unless the project has not been completed because of lack of a necessary approval by a government agency or by litigation which may bring title to the water in question.

L. GLEN SAXTON  
Chief, Water Allocation Bureau

LGS:rf

Enclosures

CERTIFICATION OF MAILING

I hereby certify that on 1/6/92  
a copy/an original of this document was  
deposited in the United States mail,  
postage prepaid addressed to the  
individual(s) named above.

**MICROFILMED**

JAN 22 1992

138167  
October 31, 1991

RALPH GIRTON  
C/O JAMES P. SPECK, ESQ.  
P.O. BOX 987  
KETCHUM ID 83340

PROOF DUE NOTICE

RE: PERMIT NO. 37-08555

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 January 1, 1992. (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,

Nina Shields  
Secretary/Records Manager

Enclosures

MICROFILMED

JAN 22 1992

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCE  
COMMENCEMENT OF WORKS

Permit No. P37-08555

Name(s) of Permit Holder(s): Ralph Girton

Post Office Address: c/o James P. Speck, P.O. Box 987  
Ketchum, Idaho 83340 Tel. No. 208-726-2241

☒ I hereby certify that construction of diversion works for the above referenced permit began on 8-3-89 (date) and I understand that I must continue to develop the water system with due diligence to maintain a valid permit.

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

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

1-7-90  
Date

[Signature]  
Signature of Permit Holder

Ralph W. Gifford

Rt #1, Box 40, Bellevue, ID.

PLACE  
STAMP  
HERE



**MICROFILMED**

**FEB 21 1990**

**JAN 11 1990**

IDAHO DEPARTMENT OF WATER RESOURCES  
STATEHOUSE  
BOISE, IDAHO 83720

Department of Water Resources

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

-----

Statehouse  
Boise, Idaho 83720  
(208) 327-7900  
December 26, 1989

RALPH GIRTON  
C/O JAMES P. SPECK, ESQ.  
P.O. BOX 987  
KETCHUM, ID 83340

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

RE: PERMIT NO.      P37-08555

Dear Permit Holder:

Enclosed is a copy of your approved application for permit. We direct your attention to the conditions of approval on the final page.

You should be aware that the groundwater you propose to divert is located within a drainage basin where surface waters are regulated during the months of low flow. It is possible that diversion of groundwater may have an adverse impact on these surface water flows. Information available to us at this time does not warrant refusing to issue permits in your area, but we do caution that diversions of groundwater are not allowed to deplete flows available for surface water users with earlier priority dates. Siting your well as far from surface sources as possible and casing out upper water producing zones may reduce the potential of interference.

Section 42-235, Idaho Code, requires that a "drilling permit" must be obtained from the department for all wells constructed after July 1, 1987. A drilling permit is a separate permit that must be issued in addition to your permit to appropriate water. Commencement of well construction or diversion of water under your permit to appropriate water is prohibited unless a drilling permit is obtained.

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

FEB 21 1990

MICROFILMED

We have enclosed a form entitled "Instructions for Proof of Beneficial Use". Please read the instructions carefully since you must take further action to develop this permit into a license.

Sincerely,

GARY SPACKMAN, Supervisor  
Water Right Permits Section

GS: SC  
Enclosures

RECEIVED

FEB 21 1990

29-Sep-1989

Ralph Girton  
c/o James P. Speck, Esquire  
P.O. Box 987  
Ketchum, ID 83340

Re: Application for Permit No. 37-08555

Gentlemen:

The Department of Water Resources acknowledges receipt of your water right application for permit. The application has been assigned the above referenced identification number. Please refer to this number in all further correspondence.

This office will be advertising the application in the Wood River Journal on 10/18 & 10/25/89. A period of ten days following the second publication will be allowed for the submittal of protests.

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

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

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

Very truly yours,

Douglas Jones, E. I. T.  
Water Resources Engineer

DJ:MB

MICROFILMED

FEB 21 1990

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
Southern Region  
2148 4th Avenue East  
Twin Falls, ID 83301  
(208)734-3578

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SEPTEMBER 29, 1989

WOOD RIVER JOURNAL  
P.O. BOX 988  
HAILEY, ID 83333

Gentlemen:

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

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

Please send the affidavit of publication and publication billing to this office before NOVEMBER 6, 1989.

Yours truly,

Mary Baldwin  
Secretary/Office Coordinator

Enclosure

RECEIVED

FEB 21 1990

NOTICE OF APPLICATION FOR WATER RIGHT

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

MICROFILMED

FEB 21 1990

37-08555

GIRTON, RALPH  
C/O JAMES P. SPECK ESQ.  
P.O. BOX 987  
KETCHUM, ID 83340

Source: GROUNDWATER

Diversion Pt: NENESE Sec 35 T 02N R 18E

Use: DOMESTIC ( .040 CFS)  
IRRIGATION ( .090 CFS)

Date Filed: 7/18/1989

In: T02N R18E S35 NESE

3.0 ACRES TOTAL

RECORDED

FEB 21 1990

**NOTICE OF APPLICATION  
FOR WATER RIGHT**

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

**37-08555**

GIRTON, RALPH  
C/O JAMES P. SPECK ESQ.  
P.O. BOX 987  
KETCHUM, ID 83340

Source: GROUNDWATER  
Diversion Pt.: NENESE Sec 35 T  
02N R 18E

Use: DOMESTIC ( .040 CFS)  
IRRIGATION ( .090 CFS)

Date Filed: 7/18/1989

In: T02N R18E S35 NESE  
3.0 ACRES TOTAL

The permit(s) will be subject to all prior water rights. Protests may be submitted based on the criteria of Sec. 42-203A, Idaho Code, and/or the new public interest criteria of Sec. 42-203C, Idaho Code. Protests must be filed with the Director, Dept. of Water Resources, 2148 4th Avenue East, Twin Falls, Idaho 83301, on or before NOVEMBER 6, 1989.

R. Keith Higginson, Director

Publish: Wood River Journal—  
October 18 & 25, 1989.

**RECEIVED**

OCT 12 1989

Department of Water Resources  
Southern Region Office

OK  
MB  
10/12/89

**RECEIVED**

FEB 21 1990

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R. Keith Higginson, Director

Published 10/18/1989 & 10/25/1989

Microfilm

FEB 21 1990

HOGUE, SPECK & AANESTAD

A PROFESSIONAL ASSOCIATION

OF

ATTORNEYS

120 EAST AVENUE

POST OFFICE BOX 987

KETCHUM, IDAHO 83340

(208) 726-4421

TELECOPIER (208) 726-0752

TERRY G. HOGUE  
JAMES P. SPECK  
DOUGLAS J. AANESTAD  
J. STEPHEN CRABTREE  
TRACY DUNLAP

HAILEY OFFICE:  
16 WEST CROY STREET  
SUITE K  
POST OFFICE BOX 460  
HAILEY, IDAHO 83333  
(208) 788-3567

July 17, 1989

RECEIVED

JUL 18 1989

Department of Water Resources  
Southern Region Office

Mr. Loren Holmes  
Idaho Department of Water Resources  
2148 4th Avenue East  
Twin Falls, Idaho 83301

RE: Application for Permit  
Ralph Girton

Dear Loren:

Enclosed you will find an Application for Permit which we have prepared for Mr. Ralph Girton together with our check payable to the Department in the sum of \$30.00 as the application fee. This Application is for a new well to be drilled on Lot 2 of the Krieger/Peterson subdivision to be used for domestic purposes and irrigation of not more than 3 acres.

Please call me if you have any questions about this Application. Kindly notify me when the publication schedule has been established. Thank you.

Sincerely yours,

HOGUE, SPECK & AANESTAD



James P. Speck

JPS:cmu  
cc: Mr. Ralph Girton

RECEIVED

FEB 21 1990

37-08555