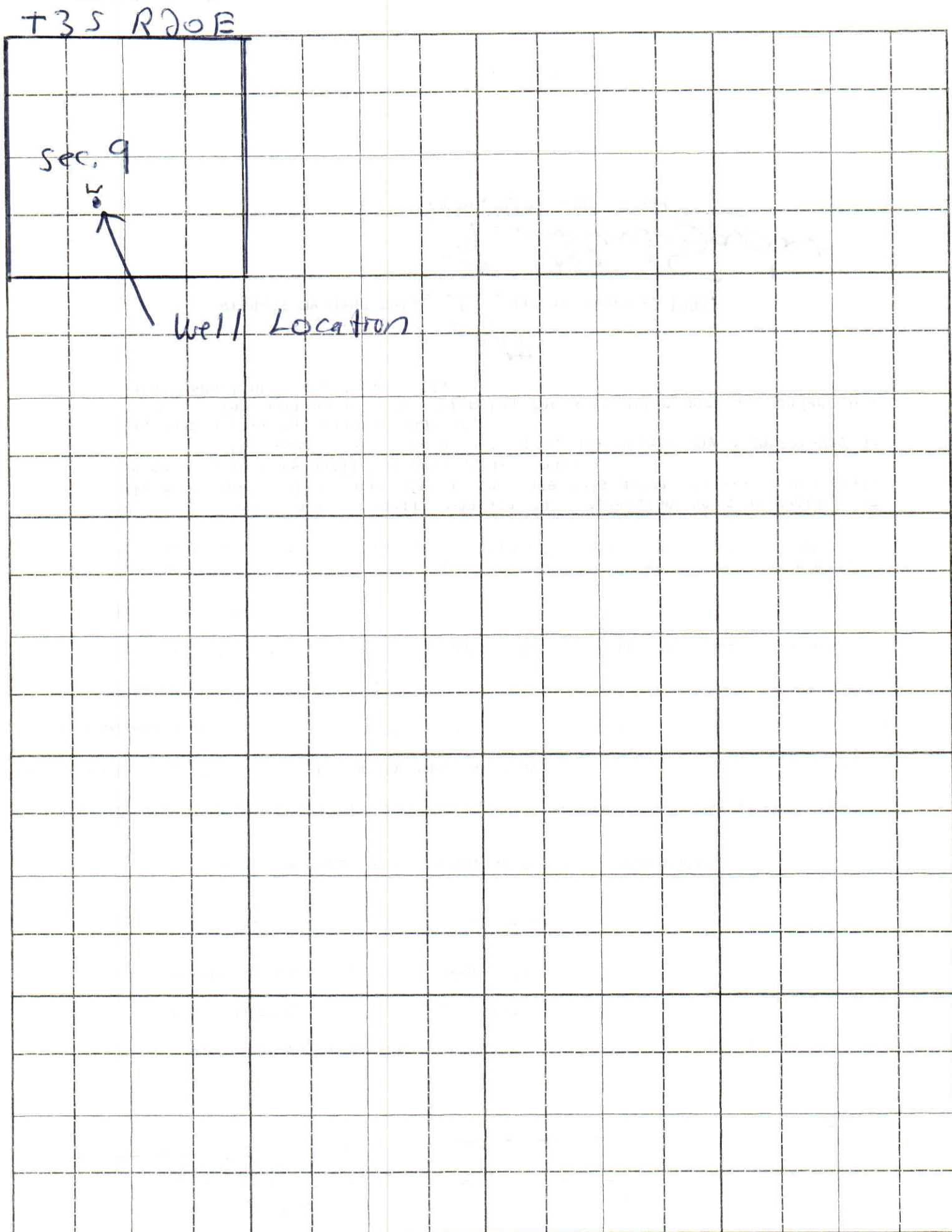


11. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.

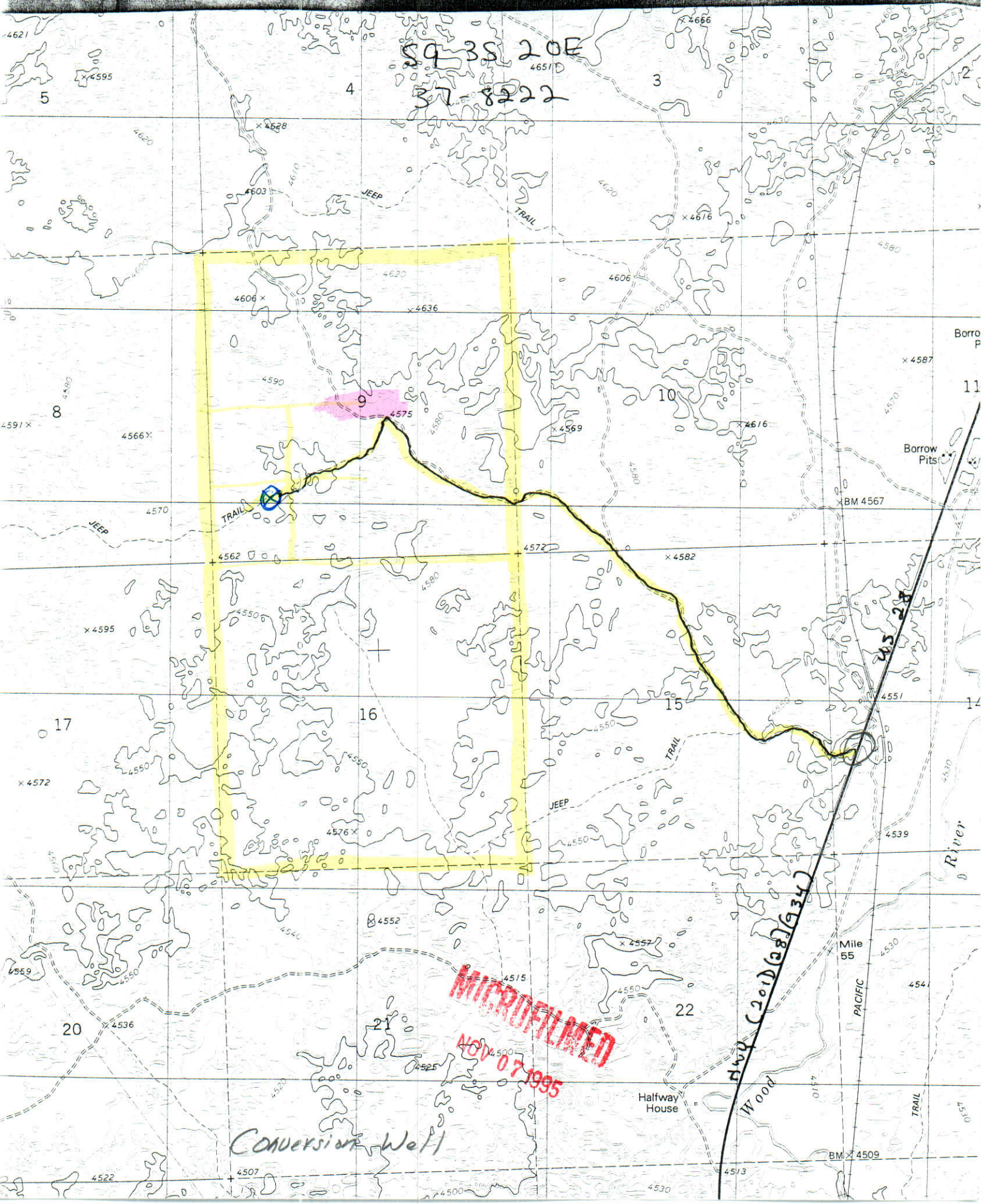


Scale: 2 inches equal 1 mile.

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

James E. West  
(Applicant)

MICROFILMED



R. 18 E.

R. 19 E.

R. 20 E.

T. 1 S.

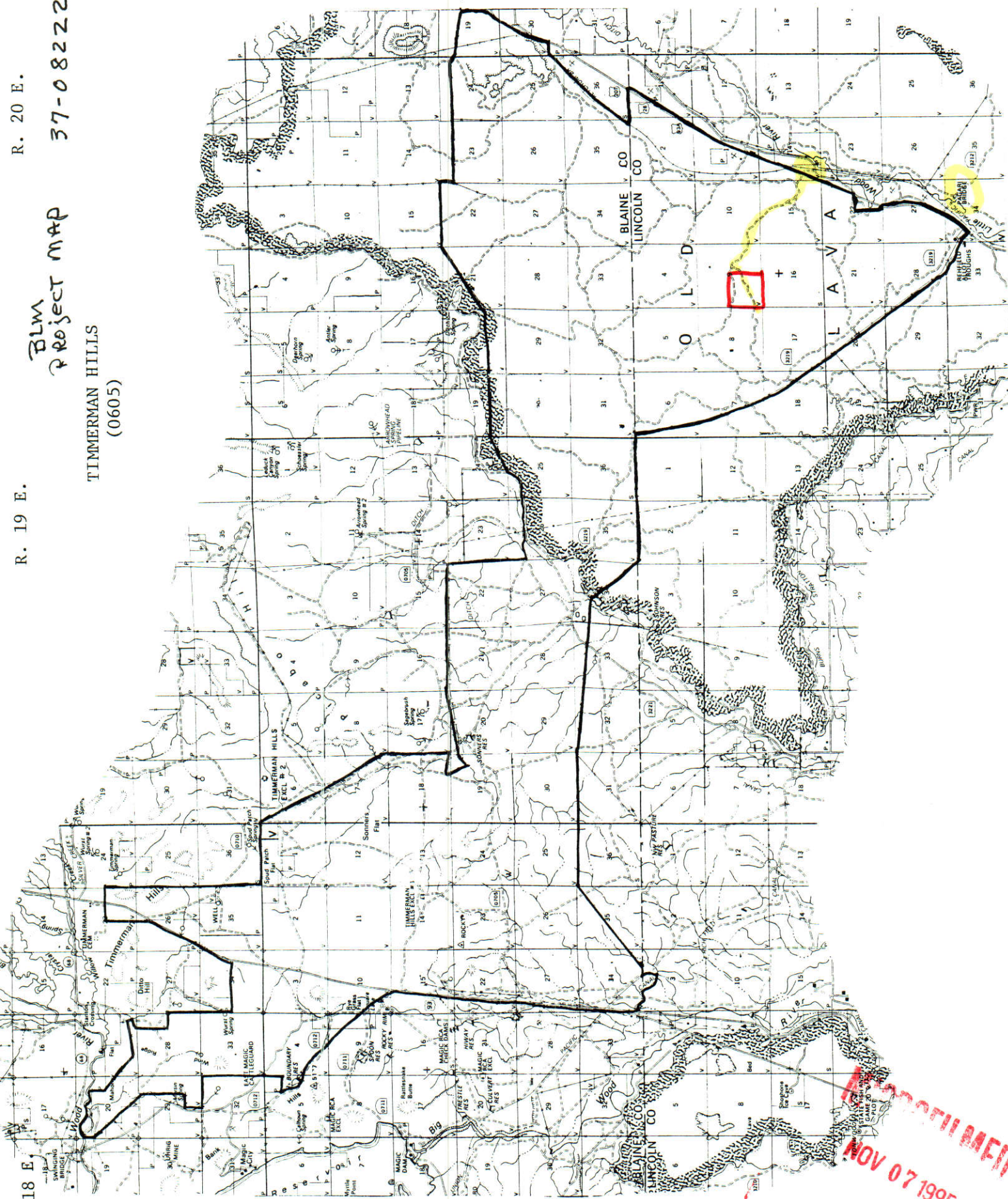
T. 2 S.

T. 3 S.

BLM  
PROJECT MAP

37-08222

TIMMERMAN HILLS  
(0605)



NOV 07 1995

**NOTICE OF APPLICATION FOR WATER  
RIGHT**

Notice is hereby given that the following application(s) have been submitted for permit to appropriate the public waters of the State of Idaho:

37-8222

WEST, Jim

P.O. BOX 360 BELLEVUE ID 83313

Source: GROUNDWATER

Date Filed: 07/22/1985

Diversion Pt: NESW Sec. 09 T 03S R20E

Use: STOCKWATER (0.07 CFS)

In NESW Sec 09 T 03S R20E

If issued the permit(s) will be subject to all prior water rights. Protests against the granting of any permit must be filed with the Director of the Idaho Department of Water Resources, 1041 Blue Lakes Blvd. North, Twin Falls, Idaho, 83301 and received on or before December 15, 1985.

/s/ **A. KENNETH DUNN**  
Director

PUB: 11-28, 12-5

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 37-08222

Priority: August 5, 1985

Maximum Diversion Rate: 0.03 CFS  
Maximum Diversion Volume: 1.9 AF

This is to certify, that JIM WEST  
PO BOX 867  
BELLEVUE ID 83313

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated July 22, 1985; and has submitted Proof of Beneficial Use on January 15, 1991. An examination indicates that the works have a diversion capacity of 0.030 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> |
|-----------------------|----------------------|--------------------------|----------------------|
| STOCKWATER            | 04/20 to 10/15       | 0.03 CFS                 | 1.9 AF               |

LOCATION OF POINT(S) OF DIVERSION:

SWSW , Sec. 9, Township 03S, Range 20E  
LINCOLN County

PLACE OF USE: STOCKWATER

TWN RGE SEC

03S 20E 9

SWSW

CONDITIONS OF APPROVAL AND REMARKS

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to more accurately describe the beneficial use or to implement accepted standards of diversion and use efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
5. Stockwater use is for 300 range cattle.

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 22<sup>nd</sup> day of OCTOBER, 1995.

Acting for

KARL J. DREHER

Director

NOV 07 1995

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OCT 04 1995

Department of Water Resources

State of Idaho  
Department of Water Resources

**APPLICATION FOR AMENDMENT**

(For Licensing Purposes)

**WATER RIGHT NO. 37-08222**

Date of Priority: August 5, 1985

Maximum Diversion Rate: 0.03 CFS

Maximum Diversion Volume: 1.9 AF

Comes now

PO BOX 360 867

BELLEVUE ID 83313

*Let's Ju.*  
JIM WEST

and represents to the Director of the

Idaho Department of Water Resources:

That he is the owner and holder of Permit to Appropriate the Public Waters of the State of Idaho No. 37-08222, and requests that the permit be changed as follows:

Source: GROUNDWATER

| <u>BENEFICIAL USE</u> | <u>PERIOD OF USE</u> | <u>RATE OF DIVERSION</u> | <u>ANNUAL VOLUME</u> |
|-----------------------|----------------------|--------------------------|----------------------|
| STOCKWATER            | 04/20 to 10/15       | 0.03 CFS                 | 1.9 AF               |

LOCATION OF POINT(S) OF DIVERSION:

SWSW , Sec. 9, Township 03S, Range 20E  
LINCOLN County

PLACE OF USE: STOCKWATER

TWN RGE SEC

03S 20E 9

SWSW

**MICROFILMED**

NOV 07 1995

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

Signed at Ketchum, Idaho, this 13 day of September, 1995.

Jim West  
(Signature)

State of Idaho  
Department of Water Resources

**APPLICATION FOR AMENDMENT**  
(For Licensing Purposes)  
**WATER RIGHT NO. 37-08222**

\*\*\*\*\*

**FOR DEPARTMENT USE ONLY**

Preliminary check by \_\_\_\_\_ Fee = 50- Received by JW # C 033775 Date 10/24/95

**ACTION OF THE DEPARTMENT OF WATER RESOURCES**

I, Karl J. Dreher, of the Department of Water Resources hereby approve the  
above Application for Amendment for Permit No. 37-08222 with the following;

**CONDITIONS OF APPROVAL AND REMARKS**

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to more accurately describe the beneficial use or to implement accepted standards of diversion and use efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
5. Stockwater use is for 300 range cattle.

Witness my hand this 27<sup>TH</sup> day of OCTOBER, 1995.

Acting for Karl J. Dreher  
KARL J. DREHER, Director

NOV 07 1995

BEFORE THE DEPARTMENT OF WATER RESOURCES  
OF THE STATE OF IDAHO

IN THE MATTER OF PERMIT NO. 37-8222 IN THE

NAME OF JIM WEST

)  
) ORDER OF REINSTATEMENT  
)  
)

WHEREAS, the Department issued the above-captioned permit with the condition that proof of construction of works and application of water to beneficial use (proof of beneficial use) be submitted on or before January 1, 1991; and,

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

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

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

WHEREAS, the permit holder has provided a reasonable showing why the permit should be reinstated by submitting proof of beneficial use on January 15, 1991;

IT IS, THEREFORE, HEREBY ORDERED that Permit No. 37-8222 be REINSTATED and the priority advanced to August 5, 1985.

Dated this 28 day of January, 1991.

*L. Glen Saxton*

L. GLEN SAXTON, Chief  
Water Allocation Bureau

RECEIVED

MAR 18 1991

**RECEIVED**  
JAN 15 1991

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

For Office Use Only

Amt. of Fee \$ 50.00

Date 1/15/91

Receipt No. 83-313

Received by [Signature]

Department of Water Resources

**PROOF OF BENEFICIAL USE**

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

1. Permit No. 37-08222 Telephone No. 208-726-9745

2. Name(s) of Permit Holder(s): James E. West

3. Post Office Address: Box 360 Billings Idaho 83-313

4. Source of Water: ground water

a. If ground water, well driller's name: \_\_\_\_\_ Date drilled: 85

b. Pump horsepower: 1 Pressure (psi): ? Dynamic pumping level (ft.): ?

5. Extent of Use:

Domestic \_\_\_\_\_ (No. of households) Irrigation \_\_\_\_\_ (No. of acres)

Stockwater 350 (No. and type of stock) hd. Other \_\_\_\_\_

6. Total rate and/or volume for which proof is submitted 0.07 cfs \_\_\_\_\_ acre/feet

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

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

OR

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

8. Fee Enclosed: \$ 50.00 (See License Examination Fee Schedule)

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

LITA WEST  
Name

208 726 9745  
Telephone No.

Box 360 Billings  
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.

**MICROFILMED**

MAR 18 1991

JAN 15, 1991  
Date

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

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

JUL 22 1985

JUN 24 1985

To appropriate the public waters of the State of Idaho

Department of Water Resources  
State Water Control OfficeDepartment of Water Resources  
Snake River District Office1. Name of applicant Jim West Phone 788 4445Post office address P.O. Box 360, Bellevue, Idaho 833132. Source of water supply Well which is a tributary of \_\_\_\_\_3. Location of point of diversion is NE  $\frac{1}{4}$  of SW  $\frac{1}{4}$  of Section 9 Township 3SRange 20E B.M. Lincoln County, additional points of diversion if any: \_\_\_\_\_

## 4. Water will be used for the following purposes:

Amount 72,000 <sup>Cubic Feet</sup> for stockwater purposes from April 10 to Oct 15 (both dates inclusive)Amount 07 <sup>CFS</sup> for stockwater purposes from April 10 to Oct 15 (both dates inclusive)

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

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

## 5. Total quantity to be appropriated:

a. 72,000 <sup>07</sup> cubic feet ~~per second~~ <sup>per second</sup> and/or b. \_\_\_\_\_ acre-feet per annum.

## 6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. Well & pump

b. Height of storage dam \_\_\_\_\_ feet, active reservoir capacity \_\_\_\_\_ acre-feet; total reservoir capacity \_\_\_\_\_ acre-feet, materials used in storage dam: \_\_\_\_\_

Period of year when water will be diverted to storage \_\_\_\_\_ to \_\_\_\_\_ inclusive.  
(Month/Day) (Month/Day)

c. Proposed well diameter is \_\_\_\_\_ inches; proposed depth of well is \_\_\_\_\_ feet.

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 - maximum 5 years).

## 8. Description of proposed uses:

a. If water is not for irrigation:

(1) Give the place of use of water: NE  $\frac{1}{4}$  of SW  $\frac{1}{4}$  of Section 9 Township 3SRange 20E B.M.

(2) Amount of power to be generated: \_\_\_\_\_ horsepower under \_\_\_\_\_ feet of head.

(3) List number of each kind of livestock to be watered 300 head of cows

(4) Name of municipality to be served \_\_\_\_\_, or number of families to be supplied with domestic water \_\_\_\_\_.

(5) If water is to be used for other purposes describe: \_\_\_\_\_

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

| TWP | RANGE | SEC. | NE¼ |     |     |     | NW¼ |     |     |     | SW¼ |     |     |     | SE¼ |     |     |     | TOTALS |
|-----|-------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
|     |       |      | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |

Total number of acres to be irrigated \_\_\_\_\_

c. Describe any other water rights used for the same purposes as described above. \_\_\_\_\_

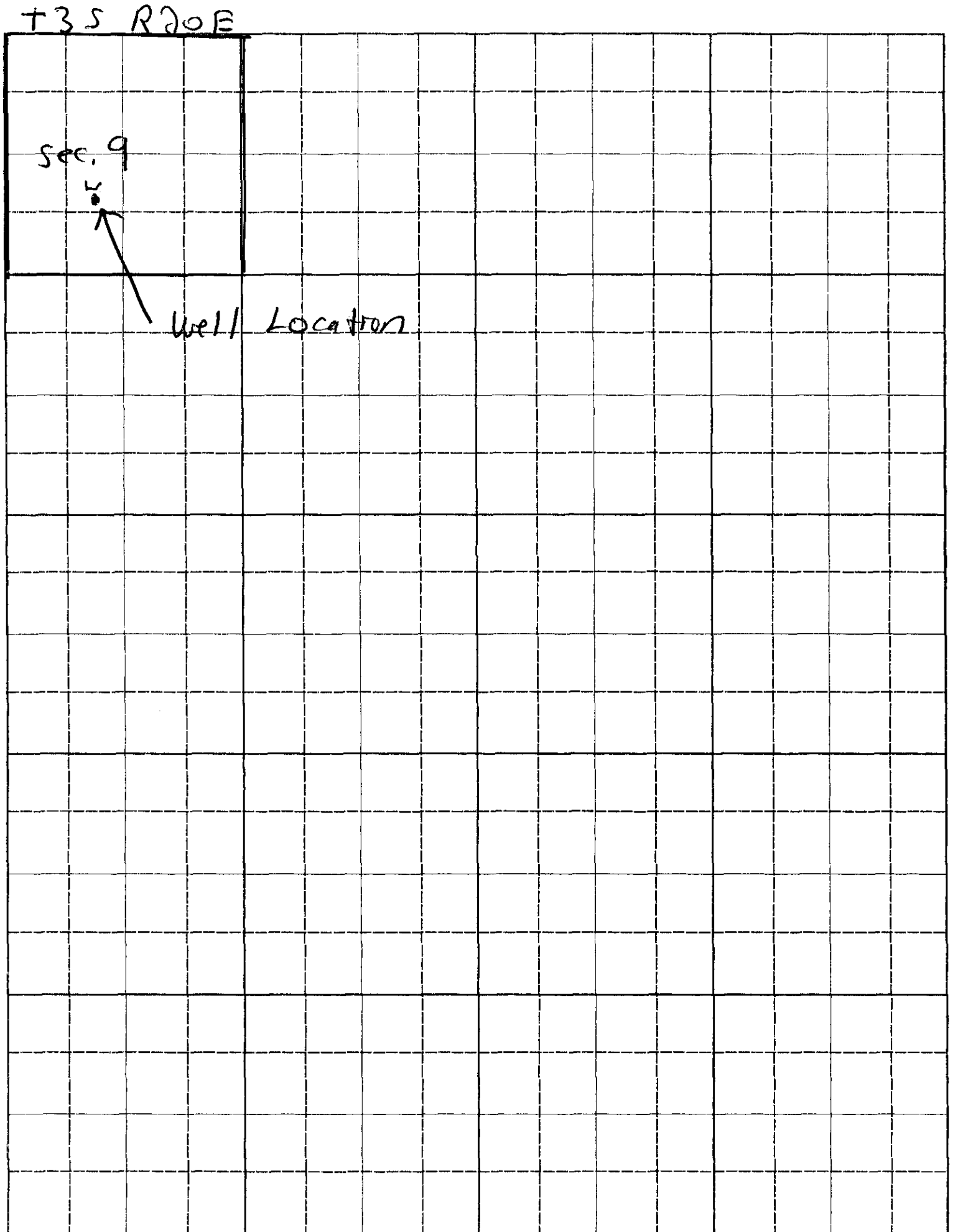
9. a. Who owns the property at the point of diversion Bureau Land Management

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 B.L.M. has granted permission to develop stockwater to serve the Timmerman Hills grazing allotment

10. Remarks \_\_\_\_\_

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



Scale: 2 inches equal 1 mile.

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

*James E. West*  
(Applicant)

**MICROFILMED**

Proposed Priority 7/22/85

**MICROFILMED**

Received by m2ry2 Date 7/22/85 Time 11:00

Preliminary check by TR Fee \$ 30.<sup>00</sup> # 36691

Receipted by m2ry2 Date 7/22/85

Publication prepared by m2ry2 Date \_\_\_\_\_

Published in Arctic & Alpine Journal

Publication dates 12/28 + 12/5/85

Publication approved m2ry2 Date 12/13/85

Protests filed by: None

Copies of protests forwarded by \_\_\_\_\_

Hearing held by \_\_\_\_\_ Date \_\_\_\_\_

Recommended for approval denial by Adm lew

**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. 37-8222, and said application is hereby APPROVED.

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

a. SUBJECT TO ALL PRIOR WATER RIGHTS.

b. Proof of construction of works and application of water to beneficial use shall be submitted on or before January 1, 19 91.

c. The rate of diversion, if water is to be used for irrigation under this permit, when combined with all other water rights for the same land shall not exceed 0.02 cubic feet per second for each acre of land.

d. Other: Permit holder shall commence the excavation or construction of diverting works within one year of the date this permit is issued and shall proceed diligently until the project is complete.

The issuance of this permit in no way grants any right-of-way or easement across the land of another.

The maximum rate of diversion for stockwater purposes under this permit shall not exceed 0.07 cfs.

Witness my hand this 7<sup>th</sup> day of January, 1986.

J. Glen Saxton  
Chief, Operations Bureau



State of Idaho

**DEPARTMENT OF WATER RESOURCES**

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

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

PHILIP E. BATT  
GOVERNOR

KARL J. DREHER  
DIRECTOR

LITA WEST  
PO BOX 867  
BELLEVUE ID 83313

October 27, 1995

RE: WATER RIGHT NO. 37-08222

Dear Water Right Holder(s):

Enclosed is a copy of the Water Right License issued on the above referenced permit along with a copy of your approved Application for Amendment.

Should you have any questions regarding these documents, please contact me.

Sincerely,

Shelley W. Keen  
Water Rights Supervisor

SK:rl

Enclosure

RECEIVED

NOV 07 1995

De. Shilley Keen,

Thank you for your

NOTE. It will be simpler  
to issue it in my  
late husband's name -  
So thanks -

Best Regards,

Site West

Oct 21, 1995



NOV 07 1995

Amendment



**State of Idaho**

**DEPARTMENT OF WATER RESOURCES**

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

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

PHILIP E. BATT  
GOVERNOR

KARL J. DREHER  
DIRECTOR

October 4, 1995

LITA WEST  
PO BOX 867  
BELLEVUE ID 83313

RE: WATER RIGHT NO. 37-08222

Dear Lita,

I have received your signed application for amendment for the above referenced water right. However, I did not receive the \$50.00 filing fee that is needed before we can issue you a license.

In order to change the name on the license I will need an assignment of permit (enclosed) assigning the permit to you. I don't know under what circumstances the name is to be changed, but I should inform you that if I issue the license in the name of Jim West, once the right is licensed, the license is appurtenant to the land and it makes no difference in whose name it was issued.

Whatever course you wish to take, please submit the \$50.00 filing fee within 14 days so that we can expedite your license. If you have any questions, please contact me at (208) 327-7946.

Sincerely,

Shelley Walter Keen  
Water Rights Supervisor

SWK:rl

Enclosures

RECEIVED

NOV 07 1995



State of Idaho

**DEPARTMENT OF WATER RESOURCES**

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

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

PHILIP E. BATT  
GOVERNOR

KARL J. DREHER  
DIRECTOR

September 20, 1995

JIM WEST  
PO BOX 360  
BELLEVUE ID 83313

RE: WATER RIGHT NO. 37-08222

Dear Water Right Holder(s):

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

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

The last page of the Application for Amendment form contains a list of CONDITIONS/REMARKS proposed for the license when it is issued. These conditions/remarks may be modified upon further administrative review.

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

Sincerely,

Shelley W. Keen  
Water Rights Supervisor

SK:rl

Enclosure

RECEIVED  
SEP 21 1995

SEP 27 1995

# LICENSE REVIEW CHECKLIST

PERMIT NO. 037-08222 DATE 9-19-95



NAME Change OK ☒ Or Address Change? ☐

PRIORITY DATE ☒ Advance? YES Advanced to: 8-5-85  
 Order to reinstate needed?         
 Incorrect fee for rate recommended? NA

SOURCE        ☒ Changes or just clarification of originally intended source?         
 Notice of Intent to Void necessary?       

POINT OF DIV ☒ Amendment needed?         
☒ Overlaps?       

PLACE OF USE ☒ Amendment needed?         
☒ Overlaps?       

DIV RATE        ☒ Permit/fee limits: .07 CFS  
 Meas Q =        Theo Q = .03 Recommend: .03  
300 cattle (as per permit) standard rate is  
.07 CFS. limited by capacity.  
 Combined rates exceed capacity       

ANNUAL VOLUME ☒ Volume Limit: PERMIT Season: 4-20 to 10-15 (178 days)  
 Calculations: 300 cattle @ 4.0 GF x 178/365 = 1.9 GF  
 Flow limit:        cfs x        x 1.9835 =         
 Combined volumes exceed capacity/allowable       

USES        ☒ Change in Nature of Use or additional uses?         
 Amendment necessary?       

ADDITIONAL INFO Supplemental Groundwater        PPU Scenario         
 Irr/Dom Combination        Shared G/W System       

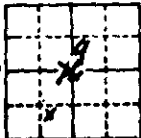
NEW REMARKS        Multiple p/d(s) in 1/4 1/4?         
W02 Other 300 HEAD

NEW CONDITIONS        Watermaster control - District         
       Measuring/Locking Devices         
       Irrigation Overlap         
       Other         
       Water Quality        Heat/Cool/Fish verified       

COMMENTS: Reduce rate to capacity.  
Amend P/D + P/L

| RECOMMENDATION    | CFS           | VOLUME        | SRBA Claim Filed       | <u>NO</u>        |
|-------------------|---------------|---------------|------------------------|------------------|
| <u>Stockwater</u> | <u>.03</u>    | <u>1.9</u>    | Adjustment Memo Needed | <u>YES</u>       |
| <u>      </u>     | <u>      </u> | <u>      </u> | LICENSE                | <u>      </u>    |
| <u>      </u>     | <u>      </u> | <u>      </u> | 1ST AMEND LETTER       | <u>P37 + P38</u> |
| <u>      </u>     | <u>      </u> | <u>      </u> | 2ND AMEND LETTER       | <u>P47</u>       |

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

| <b>1. WELL OWNER</b><br>Name <u>Jim W. Scott</u><br>Address _____<br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       | <b>7. WATER LEVEL</b><br>Static water level <u>540'</u> feet below land surface<br>Flowing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> G.P.M. flow _____<br>Artesian closed in pressure _____ p.s.i.<br>Controlled by Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug <input type="checkbox"/><br>Temperature _____ OF Quality _____<br><small>(Check for artesian or temperature zones 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"/> Abandoned (describe at abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       | <b>8. WELL TEST DATA</b><br>_____ Pump _____ Bailer _____ Air _____ Other _____<br>Discharge (G.P.M.) _____ Pumping Level _____ Hours Pumped _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |      |       |          |       |       |      |    |        |   |   |    |           |  |  |    |    |        |  |  |    |    |                 |  |  |    |    |        |  |  |    |    |            |  |  |    |     |       |  |  |     |     |                         |  |  |     |     |       |  |  |     |     |               |  |  |     |     |       |  |  |     |     |       |  |  |     |     |       |  |  |     |     |      |  |  |     |     |       |  |  |     |     |        |  |  |     |     |                |  |  |     |     |                 |  |  |     |     |                  |  |  |     |     |      |  |  |     |     |       |  |  |     |     |               |  |
| <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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br>Other _____ (Specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | <b>9. LITHOLOGIC LOG</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |      |       |          |       |       |      |    |        |   |   |    |           |  |  |    |    |        |  |  |    |    |                 |  |  |    |    |        |  |  |    |    |            |  |  |    |     |       |  |  |     |     |                         |  |  |     |     |       |  |  |     |     |               |  |  |     |     |       |  |  |     |     |       |  |  |     |     |       |  |  |     |     |      |  |  |     |     |       |  |  |     |     |        |  |  |     |     |                |  |  |     |     |                 |  |  |     |     |                  |  |  |     |     |      |  |  |     |     |       |  |  |     |     |               |  |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       | <table border="1"><thead><tr><th>Bore</th><th>Depth</th><th>Material</th><th>Water</th></tr><tr><th>Diam.</th><th>From</th><th>To</th><th>Yes No</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>14</td><td>Grey Lava</td><td></td></tr><tr><td></td><td>14</td><td>16</td><td>Gravel</td><td></td></tr><tr><td></td><td>16</td><td>24</td><td>Solid Grey Lava</td><td></td></tr><tr><td></td><td>24</td><td>28</td><td>Broken</td><td></td></tr><tr><td></td><td>28</td><td>74</td><td>Solid Grey</td><td></td></tr><tr><td></td><td>74</td><td>145</td><td>Brown</td><td></td></tr><tr><td></td><td>145</td><td>162</td><td>Broken Lost Circulation</td><td></td></tr><tr><td></td><td>162</td><td>174</td><td>Solid</td><td></td></tr><tr><td></td><td>174</td><td>230</td><td>Gravel + Clay</td><td></td></tr><tr><td></td><td>230</td><td>284</td><td>Solid</td><td></td></tr><tr><td></td><td>284</td><td>305</td><td>Solid</td><td></td></tr><tr><td></td><td>305</td><td>365</td><td>Solid</td><td></td></tr><tr><td></td><td>365</td><td>370</td><td>Soft</td><td></td></tr><tr><td></td><td>370</td><td>381</td><td>Solid</td><td></td></tr><tr><td></td><td>381</td><td>450</td><td>Broken</td><td></td></tr><tr><td></td><td>450</td><td>535</td><td>Solid Red Lava</td><td></td></tr><tr><td></td><td>535</td><td>580</td><td>Solid Grey Lava</td><td></td></tr><tr><td></td><td>580</td><td>600</td><td>Solid Brown Lava</td><td></td></tr><tr><td></td><td>600</td><td>661</td><td>Grey</td><td></td></tr><tr><td></td><td>661</td><td>682</td><td>Brown</td><td></td></tr><tr><td></td><td>682</td><td>715</td><td>Broken Gravel</td><td></td></tr></tbody></table> |                         | Bore | Depth | Material | Water | Diam. | From | To | Yes No | 8 | 0 | 14 | Grey Lava |  |  | 14 | 16 | Gravel |  |  | 16 | 24 | Solid Grey Lava |  |  | 24 | 28 | Broken |  |  | 28 | 74 | Solid Grey |  |  | 74 | 145 | Brown |  |  | 145 | 162 | Broken Lost Circulation |  |  | 162 | 174 | Solid |  |  | 174 | 230 | Gravel + Clay |  |  | 230 | 284 | Solid |  |  | 284 | 305 | Solid |  |  | 305 | 365 | Solid |  |  | 365 | 370 | Soft |  |  | 370 | 381 | Solid |  |  | 381 | 450 | Broken |  |  | 450 | 535 | Solid Red Lava |  |  | 535 | 580 | Solid Grey Lava |  |  | 580 | 600 | Solid Brown Lava |  |  | 600 | 661 | Grey |  |  | 661 | 682 | Brown |  |  | 682 | 715 | Broken Gravel |  |
| Bore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Depth | Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Water                   |      |       |          |       |       |      |    |        |   |   |    |           |  |  |    |    |        |  |  |    |    |                 |  |  |    |    |        |  |  |    |    |            |  |  |    |     |       |  |  |     |     |                         |  |  |     |     |       |  |  |     |     |               |  |  |     |     |       |  |  |     |     |       |  |  |     |     |       |  |  |     |     |      |  |  |     |     |       |  |  |     |     |        |  |  |     |     |                |  |  |     |     |                 |  |  |     |     |                  |  |  |     |     |      |  |  |     |     |       |  |  |     |     |               |  |
| Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | From  | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes No                  |      |       |          |       |       |      |    |        |   |   |    |           |  |  |    |    |        |  |  |    |    |                 |  |  |    |    |        |  |  |    |    |            |  |  |    |     |       |  |  |     |     |                         |  |  |     |     |       |  |  |     |     |               |  |  |     |     |       |  |  |     |     |       |  |  |     |     |       |  |  |     |     |      |  |  |     |     |       |  |  |     |     |        |  |  |     |     |                |  |  |     |     |                 |  |  |     |     |                  |  |  |     |     |      |  |  |     |     |       |  |  |     |     |               |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 365   | 370                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Soft                    |      |       |          |       |       |      |    |        |   |   |    |           |  |  |    |    |        |  |  |    |    |                 |  |  |    |    |        |  |  |    |    |            |  |  |    |     |       |  |  |     |     |                         |  |  |     |     |       |  |  |     |     |               |  |  |     |     |       |  |  |     |     |       |  |  |     |     |       |  |  |     |     |      |  |  |     |     |       |  |  |     |     |        |  |  |     |     |                |  |  |     |     |                 |  |  |     |     |                  |  |  |     |     |      |  |  |     |     |       |  |  |     |     |               |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 381   | 450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Broken                  |      |       |          |       |       |      |    |        |   |   |    |           |  |  |    |    |        |  |  |    |    |                 |  |  |    |    |        |  |  |    |    |            |  |  |    |     |       |  |  |     |     |                         |  |  |     |     |       |  |  |     |     |               |  |  |     |     |       |  |  |     |     |       |  |  |     |     |       |  |  |     |     |      |  |  |     |     |       |  |  |     |     |        |  |  |     |     |                |  |  |     |     |                 |  |  |     |     |                  |  |  |     |     |      |  |  |     |     |       |  |  |     |     |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 450   | 535                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Solid Red Lava          |      |       |          |       |       |      |    |        |   |   |    |           |  |  |    |    |        |  |  |    |    |                 |  |  |    |    |        |  |  |    |    |            |  |  |    |     |       |  |  |     |     |                         |  |  |     |     |       |  |  |     |     |               |  |  |     |     |       |  |  |     |     |       |  |  |     |     |       |  |  |     |     |      |  |  |     |     |       |  |  |     |     |        |  |  |     |     |                |  |  |     |     |                 |  |  |     |     |                  |  |  |     |     |      |  |  |     |     |       |  |  |     |     |               |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 682   | 715                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Broken Gravel           |      |       |          |       |       |      |    |        |   |   |    |           |  |  |    |    |        |  |  |    |    |                 |  |  |    |    |        |  |  |    |    |            |  |  |    |     |       |  |  |     |     |                         |  |  |     |     |       |  |  |     |     |               |  |  |     |     |       |  |  |     |     |       |  |  |     |     |       |  |  |     |     |      |  |  |     |     |       |  |  |     |     |        |  |  |     |     |                |  |  |     |     |                 |  |  |     |     |                  |  |  |     |     |      |  |  |     |     |       |  |  |     |     |               |  |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: Steel _____ Concrete _____ Other _____<br>Thickness _____ Diameter _____ From _____ To _____<br>Inches _____ inches _____ feet _____ feet<br>Inches _____ inches _____ feet _____ feet<br>Inches _____ inches _____ feet _____ feet<br>Inches _____ inches _____ feet _____ feet<br>Was casing drive shoe used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Was a packer or seal used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Perforated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br>Number _____ From _____ To _____<br>perforations _____ feet _____ feet<br>perforations _____ feet _____ feet<br>perforations _____ feet _____ feet<br>Well screen installed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><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 _____ Material used in seal <input checked="" type="checkbox"/> Cement grout<br><input type="checkbox"/> Bentonite <input type="checkbox"/> Pudding clay<br>Sealing procedure used _____ Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing _____ Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld _____<br>Describe access port <u>Well cap</u> |       | <b>10. Work started</b> <u>June 7, 84</u> <b>finished</b> <u>June 17, 84</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |      |       |          |       |       |      |    |        |   |   |    |           |  |  |    |    |        |  |  |    |    |                 |  |  |    |    |        |  |  |    |    |            |  |  |    |     |       |  |  |     |     |                         |  |  |     |     |       |  |  |     |     |               |  |  |     |     |       |  |  |     |     |       |  |  |     |     |       |  |  |     |     |      |  |  |     |     |       |  |  |     |     |        |  |  |     |     |                |  |  |     |     |                 |  |  |     |     |                  |  |  |     |     |      |  |  |     |     |       |  |  |     |     |               |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Subdivision Name _____<br>Lot No. _____ Bloc. No. _____<br>County <u>Lincoln</u><br><u>SE 1/4 SW 1/4 Sec. 26 T. 3 N. R. 20 E.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were<br>complied with at the time the rig was removed.<br>Firm Name <u>Elsing Drilling Firm No. 31</u><br>Address <u>P.O. Box 915</u> Date <u>6/17/84</u><br><u>Trin Falls, Idaho</u><br>Signed by (Firm Official) <u>Ronald Elsing</u><br>and<br>(Operator) <u>Lloyd Haplin</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |      |       |          |       |       |      |    |        |   |   |    |           |  |  |    |    |        |  |  |    |    |                 |  |  |    |    |        |  |  |    |    |            |  |  |    |     |       |  |  |     |     |                         |  |  |     |     |       |  |  |     |     |               |  |  |     |     |       |  |  |     |     |       |  |  |     |     |       |  |  |     |     |      |  |  |     |     |       |  |  |     |     |        |  |  |     |     |                |  |  |     |     |                 |  |  |     |     |                  |  |  |     |     |      |  |  |     |     |       |  |  |     |     |               |  |

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

37-08222

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

RECEIVED  
SEP 14 1995  
Department of Water Resources

**A. GENERAL INFORMATION**

Permit No. 37-082200

1. Owner: BLM-SHOShONE Lita WEST (Leasee) Phone No. (208) 788-4445

Current Address: P.O. Box 360 BELLEVUE ID 83313

2. Accompanied by: — EXAM DATE: 08-09-95

Address: Same Phone No. —

Relationship to Permit Holder: —

3. Source: Groundwater tributary to —

**B. OVERLAP REVIEW**

1. Other water rights with the same place of use: NONE

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 |
|-----------|-----------|-----|-----|-----|------|------|------|---------|---------------------------------|
|           |           | NE  | SW  | SW  | 9    | 03S  | 20E  | LINCOLN | USGS QUAD RANGLE                |
|           |           |     |     |     |      |      |      |         |                                 |
|           |           |     |     |     |      |      |      |         |                                 |
|           |           |     |     |     |      |      |      |         |                                 |

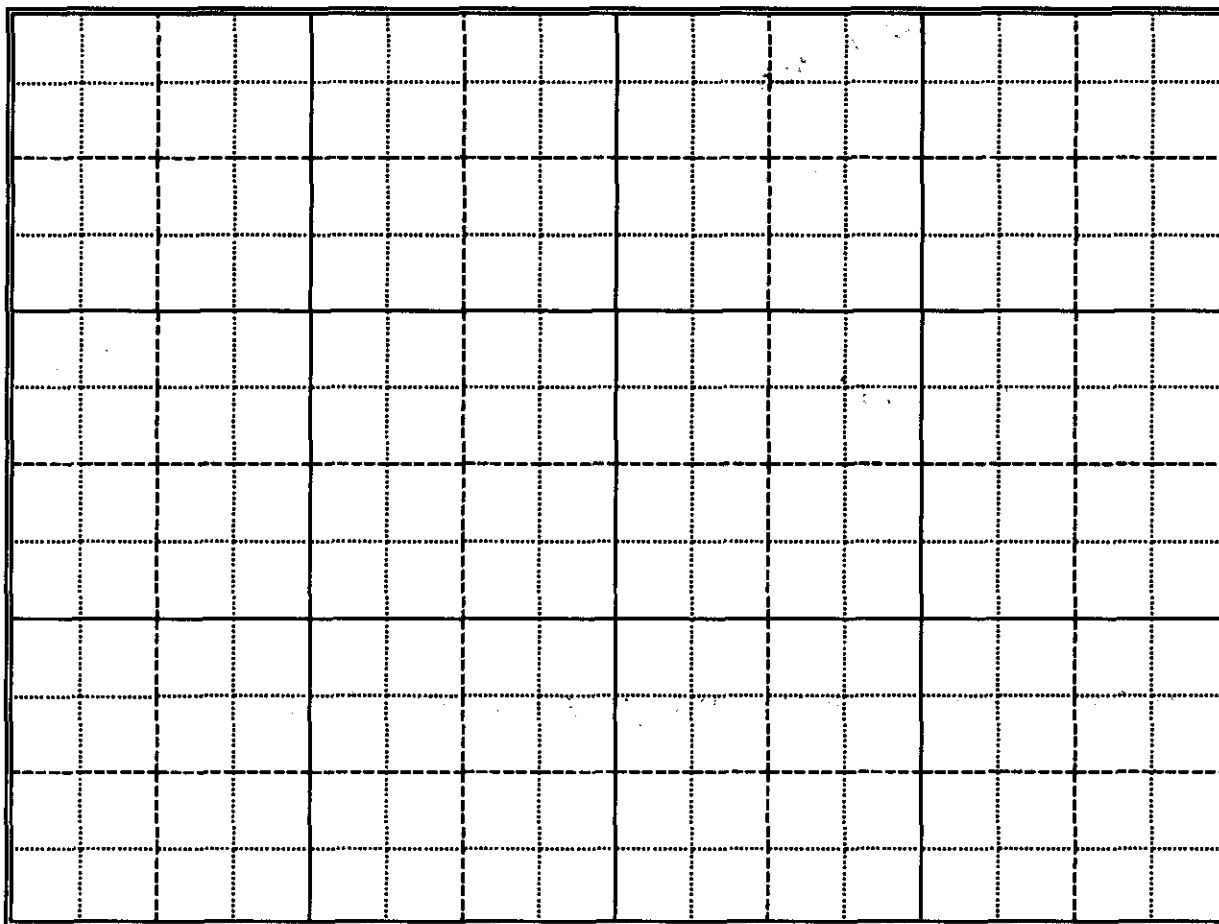
2. Place(s) of Use:

Indicate Method of Determination

| TWP | RGE | SEC | NE |    |    |    | NW |    |    |    | SW |    |         |    | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|---------|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW      | SE | NE | NW | SW | SE |        |
| 3S  | 20E | 9   |    |    |    |    |    |    |    |    |    |    | NE<br>S |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |        |

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



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

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

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

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

4. *P.O.D. FENCED OFF AND LOCKED UP BY BLM*

| Well or Diversion Identification No.* | Motor Make         | Hp       | Motor Serial No. | Pump Make       | Pump Serial No. or Discharge Size |
|---------------------------------------|--------------------|----------|------------------|-----------------|-----------------------------------|
|                                       | <i>submersible</i> | <i>3</i> | <i>unk</i>       | <i>STA-RITE</i> | <i>unk</i>                        |
|                                       |                    |          |                  |                 |                                   |
|                                       |                    |          |                  |                 |                                   |

\*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: *NONE TAKEN*

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E. NARRATIVE/REMARKS/COMMENTS

No Field exam conducted. Development of the Permit was confirmed AT THE BLM office on 08-09-95 with KURT KUOIK

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

**F. FLOW CALCULATIONS**

\_\_\_\_ Additional Computation Sheets Attached

Measured Method: THEORETICAL

$$\frac{8.8 \times 3 \times .70}{550 + (40 \times 2.31)} = \frac{18}{645} = .03 \text{ cfs system capacity}$$

**G. VOLUME CALCULATIONS**

## 1. Volume Calculations for Irrigation:

 $V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$  \_\_\_\_\_ $V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 =$  \_\_\_\_\_ $V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} =$  \_\_\_\_\_

## 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           |                              |                          |
| * <u>STOCKWATER</u> | <u>01-01</u>  | <u>12-31</u> | <u>.03</u>                   | <u>21 afa</u>            |
| _____               | _____         | _____        | _____                        | _____                    |
| _____               | _____         | _____        | _____                        | _____                    |
| _____               | _____         | _____        | _____                        | _____                    |
| _____               | _____         | _____        | _____                        | _____                    |
| Totals:             |               |              | <u>.03</u>                   | <u>21 afa</u>            |

## 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 Dallas R. Taylor Date 08-09-95

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

SEAL

\* SEE adjustment memo. RC

MICROFILMED

NOV 07 1995

MEMORANDUM

TO: File 37-08222 / Jim West  
FROM: Brenda Chapman  
DATE: September 19, 1995  
RE: Recommendation Adjustment(s)

=====

The final licensing recommendations for Right 37-08222 are based on the information below:

H. RECOMMENDATIONS

1. Recommended Amounts

| Beneficial Use | Period of Use | Rate of Div | Annual Vol |
|----------------|---------------|-------------|------------|
| Stockwater     | 4-20 to 10-15 | .03         | 1.9        |

The stockwater volume recommendation is based on the permit parameters of 300 head of cattle with a season of use of 178 days.

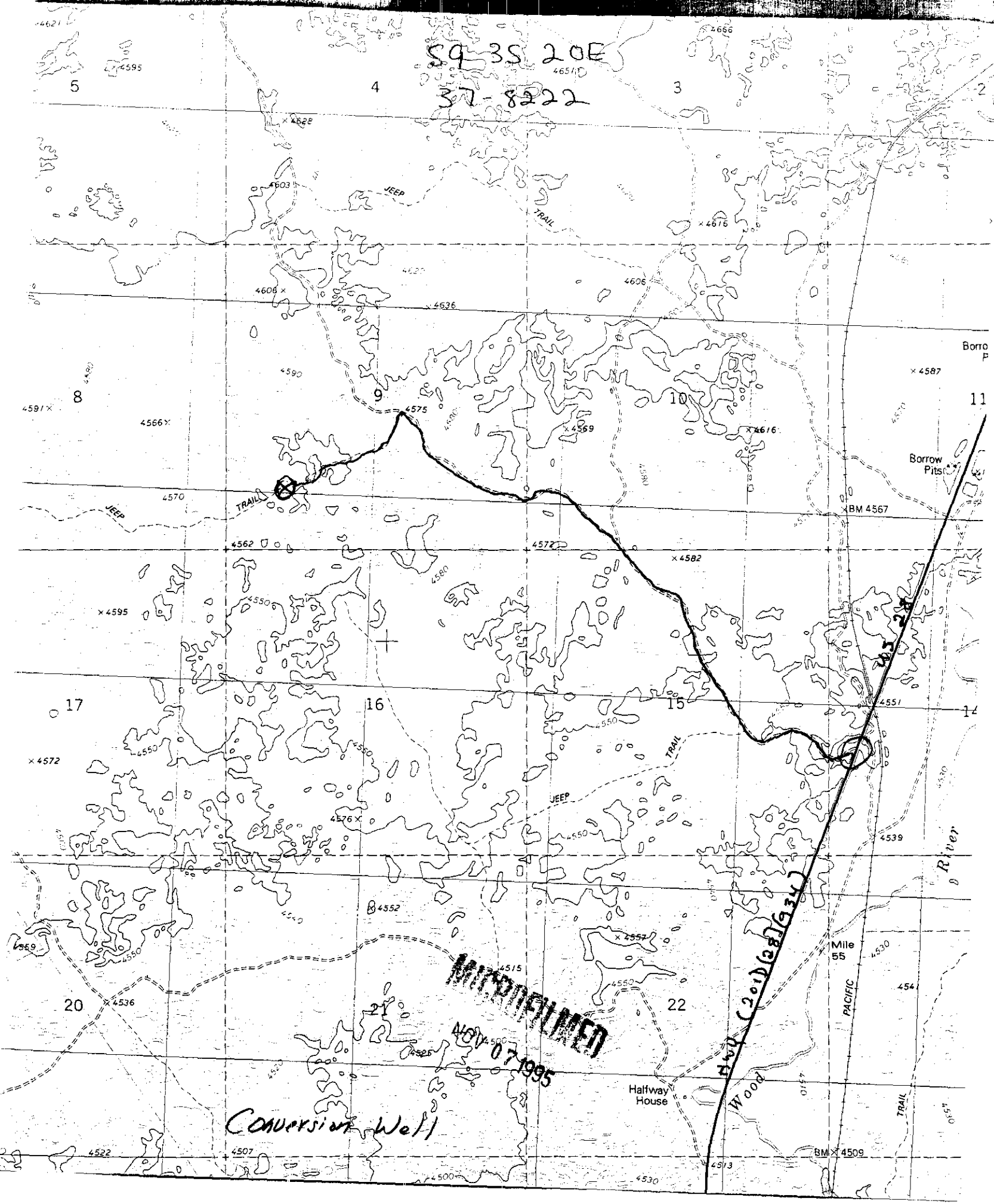
2. Recommended Amendments

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

The exam confirms a change in the point of diversion and place of use from the NESW $\frac{1}{4}$  to the SWSW $\frac{1}{4}$  of Section 9. An amendment is required.

RECEIVED  
NOV 07 1995

SQ 3S 20E  
37-8222



MIRRORED  
NOV 07 1995

Conversion Well

Wood (201027934)

R. 18 E.

R. 19 E.

R. 20 E.

BLM  
Project map

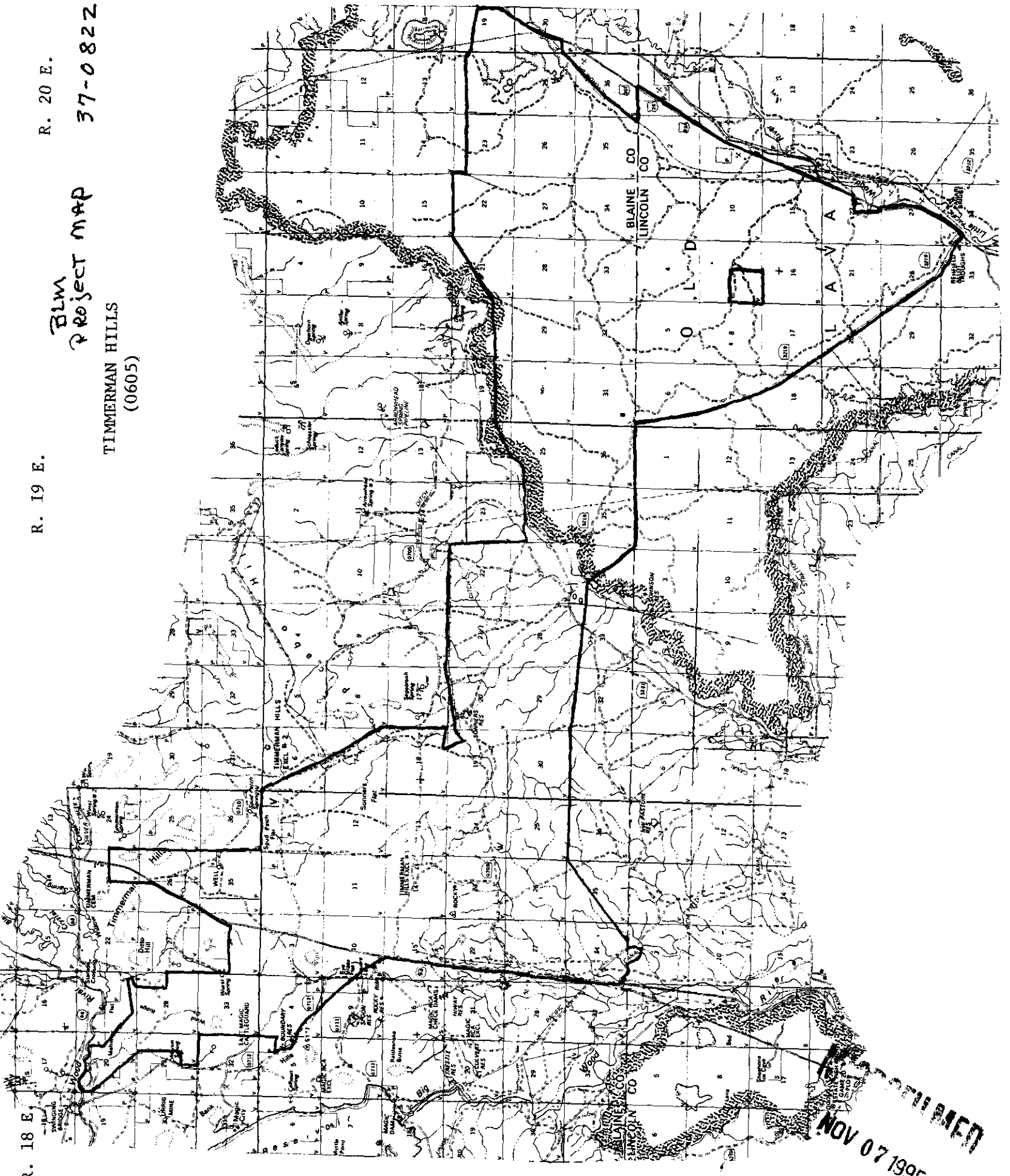
37-08222

TIMMERMAN HILLS  
(0605)

T.  
1  
S.

T.  
2  
S.

T.  
3  
S.



NOV 07 1995

EXPENDITURE VOUCHER

AUDITOR USE

STATE OF IDAHO  
Office of State Auditor

AGENCY USE

|          |
|----------|
| Date     |
| 02/01/91 |
| Code     |
| 193002   |

**VENDOR:** If you require additional information regarding this payment, please contact the State agency listed below.

AGENCY NAME: DEPT. OF WATER RESOURCES

|              |      |
|--------------|------|
| Document No. |      |
| Pre-Audit    | Date |
| Warrant No.  |      |

PAY  
TO

JIM WEST  
BOX 360  
BELLEVUE, ID 83812

CHECK ONE:

( ) MISCELLANEOUS EXPENDITURE  
( ) STATE CONTRACT

( ) PURCHASE ORDER

( ) MISCELLANEOUS  
ENCUMBRANCE REQUISITION

PAYMENT: ( ) PARTIAL ( ) FINAL

Encumbrance Reference No.

| LINE No. | PROGRAM   | FUND | ACCT. |     | DESCRIPTION                                                                   | LINE AMOUNT | AGENCY USE |
|----------|-----------|------|-------|-----|-------------------------------------------------------------------------------|-------------|------------|
|          |           |      | Maj   | Min |                                                                               |             |            |
| 1        | 05 40 122 | 1238 | 8831  |     | REFUNDS<br>PER RITA FLECK<br>WR #37-8222<br>RECEIPT #0019399<br>1/28/91 50.00 | 50.00       |            |
| TOTAL    |           |      |       |     |                                                                               | 50.00       |            |

NOTE: Final payment must be accompanied by a receiving copy

TO STATE AUDITOR

Request is hereby made that a warrant be authorized and drawn in payment of the item or items described above. I hereby certify that the items described were ordered by proper authority; that they are necessary in the public service, that the items have been received and accounted for, and that the account as stated is correct and just.

AUDITOR'S CERTIFICATE

I hereby certify that the above account is in proper form; that totals carried hereon are correct; that receipts when required by law or regulation of the State Board of Examiners covering items for which reimbursement is asked are submitted herewith; and that there are funds in the state treasury and balances in appropriation accounts out of which the same may be lawfully paid.

Date

Head of Agency or Institution

State Auditor

January 29, 1991

JIM WEST  
BOX 360  
BELLEVUE ID 83313

Dear Mr. West:

Re: Permit No. 37-8222

PROOF ACKNOWLEDGEMENT LETTER

The department received the proof of beneficial use form and the \$50 filing fee. For the diversion of water for stockwater uses, no license exam fee is required.

Also, enclosed is a copy of the order reinstating the permit with an advance in priority.

The next step is for the department to conduct the field inspection to confirm and determine the extent of beneficial use. I cannot tell just when the representative from our Southern Regional office will conduct the exam, but he will try to contact you or your representative prior to being in the area.

If you have questions, please contact me.

Sincerely,

RITA I. FLECK  
Secretary/Records Manager

c: S. Region  
Fiscal Sec.

RECEIVED  
JAN 31 1991

JAN 31 1991

MEMORANDUM

DATE: January 28, 1991  
TO: FISCAL SECTION  
FROM: Nina Shields or Rita Fleck  
RE: REFUND - 37-8222

Please prepare a refund of \$50.00 (receipt No. C019399). Attached is a copy of the letter which explains why the refund is necessary.

Also, please reference the identification number on any papers returned to me for the file. Thanks.

Attachments: letter  
receipt

**MICROFILMED**

MAR 1 6 1991

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 37-8222

Date: 1-25-91

General Considerations:

✓ Name same as permit  
OK Signature the same as permit holder  
NO Address change If yes, prepare a data entry  
NO Proof received timely  
Reinstated

Source of Water:

✓ Surface water  
✓ Groundwater  
1. well log in file 1985  
2. drilling permit  
OK A. amount of drilling fee paid for proposed uses

Extent of Use and Rate of Diversion:

✓ Rate of diversion appropriate for uses  
NO Is rate or volume and fee appropriate?  
Has permit holder indicated when water was first put to a beneficial use?

Measuring Device:

OK Is a measuring device or access port required?  
Has one been installed?  
Waiver or modification of measuring device requested

Remarks:

*needs referral - Stockwater*

Priority Calculation:

Date proof received Jan 15, 1991 15

Date proof due Jan 1, 1991 - 1

No. of days late = 14

Priority date July 22, 1985 + 203

✓ NEW PRIORITY DATE Aug 5, 1985 = 217

SEND FILES TO DATA ENTRY AND THEN TO MICROFILM

INTER-DEPARTMENT MEMO

TO:

File 37-8-22

SUBJECT:

FROM:

Glen Sauter

DATE:

1-14-91

- Mrs West called today relative  
to making proof.  
- She also advised her  
husband is deceased.

MICROFILMED

MAR 18 1991

( ) For your information

( ) Response required

signature

January 7, 1991

JIM WEST  
P.O. BOX 360  
BELLEVUE, ID 83313

LAPSE NOTICE

RE: PERMIT NO. 37-08222

Dear Permit Holder:

You are hereby notified that under the provisions of Section 42-218A, Idaho Code, the above referenced permit has lapsed and is of no further force nor effect. The department provided the proper forms to you in our proof due notice dated October 31, 1990. No further construction or additional development is authorized under this permit unless it is reinstated.

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

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

L. GLEN SAXTON  
Chief, Water Allocation Bureau

LGS:rf

Enclosures

**CERTIFICATION OF MAILING**

I hereby certify that on 1-10-91  
a copy/an original of this document was  
deposited in the United States mail,  
postage prepaid, addressed to the  
individual(s) named above.

MAR 1 8 1991

138604  
October 31, 1990

JIM WEST  
P.O. BOX 360  
BELLEVUE, ID 83313

PROOF DUE NOTICE

RE: PERMIT NO. 37-08222

Dear Permit Holder:

One of the conditions of approval of the above referenced water permit was that proof of the extent of your beneficial use must be submitted to this office on or before January 1, 1991. (See last page of your approved permit or your last approved extension request.) Enclosed is a form which when accompanied by the license examination fee or a complete field examination report prepared by a certified water right examiner may be used to submit the required proof.

If you have not fully completed your project, and you or a previous owner of this permit have not received a prior extension of time, you may request an extension of time if the delay is for reasonable cause as provided in Section 42-204, Idaho Code. If you have been prevented from proceeding by a governmental agency or by litigation which might bring title to the water in question, more than one extension of time can be granted. An extension of time request form is enclosed for your convenience.

Either an acceptable proof of beneficial use submittal or an acceptable request for an extension of time must be received by this department on or before the above described proof due date. If neither is received, the department will send you a lapse notice. Within sixty (60) days of the mailing of the lapse notice, the permit will no longer be of any force nor effect.

SINCERELY,

Rita Fleck  
Secretary/Records Manager

Enclosures

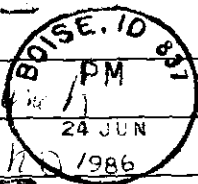
RECEIVED

MAR 18 1991

SIM KEY

EE DAHO P

Bellevue, Idaho



**MICROFILMED**

MAR 18 1991

**RECEIVED**

JUN 25 1986  
IDAHO DEPARTMENT OF WATER RESOURCES  
STATEHOUSE  
BOISE, IDAHO 83720

Department of Water Resources

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
COMMENCEMENT OF WORKS

Permit No. 378222  
Name(s) of Permit Holder(s): Jim West  
Post Office Address: EE OA HS Ranch, Bellevue  
Tel. No. 795-4445

- ☒ I hereby certify that construction of diversion works for the above referenced permit began on JUNE 2, 1986 (date). I understand that I must continue to develop the water system with due diligence to maintain a valid permit.
- ☐ I hereby certify that construction of diverting works on the above referenced project has not yet begun due to the following reason beyond my control:

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

6/2/86  
Date

James P. West  
Signature of Permit Holder

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

- - - - -

STATEHOUSE  
BOISE, IDAHO 83720  
(208) 334-4440  
JANUARY 14, 1986

WEST, JIM  
P.O. BOX 360  
BELLEVUE, ID 83313

PERMIT APPROVAL NOTICE

RE: PERMIT NO. 37-8222

DEAR PERMIT HOLDER:

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

YOU SHOULD BE AWARE THAT THE GROUNDWATER YOU PROPOSE TO DIVERT IS LOCATED WITHIN A DRAINAGE BASIN WHERE SURFACE WATERS ARE REGULATED DURING THE MONTHS OF LOW FLOW. IT IS POSSIBLE THAT DIVERSION OF GROUNDWATER MAY HAVE AN ADVERSE IMPACT ON THESE SURFACE WATER FLOWS. INFORMATION AVAILABLE TO US AT THIS TIME DOES NOT WARRANT REFUSING TO ISSUE PERMITS IN YOUR AREA, BUT WE DO CAUTION THAT DIVERSIONS OF GROUNDWATER ARE NOT ALLOWED TO DEplete FLOWS AVAILABLE FOR SURFACE WATER USERS WITH EARLIER PRIORITY DATES. SITING YOUR WELL AS FAR FROM SURFACE SOURCES AS POSSIBLE AND CASING OUT UPPER WATER PRODUCING ZONES MAY REDUCE THE POTENTIAL OF INTERFERENCE.

PLEASE NOTE THE REQUIREMENT THAT AS A PERMIT HOLDER YOU MUST COMMENCE THE EXCAVATION OR CONSTRUCTION OF DIVERTING WORKS WITHIN ONE YEAR OF THE DATE THE PERMIT WAS ISSUED, AND YOU MUST PROCEED DILIGENTLY UNTIL THE PROJECT IS COMPLETED. THE ENCLOSED BLUE CARD MUST BE COMPLETED AND RETURNED TO THIS OFFICE AS SOON AS YOU COMMENCE CONSTRUCTION, NO LATER THAN ONE YEAR FROM THE DATE THE PERMIT WAS APPROVED.

WE HAVE ENCLOSED A FORM ENTITLED "INSTRUCTIONS FOR PROOF OF BENEFICIAL USE". PLEASE READ THE INSTRUCTIONS CAREFULLY SINCE YOU MUST TAKE FURTHER ACTION TO DEVELOP THIS PERMIT INTO A LICENSE.

SINCERELY,

DAVID R. TUTHILL, JR., P.E.  
SUPERVISOR, WATER ALLOCATION SECTION

DRT: SC  
ENCLOSURES

**MICROFILMED**

# AFFIDAVIT OF PUBLICATION

State of Idaho, }  
County of Lincoln } SS.

Cheri Miller, being first duly sworn, deposes and says that he is the printer (publisher) of the Lincoln County Journal, a newspaper published every week in Shoshone, Lincoln County, 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 28 day of November, 1985, and the date of the last publication was on the 5 day of December, 1985.

Cheri Miller

Subscribed and sworn to before me this 5 day of December, 1985.  
(SEAL)

[Signature]  
NOTARY PUBLIC

## LINCOLN COUNTY JOURNAL Shoshone, Idaho COST OF PUBLICATION

Number of Lines in Notice .....

Number of Insertions .....

Lines tabular at ..... 315c  
24 Lines straight at ..... 21c 12.48  
24 Subsequent lines at ..... 15c 9.36

TOTAL COST .... 21.84

## COPY OF NOTICE (Paste Here)

Water Right  
TITLE OF NOTICE

37-8222 - West  
PLAINTIFF ATTORNEY

DEFENDANT

PLAINTIFF

BILL TO

Dept Water Resources

[Signature]  
**RECEIVED**

DEC 13 1985

Department of Water Resources  
Western District Office

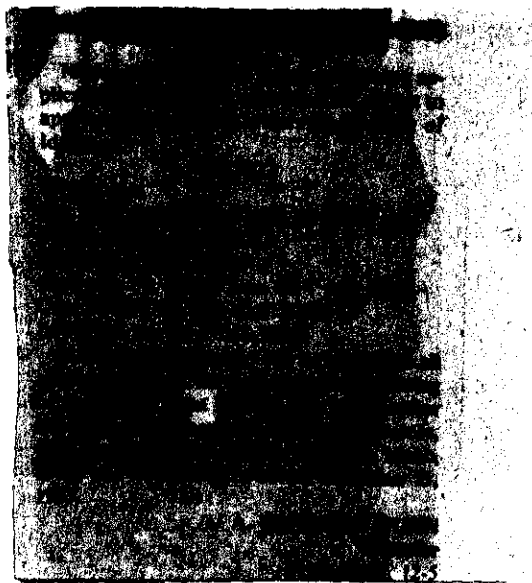
### PUBLICATION RATES

(Idaho Code, Rev. Statutes 1971)

|                                       |      |
|---------------------------------------|------|
| 7 pt. per line, straight              | 21c  |
| 7 pt. per line, tabular               | 315c |
| 7 pt. per line, successive insertions | 15c  |

No 2774

**MICROFILMED**





STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
SOUTHERN REGION

John V. Evans  
Governor

A. Kenneth Dunn  
Director

1041 Blue Lakes Blvd. North  
Twin Falls, Idaho 83301  
(208) 734-3578

November 20, 1985

Lincoln County Journal  
P. O. Box 704  
Shoshone, Idaho 83352

Re: Application for Permit No. 37-8222

Gentlemen:

Enclosed you will find a legal notice which we wish to have published once a week for two consecutive weekly issues of your newspaper. We have inserted the publication dates allowing ample time for you to submit us a galley proof for review before publication.

After sending us a galley proof, proceed with the publication on the dates we have inserted, assuming the notice is correct. If we have any corrections, we will notify you before the first publication. If you cannot publish the notice on the proposed dates, please contact us immediately.

In order to receive payment, an affidavit of publication must be submitted to the Department along with the publication bill.

Very truly yours,

Mary A. Newby  
Sec/Office Coord.

Encl:

**MICROFILMED**

NOTICE OF APPLICATION FOR WATER RIGHT

Notice is hereby given that the following application (s) have been submitted for permit to appropriate the public waters of the State of Idaho:

37-8222

WEST, Jim

P.O. BOX 360 BELLEVUE ID 83313

Source: GROUNDWATER

Date Filed: 07/22/1985

Diversion Pt: NESW Sec. 09 T 03S R20E

Use: STOCKWATER (0.07 CFS)

In NESW Sec 09 T 03S R20E

If issued the permit(s) will be subject to all prior water rights. Protests against the granting of any permit must be filed with the Director of the Idaho Department of Water Resources, 1041 Blue Lakes Blvd. North, Twin Falls, Idaho, 83301 and received on or before December 15, 1985.

A. KENNETH DUNN  
Director

Published Lincoln County Journal Nov. 28, & Dec. 5, 1985.

**MICROFILMED**



STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
SOUTHERN REGION

John V. Evans  
Governor

A. Kenneth Dunn  
Director

1041 Blue Lakes Blvd. North  
Twin Falls, Idaho 83301  
(208) 734-3578

November 20, 1985

Charles Haszier  
U. S. Dept. of Interior  
Bureau of Land Management  
Shoshone Dist.  
Box 2B  
Shoshone, Idaho 83352

Re: Application for Permit No.37-8222

Dear Mr. Haszier:

Please find enclosed a copy of the above referenced application for permit for your information and files.

Very truly yours,

Mary A. Newby  
Sec/Office Coord.

for

Loren O. Holmes  
Southern Region Supervisor

Encl:

**MICROFILMED**

JAY SEVY  
LAND & RESOURCE MANAGEMENT CONSULTANT  
P.O. BOX 736  
PICABO, IDAHO 83348

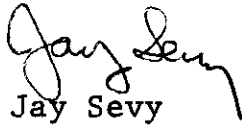
July 18, 1985

Mr. Terry G. Blau  
Sr. Water Resource Agent  
State of Idaho Department  
of Water Resources  
1041 Blue Lakes Blvd. No.  
Twin Falls, ID 83301

Dear Mr. Blau:

As per your July 2, 1985 letter, enclosed is an  
amended application form and a check for \$30.00.

Sincerely,

  
Jay Sevy

JS:kmd

Enclosure (1)

**MICROFILMED**