

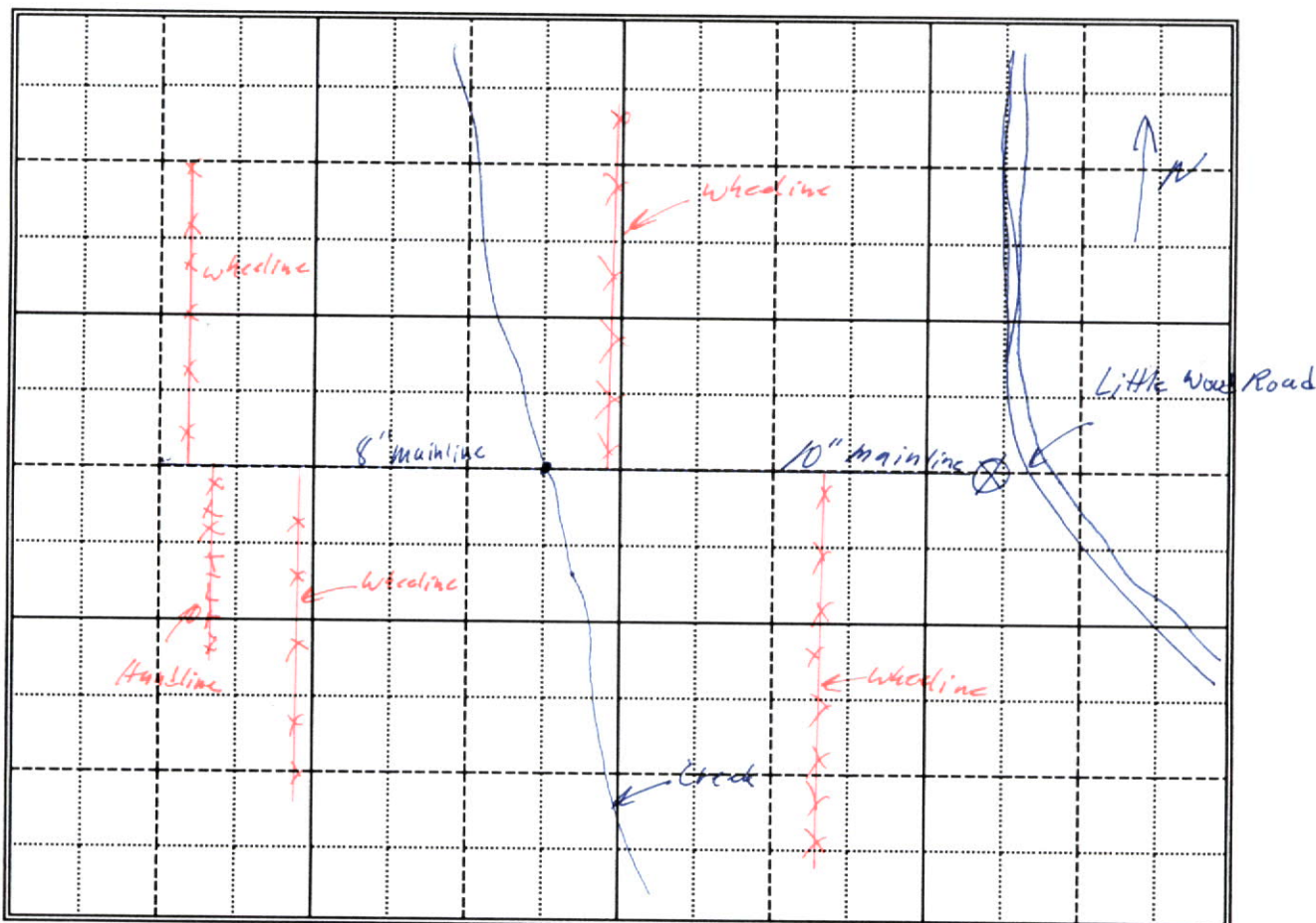
STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of applicant Ronald T. Hill Phone 823-4548  
Post office address Box 24, Carey ID. 83320
2. Source of water supply Groundwater which is a tributary of \_\_\_\_\_
3. Location of point of diversion is SE  $\frac{1}{4}$  of SE  $\frac{1}{4}$  of SE  $\frac{1}{4}$  Govt. Lot \_\_\_\_\_  
Sec. 8 Township 15 Range 21E B.M. Blaine County; additional  
points of diversion if any: \_\_\_\_\_
4. Water will be used for the following purposes:  
Amount 3.0 for Irrigation purposes from 04-01 to 10/15 (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)
5. Total quantity to be appropriated is (a) 3.0 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 to Sprinkler  
System
  - 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 20 inches; proposed depth of well is 150 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).



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



Scale: 1" = No scale

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

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

☒ Photo of Diversion and System Attached

4.

| Well or Diversion Identification No.* | Motor Make  | Hp | Motor Serial No. | Pump Make | Pump Serial No. or Discharge Size |
|---------------------------------------|-------------|----|------------------|-----------|-----------------------------------|
|                                       | U.S. Motors | 75 | 1222414          | Wel-Line  | LP 91268                          |
|                                       |             |    |                  |           |                                   |
|                                       |             |    |                  |           |                                   |

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

#### D. FLOW MEASUREMENTS

1.

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

2. Measurements: The polysonic was used to determine the flow rate of the system.

MAY 17 1995

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY



114° 00' 00"  
43° 22' 30"

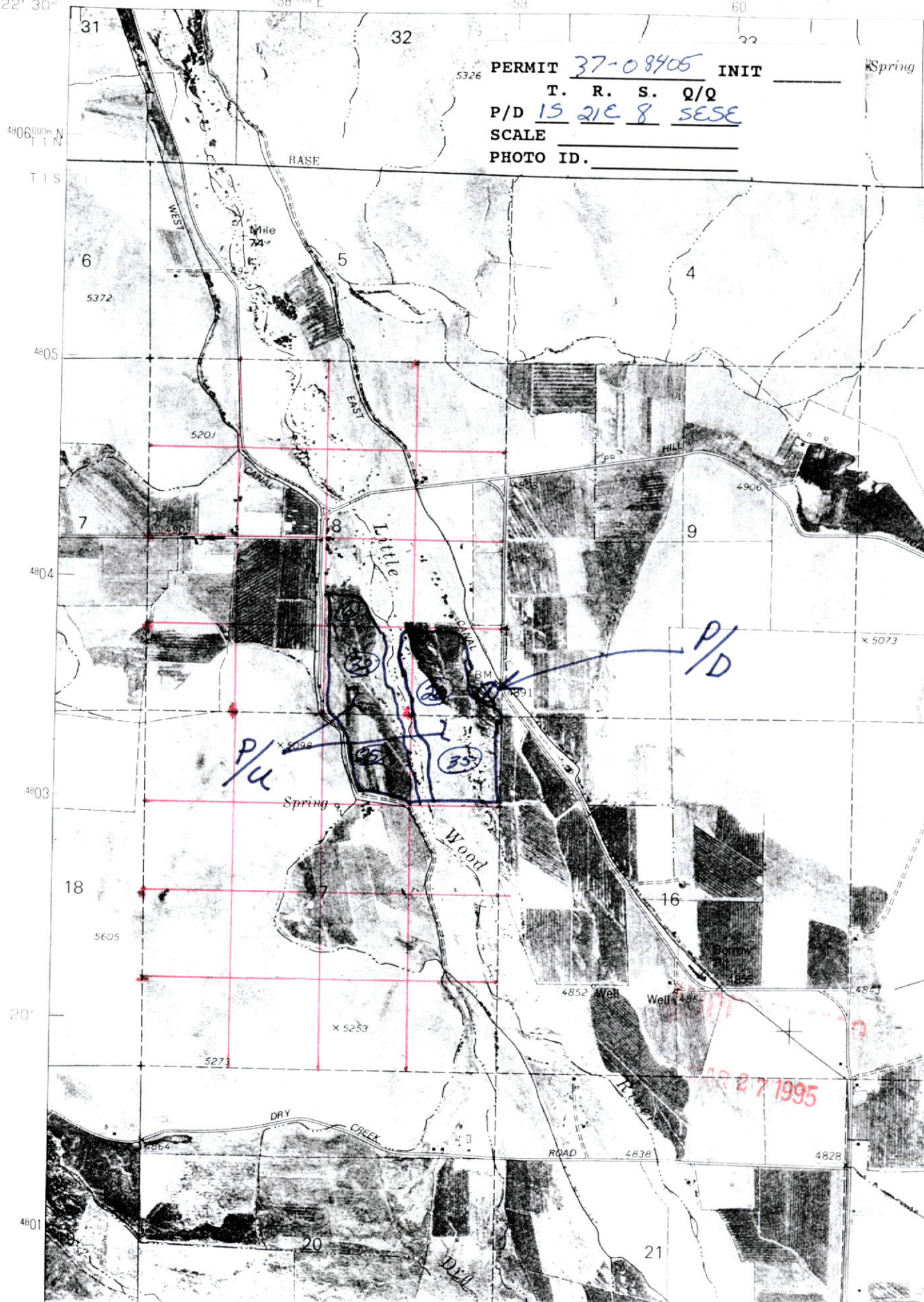
58 00' E

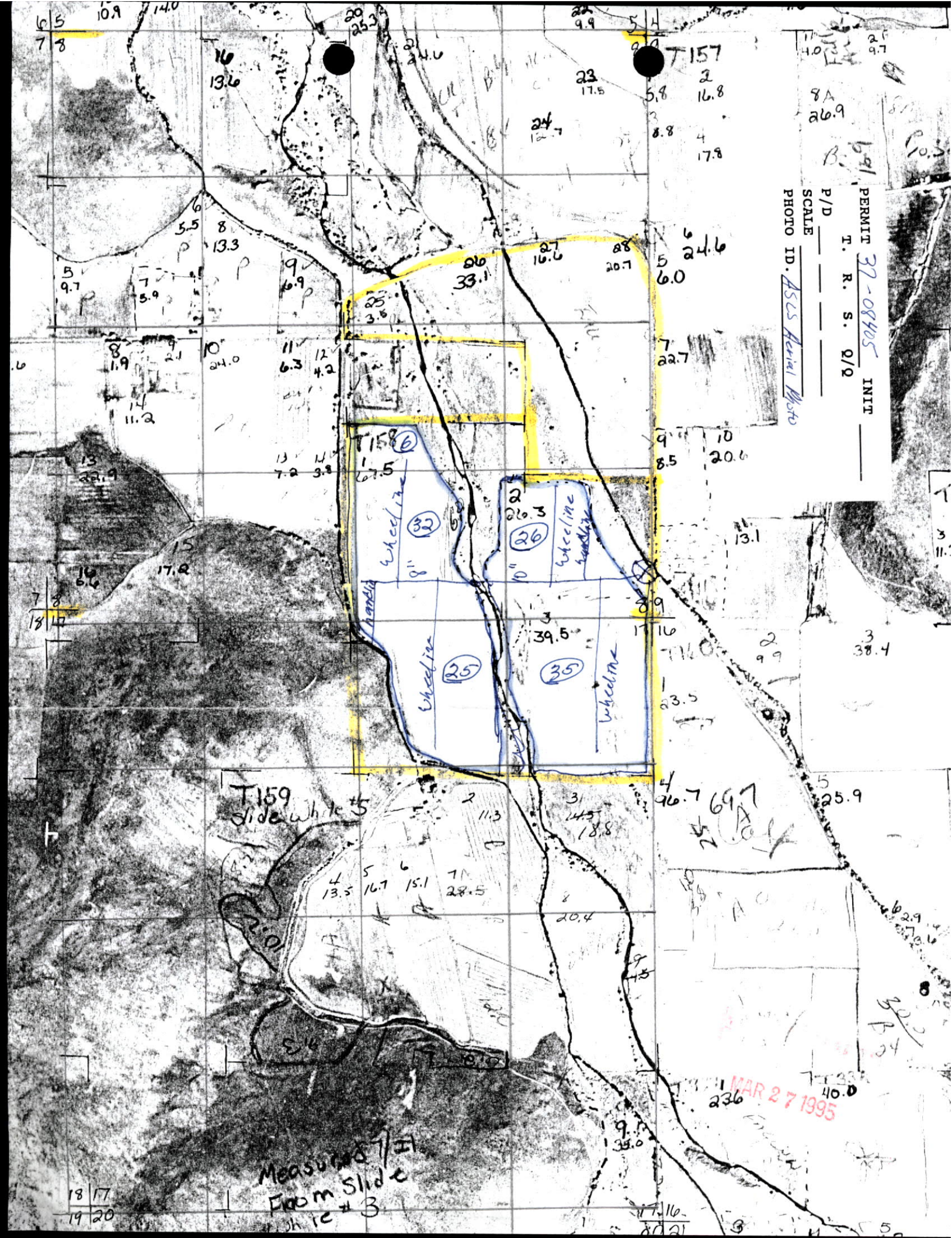
59

60

TIN

TIS





PERMIT 31-88403 INIT  
T. R. S. Q/Q  
P/D \_\_\_\_\_  
SCALE \_\_\_\_\_  
PHOTO ID. ASCS Aerial Photo

T159  
Side White #5

Measured 7/11  
From Slide  
#3

236 MAR 27 1995

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.

JUN 24 1991

| <b>1. WELL OWNER</b><br>Name <u>Red Hill Farms</u><br>Address <u>12041 Teton St. #210 Boise, ID</u><br>Drilling Permit No. <u>31-91-5-000</u> <u>CK</u><br>Water Rights Permit No. <u>37-08405</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | <b>7. WATER LEVEL</b><br>Department of Water Resources<br>Boise District Office<br>Static water level <u>6.5</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature <u>67</u> °F. Quality <u>Excellent</u><br><small>Describe artesian or temperature forces below</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                  |               |              |          |       |  |      |    |     |    |     |   |   |                     |  |   |  |   |   |                         |  |  |  |                                                                                                                                                                                                                                                                                                                                                                        |    |                      |  |  |  |    |    |                       |  |  |  |    |    |                             |  |  |  |    |    |                           |  |  |  |    |    |                           |  |  |  |    |    |                         |  |  |  |    |    |                  |  |  |  |    |    |                     |  |  |  |    |    |           |  |  |  |    |    |                     |  |  |  |    |    |                           |  |  |  |    |    |                     |  |  |  |    |    |                           |  |  |  |    |     |            |  |  |  |     |     |                       |  |  |  |     |     |                       |  |   |  |     |     |                       |  |   |  |     |     |            |  |   |  |     |     |                     |  |   |  |     |     |            |  |   |  |     |     |            |  |   |  |     |     |            |  |   |     |     |  |                   |  |  |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Well diameter increase<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other <u>PC</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                  |               |              |          |       |  |      |    |     |    |     |   |   |                     |  |   |  |   |   |                         |  |  |  |                                                                                                                                                                                                                                                                                                                                                                        |    |                      |  |  |  |    |    |                       |  |  |  |    |    |                             |  |  |  |    |    |                           |  |  |  |    |    |                           |  |  |  |    |    |                         |  |  |  |    |    |                  |  |  |  |    |    |                     |  |  |  |    |    |           |  |  |  |    |    |                     |  |  |  |    |    |                           |  |  |  |    |    |                     |  |  |  |    |    |                           |  |  |  |    |     |            |  |  |  |     |     |                       |  |  |  |     |     |                       |  |   |  |     |     |                       |  |   |  |     |     |            |  |   |  |     |     |                     |  |   |  |     |     |            |  |   |  |     |     |            |  |   |  |     |     |            |  |   |     |     |  |                   |  |  |
| <b>3. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             | Discharge G.P.M. | Pumping Level | Hours Pumped |          |       |  |      |    |     |    |     |   |   |                     |  |   |  |   |   |                         |  |  |  |                                                                                                                                                                                                                                                                                                                                                                        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| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | <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>16"</td><td>0</td><td>2</td><td>Dark Brown Top Soil</td><td></td><td>X</td></tr><tr><td></td><td>2</td><td>7</td><td>Cobbles, Pea and Gravel</td><td></td><td></td></tr><tr><td></td><td>7</td><td>15</td><td>Gravel and Gray Sand</td><td></td><td></td></tr><tr><td></td><td>15</td><td>20</td><td>Gravel and Brown Clay</td><td></td><td></td></tr><tr><td></td><td>20</td><td>24</td><td>Brown Sand and Large Gravel</td><td></td><td></td></tr><tr><td></td><td>24</td><td>34</td><td>Brn &amp; Black Sand &amp; Gravel</td><td></td><td></td></tr><tr><td></td><td>34</td><td>38</td><td>Pea Gravel and Brown Clay</td><td></td><td></td></tr><tr><td></td><td>38</td><td>64</td><td>Pea Clay and Brown Sand</td><td></td><td></td></tr><tr><td></td><td>64</td><td>66</td><td>Clean Pea Gravel</td><td></td><td></td></tr><tr><td></td><td>66</td><td>73</td><td>Brown Sand and Clay</td><td></td><td></td></tr><tr><td></td><td>73</td><td>76</td><td>2' Gravel</td><td></td><td></td></tr><tr><td></td><td>76</td><td>80</td><td>Brown Sand and Clay</td><td></td><td></td></tr><tr><td></td><td>80</td><td>91</td><td>Pea Gravel and Brown Clay</td><td></td><td></td></tr><tr><td></td><td>91</td><td>94</td><td>Gravelly Brown Sand</td><td></td><td></td></tr><tr><td></td><td>94</td><td>98</td><td>Pea Gravel and Brown Clay</td><td></td><td></td></tr><tr><td></td><td>98</td><td>102</td><td>Brown Sand</td><td></td><td></td></tr><tr><td></td><td>102</td><td>103</td><td>Brown Clay and Gravel</td><td></td><td></td></tr><tr><td></td><td>103</td><td>115</td><td>Brown Sand and Gravel</td><td></td><td>X</td></tr><tr><td></td><td>115</td><td>119</td><td>Brown Sand and Gravel</td><td></td><td>X</td></tr><tr><td></td><td>119</td><td>120</td><td>Brown Clay</td><td></td><td>X</td></tr><tr><td></td><td>120</td><td>126</td><td>Coarse large Gravel</td><td></td><td>X</td></tr><tr><td></td><td>126</td><td>140</td><td>Brown Sand</td><td></td><td>X</td></tr><tr><td></td><td>140</td><td>147</td><td>Pea Gravel</td><td></td><td>X</td></tr><tr><td></td><td>147</td><td>148</td><td>Brown Clay</td><td></td><td>X</td></tr><tr><td>16"</td><td>148</td><td></td><td>Black Basalt head</td><td></td><td></td></tr></tbody></table> |                             | Bore<br>Diam.    | Depth         |              | Material | Water |  | From | To | Yes | No | 16" | 0 | 2 | Dark Brown Top Soil |  | X |  | 2 | 7 | Cobbles, Pea and Gravel |  |  |  | 7                                                                                                                                                                                                                                                                                                                                                                      | 15 | Gravel and Gray Sand |  |  |  | 15 | 20 | Gravel and Brown Clay |  |  |  | 20 | 24 | Brown Sand and Large Gravel |  |  |  | 24 | 34 | Brn & Black Sand & Gravel |  |  |  | 34 | 38 | Pea Gravel and Brown Clay |  |  |  | 38 | 64 | Pea Clay and Brown Sand |  |  |  | 64 | 66 | Clean Pea Gravel |  |  |  | 66 | 73 | Brown Sand and Clay |  |  |  | 73 | 76 | 2' Gravel |  |  |  | 76 | 80 | Brown Sand and Clay |  |  |  | 80 | 91 | Pea Gravel and Brown Clay |  |  |  | 91 | 94 | Gravelly Brown Sand |  |  |  | 94 | 98 | Pea Gravel and Brown Clay |  |  |  | 98 | 102 | Brown Sand |  |  |  | 102 | 103 | Brown Clay and Gravel |  |  |  | 103 | 115 | Brown Sand and Gravel |  | X |  | 115 | 119 | Brown Sand and Gravel |  | X |  | 119 | 120 | Brown Clay |  | X |  | 120 | 126 | Coarse large Gravel |  | X |  | 126 | 140 | Brown Sand |  | X |  | 140 | 147 | Pea Gravel |  | X |  | 147 | 148 | Brown Clay |  | X | 16" | 148 |  | Black Basalt head |  |  |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <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><u>250</u> inches <u>16</u> inches <u>1 1/2</u> feet <u>148</u> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input checked="" type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun<br>Size of perforation <u>1/2</u> inches by <u>3</u> inches<br>Number From To<br><u>880</u> perforations <u>35</u> feet <u>145</u> 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 checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld<br><input type="checkbox"/> Cemented between strata<br>Describe access port <u>pump base</u> |               | <b>10.</b><br>Work started <u>5-13-91</u> finished <u>5-30-91</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                  |               |              |          |       |  |      |    |     |    |     |   |   |                     |  |   |  |   |   |                         |  |  |  |                                                                                                                                                                                                                                                                                                                                                                        |    |                      |  |  |  |    |    |                       |  |  |  |    |    |                             |  |  |  |    |    |                           |  |  |  |    |    |                           |  |  |  |    |    |                         |  |  |  |    |    |                  |  |  |  |    |    |                     |  |  |  |    |    |           |  |  |  |    |    |                     |  |  |  |    |    |                           |  |  |  |    |    |                     |  |  |  |    |    |                           |  |  |  |    |     |            |  |  |  |     |     |                       |  |  |  |     |     |                       |  |   |  |     |     |                       |  |   |  |     |     |            |  |   |  |     |     |                     |  |   |  |     |     |            |  |   |  |     |     |            |  |   |  |     |     |            |  |   |     |     |  |                   |  |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><table border="1"><tr><td>N</td><td></td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td></td><td></td><td>E</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td>S</td><td></td><td></td><td></td><td></td></tr></table><br>County <u>Blaine</u><br><u>SE 1/4 SE 1/4 Sec. 8 T. 01 N. 21 E. W. 1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                  |               |              | W        |       |  |      | E  |     |    |     |   |   |                     |  |   |  |   | S |                         |  |  |  | <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>Martins Well Service</u> Firm No. <u>478</u><br>Address <u>PO Box 123 Reburg, ID</u> Date <u>6-10-91</u><br>Signed by (Firm Official) <u>[Signature]</u><br>and<br>(Operator) <u>[Signature]</u> |    |                      |  |  |  |    |    |                       |  |  |  |    |    |                             |  |  |  |    |    |                           |  |  |  |    |    |                           |  |  |  |    |    |                         |  |  |  |    |    |                  |  |  |  |    |    |                     |  |  |  |    |    |           |  |  |  |    |    |                     |  |  |  |    |    |                           |  |  |  |    |    |                     |  |  |  |    |    |                           |  |  |  |    |     |            |  |  |  |     |     |                       |  |  |  |     |     |                       |  |   |  |     |     |                       |  |   |  |     |     |            |  |   |  |     |     |                     |  |   |  |     |     |            |  |   |  |     |     |            |  |   |  |     |     |            |  |   |     |     |  |                   |  |  |
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#1  
P/D#2  
P/D

P. 1000000000

MAR 27 1995

37-8405

#3  
p/a



Mountain View  
MAR 27 1995

37-8405



#4  
Mounted  
Polysonic  
transducers.

1000-1000-1000

2002 8 7 1995

11

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 37-08405

Priority: May 6, 1994

Maximum Diversion Rate:

2.40 CFS

This is to certify, that RONALD T HILL  
PO BOX 24

CAREY ID 83320-0024 has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated September 23, 1988; and has submitted Proof of Beneficial Use on May 6, 1994. An examination indicates that the works have a diversion capacity of 2.400 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       | 2.40 CFS                 |                      |

LOCATION OF POINT(S) OF DIVERSION: SESE , Sec. 8, Township 01S, Range 21E  
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> |
|------------|------------|------------|--------------|--------------|--------------|--------------|
| 01S        | 21E        | 8          | NWSE 6       | SWSE 32      | SESE 26      | 64           |
|            |            | 17         | NENE 35      | NWNE 25      |              | 60           |

Total number of acres irrigated: 124

CONDITIONS/REMARKS:

1. This water right is appurtenant to the described place of use.
2. This right is subject to all prior water rights and may be forfeited by five years of non-use.
3. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
4. This right is for the use of trust water and is subject to review 20 years after the issuance of the permit to determine availability of water and to re-evaluate the public interest.
5. Diversion and use of water under this right is subject to an annual use fee if rules are subsequently promulgated which provide for the submittal of the fee.
6. The Director retains jurisdiction of the right issued to change, add or remove any requirement as determined to be appropriate.
7. The right holder shall use the full allotment of appurtenant surface water rights, to the extent they are available, in conjunction with groundwater diverted pursuant to this right.
8. This right to divert groundwater shall not be used if the surface water right(s) appurtenant to the place of use is sold, transferred, leased or used on any other place of use without the approval of the Department.

MAR 27 1995

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

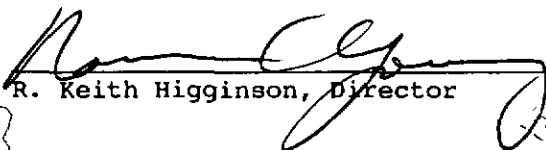
WATER RIGHT NO. 37-08405

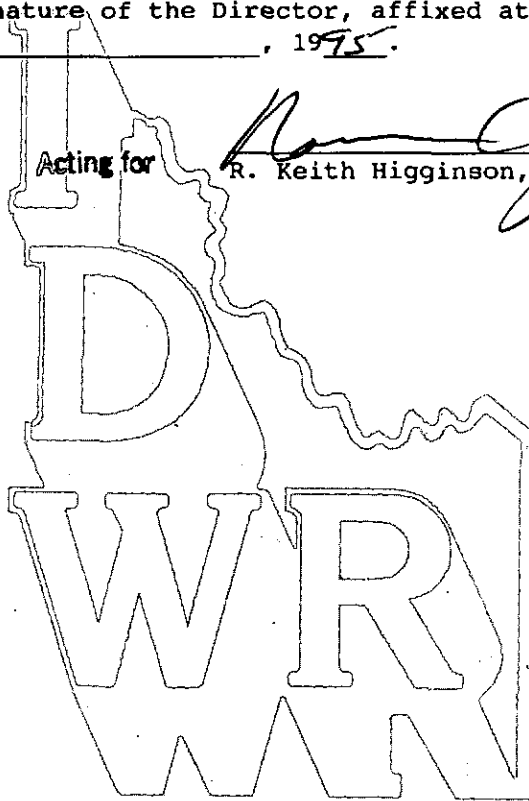
CONDITIONS/REMARKS:

9. This right when combined with all other rights shall provide no more than .02 cfs per acre nor exceed a combined annual diversion volume of 434.0 af for the lands above.

This license is issued pursuant to the provisions of Section 42-219, Idaho Code. Witness the seal and signature of the Director, affixed at Boise, this 24<sup>TH</sup> day of MARCH, 1995.

Acting for

  
R. Keith Higginson, Director



RECEIVED

MAR 27 1995

BEFORE THE DEPARTMENT OF WATER RESOURCES

OF THE

STATE OF IDAHO

IN THE MATTER OF PERMIT NO. 37-08405 )  
IN THE NAME OF RONALD T. HILL ) ORDER OF  
REINSTATEMENT

This matter having come before the Idaho Department of Water Resources (Department), the Department makes the following FINDINGS OF FACT, CONCLUSIONS OF LAW and ORDER:

FINDINGS OF FACT

1. On April 10, 1991, the Department issued Permit No. 37-08405 (permit) with a condition of approval that proof of construction of works and application of water to beneficial use be submitted on or before April 1, 1993.

2. On January 31, 1993, the Department sent a proof due notice to the permit holder by certified mail.

3. On April 6, 1993, the Department sent a lapse notice to the permit holder.

4. In April of 1994, the permit holder determined that the permit had lapsed and was of no further force nor effect. The permit holder explained that he submitted the proof and license examination fee to the Department on April 12, 1993, even though Department records do not confirm the submittal.

5. On April 5, 1994, the Department informed the permit holder that the permit could be reinstated if he could show that the proof and fee was received by the Department in April of 1993.

6. Section 42-218a.2., Idaho Code, authorizes the Department to reinstate a lapsed permit, with the priority date advanced to the date that proof of beneficial use was received, upon submittal of evidence clearly establishing the extent of beneficial use prior to the proof due date and a showing of reasonable cause why the proof was submitted late.

7. On May 6, 1994, the permit holder submitted an acceptable proof and license examination fee together with a copy of the proof he claims to have submitted in April of 1993, and a copy of his checkbook register showing check no. 580 written on April 12, 1993 to Water Resources.

RECEIVED MFD

JUN 13 1994

RECEIVED  
MAY 06 1994

Department of Resources

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

## PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee, when necessary, or a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

1. Permit No. 37-08405 Telephone No. 208 823-4548
2. Name(s) of Permit Holder(s): RONALD T HILL
3. Mailing Address: PO Box 24 CAREY ID 83320
4. Source of Water: WELL

If GROUNDWATER, Well Driller's Name: MARTIN'S WELL Date Drilled: 5/91

OPTIONAL:

Pump horsepower: 75 Pressure (psi): 65 Dynamic pumping level (ft.): 100

5. Extent of Use (as authorized by the permit):

Domestic \_\_\_\_\_ (No. of households) Stockwater \_\_\_\_\_ (No. and type of stock)

Irrigation 162 (No. of acres) Other \_\_\_\_\_

6. Total rate and/or volume for which proof is submitted 3.0 cfs OR \_\_\_\_\_ acre/feet

7. Refer to the approval conditions on your permit and respond accordingly:

Measuring device: Required? ☐ Yes ☐ No Installed? ☒ Yes ☐ No

OR

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

8. Fee Enclosed: \$ 150.00 (See License Fee Schedule on back of Instruction Sheet)

9. Person to contact to accompany the Department representative during field examination of the water system.

Ron Hill 208 823 4548  
Name Telephone No.

Box 24 CAREY ID 83320  
Address

10. The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho.

5/2/94 Ron Hill  
Date Signature (and title, if on behalf of a company or organization)

JUN 13 1994

State of Idaho  
Department of Water Resources

## Permit To Appropriate Water

NO. 37-08405

Proposed Priority: September 23, 1988 Maximum Diversion Rate: 3.00 CFS

This is to certify, that **RONALD T. HILL**

P.O. BOX 24

CAREY, ID 83320

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 10/15       | 3.00 CFS                 |

LOCATION OF POINT(S) OF DIVERSION: SESESE Sec. 8, Township 01S, Range 21E  
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>ACRES</u> | <u>TOTAL</u> |
|------------|------------|------------|--------------|--------------|--------------|--------------|--------------|
| 01S        | 21E        | 8          | NWSE 25      | SWSE 36      | SESE 40      |              | 101          |
|            |            | 17         | NENE 36      | NWNE 25      |              |              | 61           |

Total number of acres irrigated: 162

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before April 1, 1993.
2. Subject to all prior water rights.
3. Project construction shall commence within one year from the date of permit issuance and shall proceed diligently to completion unless it can be shown to the satisfaction of the Director of the Department of Water Resources that delays were due to circumstances over which permit holder had no control.
4. Prior to the diversion of water under this permit a flow measurement port or other device as specified by the Department shall be installed to provide for the installation of measuring equipment and the determination of the rate of diversion by the Department.
5. Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
6. Any license issued by IDWR pursuant to the permit or portion thereof for the use of trust water is subject to a term review of 20 years after the date of this approval to determine availability of water for the use and to re-evaluate the public interest at the end of the term.
7. Diversion and use of water under this permit is subject to an annual use fee if rules are subsequently promulgated which provide for the submittal of the fee.
8. The Director retains jurisdiction of the permit and/or subsequent license issued to change, add or remove any requirement as determined to be appropriate.

PAGE 2

State of Idaho  
Department of Water Resources

## Permit To Appropriate Water

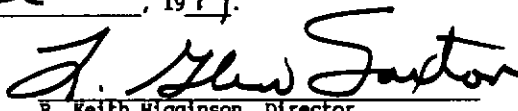
NO. 37-08405

CONDITIONS/REMARKS:

9. The rate of diversion of water for irrigation under this permit and all other water rights on the same land shall not exceed 0.02 cubic feet per second for each acre of land.

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

10<sup>th</sup> day of April, 1991.

for   
R. Keith Higginson, Director

Form 202  
6/58

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

Ident. No. 37-08405

To appropriate the public waters of the State of Idaho

1. Name of applicant Ronald T. Hill Phone 823-4548  
Post office address Box 24, Carey ID 83320
2. Source of water supply Groundwater which is a tributary of \_\_\_\_\_
3. Location of point of diversion is SE  $\frac{1}{4}$  of SE  $\frac{1}{4}$  of SE  $\frac{1}{4}$ , Govt. Lot \_\_\_\_\_  
Sec. 8 Township 1 S Range 21 E B.M. Boine County; additional  
points of diversion, if any: \_\_\_\_\_
4. Water will be used for the following purposes:

Amount 3.0 for Irrigation purposes from 04-01 to 10/15 (both dates inclusive)

Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)

Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)

Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)

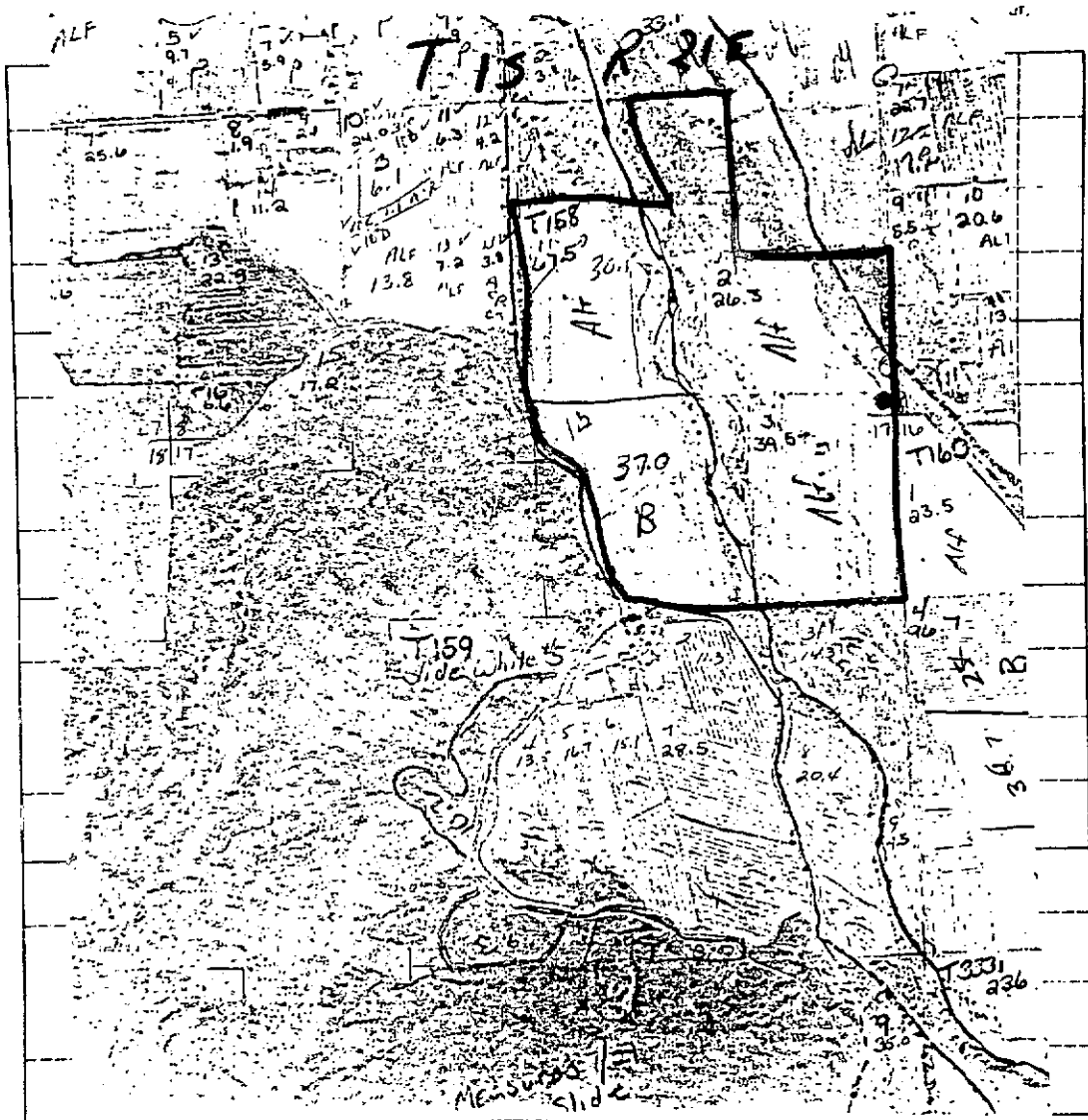
- 8 Description of proposed uses (if irrigation only, go to item 9)
- Hydropower, show total feet of head and proposed capacity in KW. \_\_\_\_\_
  - Stockwatering, list number and kind of livestock \_\_\_\_\_
  - Municipal, show name of municipality \_\_\_\_\_
  - Domestic, show number of households. \_\_\_\_\_
  - Other, describe fully \_\_\_\_\_

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

| TWP | RANGE | SEC | 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 |        |
| 15  | 21E   | 8   |        |        |        |        |        |        |        |        |        |        |        |        |        | 25     | 36     | 40     | 101    |
|     |       | 17  | 36     | 25     |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 61     |
|     |       |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |       |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |       |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |       |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |       |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |       |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |       |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |       |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

Total number of acres to be irrigated 162

- 10 Describe any other water rights used for the same purposes as described above. A37-00676, 1.3cfs  
A37-00677, .8cfs
- 11 a. Who owns the property at the point of diversion? Applicant  
b. Who owns the land to be irrigated or place of use? "  
c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing. \_\_\_\_\_
12. Remarks: This is an application for Supplemental water for decreed rights



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.

*Ronald T. Hill*  
(Applicant)

Received by JB Date 9/23/88 Time 11:30 Preliminary check by LA  
Fee \$ 85<sup>00</sup> Receipted by JB # 5002488 Date 9/23/88  
Publication prepared by Brewer Date 2/10 + 2/13 Published in Wood River Journal  
Publication approved TJA Date 3-20-91

**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:



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, P.O. Box 83720, Boise, Idaho 83720-0098

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

PHILIP E. BATT  
GOVERNOR

R. KEITH HIGGINSON  
DIRECTOR

March 27, 1995

RONALD T HILL  
PO BOX 24  
CAREY ID 833200024

RE: WATER RIGHT NO. 37-08405

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

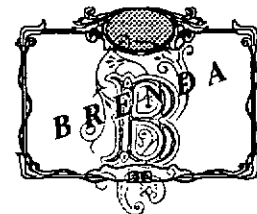
Enclosure

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# LICENSE REVIEW CHECKLIST

PERMIT NO. 37-08405 DATE 3/23/95



|               |                                                             |                                     |                                                              |                                       |
|---------------|-------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------|---------------------------------------|
| NAME          | <u>Change OK</u>                                            | <input checked="" type="checkbox"/> | Or Address Change?                                           |                                       |
| PRIORITY DATE | <input checked="" type="checkbox"/>                         | <input type="checkbox"/>            | Advance? <u>YES</u>                                          | Advanced to: <u>MAY 6 1994</u>        |
|               |                                                             |                                     | Order to reinstate needed?                                   | <u>done</u>                           |
|               |                                                             |                                     | Incorrect fee for rate recommended?                          | <u>NO</u>                             |
| SOURCE        | <input type="checkbox"/>                                    | <input checked="" type="checkbox"/> | Changes or just clarification of originally intended source? | _____                                 |
|               |                                                             |                                     | Notice of Intent to Void necessary?                          | _____                                 |
| POINT OF DIV  | <input type="checkbox"/>                                    | <input checked="" type="checkbox"/> | Amendment needed?                                            | _____                                 |
|               | <input type="checkbox"/>                                    | <input checked="" type="checkbox"/> | Overlaps?                                                    | _____                                 |
| PLACE OF USE  | <input checked="" type="checkbox"/>                         | <input checked="" type="checkbox"/> | Amendment needed?                                            | _____                                 |
|               | <input checked="" type="checkbox"/>                         | <input type="checkbox"/>            | Overlaps?                                                    | <u>Little Wood Canal Co. rights</u>   |
| DIV RATE      | <input type="checkbox"/>                                    | <input checked="" type="checkbox"/> | Permit/fee limits: <u>3 CFS</u>                              |                                       |
|               | <u>Polysonic</u>                                            |                                     | Meas Q = <u>2.40</u>                                         | Theo Q = _____ Recommend: <u>2.40</u> |
|               |                                                             |                                     | <u>124 x .02 = 2.48</u>                                      |                                       |
|               |                                                             |                                     | Combined rates exceed capacity                               | _____                                 |
| ANNUAL VOLUME | <input type="checkbox"/>                                    | <input checked="" type="checkbox"/> | Volume Limit: _____ Season: <u>6/3.5 (4-15 to 10-15)</u>     |                                       |
|               |                                                             |                                     | Calculations: <u>124 x 3.5 = 434 gf</u>                      |                                       |
|               |                                                             |                                     | Flow limit: _____ cfs x _____ x 1.9835 = _____               |                                       |
|               |                                                             |                                     | Combined volumes exceed capacity/allowable                   | _____                                 |
| USES          | <input type="checkbox"/>                                    | <input checked="" type="checkbox"/> | Change in Nature of Use or additional uses?                  | _____                                 |
|               |                                                             |                                     | Amendment necessary?                                         | _____                                 |
| REMARKS       | <input checked="" type="checkbox"/>                         | <input type="checkbox"/>            | Multiple p/d(s) in 1/4 1/4?                                  | _____                                 |
|               | <input checked="" type="checkbox"/>                         | <input type="checkbox"/>            | Other                                                        | <u>WB3 WB3 WB7</u>                    |
| CONDITIONS    | <input type="checkbox"/>                                    | <input checked="" type="checkbox"/> | Watermaster control - District                               | _____                                 |
|               | <input type="checkbox"/>                                    | <input checked="" type="checkbox"/> | Measuring/Locking Devices                                    | _____                                 |
|               | <input type="checkbox"/>                                    | <input checked="" type="checkbox"/> | Irrigation Overlap                                           | _____                                 |
|               | <input type="checkbox"/>                                    | <input checked="" type="checkbox"/> | Other                                                        | <u>TRUST R55 R56 R57</u>              |
|               | <input type="checkbox"/>                                    | <input checked="" type="checkbox"/> | Water Quality                                                | _____ Heat/Cool/Fish verified _____   |
| COMMENTS:     | <u>Supplemental GW ; Reduce acres and rate to capacity.</u> |                                     |                                                              |                                       |

| RECOMMENDATION    | CFS         | VOLUME         | SRBA Claim Filed        | <u>NO</u>                           |
|-------------------|-------------|----------------|-------------------------|-------------------------------------|
| <u>Irrigation</u> | <u>2.40</u> | <u>434</u>     | Adjustment Memo Needed  | <u>NO</u>                           |
| _____             | _____       | <u>(100)</u>   | LICENSE                 | <input checked="" type="checkbox"/> |
| _____             | _____       | <u>REMARKS</u> | AMENDMENT LETTER        | _____                               |
| _____             | _____       | _____          | SECOND AMENDMENT LETTER | _____                               |

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

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MAR 10 1995

Department of Water Resources

**A. GENERAL INFORMATION**

Permit No. 37-08405

1. Owner: Ronald T. Hill Phone No. 823-4548

Current Address: P.O. Box 24 Carey ID 83320

2. Accompanied by: Jim Peterson EXAM DATE: 8-9-94

Address: Carey, ID 83320 Phone No. Same

Relationship to Permit Holder: Renter

3. Source: Groundwater tributary to None

**B. OVERLAP REVIEW**

1. Other water rights with the same place of use: None 37-00676, 00677

2. Other water rights with the same point of diversion: None

**C. DIVERSION AND DELIVERY SYSTEM**

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

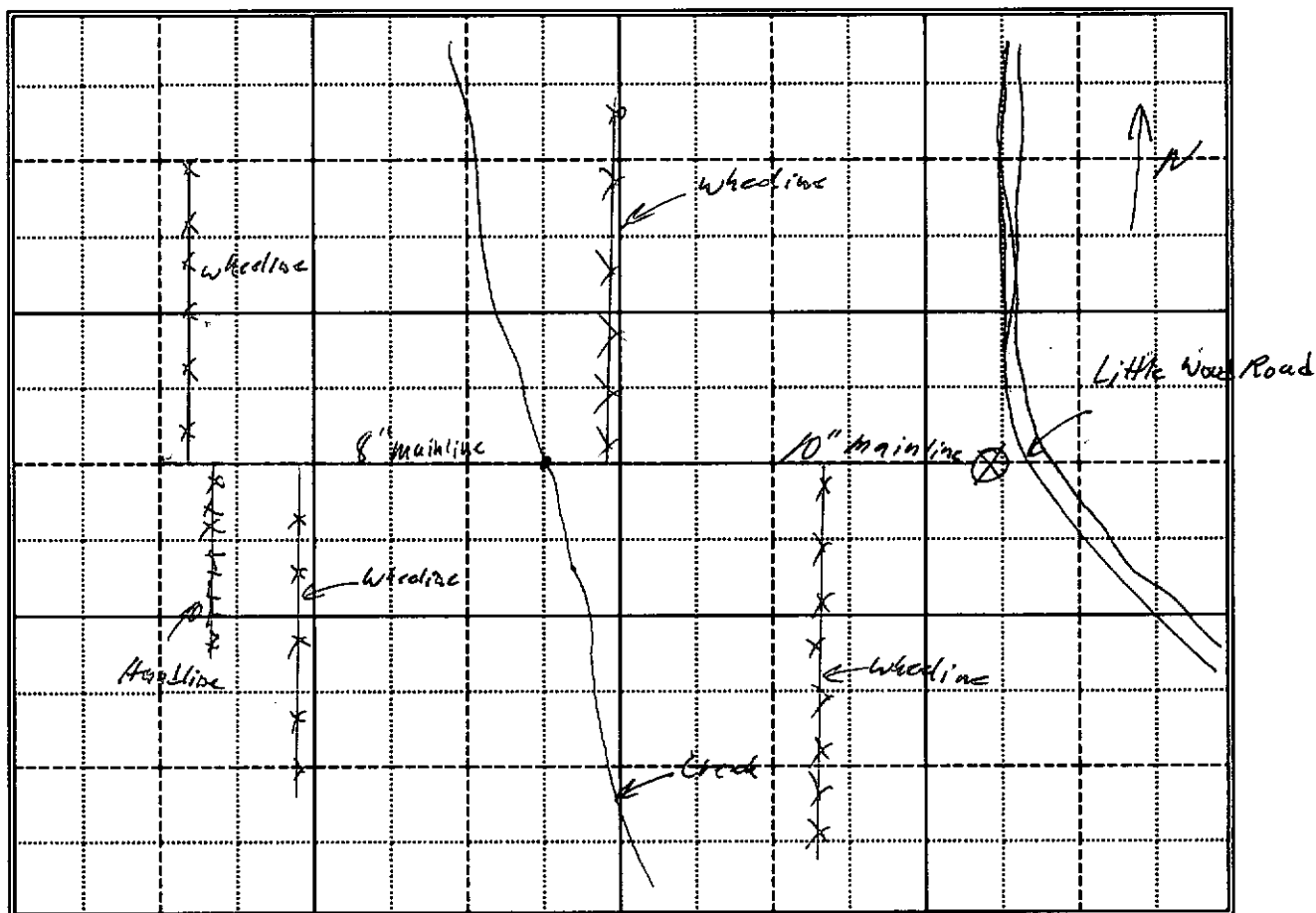
| Ident No. | Gov't Lot | 1/4 | 1/4 | 1/4 | Sec. | Twp. | Rge. | County | Method of Determination/Remarks |
|-----------|-----------|-----|-----|-----|------|------|------|--------|---------------------------------|
|           |           |     | SE  | SE  | 8    | 1S   | 21E  | Blaine | Ortho Photo Quad Map            |
|           |           |     |     |     |      |      |      |        |                                 |
|           |           |     |     |     |      |      |      |        |                                 |
|           |           |     |     |     |      |      |      |        |                                 |

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

Indicate Method of Determination ASCS Aerial Photo

| TWP | RGE | SEC | NE |    |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    | Totals  |
|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------|
|     |     |     | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE |         |
| 1S  | 21E | 8   |    |    |    |    |    |    |    |    |    |    |    |    |    | 6  | 32 | 26 | 64      |
| 1S  | 21E | 17  | 35 | 25 |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 60      |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 124 ac. |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |         |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |         |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |         |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |         |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |         |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |         |

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



Scale: 1" = No scale

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

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

☒ Photo of Diversion and System Attached

4.

| Well or Diversion Identification No.* | Motor Make  | Hp | Motor Serial No. | Pump Make | Pump Serial No. or Discharge Size |
|---------------------------------------|-------------|----|------------------|-----------|-----------------------------------|
|                                       | U.S. Motors | 75 | 1222414          | Wel-Line  | LP 91268                          |
|                                       |             |    |                  |           |                                   |
|                                       |             |    |                  |           |                                   |

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

#### D. FLOW MEASUREMENTS

1.

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

2. Measurements: The polysonic was used to determine the flow rate of the system.

MAY 7 1995

E. NARRATIVE/REMARKS/COMMENTS

No overlapping water rights were found for the point of diversion, or for the places of use. This permit supplements Little Wood River water.

The system consists of a well, pump, mainline, wheelines, and handlines. A 75hp Wel-Line pump discharges water into a 10" mainline that runs west from the point of diversion. At the creek, the mainline is downsized to 8". 4 wheelines are used to irrigate the majority of the ground. In areas where it is difficult to get the wheelines in position to irrigate, handlines are used.  $\frac{9}{16}$ " nozzles are used on the sprinkler laterals.

No measurement ports in place.

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

APPROVED

MAR 27 1995

**F. FLOW CALCULATIONS**

Additional Computation Sheets Attached

Measured Method:

$$\frac{1074 + 1074 + 1074 + 1075 + 1078 + 1081 + 1084 + 1074}{8} = 1077 \text{ gpm}$$
$$= 2.4 \text{ cfs}$$

**G. VOLUME CALCULATIONS**

## 1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 124(3.5) = 434 \text{ afa}$$
$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = 2.4(184)1.9835 = 876 \text{ afa}$$
$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 434 \text{ afa}$$

## 2. Volume Calculations for Other Uses:

**H. RECOMMENDATIONS**

## 1. Recommended Amounts

| Beneficial Use | Period of Use |       | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) |
|----------------|---------------|-------|------------------------------|--------------------------|
|                | From          | To    |                              |                          |
| Irrigation     | 4-15          | 10-15 | 2.4 cfs                      | 434 afa                  |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
| Totals:        |               |       | 2.4 cfs                      | 434 afa                  |

## 2. Recommended Amendments

☐ Change P.D. as reflected above    ☐ Add P.D. as reflected above    ☒ None  
☐ Change P.U. as reflected above    ☐ Add P.U. as reflected above    ☐ Other

**I. AUTHENTICATION**Field Examiner's Name Alan Hansten Date 8-11-94

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

SEAL

MAR 27 1995

37-8405

MODE SELECT  
INPUT

OUTER DIAMETER  
10.0465 IN

PIPE MATERIAL  
? CS,SS

WALL THICKNESS  
0.1060 IN

INNER LINING  
? NO LING.

KIND OF FLUID  
? WATER

SENSOR MOUNTING  
? U

TYPE OF SENSOR  
? SMALL

DATA CHANGE  
? NO

SPACING  
7.557 IN U

ZERO MODE  
CLEAR

ZERO MODE  
AUT ZERO

ZERO MODE  
ZERO OPR

08-09 14:5300 \*R  
+003.00 % AI2

MODE SELECT  
TO CHECK

\* 0377.3 MMSEC  
102.67 % TO

0377.3 MMSEC  
102.67 % TO

08-09 14:5400 \*R  
+ 1.074E 3GPM

08-09 14:5500 \*R  
+ 1.079E 3GPM

08-09 14:5500 \*R  
+ 1.074E 3GPM

08-09 14:5600 \*R  
+ 1.075E 3GPM

08-09 14:5600 \*R  
+ 1.078E 3GPM

08-09 14:5600 \*R  
+ 1.081E 3GPM

08-09 14:5700 \*R  
+ 1.004E 3GPM

08-09 14:5800 \*R  
+ 1.074E 3GPM

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\* TO CHECK should be between 98% and 102%. Needed to select a new speed of sound through water and try again. Error probably not significant in this case.  
SWK  
3/24/95

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

FILE: 37-08405  
DATE: 2-23-95  
BY: MTS

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 ])

$$Q = \frac{(8.8) (\dots 75 \dots) (0.70)}{[ (\dots 70 \dots) + (\dots 60 \dots \times 2.31) ]} = \underline{2.21}$$

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

REMARKS  
Polysonic measurement = 2.4

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    |  |
| 4/15 - 10/15 | 184    |  |
| 3/1 - 12/1   | 276    |  |

$$\text{POTENTIAL} = \frac{(\dots 184 \dots) \times (1.98) \times (\dots 2.21 \dots)}{(\dots 124 \dots)}$$

POTENTIAL = 6.51

REQUIRED Acre Feet/Acre/Annum = 3.5  
(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 (✓)

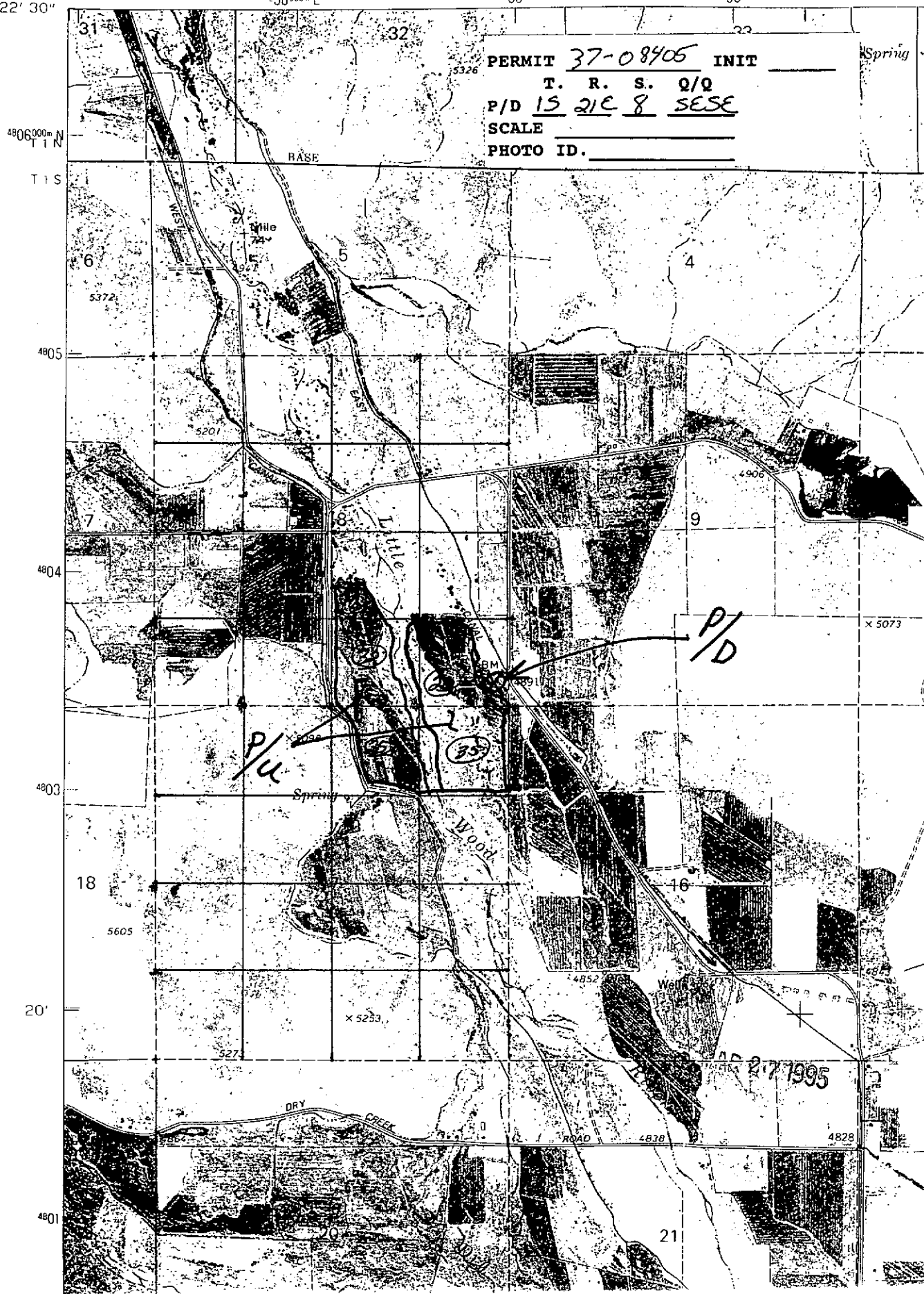
IF POTENTIAL IS LESS THAN REQUIRED THEN MEASUREMENT IS NECESSARY ( )

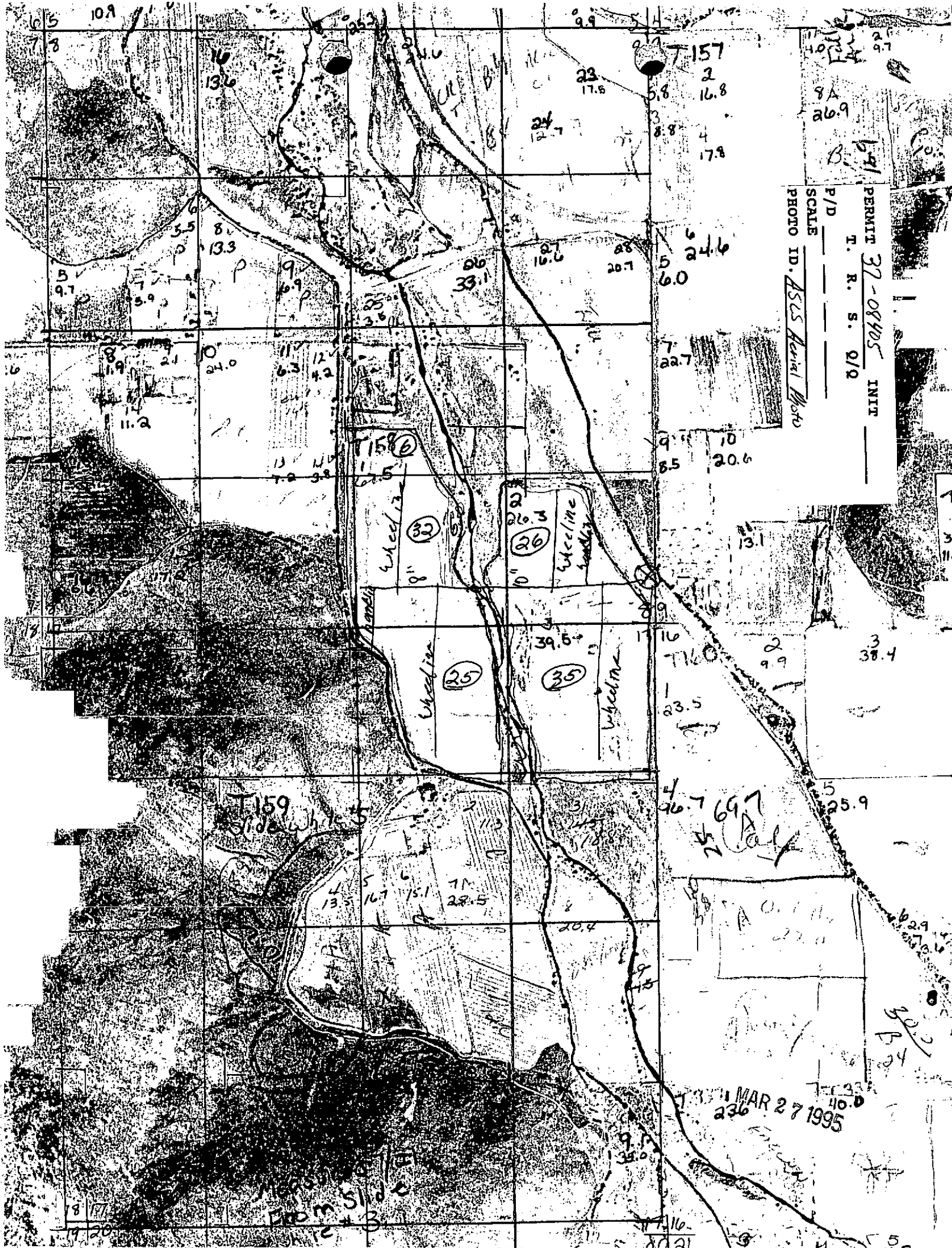
MAR 27 1995

:60

6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 84

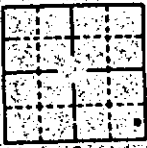
TIS

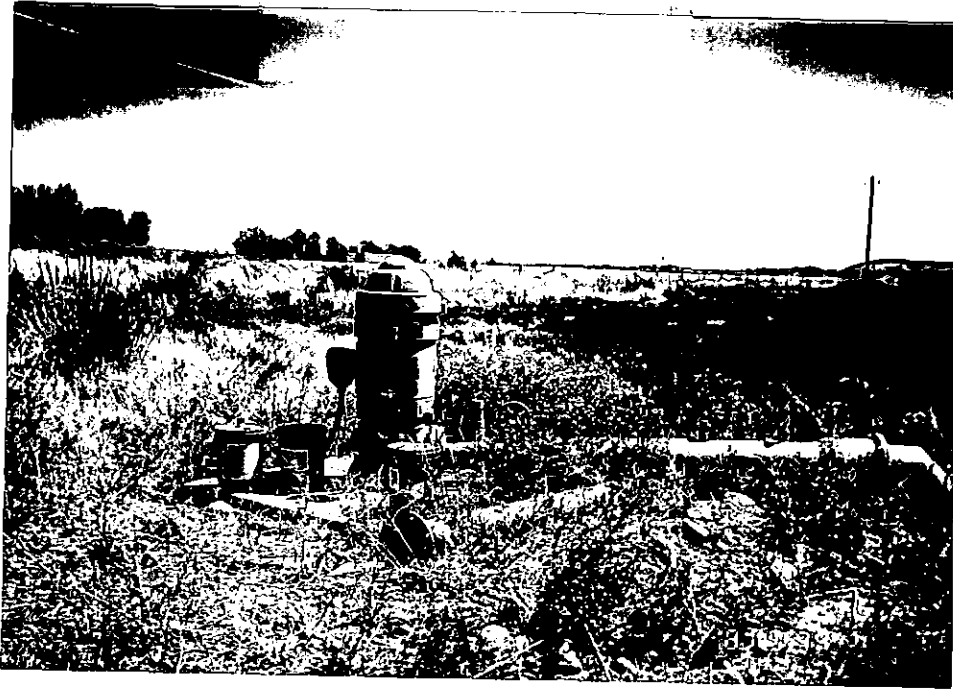




STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**USE TYPEWRITER OR  
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.

JUN 24 1991

| <b>1. WELL OWNER</b><br>Name <u>Red Hill Farm</u><br>Address <u>12091 Tejon St. Boise, Idaho 83713</u><br>Drilling Permit No. <u>31-91-50-00</u><br>Water Right Permit No. <u>31-094105</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               | <b>7. WATER LEVEL</b><br>Department of Water Resources<br>Eastern District Office<br>Static water level <u>65</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature <u>67</u> °F. Quality <u>Excellent</u><br><small>Describe variation or temperature below</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                  |               |              |           |          |          |        |        |      |        |        |        |      |                     |        |        |      |      |                      |      |     |                  |         |                      |              |      |      |              |                       |      |                                                                   |     |     |                             |  |     |     |     |                             |  |     |     |     |                             |  |     |     |     |                             |  |     |     |     |                           |  |     |     |     |                  |  |     |     |     |                     |  |     |     |     |           |  |     |     |     |                     |  |     |     |     |                           |  |     |     |     |                       |  |     |     |     |                           |  |     |     |      |            |  |     |      |      |                       |  |     |      |      |                       |   |     |      |      |                       |   |     |      |      |            |   |     |      |      |            |   |     |      |      |            |   |     |      |      |            |   |     |      |      |            |   |     |      |      |                   |   |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Well diameter increase<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other <u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                  |               |              |           |          |          |        |        |      |        |        |        |      |                     |        |        |      |      |                      |      |     |                  |         |                      |              |      |      |              |                       |      |                                                                   |     |     |                             |  |     |     |     |                             |  |     |     |     |                             |  |     |     |     |                             |  |     |     |     |                           |  |     |     |     |                  |  |     |     |     |                     |  |     |     |     |           |  |     |     |     |                     |  |     |     |     |                           |  |     |     |     |                       |  |     |     |     |                           |  |     |     |      |            |  |     |      |      |                       |  |     |      |      |                       |   |     |      |      |                       |   |     |      |      |            |   |     |      |      |            |   |     |      |      |            |   |     |      |      |            |   |     |      |      |            |   |     |      |      |                   |   |
| <b>3. PROPOSED USE</b><br><input 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | <b>9. LITHOLOGIC LOG</b> <table border="1"> <thead> <tr> <th>Bore Diam.</th> <th>Depth From</th> <th>To</th> <th>Material</th> <th>Water</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th>Yes No</th> </tr> </thead> <tbody> <tr><td>16"</td><td>0'</td><td>2'</td><td>Dark Brown Top Soil</td><td>X</td></tr> <tr><td>16"</td><td>2'</td><td>7'</td><td>Chalky Red and Brown</td><td></td></tr> <tr><td>16"</td><td>7'</td><td>12'</td><td>Gravel and Gray Sand</td><td></td></tr> <tr><td>16"</td><td>12'</td><td>20'</td><td>Gravel and Brown Clay</td><td></td></tr> <tr><td>16"</td><td>20'</td><td>24'</td><td>Brown Sand and Large Gravel</td><td></td></tr> <tr><td>16"</td><td>24'</td><td>34'</td><td>Brown Sand and Large Gravel</td><td></td></tr> <tr><td>16"</td><td>34'</td><td>44'</td><td>Brown Sand and Large Gravel</td><td></td></tr> <tr><td>16"</td><td>44'</td><td>58'</td><td>Brown Sand and Large Gravel</td><td></td></tr> <tr><td>16"</td><td>58'</td><td>64'</td><td>Brown Clay and Brown Sand</td><td></td></tr> <tr><td>16"</td><td>64'</td><td>66'</td><td>Clear Red Gravel</td><td></td></tr> <tr><td>16"</td><td>66'</td><td>73'</td><td>Brown Sand and Clay</td><td></td></tr> <tr><td>16"</td><td>73'</td><td>76'</td><td>2" Gravel</td><td></td></tr> <tr><td>16"</td><td>76'</td><td>80'</td><td>Brown Sand and Clay</td><td></td></tr> <tr><td>16"</td><td>80'</td><td>91'</td><td>Brown Sand and Brown Clay</td><td></td></tr> <tr><td>16"</td><td>91'</td><td>94'</td><td>Gravel and Brown Sand</td><td></td></tr> <tr><td>16"</td><td>94'</td><td>98'</td><td>Brown Sand and Brown Clay</td><td></td></tr> <tr><td>16"</td><td>98'</td><td>102'</td><td>Brown Sand</td><td></td></tr> <tr><td>16"</td><td>102'</td><td>103'</td><td>Brown Clay and Gravel</td><td></td></tr> <tr><td>16"</td><td>103'</td><td>115'</td><td>Brown Sand and Gravel</td><td>X</td></tr> <tr><td>16"</td><td>115'</td><td>119'</td><td>Brown Sand and Gravel</td><td>X</td></tr> <tr><td>16"</td><td>119'</td><td>126'</td><td>Brown Clay</td><td>X</td></tr> <tr><td>16"</td><td>126'</td><td>136'</td><td>Brown Clay</td><td>X</td></tr> <tr><td>16"</td><td>136'</td><td>140'</td><td>Brown Sand</td><td>X</td></tr> <tr><td>16"</td><td>140'</td><td>144'</td><td>Brown Sand</td><td>X</td></tr> <tr><td>16"</td><td>144'</td><td>148'</td><td>Brown Clay</td><td>X</td></tr> <tr><td>16"</td><td>148'</td><td>152'</td><td>Black Basalt head</td><td>X</td></tr> </tbody> </table> |                             | Bore Diam.       | Depth From    | To           | Material  | Water    |          |        |        |      | Yes No | 16"    | 0'     | 2'   | Dark Brown Top Soil | X      | 16"    | 2'   | 7'   | Chalky Red and Brown |      | 16" | 7'               | 12'     | Gravel and Gray Sand |              | 16"  | 12'  | 20'          | Gravel and Brown Clay |      | 16"                                                               | 20' | 24' | Brown Sand and Large Gravel |  | 16" | 24' | 34' | Brown Sand and Large Gravel |  | 16" | 34' | 44' | Brown Sand and Large Gravel |  | 16" | 44' | 58' | Brown Sand and Large Gravel |  | 16" | 58' | 64' | Brown Clay and Brown Sand |  | 16" | 64' | 66' | Clear Red Gravel |  | 16" | 66' | 73' | Brown Sand and Clay |  | 16" | 73' | 76' | 2" Gravel |  | 16" | 76' | 80' | Brown Sand and Clay |  | 16" | 80' | 91' | Brown Sand and Brown Clay |  | 16" | 91' | 94' | Gravel and Brown Sand |  | 16" | 94' | 98' | Brown Sand and Brown Clay |  | 16" | 98' | 102' | Brown Sand |  | 16" | 102' | 103' | Brown Clay and Gravel |  | 16" | 103' | 115' | Brown Sand and Gravel | X | 16" | 115' | 119' | Brown Sand and Gravel | X | 16" | 119' | 126' | Brown Clay | X | 16" | 126' | 136' | Brown Clay | X | 16" | 136' | 140' | Brown Sand | X | 16" | 140' | 144' | Brown Sand | X | 16" | 144' | 148' | Brown Clay | X | 16" | 148' | 152' | Black Basalt head | X |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other<br><table border="1"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>250 inches</td> <td>16 inches</td> <td>172 feet</td> <td>148 feet</td> </tr> <tr> <td>inches</td> <td>inches</td> <td>feet</td> <td>feet</td> </tr> <tr> <td>inches</td> <td>inches</td> <td>feet</td> <td>feet</td> </tr> <tr> <td>inches</td> <td>inches</td> <td>feet</td> <td>feet</td> </tr> </tbody> </table> Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input checked="" type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun<br>Size of perforation <u>1/2</u> inches by <u>3</u> inches<br><table border="1"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>880 perforations</td> <td>35 feet</td> <td>143 feet</td> </tr> <tr> <td>perforations</td> <td>feet</td> <td>feet</td> </tr> <tr> <td>perforations</td> <td>feet</td> <td>feet</td> </tr> </tbody> </table> 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 Size of gravel _____ feet to _____ feet<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>20</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth <input type="checkbox"/> _____<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br><input type="checkbox"/> _____ <input type="checkbox"/> Cemented between strata<br>Describe access port <u>pump base</u> |               | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Diameter                    | From             | To            | 250 inches   | 16 inches | 172 feet | 148 feet | inches | inches | feet | feet   | inches | inches | feet | feet                | inches | inches | feet | feet | Number               | From | To  | 880 perforations | 35 feet | 143 feet             | perforations | feet | feet | perforations | feet                  | feet | <b>10.</b><br>Work started <u>5-13-91</u> finished <u>5-30-91</u> |     |     |                             |  |     |     |     |                             |  |     |     |     |                             |  |     |     |     |                             |  |     |     |     |                           |  |     |     |     |                  |  |     |     |     |                     |  |     |     |     |           |  |     |     |     |                     |  |     |     |     |                           |  |     |     |     |                       |  |     |     |     |                           |  |     |     |      |            |  |     |      |      |                       |  |     |      |      |                       |   |     |      |      |                       |   |     |      |      |            |   |     |      |      |            |   |     |      |      |            |   |     |      |      |            |   |     |      |      |            |   |     |      |      |                   |   |
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  |  |     |      |      |                       |  |     |      |      |                       |   |     |      |      |                       |   |     |      |      |            |   |     |      |      |            |   |     |      |      |            |   |     |      |      |            |   |     |      |      |            |   |     |      |      |                   |   |
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| 880 perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>Blaine</u><br>SE 1/4 SE 1/4 Sec. <u>8</u> T. <u>9N</u> S. <u>21</u> E. <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Firm Name <u>Martins Well Service</u> Firm No. <u>428</u><br>Address <u>PO Box 923 Reubens, Id</u> Date <u>5-30-91</u><br>Signed by (Firm Official) <u>[Signature]</u><br>and<br>(Operator) <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                  |               |              |           |          |          |        |        |      |        |        |        |      |                     |        |        |      |      |                      |      |     |                  |         |                      |              |      |      |              |                       |      |                                                                   |     |     |                             |  |     |     |     |                             |  |     |     |     |                             |  |     |     |     |                             |  |     |     |     |                           |  |     |     |     |                  |  |     |     |     |                     |  |     |     |     |           |  |     |     |     |                     |  |     |     |     |                           |  |     |     |     |                       |  |     |     |     |                           |  |     |     |      |            |  |     |      |      |                       |  |     |      |      |                       |   |     |      |      |                       |   |     |      |      |            |   |     |      |      |            |   |     |      |      |            |   |     |      |      |            |   |     |      |      |            |   |     |      |      |                   |   |



#1  
P/D



#2  
P/D

MAR 27 1995

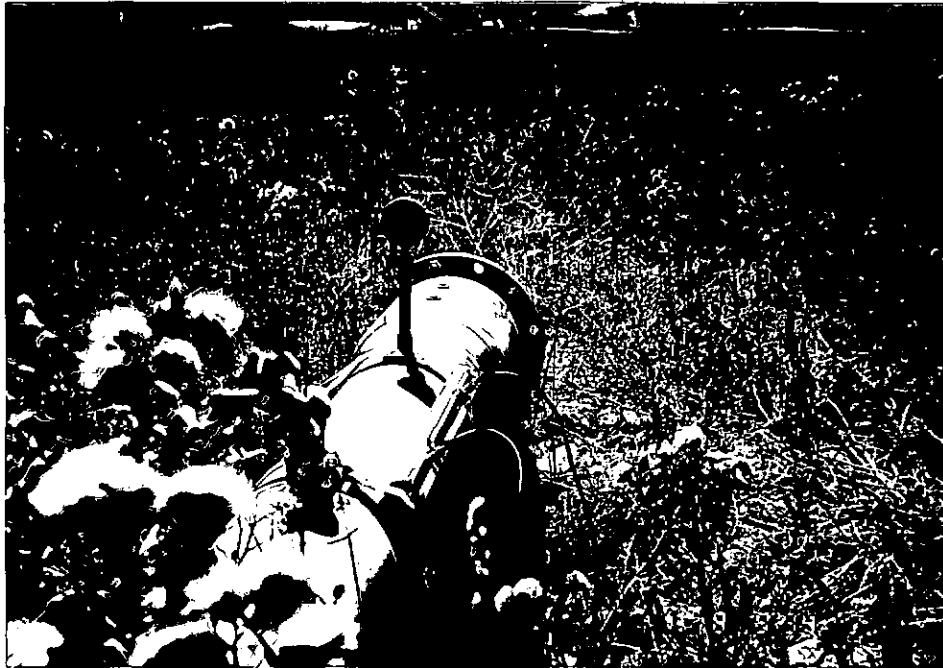
37-8405

#3  
P/a



MAR 27 1995

37-8405



#4  
Mounted  
Polysonic  
transducers.

APR 27 1995

ANALYSIS SHEET  
FOR  
PROOF OF BENEFICIAL USE

Permit No. 37-08405

Reviewed by Jy

Date 6-1-94

GENERAL CONSIDERATIONS

TYPES OF USE

yes Name same as permit?

Irr.

yes Address same as permit?

no Proof timely received?

Correct Uses? yes

If not, complete calculation below.

SOURCE OF WATER

   Surface water source

✓ Ground water source

yes Drilling permit required?

no Copy in the file? Drilling Permit No. 37-91-S-0020

200.00 Amount paid for permit yes Correct?

yes Well log in the file?

LICENSE EXAMINATION FEE

MEASURING DEVICE

yes Required?

yes Required?

150.00 Amount Submitted

yes Installed?

yes Correct?

   Waiver requested?

PRIORITY CALCULATION

Date proof received    -   

Date proof due    -   

No. of days late    =   

Priority Date    +   

New Priority Date    -   

} over 60 days

DEFICIENCIES OR ACTION ITEMS

Reinstate & advance priority to May 6, 1994.  
Proof acceptable

DATA ENTRY

New Address   

Proof Made 5-6-94

# RECORD ALL CHARGES OR CREDITS THAT AFFECT YOUR ACCOUNT

| NUMBER | DATE | DESCRIPTION OF TRANSACTION | PAYMENT/DEBIT<br>(-) | DEPOSIT/CREDIT<br>(+) | BALANCE  |
|--------|------|----------------------------|----------------------|-----------------------|----------|
| 557    | 3/10 | GTE Pwn                    | \$ 23 52             | X                     | 4,505.63 |
| 558    | 3/10 | ST Farm                    | 15 08                | X                     | 4,489.11 |
| 559    | 3/10 | ST Farm                    | 525 62               | X                     | 4,467.03 |
| 560    | 3/10 | Meads Mut                  | 600 00               | X                     | 3,866.41 |
| 561    | 3/10 | Cash                       | 1000 00              | X                     | 2,866.41 |
| 562    | 3/10 | Separay                    | 15 35                | X                     | 2,850.06 |
| 563    | 3/10 | Konover Sport              | 32 95                | X                     | 2,817.11 |
| 564    | 3/14 | KS                         | 41 49                | X                     | 2,775.62 |
| 565    | 3/16 | NW A meth                  | 80 00                | X                     | 2,695.62 |
| 566    | 3/16 | STdy Softline              | 158 30               | X                     | 2,537.32 |
| 567    | 3/16 | Rim Wergard                | 92 25                | X                     | 2,445.07 |
| 568    | 3/16 | Cash                       | 500 00               | X                     | 1,945.07 |

|     |      |                |         |   |          |
|-----|------|----------------|---------|---|----------|
| 569 | 3/15 | Blaire CD Tax  | 13 81   | X | 1,931.26 |
| 570 | 3/17 | Bet P Vines    | 1000 00 | X | 931.26   |
| 571 | 3/17 | KS + 20        | 73 38   | X | 857.88   |
| 572 | 3/18 | Clearance      | 45 55   | X | 812.33   |
| 573 | 3/18 | Mike T ilus    | 60 00   | X | 752.33   |
| 574 | 3/29 | Pin west       | 225 08  | X | 527.25   |
| 575 | 3/31 | Clanby Wndt    | 500 00  | X | 27.25    |
| 576 | 4/1  | State Farm Net | 101 52  | X | 125.73   |
| 577 | 4/1  | Man MWT        | 383 30  | X | 453.43   |
| 578 | 4/1  | Man MWT        | 75 46   | X | 377.97   |
| 579 | 4/1  | Nel            | 100 00  | X | 277.97   |
| 580 | 4/1  | ST gel water   | 150 00  | X | 127.97   |
| 581 | 4/1  | US Post        | 7 25    | X | 120.72   |
| 582 | 4/13 | Cash           | 850 00  | X | 970.72   |

REMEMBER TO RECORD AUTOMATIC PAYMENTS / DEPOSITS ON DATE AUTHORIZED.

PAID  
JUN 13 1994

ANALYSIS SHEET  
FOR  
PROOF OF BENEFICIAL USE

Permit No. 37-08405

Reviewed by Jry

Date 6-1-94

GENERAL CONSIDERATIONS

yes Name same as permit?  
yes Address same as permit?  
no Proof timely received?  
If not, complete calculation below.

TYPES OF USE

Int.  
Correct Uses? yes

SOURCE OF WATER

✓ Surface water source  
✓ Ground water source

yes Drilling permit required?  
no Copy in the file? Drilling Permit No. 37-91-S-0020  
200.00 Amount paid for permit yes Correct?  
yes Well log in the file?

LICENSE EXAMINATION FEE

yes Required?  
150.00 Amount Submitted  
yes Correct?

MEASURING DEVICE

yes Required?  
yes Installed?  
Waiver requested?

PRIORITY CALCULATION

Date proof received \_\_\_\_\_  
Date proof due \_\_\_\_\_ - \_\_\_\_\_  
No. of days late \_\_\_\_\_ = \_\_\_\_\_  
Priority Date \_\_\_\_\_ + \_\_\_\_\_  
New Priority Date \_\_\_\_\_

> over 60 days

DEFICIENCIES OR ACTION ITEMS

Reinstate & advance priority to May 6, 1994.  
Proof acceptable

DATA ENTRY

New Address \_\_\_\_\_

Proof Made 5-6-94

June 2, 1994

RONALD T HILL  
P O BOX 24  
CAREY ID 83320

**PROOF ACKNOWLEDGEMENT LETTER**

RE: PERMIT NO. 37-08405

Dear Permit Holder:

The department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. Enclosed is an order reinstating your permit since the Proof of Beneficial Use form was submitted after the proof due date. Please note that the priority date has been advanced to May 6, 1994.

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,

JULIE L. YARBROUGH  
Senior Secretary

Enclosure

c: IDWR - Region

RECEIVED

JUN 13 1994

RECEIVED

MAY 06 1994

Department of Water Resources

May 3, 1994

Julie Yarbrough  
Department of Water Resources  
1301 N. Orchard Street  
Statehouse Mail  
Boise, ID 83720-9000

RE: Lapsed Permit No. 37-08405

Dear Julie:

Enclosed is my check and the proof of beneficial use form filled out.

I also located a copy of the original form sent and have copied my check register to show that I sent this information on April 12, 1993, to the Department. My recollection is that this information and my check was sent to Glen Saxton.

I hope you will accept this as proof of my intent to pay and reinstate my permit to the original priority date.

Regards,



Ron Hill

RECEIVED  
JUN 13 1994

RECORD ALL CHARGES OR CREDITS THAT AFFECT YOUR ACCOUNT

| NUMBER | DATE | DESCRIPTION OF TRANSACTION | PAYMENT/DEBIT<br>(-) | FEE<br>(-) | DEPOSIT/CREDIT<br>(+) | BALANCE |
|--------|------|----------------------------|----------------------|------------|-----------------------|---------|
| 557    | 3/10 | GTE                        | 23 52                | X          |                       | 4505 63 |
| 558    | 3/10 | TD                         | 15 08                | X          |                       | 4489 11 |
| 559    | 3/10 | ST Farm                    | 525 62               | X          |                       | 4467 03 |
| 560    | 3/10 | Mars Mut                   | 600 00               | X          |                       | 3841 41 |
| 561    | 3/10 | Cash                       | 1000 00              | X          |                       | 3241 41 |
| 562    | 3/12 | Sejenny                    | 15 35                | X          |                       | 2276 06 |
| 563    | 3/12 | Komen Sport                | 32 95                | X          |                       | 2243 11 |
| 564    | 3/14 | KS                         | 41 49                | X          |                       | 2201 62 |
| 565    | 3/16 | NW A met                   | 80 00                | X          | 430 55                | 2552 17 |
| 566    | 3/16 | STy Softline               | 258 30               | X          |                       | 2293 87 |
| 567    | 3/16 | Rim Wiggins                | 92 25                | X          |                       | 2201 62 |
| 568    | 3/16 | Cash                       | 500 00               | X          |                       | 1701 62 |

|     |      |               |         |   |         |         |
|-----|------|---------------|---------|---|---------|---------|
| 569 | 3/17 | Blaire CD Tax | 13 81   | X |         | 1687 81 |
| 570 | 3/17 | Def 19        | 1000 00 | X |         | 687 81  |
| 571 | 3/17 | K's + 20      | 73 38   | X |         | 614 43  |
| 572 | 3/18 | Clemens       | 45 55   | X |         | 568 88  |
| 573 | 3/18 | Mifo Tilt     | 60 00   | X |         | 508 88  |
| 574 | 3/18 | Pin West      | 288 08  | X | 5209 74 | 5510 54 |
| 575 | 3/18 | Clancy Wndt   | 500 00  | X |         | 5010 54 |
| 576 | 4/1  | State Farm    | 101 52  | X |         | 4909 02 |
| 577 | 4/1  | Mars Mut      | 383 30  | X |         | 4525 72 |
| 578 | 4/1  | Mars Mut      | 75 46   | X |         | 4450 26 |
| 579 | 4/1  | Nel           | 100 00  | X |         | 4350 26 |
| 580 | 4/1  | ST 2nd Natl   | 150 00  | X |         | 4200 26 |
| 581 | 4/12 | US Post       | 7 25    | X |         | 4193 01 |
| 582 | 4/13 | Cash          | 250 00  | X |         | 3943 01 |

REMEMBER TO RECORD AUTOMATIC PAYMENTS / DEPOSITS ON DATE AUTHORIZED.

PAID  
JUN 18 1994

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

# PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee, when necessary, or a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

1. Permit No. 37-08405 Telephone No. 823-4548  
2. Name(s) of Permit Holder(s): RON HILL  
3. Mailing Address: Box 24 CAREY ID 83320  
4. Source of Water: \_\_\_\_\_

If **GROUNDWATER**, Well Driller's Name: MARTIN'S WELL Date Drilled: 5/91

**OPTIONAL:**

Pump horsepower: 75 Pressure (psi): 40 Dynamic pumping level (ft.): 130'

5. Extent of Use (as authorized by the permit):

Domestic \_\_\_\_\_ (No. of households) Stockwater \_\_\_\_\_ (No. and type of stock)  
Irrigation 162 (No. of acres) Other \_\_\_\_\_

6. Total rate and/or volume for which proof is submitted 3.0 cfs OR \_\_\_\_\_ acre/feet

7. Refer to the approval conditions on your permit and respond accordingly:

Measuring device: Required? Yes No Installed? Yes No

OR  
Flow Measurement Port: Required? Yes No Installed? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Fee Enclosed: \$ 150 (See License Fee Schedule on back of Instruction Sheet)

9. Person to contact to accompany the Department representative during field examination of the water system.

RON HILL 208-523-4548  
Name Telephone No.

Box 24 CAREY ID 83320  
Address

10. The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho.

4/12/93  
Date

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

JUN 13 1994

April 5, 1994

Ronald T. Hill  
P.O. Box 24  
Carey, ID 83320

RE: Lapsed Permit No. 37-08405

Dear Mr. Hill:

Enclosed is the form and instructions needed to file proof of beneficial use on permit no. 37-08405. Before the department can re-create the file and reinstate the permit, the proof form must be filled out and returned with the appropriate license exam fee.

You spoke with Brenda Chapman concerning the original check you mailed to the department on April 12, 1993. If you can provide the department with some form of evidence that the check and the proof was sent, the department can consider reinstating the permit with no advance in the priority date.

If you have any questions or I can be of any assistance, please do not hesitate to call.

Sincerely,

JULIE L. YARBROUGH  
Senior Secretary

Enclosure

RECEIVED  
JUN 13 1994

W25000P  
(08-26)

IDAHO DEPARTMENT OF WATER RESOURCES  
WATER RIGHT PROOF READING REPORT

07/27/93 15:20:52  
Page 1

Water Right Number - 57-00405

Prefix Translation: WATER RIGHT

Old (D) Number -

----- Last Name ----- + - First Name - + ----- Address -----

\*\*\* C - CURRENT OWNER \*\*\*  
HILL

RONALD T.

1 - P.O. BOX 24  
2 -  
3 -  
City- CAREY  
Phone - 208-823-4548

State- ID Zip- 83320

----- Priority Date -----  
09/23/1988

----- Region -----  
17 SOUTHERN

----- Stage -----  
P - PERMIT

----- Status -----

----- Source -----  
GROUNDWATER

----- Tributary -----

----- Point of Diversion -----  
----- Diversion Name ----- Diversion Rate Diversion No.  
Twp Rng Sec Tract Lot RFlg County  
01S 21E 8 SE SE SE (13) BLAINE

----- Water Use -----  
Code Description Period From Period To Diversion Rate Diversion Volume  
01 - IRRIGATION 04/01 10/15 3.000

----- Total Div. Rate ----- + - Total Div. Volume - + - Total Div. Capacity - +  
3.000

----- Place of Use -----  
Twp Rng Sec Tract Lot Acres Code Description County  
01S 21E 8 NW SE 25.0 01 IRRIGATION (13) BLAINE  
01S 21E 8 SW SE 36.0 01 IRRIGATION (13) BLAINE  
01S 21E 8 SE SE 40.0 01 IRRIGATION (13) BLAINE  
01S 21E 17 NE NE 36.0 01 IRRIGATION (13) BLAINE  
01S 21E 17 NW NE 25.0 01 IRRIGATION (13) BLAINE

Total Acres: 162.0

----- Diversion Means - WELL, PUMP, SPRINKLERS

----- Non-irrigation Use -

----- Other Rights for Same Use - A37-00676, A37-00677

----- Remarks -----  
No Remarks found.

----- Old Water Right Numbers -----  
No Old Water Right Numbers found.

WCS00000  
(09-26)

IDAH0 DEPARTMENT OF WATER RESOURCES  
WATER RIGHT PROOF READING REPORT

07/27/93 15:20:52  
Page 2

Water right number - 37-08405

Prefix Translation: WATER RIGHT

..... Conditions of Approval .....

- 26A - Project construction shall commence within one year from the
  - date of permit issuance and shall proceed diligently to
  - completion unless it can be shown to the satisfaction of the
  - Director of the Department of Water Resources that delays were
  - due to circumstances over which permit holder had no control.
- 01G - Prior to the diversion of water under this right a flow
  - measurement port or other device as specified by the Department
  - shall be installed to provide for the installation of measuring
  - equipment and the determination of the rate of diversion by the
  - Department.
- 046 - Right holder shall comply with the drilling permit
  - requirements of Section 42-235, Idaho Code.
- 051 - Any license issued by IDWR pursuant to the right or portion
  - thereof for the use of trust water is subject to a term review
  - of 20 years after the date of this approval to determine
  - availability of water for the use and to re-evaluate the public
  - interest at the end of the term.
- 052 - Diversion and use of water under this right is subject to an
  - annual use fee if rules are subsequently promulgated which
  - provide for the submittal of the fee.
- 053 - The Director retains jurisdiction of this right and/or
  - subsequent license issued to change, add or remove any
  - requirement as determined to be appropriate.
- 03A - The rate of diversion of water for irrigation under this right
  - and all other water rights on the same land shall not exceed 0.02
  - cubic feet per second for each acre of land.

..... Decree Plaintiff ..... + ..... Decree Defendant ..... + ..... Decree Date ..... +  
00/00/0000

..... Comments .....

Date: 04/06/1993 User Id: VAULT Subject: Lapse Notice Sent  
Lapse Notice Sent

..... Audit Fields - 12/12/88 BALDWIN 02/13/91 MILLER 04/03/91 SCAGGS 04/06/93 COMMENTS

..... Water Rights Dates and Flags Area .....

|                   |              |                  |              |                  |     |
|-------------------|--------------|------------------|--------------|------------------|-----|
| Proof Due Date    | - 04/01/1993 | Field Exam Made  | - 00/00/0000 | Field Exam Fee   | -   |
| Approved/Denied   | - 04/10/1991 | Protested Date   | - 00/00/0000 | Swan Falls       | - 7 |
| Proof Made Date   | - 00/00/0000 | Hearing Date     | - 00/00/0000 | Temporary Right  | - P |
| Exam to S.O. Date | - 00/00/0000 | Verified Date    | - 00/00/0000 | DLE/Carey Act    | -   |
| Order Show Cause  | - 00/00/0000 | Receipt Number   | - S002488    | Water District   | -   |
| Licensed Date     | - 00/00/0000 | Appl Received    | - 09/23/1988 | Transfer/Amended | -   |
| Decree Date       | - 00/00/0000 | Presumption Flag | -            |                  |     |

April 6, 1993

RONALD T. HILL  
P.O. BOX 24  
CAREY ID 83320

LAPSE NOTICE

RE: PERMIT NO. 37-00405

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 January 31, 1993. 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

Enclosures

CERTIFICATION OF MAILING

I hereby certify that on 4/6/93  
a copy/an original of this document was  
deposited in the United States mail,  
postage prepaid addressed to the  
individual(s) named above.

*Klg*

January 31, 1993

RONALD T. HILL  
P.O. BOX 24  
CAREY ID 83320

RE: PERMIT NO. 37-08405 PROOF DUE NOTICE

Dear Permit Holder:

One of the conditions of approval of the above referenced water permit was that proof of the extent of your beneficial use must be submitted to this office on or before April 1, 1993. (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,

Karen L. Gustafson  
Secretary/Records Manager

Enclosures



Form 230-7  
6/90

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

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

USE TYPEWRITER OR

**RECEIVED**

JUN 24 1991

| <p><b>1. WELL OWNER</b></p> <p>Name <u>Ran Hill Farms</u></p> <p>Address <u>12041 Tejon St. #510 Denver Co</u></p> <p>Drilling Permit No. <u>37-91-5-020</u> <u>OK</u></p> <p>Water Right Permit No. <u>37-08405</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>7. WATER LEVEL</b> Department of Water Resources<br/>Eastern District Office</p> <p>Static water level <u>65</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature <u>67</u> °F. Quality <u>Excellent</u></p> <p><small>Describe artesian or temperature zones below.</small></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                  |              |                   |                  |                   |                 |    |     |    |     |    |    |                     |  |   |  |    |    |                        |      |    |                         |                |                 |                      |  |  |  |     |     |                       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                   |     |     |                             |  |  |  |     |     |                                  |  |  |  |     |     |                           |  |  |  |     |     |                           |  |  |  |     |     |                  |  |  |  |     |     |                     |  |  |  |     |     |           |  |  |  |     |     |                     |  |  |  |     |     |                           |  |  |  |     |     |                    |  |  |  |     |     |                           |  |  |  |     |      |            |  |  |  |      |      |                       |  |  |  |      |      |                       |   |  |  |      |      |                       |   |  |  |      |      |            |  |   |  |      |      |                     |   |  |  |      |      |            |  |   |  |      |      |            |   |  |  |      |      |            |  |   |     |      |  |                   |  |  |
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| <p><b>2. NATURE OF WORK</b></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Well diameter increase</p> <p><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>8. WELL TEST DATA</b></p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other <u>None</u></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Discharge G.P.M.  | Pumping Level                    | Hours Pumped |                   |                  |                   |                 |    |     |    |     |    |    |                     |  |   |  |    |    |                        |      |    |                         |                |                 |                      |  |  |  |     |     |                       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                   |     |     |                             |  |  |  |     |     |                                  |  |  |  |     |     |                           |  |  |  |     |     |                           |  |  |  |     |     |                  |  |  |  |     |     |                     |  |  |  |     |     |           |  |  |  |     |     |                     |  |  |  |     |     |                           |  |  |  |     |     |                    |  |  |  |     |     |                           |  |  |  |     |      |            |  |  |  |      |      |                       |  |  |  |      |      |                       |   |  |  |      |      |                       |   |  |  |      |      |            |  |   |  |      |      |                     |   |  |  |      |      |            |  |   |  |      |      |            |   |  |  |      |      |            |  |   |     |      |  |                   |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                                                                                                                         | Hours Pumped      |                                  |              |                   |                  |                   |                 |    |     |    |     |    |    |                     |  |   |  |    |    |                        |      |    |                         |                |                 |                      |  |  |  |     |     |                       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                   |     |     |                             |  |  |  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| <p><b>3. PROPOSED USE</b></p> <p><input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>9. LITHOLOGIC LOG</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore<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>16"</td><td>0'</td><td>2'</td><td>Dark Brown Top Soil</td><td></td><td>X</td></tr> <tr><td></td><td>2'</td><td>7'</td><td>Cobble Rock and Gravel</td><td></td><td></td></tr> <tr><td></td><td>7'</td><td>15'</td><td>Gravel and Gray Sand</td><td></td><td></td></tr> <tr><td></td><td>15'</td><td>20'</td><td>Gravel and Brown Clay</td><td></td><td></td></tr> <tr><td></td><td>20'</td><td>34'</td><td>Brown Sand and large Gravel</td><td></td><td></td></tr> <tr><td></td><td>34'</td><td>44'</td><td>Brn &amp; Black Sand 1" to 2" Gravel</td><td></td><td></td></tr> <tr><td></td><td>44'</td><td>58'</td><td>Pea Gravel and Brown Clay</td><td></td><td></td></tr> <tr><td></td><td>58'</td><td>64'</td><td>Brown Clay and Brown Sand</td><td></td><td></td></tr> <tr><td></td><td>64'</td><td>66'</td><td>Clean Pea Gravel</td><td></td><td></td></tr> <tr><td></td><td>66'</td><td>73'</td><td>Brown Sand and Clay</td><td></td><td></td></tr> <tr><td></td><td>73'</td><td>76'</td><td>2" Gravel</td><td></td><td></td></tr> <tr><td></td><td>76'</td><td>80'</td><td>Brown Sand and Clay</td><td></td><td></td></tr> <tr><td></td><td>80'</td><td>91'</td><td>Pea Gravel and Brown Clay</td><td></td><td></td></tr> <tr><td></td><td>91'</td><td>94'</td><td>Grayish Brown Sand</td><td></td><td></td></tr> <tr><td></td><td>94'</td><td>98'</td><td>Pea Gravel and Brown Clay</td><td></td><td></td></tr> <tr><td></td><td>98'</td><td>103'</td><td>Brown Sand</td><td></td><td></td></tr> <tr><td></td><td>103'</td><td>108'</td><td>Brown Clay and Gravel</td><td></td><td></td></tr> <tr><td></td><td>108'</td><td>115'</td><td>Brown Sand and Gravel</td><td>X</td><td></td></tr> <tr><td></td><td>115'</td><td>119'</td><td>Brown Sand and Gravel</td><td>X</td><td></td></tr> <tr><td></td><td>119'</td><td>120'</td><td>Brown Clay</td><td></td><td>X</td></tr> <tr><td></td><td>120'</td><td>136'</td><td>Coarse large Gravel</td><td>X</td><td></td></tr> <tr><td></td><td>136'</td><td>140'</td><td>Brown Sand</td><td></td><td>X</td></tr> <tr><td></td><td>140'</td><td>144'</td><td>Pea Gravel</td><td>X</td><td></td></tr> <tr><td></td><td>144'</td><td>148'</td><td>Brown Clay</td><td></td><td>X</td></tr> <tr><td>16"</td><td>148'</td><td></td><td>Black Basalt-hard</td><td></td><td></td></tr> </tbody> </table> | Bore<br>Diam.     | Depth                            |              | Material          | Water            |                   | From            | To | Yes | No | 16" | 0' | 2' | Dark Brown Top Soil |  | X |  | 2' | 7' | Cobble Rock and Gravel |      |    |                         | 7'             | 15'             | Gravel and Gray Sand |  |  |  | 15' | 20' | Gravel and Brown Clay |  |  |                                                                                                                                                                                                                                                                                                                                                                                                   | 20' | 34' | Brown Sand and large Gravel |  |  |  | 34' | 44' | Brn & Black Sand 1" to 2" Gravel |  |  |  | 44' | 58' | Pea Gravel and Brown Clay |  |  |  | 58' | 64' | Brown Clay and Brown Sand |  |  |  | 64' | 66' | Clean Pea Gravel |  |  |  | 66' | 73' | Brown Sand and Clay |  |  |  | 73' | 76' | 2" Gravel |  |  |  | 76' | 80' | Brown Sand and Clay |  |  |  | 80' | 91' | Pea Gravel and Brown Clay |  |  |  | 91' | 94' | Grayish Brown Sand |  |  |  | 94' | 98' | Pea Gravel and Brown Clay |  |  |  | 98' | 103' | Brown Sand |  |  |  | 103' | 108' | Brown Clay and Gravel |  |  |  | 108' | 115' | Brown Sand and Gravel | X |  |  | 115' | 119' | Brown Sand and Gravel | X |  |  | 119' | 120' | Brown Clay |  | X |  | 120' | 136' | Coarse large Gravel | X |  |  | 136' | 140' | Brown Sand |  | X |  | 140' | 144' | Pea Gravel | X |  |  | 144' | 148' | Brown Clay |  | X | 16" | 148' |  | Black Basalt-hard |  |  |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <p><b>4. METHOD DRILLED</b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <p><b>5. WELL CONSTRUCTION</b></p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>250</u> inches</td> <td><u>16</u> inches</td> <td><u>1 1/2</u> feet</td> <td><u>148</u> feet</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input checked="" type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun</p> <p>Size of perforation <u>1/2</u> inches by <u>3</u> inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>880</u> perforations</td> <td><u>35</u> feet</td> <td><u>145</u> feet</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____ Model No. _____</p> <p>Type _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>20'</u> Material used in seal: <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld</p> <p><input type="checkbox"/> Cemented between struts</p> <p>Describe access port <u>pump base</u></p> | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Diameter          | From                             | To           | <u>250</u> inches | <u>16</u> inches | <u>1 1/2</u> feet | <u>148</u> feet |    |     |    |     |    |    |                     |  |   |  |    |    | Number                 | From | To | <u>880</u> perforations | <u>35</u> feet | <u>145</u> feet |                      |  |  |  |     |     |                       |  |  | <p><b>11. DRILLERS CERTIFICATION</b></p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Martin's Well Service</u> Firm No. <u>478</u></p> <p>Address <u>PO Box 923 Rexburg, Id</u> Date <u>5-30-91</u></p> <p>Signed by (Firm Official) <u>[Signature]</u></p> <p>and<br/>(Operator) <u>[Signature]</u></p> |     |     |                             |  |  |  |     |     |                                  |  |  |  |     |     |                           |  |  |  |     |     |                           |  |  |  |     |     |                  |  |  |  |     |     |                     |  |  |  |     |     |           |  |  |  |     |     |                     |  |  |  |     |     |                           |  |  |  |     |     |                    |  |  |  |     |     |                           |  |  |  |     |      |            |  |  |  |      |      |                       |  |  |  |      |      |                       |   |  |  |      |      |                       |   |  |  |      |      |            |  |   |  |      |      |                     |   |  |  |      |      |            |  |   |  |      |      |            |   |  |  |      |      |            |  |   |     |      |  |                   |  |  |
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| <p><b>6. LOCATION OF WELL</b></p> <p>Sketch map location must agree with written description</p> <div style="text-align: center;"> </div> <p>Subdivision <u>N May-05 1992</u></p> <p>Lot No. _____ Block No. _____</p> <p>County <u>Blaine</u></p> <p><u>SE 1/4 Sec. 8 T. 20N R. 1E W. 1</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>7. DRILLERS CERTIFICATION</b></p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Martin's Well Service</u> Firm No. <u>478</u></p> <p>Address <u>PO Box 923 Rexburg, Id</u> Date <u>5-30-91</u></p> <p>Signed by (Firm Official) <u>[Signature]</u></p> <p>and<br/>(Operator) <u>[Signature]</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                  |              |                   |                  |                   |                 |    |     |    |     |    |    |                     |  |   |  |    |    |                        |      |    |                         |                |                 |                      |  |  |  |     |     |                       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                   |     |     |                             |  |  |  |     |     |                                  |  |  |  |     |     |                           |  |  |  |     |     |                           |  |  |  |     |     |                  |  |  |  |     |     |                     |  |  |  |     |     |           |  |  |  |     |     |                     |  |  |  |     |     |                           |  |  |  |     |     |                    |  |  |  |     |     |                           |  |  |  |     |      |            |  |  |  |      |      |                       |  |  |  |      |      |                       |   |  |  |      |      |                       |   |  |  |      |      |            |  |   |  |      |      |                     |   |  |  |      |      |            |  |   |  |      |      |            |   |  |  |      |      |            |  |   |     |      |  |                   |  |  |

**RECEIVED**

JUL 02 1991

**MICROFILMED**

MAY 05 1992



State of Idaho  
**DEPARTMENT OF WATER RESOURCES**

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 -(208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

April 12, 1991

RONALD T. HILL  
P.O. BOX 24  
CAREY, ID 83320

PERMIT APPROVAL NOTICE

RE: PERMIT NO. 37-08405

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.

As a permit owner you must commence the excavation or construction of the diverting works within one year of the date the permit was issued, and you must proceed diligently until the project is completed. The date shown under condition no. 1 is the date when the project must be completed. You will receive a "Proof Due Notice" from this Department approximately 60 days prior to the completion date requiring you to file either a Proof of Beneficial Use form stating that the project has been completed or file a Request for an Extension of Time in which to file the proof statement.

Be sure to note the special condition requiring you to install a measuring device. Enclosed, for your reference, is a list of measuring device options.

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

You should be aware that you are located within a drainage basin where surface water diversions are regulated by a watermaster. It is possible that diversion of groundwater under your permit may cause a reduction of surface water flow. Siting your well as far as possible from surface water channels and casing your well

so that groundwater tributary to surface water flows are not diverted will reduce the potential for the watermaster to regulate your water use.

This permit authorizes the appropriation of trust water. Trust water is defined as that portion of a particular hydropower water right which exceeds certain minimum stream flows established by state action, and is held in trust by the State of Idaho for the use and benefit of the people within the state. Conditions pertaining to a term review, annual use fee and jurisdiction of the permit are trust water conditions.

Sincerely,

JIM JOHNSON  
Water Rights Supervisor

JJ:blm

Enclosures

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
State Office  
1301 North Orchard St.

---

Statehouse Mail  
Boise, Idaho 83720  
(208) 327-7900

JANUARY 28, 1991

Wood River Journal  
Box 988  
Hailey, ID 83333

Dear Legal Dept.:

Enclosed you will find legal notices 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 FEBRUARY 25, 1991.

Yours truly,

BRENDA L. MILLER  
Clerical Specialist

Encl.

NOTICE OF APPLICATION FOR TRUST WATER RIGHT

37-08405

HILL, RONALD T.  
P.O. BOX 24  
CAREY, ID 83320

Source: GROUNDWATER

Diversion Pt: SESESE Sec 8 T 01S R 21E

Use: IRRIGATION ( 3.000 CFS)  
Total Diversion: ( 3.000 CFS)

Date Filed: 9/23/ 1988

|                   |      |      |      |
|-------------------|------|------|------|
| In: T01S R21E S08 | NWSE | SWSE | SESE |
| S17               | NENE | NWNE |      |

162.0 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, Statehouse Mail, Boise, Idaho 83720 on or before FEBRUARY 25, 1991.

R. Keith Higginson, Director

Published 2/ 6/1991 & 2/13/1991

MEMORANDUM

TO: FILE

FROM: TIM LUKE

RE: APP. NO.S 37-8404 & 37-8405/Trust Water Processing

DATE: 1-17-91

-----  
The application is <sup>all</sup> a water filings which has come up for sequential processing under the appropriate rules and statutes. The applicant has returned trust water questionnaires claiming that the filings are supplemental filings. Both applications are appurtenant to the same land. Application no. 37-8404 proposes diversion of water from the Little Wood River and application no. 37-8405 is a groundwater application.

Review of a 1974 orthophoto, an ASCS photo in the file, an attached overlap report with 1986 classified irrigated acreage and review of an adjudication claims overlap report confirms that the filings are supplemental. All of the acreage under the filings appear to have been irrigated with existing rights prior to 1984.

Some questions arise as to why the applicant has filed a new application to appropriate additional water from the Little Wood River when he already has earlier priority decreed rights. Due to priority cuts on the Little Wood River, it would appear that any water that could be delivered under this application would not represent much of a supply to the applicant. While it is not entirely clear as to why this application was made, the applicant appears to want to pursue a permit. I recommend that the department process the application. Whether additional water can or will be appropriated can be determined during future licensing of the permit. The department will at that time probably have more information about the different claimed rights and diversions in that area as a result of efforts in the adjudication.

Both of the above applications should be processed as trust water filings. The acreage under the filings should not be counted as trust acreage since there is sufficient evidence that these are supplemental filings.

**RECEIVED**  
JAN 17 1991

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
TRUST WATER INFORMATION QUESTIONNAIRE  
Department of Water Resources

Application No. 37-8405

INSTRUCTIONS: IF YOU ARE NOT INTERESTED IN HAVING THE APPLICATION PROCESSED, PLEASE COMPLETE AND RETURN THE ENCLOSED WITHDRAWAL FORM.

IF YOU WISH TO HAVE THE APPLICATION PROCESSED, PLEASE ANSWER THE FOLLOWING QUESTIONS AS THOROUGHLY AS POSSIBLE. FAILURE TO RETURN EITHER THE WITHDRAWAL FORM OR QUESTIONNAIRE IS CAUSE FOR THE DEPARTMENT TO VOID THE APPLICATION.

1a. Are you the current owner of the land or place of use described under this application? Yes ✓ No         
b. If you are not the property owner, please describe the arrangement enabling you to develop the proposed project.

2a. Has the source of water listed on this application been used to irrigate any of the land described under this same application prior to October 1, 1984? Yes        No ✓  
b. If yes, please describe the extent of development and number of acres irrigated. (Note: Uses developed after October, 1984 are considered trust water diversions and may be subject to certain conditions. You may be asked to verify uses established prior to October, 1984.)

3. If you answered NO to ques #2a, please state the number of acres you have irrigated with this source after October 1, 1984. 22

4. If you have not irrigated lands under this application, please state the number of acres you plan to complete. 180

5. If the permit is a supplemental filing please identify other water rights which are used on the same land.

4" LWR 1882, 6.5" LWR 1899, 140 AF LWR on Qld, 50 AF LWR on

Use the reverse side of this form if you wish to add any comments. You may mark changes on the enclosed application to designate any proposed amendments. (Note: Proposed changes which result in an expansion of use will not be considered by the department.)

I hereby assert that the responses provided above are true to the best of my knowledge. I understand that any willful misrepresentations may result in voiding of the application.

Applicant Barbara J. H. ID

Date 1/14/91



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 -(208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

January 7, 1991

RE: APPLICATION FOR PERMIT NO. 37-8405

Dear APPLICANT:

Due to the Swan Falls litigation, Department approval of the enclosed application may have been delayed. The Department is presently reviewing your application and may authorize the proposed development.

The purpose of this letter is to determine: (1) if you are still interested in developing the project, and (2) the extent of development, if any, that has already occurred under the application. Enclosed are two forms requesting information which will help the Department expedite the processing of the application.

1. If you have abandoned or have no interest in continuing with your plans for development of the project, please complete the enclosed withdrawal form and return it to the Department. If you request a withdrawal of the application and the application was not previously advertised, the department will refund your original filing fee.

2. If you wish to continue with your proposed development plans, or have completed all or a portion of the proposed development before October 1, 1984, then you must complete and return the enclosed questionnaire. You may use the questionnaire and enclosed application to make any comments &/or amendments concerning the application. Your completion of the questionnaire will expedite processing and help the department determine if the water diverted under the application is public water or trust water. Approved trust water applications may be subject to additional conditions.

Failure to return either of the above forms within thirty (30) days of the date of this letter is cause for the Department to void the application.

Please be further advised that if any undeveloped portion of your proposed project is greater than 200 acres, or if the application proposes diversion of more than 5.0 cfs, the department will issue a notice requesting additional information as required by Water Appropriation Rule 4.5. (copy enclosed). In particular, rules 4.5.3. through 4.5.3.5. apply to your project if it is more than 200 acres. If necessary, the rule 4.5. information notice will be sent to you after you return the questionnaire.

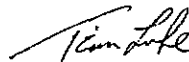
Page 2

If you have questions concerning the content of this letter or about completing the forms, please contact Tim Luke at the address below or by calling directly at 327-7864. The enclosed forms and all other relative information must be returned within thirty (30) days to:

Idaho Department of Water Resources  
Statehouse Mail  
Boise, Idaho 83720-9000  
Attn: Tim Luke

Please note that a copy of your application is enclosed. The application number is also shown on the enclosed questionnaire.

Sincerely,



TIM LUKE  
Sr. Water Resource Spec.

Enclosures

19-Dec-1988

Ronald T. Hill  
Box 24  
Carey, ID 83320

Re: Applications for permit Nos. 37-08404, 37-08405

Dear Mr. Hill:

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

Because your applications propose to appropriate water which has been identified as "trust water" in the Swan Falls agreement, they will be processed under rules and regulations for water appropriation that have been adopted as required by law.

Under the rules, applications will be processed at a rate which allows development of 20,000 acres per year. The oldest applications will be processed first, provided that applicants are willing and able to proceed.

For this reason, it is not possible to estimate at this time when action will be taken on your applications.

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

Very truly yours,

Loren O. Holmes, P.E.  
Southern Region Manager

LH:MB

*I certify that file No. 37-8405*  
*has been reviewed and is ready to be*  
***MICROFILMED and DESTROYED.***

*The attached proof report is the water right as it appeared in the database*  
*prior to final status entry and deletion from the database.*

C Zimmerman

*Signature*

8/6/93

*Date*

# AFFIDAVIT of PUBLICATION

State of Idaho, }  
County of Blaine } ss.

DANIEL J. COCHRAN 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 8 day of Feb 1991 and

the date of the last publication was on the 13 day of Feb 1991

Subscribed and sworn to before me this 14 day of Feb, 1991.  
(SEAL)

NOTARY PUBLIC

WOOD RIVER JOURNAL  
Hailey, Idaho

## COST OF PUBLICATION

Number of Picas per Line 11  
Number of Lines in Notice 36  
Number of Insertions 36  
Lines tabular at 19.56 6¢ / Pica  
Lines straight at 19.56 5¢ / Pica  
Subsequent lines at 19.56 4¢ / Pica  
TOTAL COST 90.64 5.00

COPY OF NOTICE  
(Paste Here)

Hill files  
TITLE OF NOTICE

PLAINTIFF ATTORNEY

DEFENDANT

PLAINTIFF

Bo Water Dept  
BILL TO

Hill files  
on trust water right

NOTICE OF APPLICATION  
FOR TRUST WATER RIGHT  
37-08405

HILL, RONALD T.  
P.O. BOX 24  
CAREY, ID 83320  
Source: GROUNDWATER  
Division Pt: SESESE Sec 8 T 015  
R 21E  
Use: IRRIGATION (3,000 CFS)  
Total Diversion: (3,990 CFS)  
Date Filed: 9/23/1985  
In: T015 R21E S08 NW1/4 SW1/4  
SESE, S17 NENE NW1/4  
162.0 ACRES TOTAL

The permittee will be subject to all prior water rights. Proceeds 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. Proceeds must be filed with the Director, Dept. of Water Resources, Statehouse Mall, 800 S. Idaho, 83720, on or before FEBRUARY 28, 1991.

R. KENNEDY, Director  
Publisher: Wood River Journal  
February 9 & 12, 1991.

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