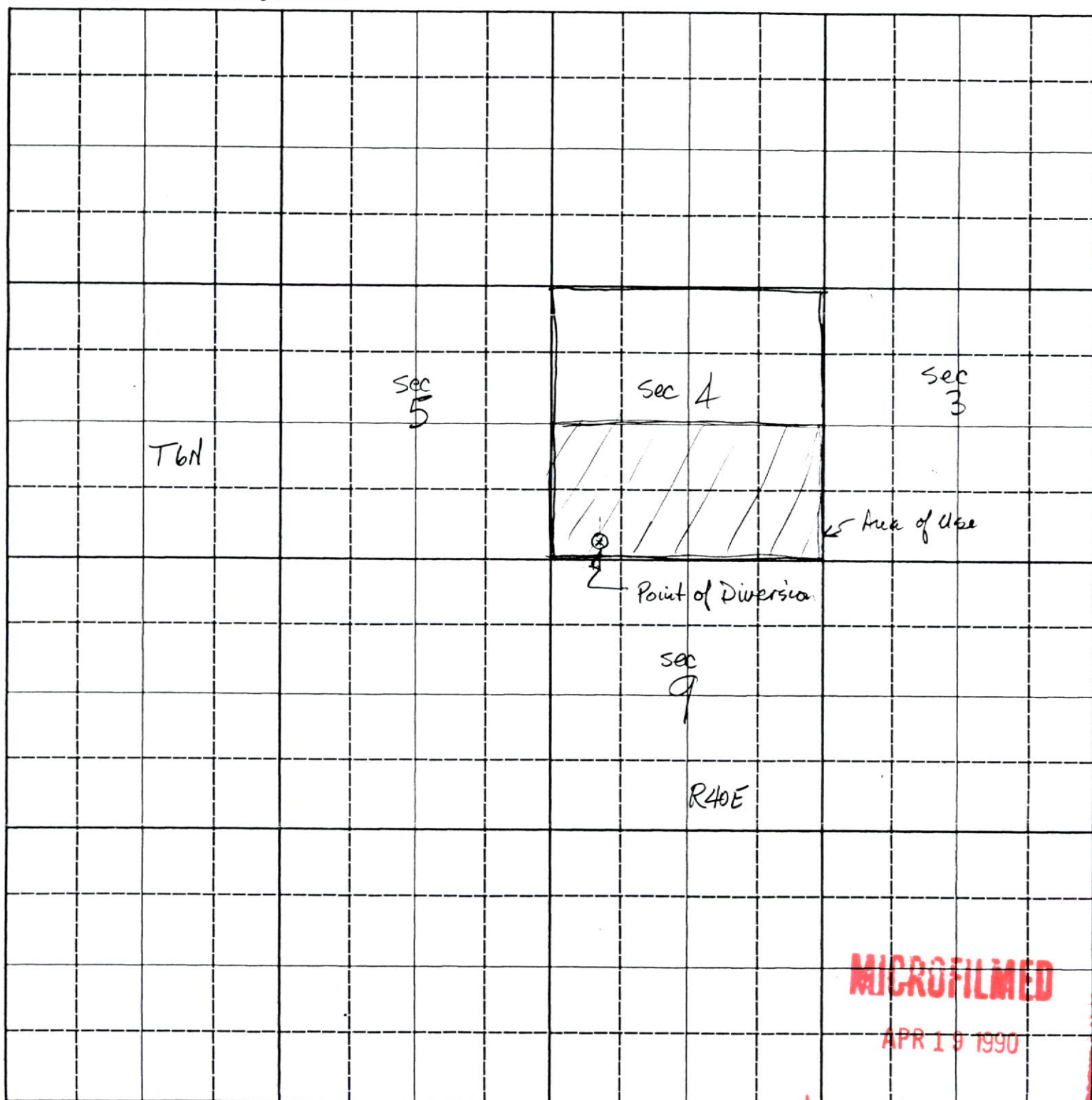


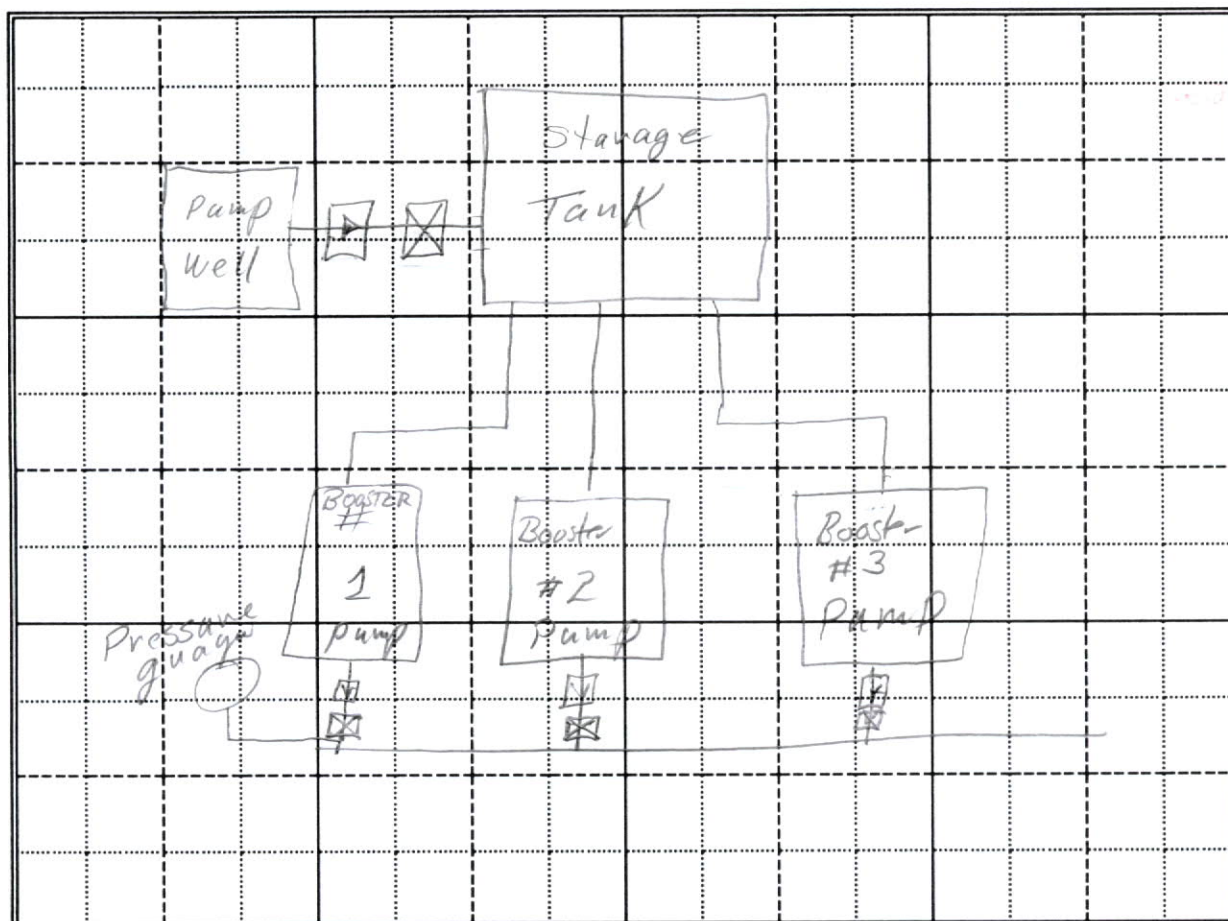
13. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



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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.



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

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

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

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

4.

| Well or Diversion Identification No.* | Motor Make  | Hp | Motor Serial No. | Pump Make | Pump Serial No. or Discharge Size |
|---------------------------------------|-------------|----|------------------|-----------|-----------------------------------|
| #4                                    | US Electric | 40 | UV12304R038R5    | Ventline  | LINK                              |
|                                       |             |    |                  |           |                                   |
|                                       |             |    |                  |           |                                   |

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

#### D. FLOW MEASUREMENTS

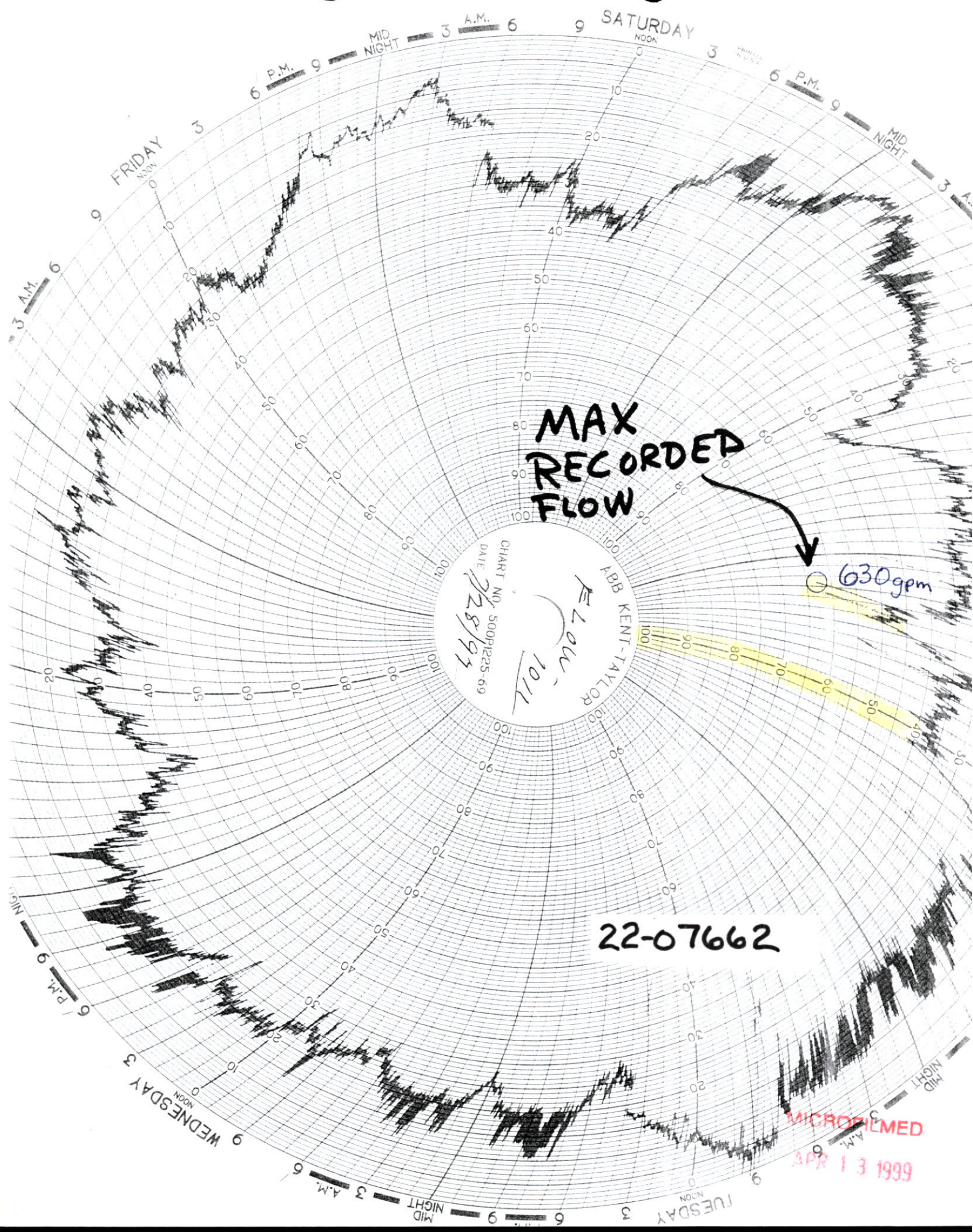
1.

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

2. Measurements: Pressure gauge at 90PSI downstream of Booster Pumps  
MAX RECORDED DIVERSION RATE = 630gpm = 1.40 cfs

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ADD 1 2 1996



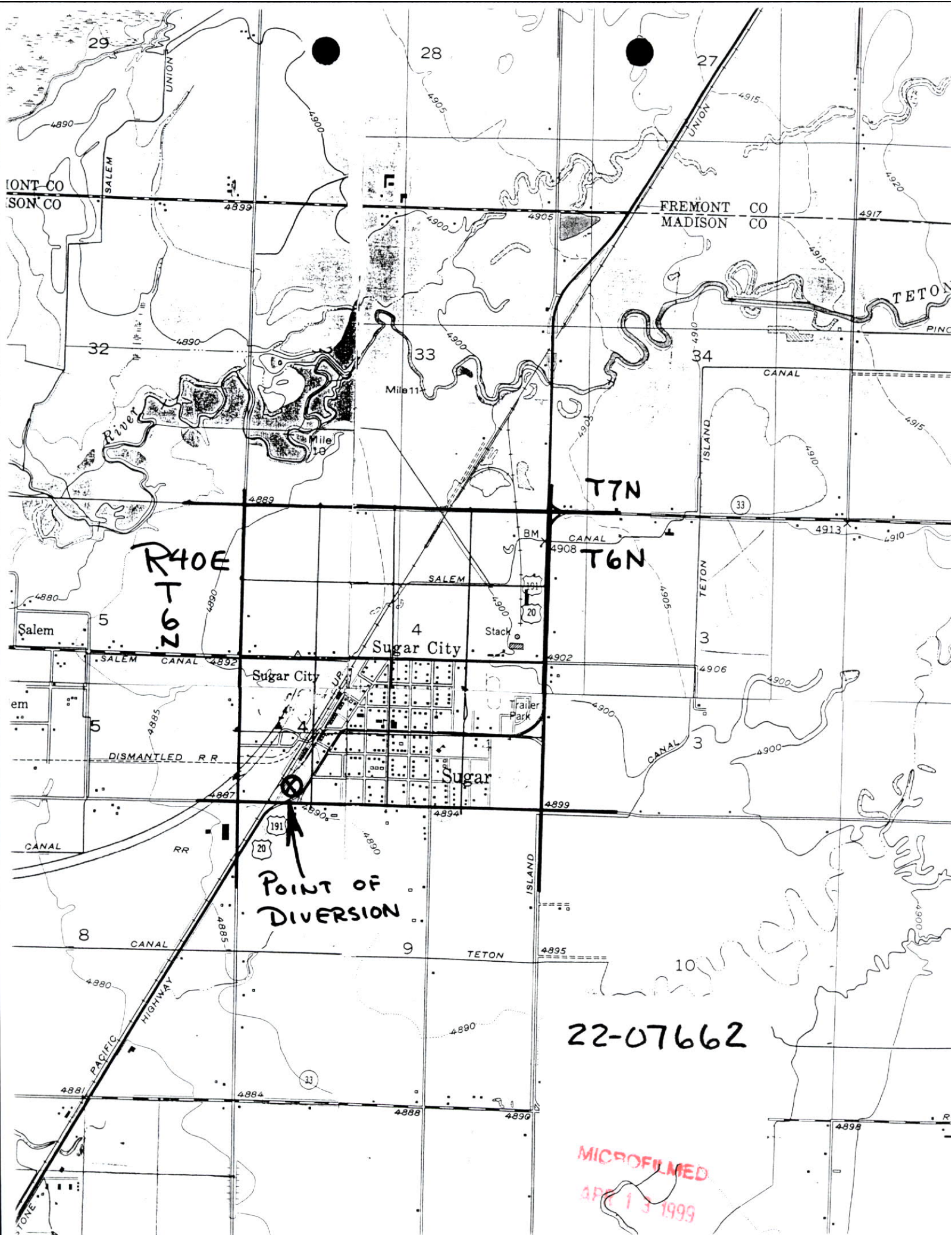
MAX  
RECORDED  
FLOW

630 gpm

ABB KENT-TAYLOR  
L.O.W. 10/11  
CHART NO. 500P1225-69  
DATE 7/28/97

22-07662

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22-07662

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- ☒ **R-1** Single Family Residential  
☒ **R-2** Combined Medium-High Density Residential  
☐ **C-1** Neighborhood Commercial  
☐ **C-2** Community Commercial  
☐ **C-3** Service Commercial  
☐ **I-P** Industrial Park  
☐ **M-1** Light Industrial  
☐ **M-2** Heavy Industrial  
☐ **T** Mobile Home Overlay Zone



REVISION DATE ORDINANCE NO.  
 (A) 08-90 169

The preparation of this zoning map was aided through the Office of the Governor, Division of Budget, Policy Planning and Coordination, Bureau of State Planning and Community Affairs, at the State of Idaho and financed in part through a Comprehensive Planning Grant from the Department of Housing and Urban Development, under provision of Section 701 of the Housing Act of 1954, as amended.

SUGAR CITY

MADISON COUNTY, IDAHO

PART OF THE S. 1/2 OF SEC. 4 & THE N. 1/2  
OF SEC. 9, T. 6 N., R. 40 E., B. M.

**ASSOCIATES / P.A.**



ZONING MAP

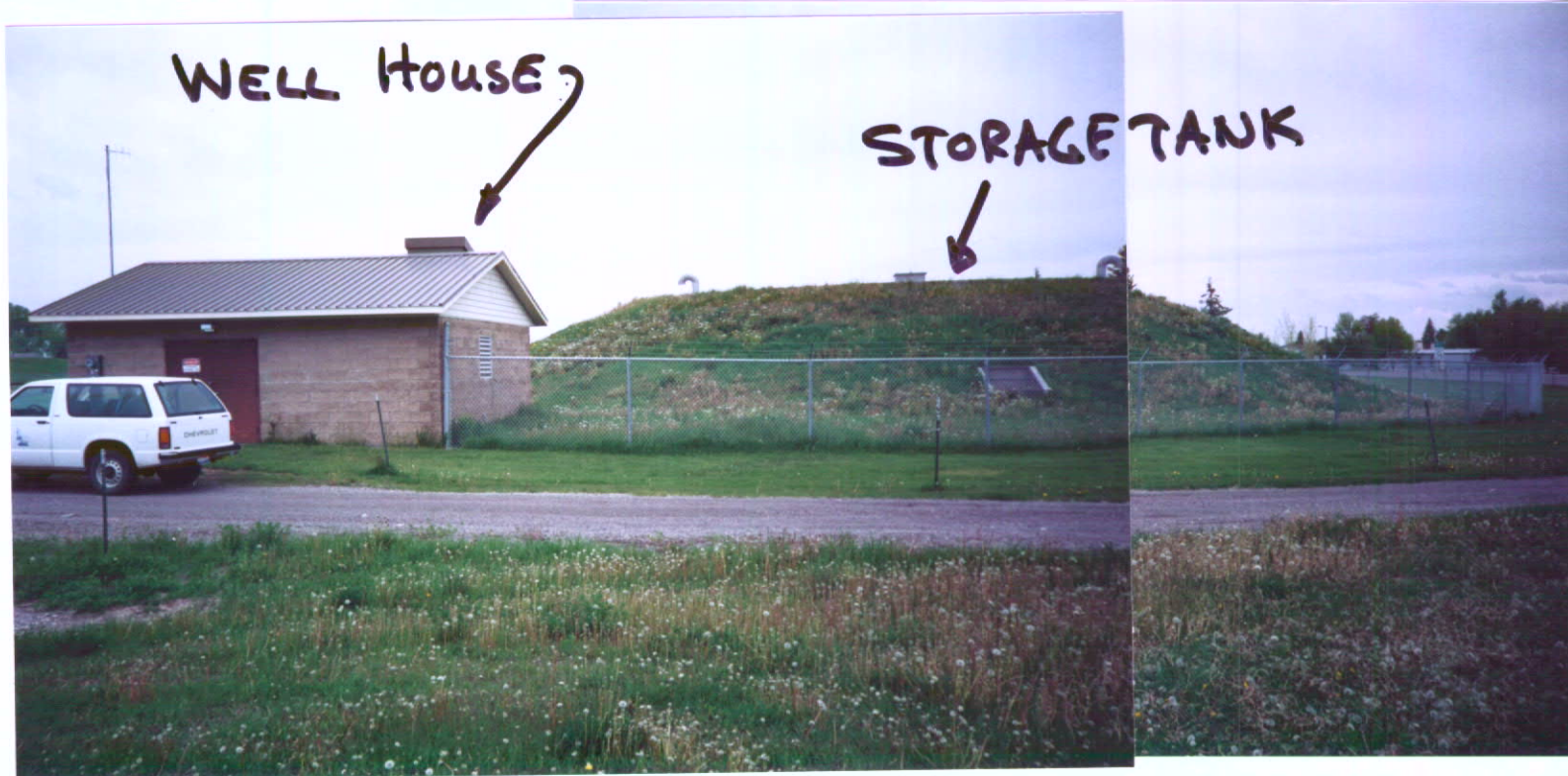
|         |          |      |
|---------|----------|------|
| DATE    | CHECKED  | DATE |
| 3/17/99 |          |      |
| DATE    | DESIGNED | DATE |
|         |          |      |
| DATE    | APPROVED | DATE |
|         |          |      |

[illegible]

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Well #4

22-07662



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APR 13 1999

22-07662



BOOSTER PUMPS

WELL PUMP

INSIDE WELL HOUSE



22-07662

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APR 13 1999

State of Idaho  
Department of Water Resources  
**Water Right License**  
WATER RIGHT NO. 22-07662

Priority: December 26, 1989

Maximum Diversion Rate:

1.40 CFS

This is to certify, that CITY OF SUGAR CITY

10 EAST CENTER ST

PO BOX 56

SUGAR CITY ID 83448

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated December 26, 1989; and has submitted Proof of Beneficial Use on February 27, 1995. An examination indicates that the works have a diversion capacity of 1.400 cfs of water from a GROUNDWATER source, and a water right has been established as follows:

| <u>BENEFICIAL USE</u> | <u>PERIOD OF USE</u> | <u>RATE OF DIVERSION</u> | <u>ANNUAL VOLUME</u> |
|-----------------------|----------------------|--------------------------|----------------------|
|-----------------------|----------------------|--------------------------|----------------------|

|           |                |          |  |
|-----------|----------------|----------|--|
| MUNICIPAL | 01/01 to 12/31 | 1.40 CFS |  |
|-----------|----------------|----------|--|

LOCATION OF POINT(S) OF DIVERSION:

SWSW , Sec. 4, Township 06N, Range 40E  
MADISON County

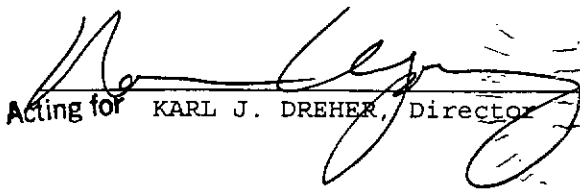
PLACE OF USE: See Remarks

CONDITIONS OF APPROVAL AND REMARKS

1. Diversion and use of water under this right is subject to an annual use fee if rules are subsequently promulgated which provide for the submittal of the fee.
2. This right is for the use of trust water and is subject to review 20 years after the issuance of the permit to determine availability of water and to re-evaluate the public interest.
3. Place of use is within the city limits of Sugar City.

This license is issued pursuant to the provisions of Section 42-219, Idaho Code. The water right confirmed by this license is subject to all prior water rights and shall be administered in accordance with Idaho law and applicable rules of the Department of Water Resources. Signed and sealed this 9<sup>TH</sup> day of

APRIL, 1999.

Acting for  KARL J. DREHER, Director

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**RECEIVED**  
**FEB 27 1995** **STATE OF IDAHO**  
**DEPARTMENT OF WATER RESOURCES**

Department of Water Resources

**PROOF OF BENEFICIAL USE**

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

1. Permit No. 22-07662 Telephone No. 208-356-7561

2. Name(s) of Permit Holder(s): CITY OF SUGAR CITY

3. Mailing Address: P. O. Box 56 Sugar City, Idaho 83448

4. Source of Water: Well If **GROUNDWATER** (well), Date Drilled: mo. Apr. / yr. 1991

a. Well Driller: High Plains Drilling, Inc. Drilling Permit Number: 22 - 90 - E - 034

b. **OPTIONAL:**  
Pump Horsepower: \_\_\_\_\_ Pressure (psi): \_\_\_\_\_ Dynamic pumping level (ft): \_\_\_\_\_

5. Use(s) (as authorized by the water right permit):

Domestic (No. of households): 311 Stockwater (No. and type of stock): -0-

Irrigation (No. of acres): -0- Other: \_\_\_\_\_

6. Total rate of diversion and/or volume for which proof is submitted: 2.4 cfs OR \_\_\_\_\_ acre feet

7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly)  
(This question is **not optional**. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)

**Measuring Device:** Is a measuring device required? Yes X or No \_\_\_\_\_  
Has the measuring device been installed? Yes X or No \_\_\_\_\_

**Flow Measurement Port:** Is a flow measurement port required? Yes \_\_\_\_\_ or No \_\_\_\_\_  
Has the measurement port been installed? Yes \_\_\_\_\_ or No \_\_\_\_\_

8. Fee Enclosed: \$ 150.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use)

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

Name: Dan Thomas, PWS or A.W. Burton, Mayor Telephone Number: 208-356-7561

Address: 10 E. Center P. O. Box 56 Sugar City, Idaho 83448

10. The information given on this form 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.

Signature of permit holder:  Date: 2-23-95  
(include your title, if on behalf of company or organization)

MAR 2 1995

State of Idaho  
Department of Water Resources

# Permit To Appropriate Water

NO. 22-07662

Proposed Priority: December 26, 1989      Maximum Diversion Rate: 4.50 CFS

This is to certify, that CITY OF SUGAR CITY  
10 EAST CENTER ST.  
P.O. BOX 56  
SUGAR CITY, ID 83448

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

| <u>BENEFICIAL USE</u> | <u>PERIOD OF USE</u> | <u>RATE OF DIVERSION</u> |
|-----------------------|----------------------|--------------------------|
| MUNICIPAL             | 01/01 to 12/31       | 4.50 CFS                 |

LOCATION OF POINT(S) OF DIVERSION:      SWSW      Sec. 4, Township 06N, Range 40E  
MADISON County

PLACE OF USE:      See Remarks

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before April 1, 1995.
2. Subject to all prior water rights.
3. Any license issued by IDWR pursuant to the permit or portion thereof for the use of trust water is subject to a term review of 20 years after the date of this approval to determine availability of water for the use and to re-evaluate the public interest at the end of the term.
4. Diversion and use of water under this permit is subject to an annual use fee if rules are subsequently promulgated which provide for the submittal of the fee.
5. The Director retains jurisdiction of the permit and/or subsequent license issued to change, add or remove any requirement as determined to be appropriate.
6. Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
7. 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.
8. The issuance of this permit in no way grants any right-of-way or easement across the land of another.
9. Prior to the diversion of water under this permit a flow measurement port or other device as specified by the Department shall be installed to provide for the installation of measuring equipment and the determination of the rate of diversion by the Department.
10. Place of use within city limits of Sugar City.

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APR 19 1990

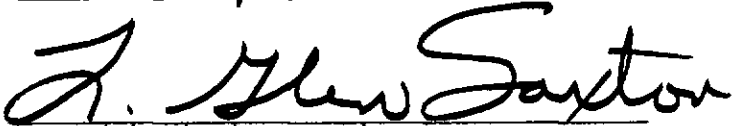
State of Idaho  
Department of Water Resources

# Permit To Appropriate Water

NO. 22-07662

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

13 <sup>th</sup> day of April, 1990

*for*   
R. Keith Higginson, Director

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APR 19 1990

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of applicant City of Sugar City Phone 356-7561  
Post office address 10 East Center St., Box 56, Sugar City, Idaho 83448
2. Source of water supply Groundwater which is a tributary of AS PER PHON/CON w/ MAYOR BARENS 2-1-90 PERM
3. Location of point of diversion is \_\_\_\_\_ 1/4 of ~~SE~~ SW 1/4 of SW 1/4, Govt. Lot \_\_\_\_\_  
Sec. 4 Township T6N Range 40 E B.M. Madison County; additional  
AS PER PHON/CON w/ MAYOR BARENS 2-1-90 PERM  
points of diversion if any: ON 1/4E Sec 4 SW 1/4 SW 1/4 & NW 1/4 SW 1/4 & NE 1/4 SW 1/4
4. Water will be used for the following purposes:  
Amount 4.5 for Municipal purposes from 1Jan to 31 Dec (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)
5. Total quantity to be appropriated is (a) 4.5 and/or (b) \_\_\_\_\_  
cubic feet per second acre feet per annum
6. Proposed diverting works:  
a. Description of ditches, flumes, pumps, headgates, etc. Well and pump to municipal distribution  
system  
\_\_\_\_\_  
\_\_\_\_\_  
b. Height of storage dam \_\_\_\_\_ feet; active reservoir capacity \_\_\_\_\_ acre-feet; total  
reservoir capacity \_\_\_\_\_ acre-feet; period of year when water will be diverted to storage:  
\_\_\_\_\_ to \_\_\_\_\_ inclusive.  
c. Proposed well diameter is 20" inches; proposed depth of well is 200' feet.  
d. Is ground water with a temperature of greater than 90°F being sought? no
7. Time required for the completion of the works and application of the water to the proposed beneficial use is  
5 years (minimum 1 year).

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APR 13 1990

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

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

9. Description of place of use:

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

| TWP | RANGE | SEC. | NE¼ |     |     |     | NW¼ |     |     |     | SW¼ |     |     |     | SE¼ |     |     |     | TOTALS |
|-----|-------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
|     |       |      | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ |        |
| 6N  | 40E   | 4    |     |     |     |     |     |     |     |     | m   | m   | m   | m   | m   | m   | m   | m   |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |

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

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

22-0-1153, 22-4000, 22-07153 AS PER PLAN/CON w/ MAYOR BARRETT 2-1-90 PER

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

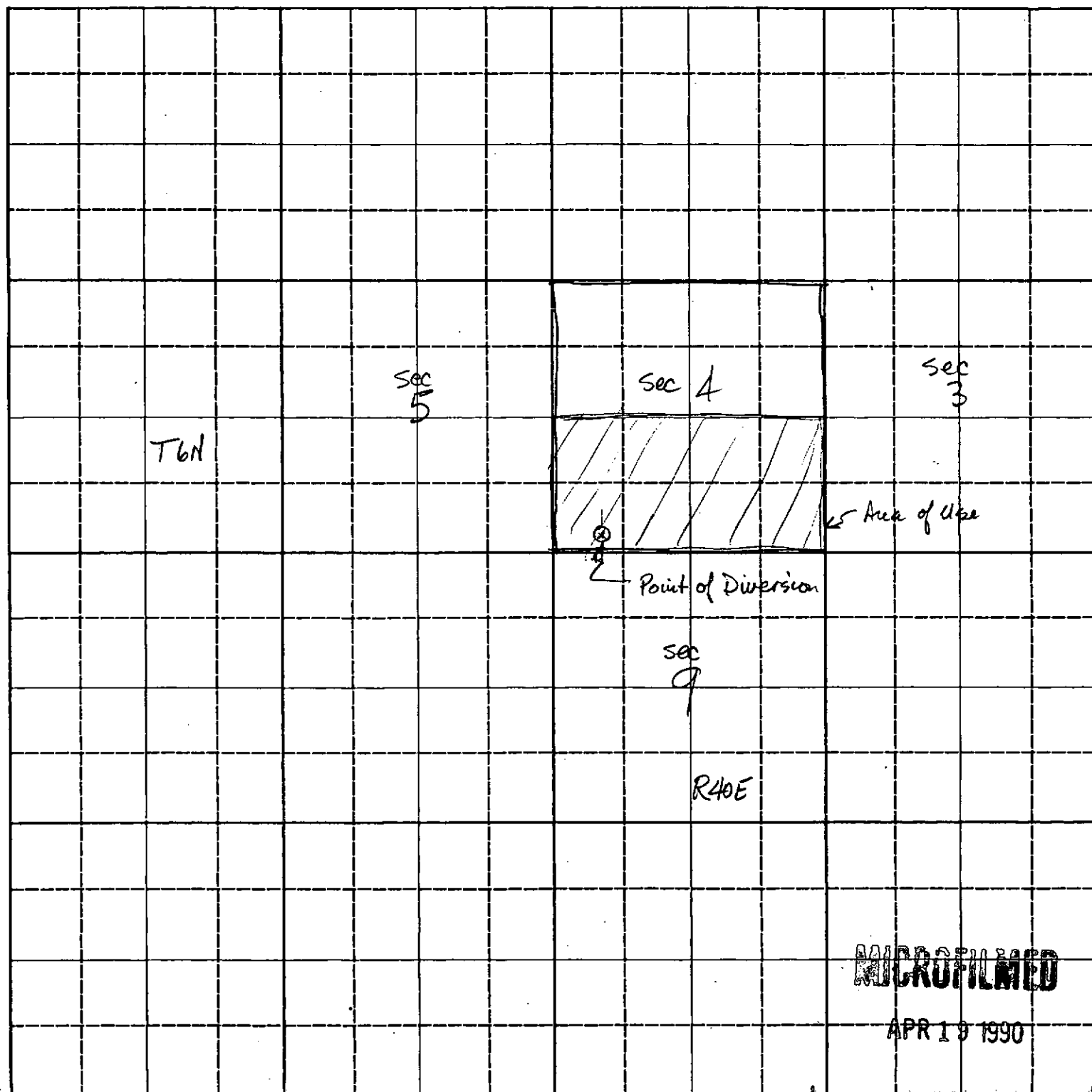
b. Who owns the land to be irrigated or place of use? Residents of Sugar City

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

12. Remarks: This filing is to supplement the cities existing rights - the city has grown and now needs additional water

APR 7 1991

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



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APR 19 1990

This image shows a full page of blank graph paper. The grid consists of small squares formed by thin black lines. There are approximately 20 columns and 20 rows of squares. In the top right corner, there is some faint, illegible text or a stamp, possibly indicating a date or page number. The rest of the page is completely empty and white.

Rondo Barrus Mayer  
(Applicant)

Received by RB Date 12-26-89 Time 11:50 Preliminary check by \_\_\_\_\_  
Fee \$ 125 Received by HWS # E011390 Date 12-26-89  
Publication prepared by RB Date 2-15-90 Published in Rexburg Standard-Journal  
Publication approved OW Date 3-2-90

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

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

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

a. SUBJECT TO ALL PRIOR WATER RIGHTS.

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

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

d. The water right acquired under this permit if for hydropower purposes shall be junior and subordinate to all rights to the use of water, other than hydropower, within the State of Idaho that are initiated later in time than the priority of this permit and shall not give rise to any right or claim against any future rights to the use of water, other than hydropower, within the State of Idaho initiated later in time than the priority of this permit.

e. Other:

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APR 19 1990

WR2810NP  
#OD-26)

IDAHO DEPARTMENT OF WATER RESOURCES  
WATER RIGHT CLAIMS PROOF READING REPORT

Old (D) Number -

Water Right Number - 22-07153

Adj. Flag Translation: Standard Water Right Number

Address -

Last Name -  
\*\*\* C - CURRENT OWNER \*\*\*  
CITY OF SUGAR CITY

1 - 610 CENTER ST.  
2 -  
3 -  
City- SUGAR CITY  
Phone -  
State- ID Zip- 83448  
Status -

Priority Date - 08/14/1975  
Region - 15

Source - GROUNDWATER  
Point of Diversion - Stream Index (Blank if no Index Code)

Twn Rng Sec Tract Lot Rng County  
06N 40E 4 NE SE (65) MADISON  
Period From Period To  
12/31  
1.350  
Diversion Rate  
Diversion Volume  
KW Usage

Code Description  
40 - MUNICIPAL  
Total Div. Rate - 1.350  
Total Div. Volume -  
Total Div. Capacity -  
Total Consumptive Use -

Twn Rng Sec Tract Lot Acres  
Total Acres:  
Place of Use -  
Description -  
County -

Diversion Means -

Non-Irrigation Use -  
Other Rights for Same Use -

P/U WITHIN CITY LIMITS OF SUGAR CITY.  
Conditions of Approval -  
No Conditions of Approval found.  
Decree Defendant -

Decree Plaintiff -  
05/22/88 CONVERT

Audit Fields - 12/18/84

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APR 19 1990

Water right number - 22-07153

Adj. flag translation: Standard Water Right Number

| Water Rights Dates and Flags Area |              | Field Exam Fee               |
|-----------------------------------|--------------|------------------------------|
| Proof Due Date                    | - 00/00/0000 | Field Exam Made - 00/00/0000 |
| Approved/Denied                   | - 00/00/0000 | Protested Date - 00/00/0000  |
| Proof Made Date                   | - 00/00/0000 | Hearing Date - 00/00/0000    |
| Start Work Date                   | - 00/00/0000 | Verified Date - 12/18/1984   |
| Order Show Cause                  | - 00/00/0000 | Receipt Number -             |
| Licensed Date                     | - 12/26/1979 | Appl Received - 00/00/0000   |
| Decree Date                       | - 00/00/0000 | Transfer/Amended -           |

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APR 19 1990

WR2810NP  
(OD-26)

IDAHO DEPARTMENT OF WATER RESOURCES  
WATER RIGHT CLAIMS PROOF READING REPORT

Old (D) Number

Water Right Number - 22-04009

Adj. Flag Translation: Standard Water Right Number

Address

Last Name

State- ID Zip-

\*\*\* C - CURRENT OWNER \*\*\*  
CITY OF SUGAR

1 - 610 CENTER ST.  
2 -  
3 -  
City- SUGAR CITY  
Phone -

Status

Priority Date - 06/01/1939

Source  
GROUNDWATER

Point of Diversion

Stream Index (Blank if no Index Code)

Region - 15

5 - STATUTORY CLAIM  
Tributary

Tract  
Rng Sec Tract Lot Rfig County  
06N 40E 4 4 SW SE (65) MADISON  
06N 40E 4 4 SW SE (65) MADISON

Period from 01/01  
Water Use period to 12/31

Diversion Rate  
Diversion Volume

3.000

KW Usage

Code  
40 - MUNICIPAL

Total Div. Volume

Total Div. Capacity

County

Total Div. Rate - 3.000

Total Div. Volume

Place of Use

Description

(65) MADISON  
(65) MADISON  
(65) MADISON  
(65) MADISON  
(65) MADISON  
(65) MADISON  
(65) MADISON  
(65) MADISON

Tract  
Rng Sec Tract Lot Acres Code  
06N 40E 4 4 NE SW 40 MUNICIPAL  
06N 40E 4 4 NW SW 40 MUNICIPAL  
06N 40E 4 4 SE SW 40 MUNICIPAL  
06N 40E 4 4 NE SE 40 MUNICIPAL  
06N 40E 4 4 SW SE 40 MUNICIPAL  
06N 40E 4 4 SE SE 40 MUNICIPAL

Total Acres:

Diversion Means -  
Non-Irrigation Use - M/CITY OF SUGAR.

Other Rights for Same Use -

CLAIM FOR PUMP #1 & #2.

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APR 19 1990

water right number - 22-04009

Adj. flag translation: Standard Water Right Number

|   | P/U WITHIN CITY LIMITS OF SUGAR CITY. | Remark |
|---|---------------------------------------|--------|
| + | - - - - -                             |        |

+ - - - - - Conditions of Approval - -  
+ - - - - - No Conditions of Approval found.

+ - - - Decree Plaintiff - - +

+ - - - Decree Defendant - - +

| + -        | Decree Date | - + |
|------------|-------------|-----|
| 00/00/0000 |             |     |

+ - - Audit Fields - 06/24/85

05/22/88 CONVERT

+-----Water Rights Dates and Flags Area

|                  |            |                 |            |                  |   |
|------------------|------------|-----------------|------------|------------------|---|
| Proof Due Date   | 00/00/0000 | Field Exam Made | 00/00/0000 | Field Exam Fee   | - |
| Approved/Denied  | 00/00/0000 | Protested Date  | 00/00/0000 | Swan Falls       | - |
| Proof Made Date  | 00/00/0000 | Hearing Date    | 00/00/0000 | Temporary Right  | - |
| Start Work Date  | 00/00/0000 | Verified Date   | 06/24/1985 | DIE/Carey Act    | - |
| Order Show Cause | 00/00/0000 | Receipt Number  | -          | Water District   | - |
| Licensed Date    | 00/00/0000 | Appl Received   | 00/00/0000 | Transfer/Amended | - |
| Decree Date      | 00/00/0000 |                 |            |                  |   |

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APR 19 1990

Rexburg, Idaho  
AFFIDAVIT OF PUBLICATION

RECEIVED

MAR 1- 1990

Department of Water Resources  
Eastern District Office

NOTICE OF APPLICATION  
FOR WATER RIGHT

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

22-07659

SIDDOWAY, EARL

P.O. BOX 297

TETON CITY, ID 83401

Source: TETON RIVER Tributary:  
SNAKE RIVER

Diversion Pt: NESESW Sec 16 T 06N R  
40E

Use: FISH PROPAGATION (.400 CFS)  
FISH PROP. STORAGE (8.00 AF) Total  
Diversion: (.400 CFS) (8.00 AF)

Dated Filed: 9/29/1989

In: T06N R40E S16 SESW

22-07661

STEVENSON CANYON FARMS INC.

HC 60 BOX 1099

NEWDALE, ID 83436

Source: GROUNDWATER

Diversion Pt: NENENW Sec 14 T 06N R  
42E

Use: IRRIGATION (6.000 CFS) Total  
Diversion: (6.000 CFS)

Date Filed: 1/26/1990

In: T06N R42E S11 NWSW SWSW  
SESW, S14 NENE NWNE SWNE SENE  
NENW NWNW SWNW SENW NESW  
NWSW SWSW SESW NESE NWSE  
SWSE SESE, S15 NENE NWNE SWNE  
SENE NENW NWNW SENW NESW  
SESW NESE NWSE SWSE SESE, S23  
NENE NWNE SWNE SENE NENW  
SENW NESW NWSW SWSW SESW  
NESE NWSE SWSE SESE

1820.0 ACRES TOTAL

22-07662

CITY OF SUGAR CITY

10 EAST CENTER ST.

BOX 56

SUGAR CITY, ID 83448

Source: GROUNDWATER

Diversion Pt: SWSW Sec 4 T 06N R  
40E

Use: MUNICIPAL (4.500 CFS) Total  
Diversion (4.500 CFS)

Date filed: 12/26/1989

In: T06N R40E S04 NESW NWSW  
SWSW SESW NESE NWSE SWSE  
SESE

The permit(s) will be subject to all prior  
water rights. Protests may be submitted

based on the criteria of Sec. 42-2C3A,  
Idaho Code and/or the new public interest  
criteria of Sec. 42-203C, Idaho Code. Pro-  
tests must be filed with the Director, Dept.  
of Water Resources, 150 Shoup Ave.,  
Suite 15, Idaho Falls, Idaho 83402 on or  
before MARCH 5, 1990.

R. KEITH HIGGINSON  
Director

Publ. Feb. 15 and 22, 1990SJ.

MICROFILMED

APR 19 1990



STATE OF IDAHO  
County of Madison

Terry Weatherston being  
first duly sworn, depose and say, that I  
am the printer of THE STANDARD-JOURNAL,  
a semi-weekly newspaper printed and  
published semi-weekly at Rexburg,  
Madison County, Idaho; and I do solemnly  
swear that the  
Notice Of Application a copy  
which notice appears attached hereto,  
published in the regular and entire  
issue of said newspaper, and not in any  
supplement issue thereof for  
two consecutive issues, the  
first publication having been made on  
February 15, 1990 and the last  
publication having been made on  
February 22, 1990

Further, that said newspaper is one  
of general circulation in said county;  
that it is a legal newspaper, conforming  
to legal specifications under the Idaho  
statutes; that it has at least two  
hundred bona fide subscribers living  
within the county of publication; and  
that it has been continuously and  
uninterruptedly published in said county  
during a period of seventy eight  
consecutive weeks prior to the first  
publication of the said notice.

*Terry Weatherston*

STATE OF IDAHO )  
COUNTY OF MADISON )

this 23rd day of February in  
the year of 1990, before me, a Notary  
Public, personally appeared Terry  
Weatherston, known or identified to me  
to be the person whose name subscribed  
the within instrument, and being by  
first duly sworn, declared that the  
statements therein are true, and  
acknowledged to me that he executed the

*[Signature]*  
Notary Public for Idaho

Residing at Rexburg, Idaho  
My commission expires: June 8, 1993.



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

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

April 12, 1999

DIRK KEMPTHORNE  
GOVERNOR

KARL J. DREHER  
DIRECTOR

CITY OF SUGAR CITY  
10 EAST CENTER ST  
PO BOX 56  
SUGAR CITY ID 83448

RE: WATER RIGHT NO. 22-07662

Dear Water Right Holder(s):

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

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

Sincerely,

A handwritten signature in cursive script that reads "Shelley W. Keen".

Shelley W. Keen  
Water Rights Supervisor

SK:klt

Enclosure

MICROFILMED

APR 13 1999

CERTIFICATE OF MAILING

I hereby certify that on the 12th day of April, 1999, I mailed a true and correct copy, postage prepaid, of the foregoing PRELIMINARY ORDER (Approved License) to the person(s) listed below:

Water Right No. 22-07662

CITY OF SUGAR CITY  
10 EAST CENTER ST  
PO BOX 56  
SUGAR CITY ID 83448

  
Kari Lynn Townsend  
Secretary

MICROFILMED  
APR 13 1999

## Responding to Preliminary Orders Issued by the Idaho Department of Water Resources

The Idaho Department of Water Resources (Department) issues water right permits, licenses, and transfers as preliminary orders pursuant to section 67-5243, Idaho Code. A preliminary order can and will become a final order without further action of the department unless a party petitions for reconsideration or files an exception and/or brief as further described below:

### PETITION FOR RECONSIDERATION

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

### EXCEPTIONS AND BRIEFS

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

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

### ORAL ARGUMENT

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

### CERTIFICATE OF SERVICE

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

### FINAL ORDER

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

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

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

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

### APPEAL OF FINAL ORDER TO DISTRICT COURT

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

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

The appeal must be filed within twenty-eight (28) days of this preliminary order becoming final. See section 67-5273, Idaho Code. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.

## MEMORANDUM

**TO: File 22-07662**

**FROM: Sharla**

**DATE: April 6, 1999**

**RE: Recommendation Adjustment(s)**

The adjustments to licensing recommendations for Permit 22-07662 are as follows:

### C. DIVERSION AND DELIVERY SYSTEM

1. Point(s) of Diversion: SWSW, S4, T6N, R40E

### H. RECOMMENDATIONS

|           |             |          |
|-----------|-------------|----------|
| Municipal | 1/1 – 12/31 | 1.40 cfs |
|-----------|-------------|----------|

The exam report has not been completely filled out, however, there is sufficient information for preparation of a license. The point of diversion has been defined on the map attached to the report. The diversion rate is based upon measured flow.

Exam Date: May 26, 1998

Examiner: Keith Wilson/Lee Simmons

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APR 13 1999

# LICENSE REVIEW CHECKLIST

PERMIT NO. 22-07662

DATE 4/6/99

REVIEWER: SHARLA

NAME OK  
Address OK

SOURCE OK

Does change clarify orig. intended source? If no, Void permit

POINT OF DIV OK

Change (P39 /P47)

Add (P45/P42)

Feds - P40

W32 (multiple in 1/4)  
W36 (overlap)  
W59 (subd. desc)

Overlaps:

Right(s):

File reviewed      Profile reports printed     

PLACE OF USE OK

Change (P41/P47)

Add (P41/P42)

Feds - P43

W60 (subd. desc)  
W27 (ppu acre limit)

Overlaps:

Right(s):

File reviewed      Profile reports printed     

PD & PU amend (P37) Feds - P48

RATE OF DIV

Permitted Rate 4.5 cfs

Fee limit

3.00 cfs \$15000

Measured

1.40 cfs

Theoretical

2.35 cfs

2.23 well log lowest rate  
4.46 well log highest rate

Recommended Total Div Rate 1.40 cfs

WATER USES

Muni

OK

1.40 cfs

Change (P46)

N/A af

Irrig -

overlap (R58-R61, R62-R65, R66-R69)

supp. gw (WB7/065/079)

overlap spec. combined rts (W35)

<1acre (W31)

Domestic (W01/WB5/070/071/075)

Power (W42 or W43/025/027/R22 or R23)

Fish (042)

Fire (077)

Wtr Quality (081/R07)

TOTALS

1.40 cfs

N/A af

Flow rate      cfs X      days X 1.98 =      af

REMARKS

P/D aka well #4.

ADD'L CONDITIONS

     Watermaster Control WD#     

     GW Measurement/Measuring Device

     Others

Trust (052/R55) remove 051

Non-trust (048/049)

Advance Priority      yes      no

SRBA Claim NA

Adjust Memo

Amend letters

1/2/99

MAR 22 1999

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

Department of Water Resources

## Permit No. 22-07662

1. Owner: City of Sugar City Phone No. 356-7561

Current Address: 10 E Center, Sugar City

2. Accompanied by: Roy Hill EXAM DATE: 5-26-1998

Address: 10 E Center, Sugar City Phone No. 356-7561

Relationship to Permit Holder: Mayor

3. Source: GROUNDWATER tributary to \_\_\_\_\_

1. Other water rights with the same place of use: \_\_\_\_\_

2. Other water rights with the same point of diversion:

### C. DIVERSION AND DELIVERY SYSTEM

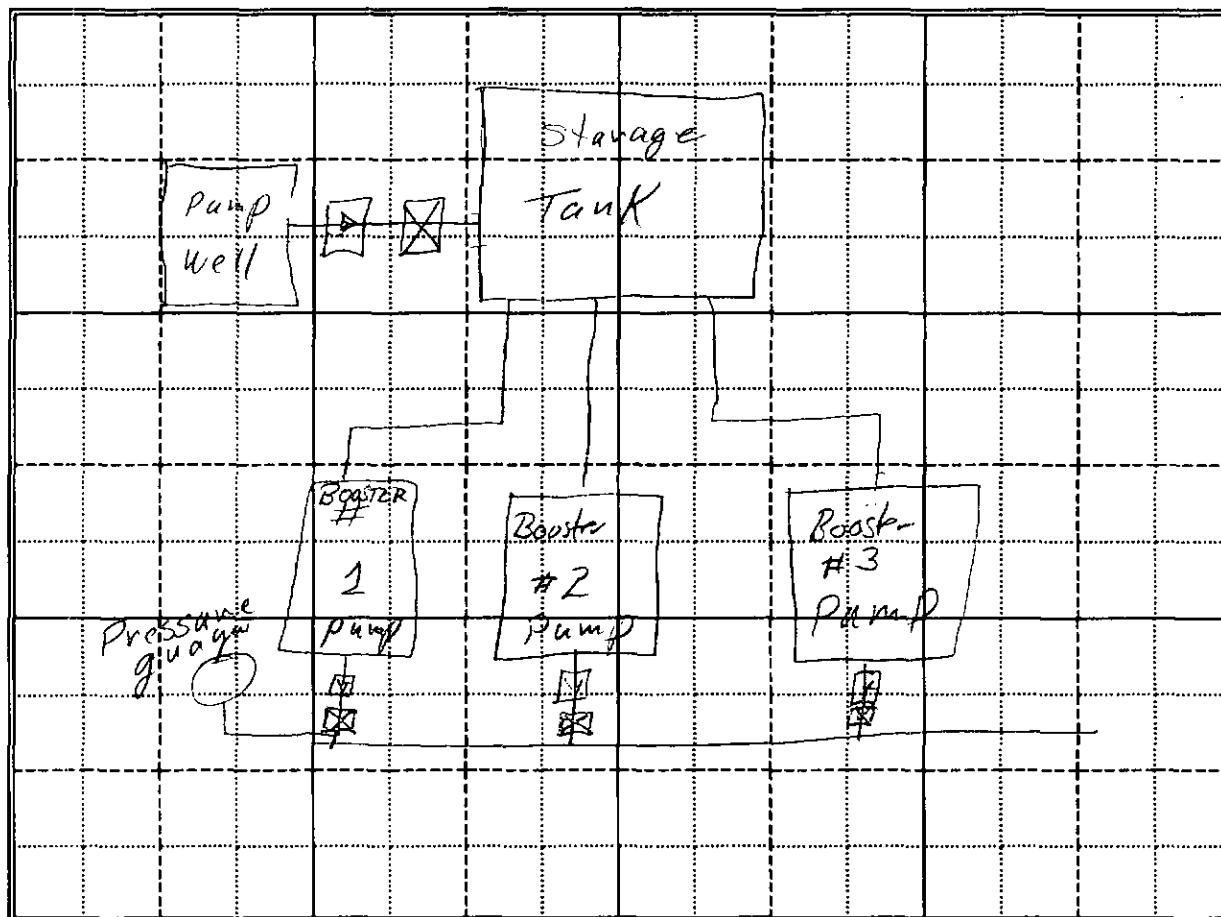
**1. Point(s) of Diversion:**

[illegible]

2. Place(s) of Use: W/in city limits of Sugar City Indicate Method of Determination ON SITE

[illegible]

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



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

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

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

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

4.

| Well or Diversion Identification No.* | Motor Make  | Hp | Motor Serial No. | Pump Make | Pump Serial No. or Discharge Size |
|---------------------------------------|-------------|----|------------------|-----------|-----------------------------------|
| #1                                    | US Electric | 40 | UV12304R038R5    | Vent line | UNK                               |
|                                       |             |    |                  |           |                                   |
|                                       |             |    |                  |           |                                   |

\*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: Pressure gauge at 90 PSI downstream of BOOSTER PUMPS  
MAX RECORDED DIVERSION RATE = 630 gpm = 1.40 cfs

E. NARRATIVE/REMARKS/COMMENTS

Well pumps Main line to 500,000 gal storage tank  
with three Bostons Pumps

Burst #1

#1 Motor US Elect 25Hp E830A/T08T177R010F  
Pump Aurora 90-10096

#2 Marathon 50Hp 019301110/9-02  
Pump Aurora 90-10095

#3 Marathon 60Hp 09-09433-5/1404  
Pump Aurora 90-10097

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

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APR 13 1999

**F. FLOW CALCULATIONS**

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

Measured Method:

**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    |                              |                          |
| _____          | _____         | _____ | _____                        | _____                    |
| _____          | _____         | _____ | _____                        | _____                    |
| _____          | _____         | _____ | _____                        | _____                    |
| _____          | _____         | _____ | _____                        | _____                    |
| _____          | _____         | _____ | _____                        | _____                    |
| Totals:        |               |       | _____                        | _____                    |

## 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

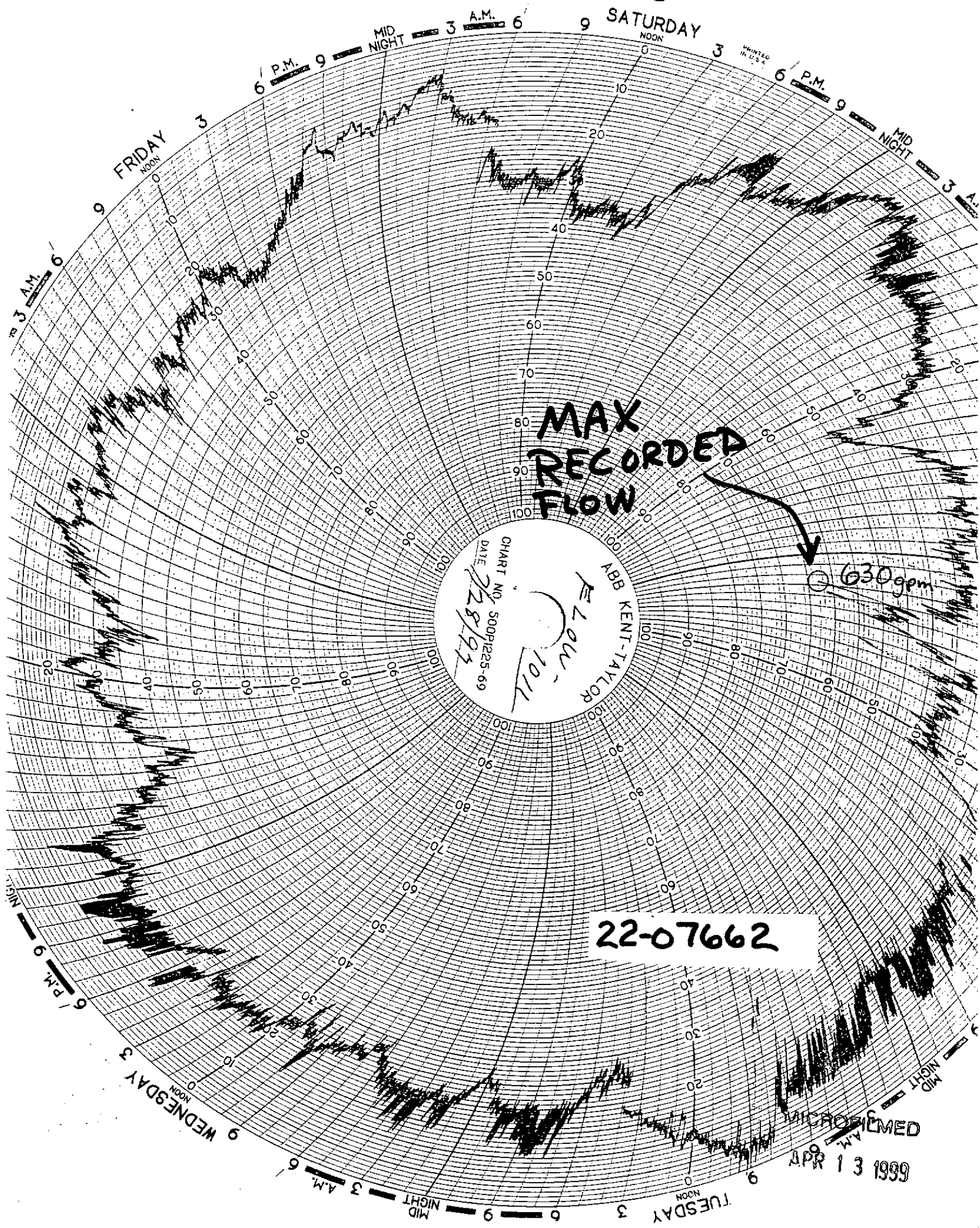
**I. AUTHENTICATION**Field Examiner's Name KEITH C WILSON Date 5/26/1998

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

SEAL

MICROFILMED

APR 13 1999



MAX  
RECORDED  
FLOW

630 gpm

22-07662

MICROFILMED  
APR 13 1999

ABB KENT-TAYLOR  
LOW 10/11  
CHART NO 500P/1255-69  
DATE 7/28/93

## THEORETICAL PUMP FLOW CALCULATIONS

Formula:

$$Q_{cfs} = [(Hp)(8.814)(Eff)] \div [Lift + (psi \times 2.308)]$$

$$\begin{aligned} Hp &= \text{Horsepower} = \underline{40} \\ Eff &= \text{Efficiency} = \underline{70\%} \quad (\text{Usually } 70\%) \\ \text{Lift: } &(\text{Static Level} + \text{Assumed Draw down}) \\ &\text{Static Water Level} = \underline{26} \text{ ft.} \\ &\text{Assumed Draw down} = + \underline{10} \text{ ft.} \\ &\text{Lift} = \underline{36} \end{aligned}$$

OR

$$\text{Measured Dynamic Water Level} = \underline{\hspace{2cm}} \text{ ft.}$$

ASSUMED PRESSURE

$$psi = \text{Operating Pressure} = \underline{30} \text{ psi}$$

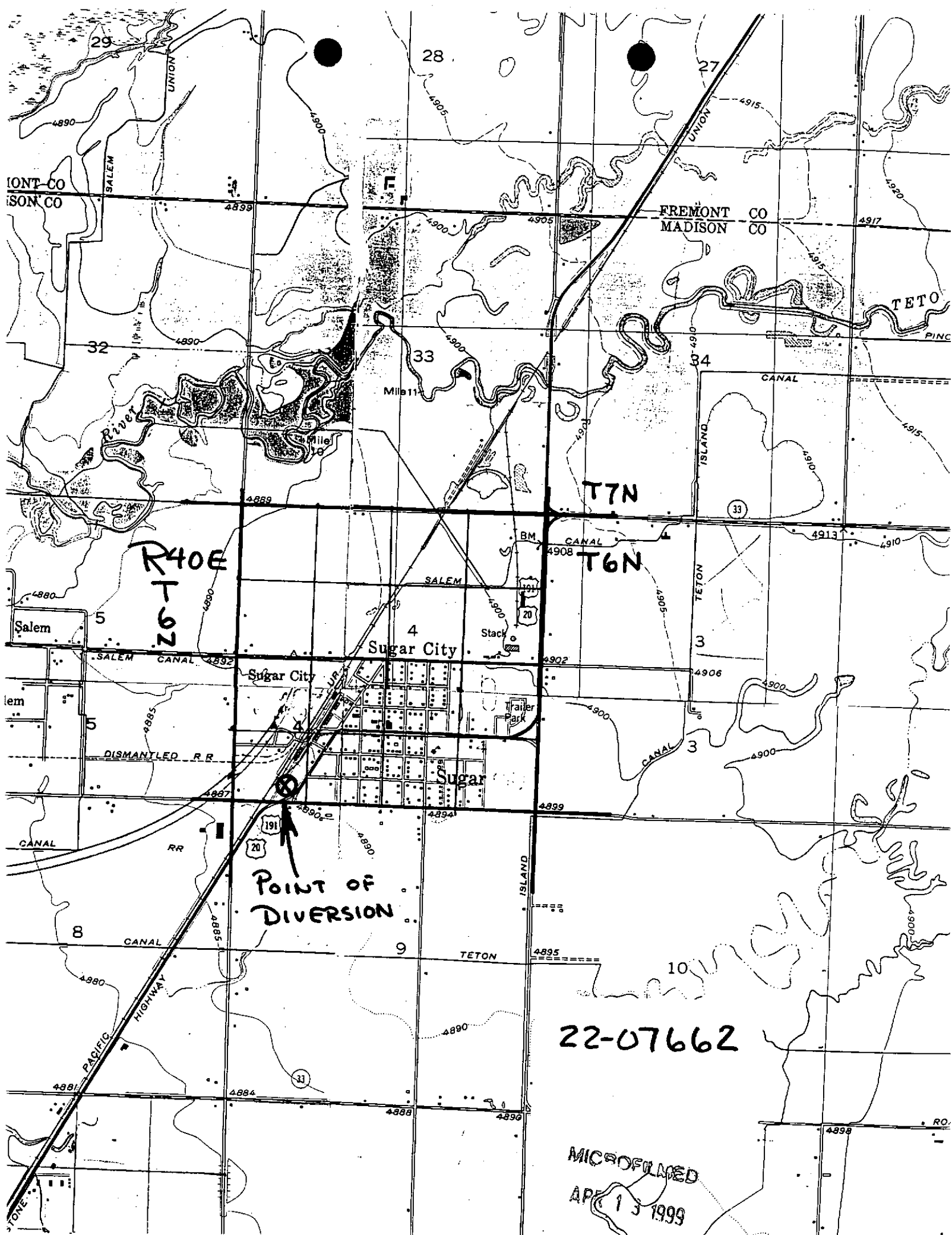
$$Q_{cfs} = \left[ \frac{40}{Hp} \times 8.814 \times \frac{0.70}{Eff} \right] \div \left[ \frac{36}{Lift} + \left( \frac{30}{psi} \times 2.308 \right) \right]$$

$$Q_{cfs} = \left[ \underline{246.79} \right] \div \left[ \underline{105.24} \right]$$

$$Q_{cfs} = \underline{2.35} \text{ cfs}$$

PERMIT NO. 22-07662  
MICROFILMED

APR 13 1999



**LEGEND:**

- Single Family Residential R-1
- Combined Medium-High Density Residential R-2
- Neighborhood Commercial C-1
- Community Commercial C-2
- Service Commercial C-3
- Industrial Park I-P
- Light Industrial M-1
- Heavy Industrial M-2
- Mobile Home T
- Overlay Zone



Scale in Feet

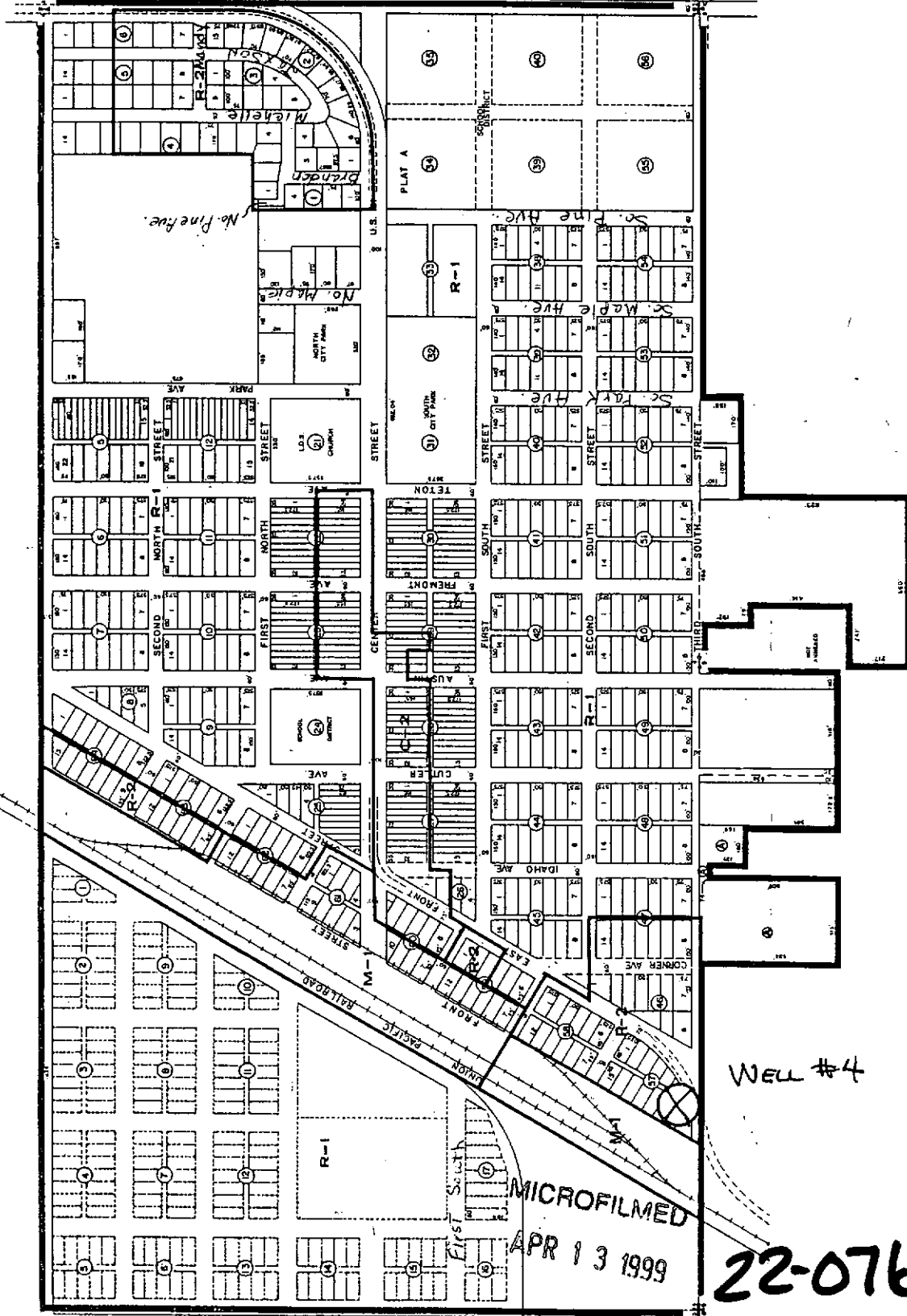


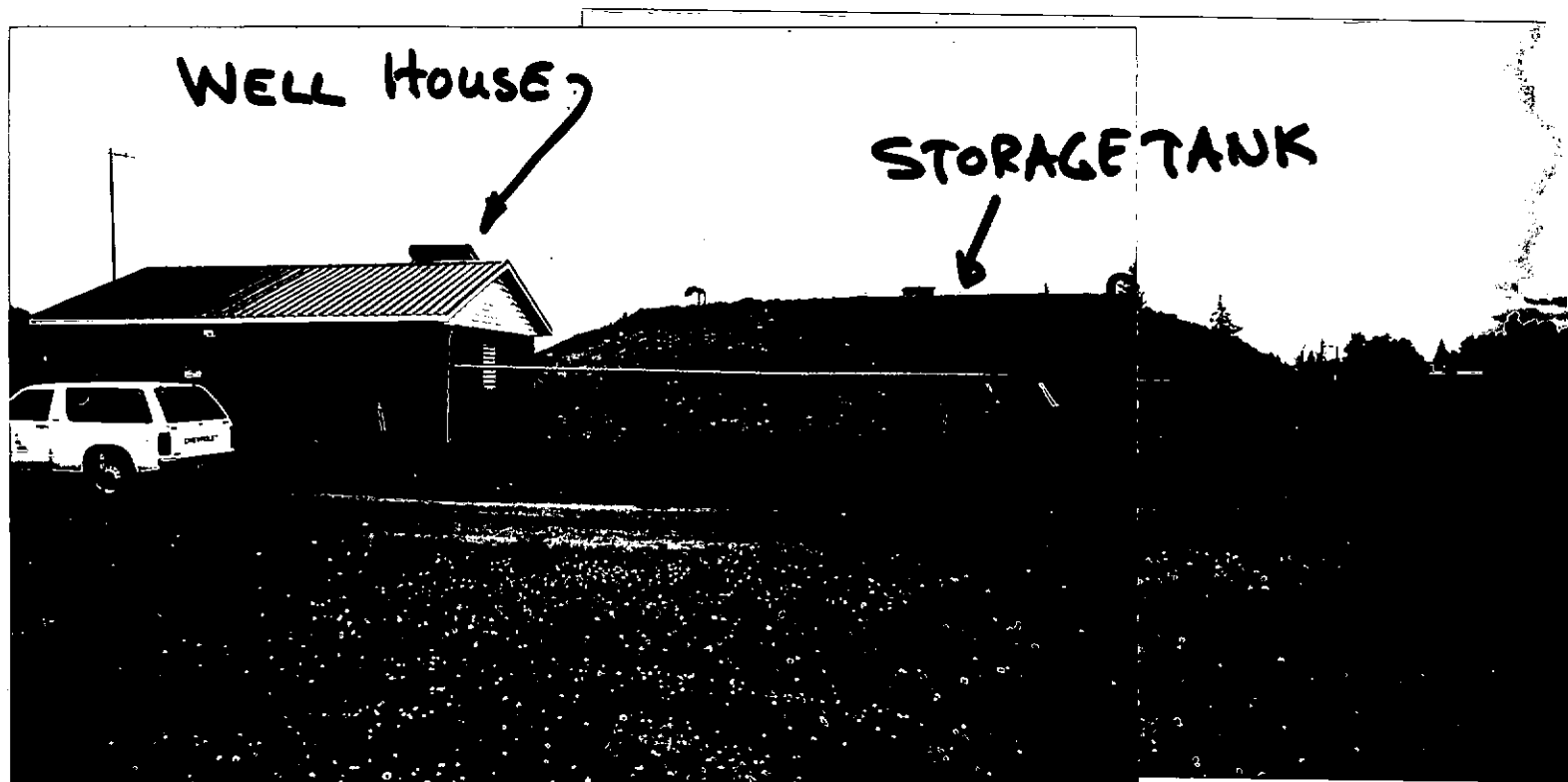
REVISION DATE ORDINANCE NO. 189

22-07662

THE PREPARATION OF THIS MAP WAS WHOLLY THROUGH THE OFFICE OF THE COMMISSIONER, DIVISION OF LAND, PLANNING AND COORDINATION, BUREAU OF STATE PLANNING AND COORDINATION, DEPARTMENT OF LAND, PLANNING AND COORDINATION, STATE OF IDAHO. THE MAP WAS PREPARED BY THE DIVISION OF LAND, PLANNING AND COORDINATION, BUREAU OF STATE PLANNING AND COORDINATION, DEPARTMENT OF LAND, PLANNING AND COORDINATION, STATE OF IDAHO. THE MAP WAS PREPARED BY THE DIVISION OF LAND, PLANNING AND COORDINATION, BUREAU OF STATE PLANNING AND COORDINATION, DEPARTMENT OF LAND, PLANNING AND COORDINATION, STATE OF IDAHO.

|                                                                               |  |                                            |  |
|-------------------------------------------------------------------------------|--|--------------------------------------------|--|
| SUGAR CITY                                                                    |  | MADISON COUNTY, IDAHO                      |  |
| PART OF THE S. 1/2 OF SEC. 4 & THE N. 1/2 OF SEC. 9, T. 6 N., R. 40 E., B. M. |  | PROJECT NO.                                |  |
| ZONING MAP                                                                    |  | SHEET NO.                                  |  |
| FORSGREN ASSOCIATES/P.A.                                                      |  | 22-07662                                   |  |
| DRAWN BY: J. L. B. CHECKED BY: J. L. B.                                       |  | DESIGNED BY: J. L. B. CHECKED BY: J. L. B. |  |
| APPROVED BY: J. L. B. DATE: 4/13/99                                           |  | PROJECT NUMBER: 22-07662                   |  |





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APR 13 1999

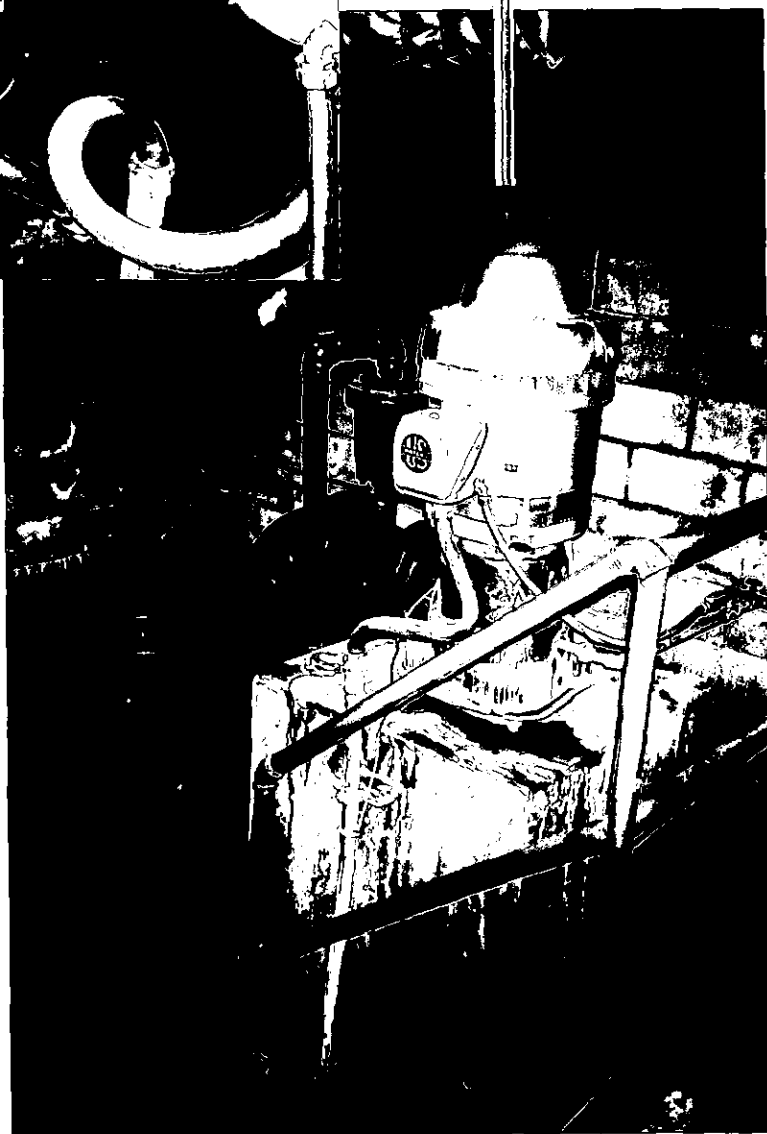
22-07662



BOOSTER PUMPS

WELL PUMP

INSIDE WELL HOUSE



22-07662

MICROFILMED

APR 13 1999

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR  
BALLPOINT PEN

## WELL DRILLER'S REPORT

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

| <b>1. WELL OWNER</b><br>Name <u>Sugar City</u><br>Address <u>10 E Center St. Sugar City Idaho</u><br>Owner's Permit No. <u>22-90-E-034</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>7. WATER LEVEL</b><br>Static water level <u>26</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature <u>50</u> °F. Quality <u>excellent</u><br><small>Describe artesian or temperature zones below.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                      |           |            |            |               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                 |  |                                     |           |            |            |                   |  |                                     |           |            |            |                                |  |                                     |           |            |            |                 |  |                                     |           |            |            |                    |  |                                     |           |            |            |                             |  |                                     |          |            |            |                        |  |                                     |          |            |            |                      |  |                                     |          |            |            |                      |  |                                     |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Well diameter increase<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>1000</u></td><td><u>49</u></td><td><u>24</u></td></tr><tr><td><u>1500</u></td><td><u>72</u></td><td><u>24</u></td></tr><tr><td><u>2000</u></td><td><u>81</u></td><td><u>24</u></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Discharge G.P.M. | Pumping Level                  | Hours Pumped | <u>1000</u>                         | <u>49</u>        | <u>24</u>     | <u>1500</u>     | <u>72</u>         | <u>24</u>        | <u>2000</u>     | <u>81</u>       | <u>24</u>         |                 |                          |                 |                                     |           |           |                         |                 |                 |                                     |            |            |                    |                   |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                                     |           |            |            |               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                 |  |                                     |           |            |            |                   |  |                                     |           |            |            |                                |  |                                     |           |            |            |                 |  |                                     |           |            |            |                    |  |                                     |           |            |            |                             |  |                                     |          |            |            |                        |  |                                     |          |            |            |                      |  |                                     |          |            |            |                      |  |                                     |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <b>3. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input checked="" type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>9. LITHOLOGIC LOG</b> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td><u>20</u></td><td><u>0</u></td><td><u>40</u></td><td><u>sand &amp; gravel</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>16</u></td><td><u>40</u></td><td><u>55</u></td><td><u>sand</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>16</u></td><td><u>55</u></td><td><u>78</u></td><td><u>big gravel</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>16</u></td><td><u>78</u></td><td><u>100</u></td><td><u>sand &amp; clay gravel</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>16</u></td><td><u>100</u></td><td><u>115</u></td><td><u>sand &amp; gravel</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>16</u></td><td><u>115</u></td><td><u>121</u></td><td><u>brown clay</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>16</u></td><td><u>121</u></td><td><u>133</u></td><td><u>black lava</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>16</u></td><td><u>133</u></td><td><u>142</u></td><td><u>red sand &amp; clay</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>16</u></td><td><u>142</u></td><td><u>193</u></td><td><u>hard black lava</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>16</u></td><td><u>193</u></td><td><u>203</u></td><td><u>brown &amp; black clay</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>16</u></td><td><u>203</u></td><td><u>209</u></td><td><u>black lava</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>16</u></td><td><u>209</u></td><td><u>212</u></td><td><u>brown clay &amp; sand</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>12</u></td><td><u>212</u></td><td><u>214</u></td><td><u>gravel</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>12</u></td><td><u>214</u></td><td><u>247</u></td><td><u>brown sticky clay</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>12</u></td><td><u>247</u></td><td><u>280</u></td><td><u>black lava</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>12</u></td><td><u>280</u></td><td><u>288</u></td><td><u>red sand</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>12</u></td><td><u>288</u></td><td><u>300</u></td><td><u>loose rock</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>12</u></td><td><u>300</u></td><td><u>305</u></td><td><u>red &amp; black cinders</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>12</u></td><td><u>305</u></td><td><u>309</u></td><td><u>red lava</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>12</u></td><td><u>309</u></td><td><u>314</u></td><td><u>red cinders</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>12</u></td><td><u>314</u></td><td><u>325</u></td><td><u>red &amp; black lava</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>8</u></td><td><u>325</u></td><td><u>340</u></td><td><u>hard black lava</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>8</u></td><td><u>340</u></td><td><u>365</u></td><td><u>brown siltite</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>8</u></td><td><u>365</u></td><td><u>375</u></td><td><u>black siltite</u></td><td></td><td><input checked="" type="checkbox"/></td></tr></tbody></table> | Bore Diam.       | Depth                          |              | Material                            | Water            |               | From            | To                | Yes              | No              | <u>20</u>       | <u>0</u>          | <u>40</u>       | <u>sand &amp; gravel</u> |                 | <input checked="" type="checkbox"/> | <u>16</u> | <u>40</u> | <u>55</u>               | <u>sand</u>     |                 | <input checked="" type="checkbox"/> | <u>16</u>  | <u>55</u>  | <u>78</u>          | <u>big gravel</u> |            | <input checked="" type="checkbox"/> | <u>16</u> | <u>78</u> | <u>100</u> | <u>sand &amp; clay gravel</u> |  | <input checked="" type="checkbox"/> | <u>16</u> | <u>100</u> | <u>115</u> | <u>sand &amp; gravel</u> |  | <input checked="" type="checkbox"/> | <u>16</u> | <u>115</u> | <u>121</u> | <u>brown clay</u> |  | <input checked="" type="checkbox"/> | <u>16</u> | <u>121</u> | <u>133</u> | <u>black lava</u> |  | <input checked="" type="checkbox"/> | <u>16</u> | <u>133</u> | <u>142</u> | <u>red sand &amp; clay</u> |  | <input checked="" type="checkbox"/> | <u>16</u> | <u>142</u> | <u>193</u> | <u>hard black lava</u> |  | <input checked="" type="checkbox"/> | <u>16</u> | <u>193</u> | <u>203</u> | <u>brown &amp; black clay</u> |  | <input checked="" type="checkbox"/> | <u>16</u> | <u>203</u> | <u>209</u> | <u>black lava</u> |  | <input checked="" type="checkbox"/> | <u>16</u> | <u>209</u> | <u>212</u> | <u>brown clay &amp; sand</u> |  | <input checked="" type="checkbox"/> | <u>12</u> | <u>212</u> | <u>214</u> | <u>gravel</u> |  | <input checked="" type="checkbox"/> | <u>12</u> | <u>214</u> | <u>247</u> | <u>brown sticky clay</u> |  | <input checked="" type="checkbox"/> | <u>12</u> | <u>247</u> | <u>280</u> | <u>black lava</u> |  | <input checked="" type="checkbox"/> | <u>12</u> | <u>280</u> | <u>288</u> | <u>red sand</u> |  | <input checked="" type="checkbox"/> | <u>12</u> | <u>288</u> | <u>300</u> | <u>loose rock</u> |  | <input checked="" type="checkbox"/> | <u>12</u> | <u>300</u> | <u>305</u> | <u>red &amp; black cinders</u> |  | <input checked="" type="checkbox"/> | <u>12</u> | <u>305</u> | <u>309</u> | <u>red lava</u> |  | <input checked="" type="checkbox"/> | <u>12</u> | <u>309</u> | <u>314</u> | <u>red cinders</u> |  | <input checked="" type="checkbox"/> | <u>12</u> | <u>314</u> | <u>325</u> | <u>red &amp; black lava</u> |  | <input checked="" type="checkbox"/> | <u>8</u> | <u>325</u> | <u>340</u> | <u>hard black lava</u> |  | <input checked="" type="checkbox"/> | <u>8</u> | <u>340</u> | <u>365</u> | <u>brown siltite</u> |  | <input checked="" type="checkbox"/> | <u>8</u> | <u>365</u> | <u>375</u> | <u>black siltite</u> |  | <input checked="" type="checkbox"/> |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <u>20</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                  |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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| <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                  |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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| <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                  |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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| <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                  |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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| <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                  |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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| <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                  |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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| <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                  |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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| <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                  |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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                  |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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| <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                  |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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| <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                  |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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| <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                  |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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                              |          |            |            |                      |  |                                     |          |            |            |                      |  |                                     |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>10. WORK STARTED</b><br>Work started <u>Aug 8, 1990</u> finished <u>Sept. 26, 1990</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>375</u> inches</td><td><u>16</u> inches</td><td><u>2</u> feet</td><td><u>221</u> feet</td></tr><tr><td><u>375</u> inches</td><td><u>12</u> inches</td><td><u>118</u> feet</td><td><u>250</u> feet</td></tr><tr><td><u>280</u> inches</td><td><u>8</u> inches</td><td><u>247</u> feet</td><td><u>322</u> feet</td></tr></tbody></table><br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input checked="" type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun<br>Size of perforation <u>3/8</u> inches by <u>3</u> inches<br><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>160</u> perforations</td><td><u>300</u> feet</td><td><u>260</u> feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>40</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input checked="" type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld<br><input type="checkbox"/> Cemented between strata<br>Describe access port <u>well cap</u> | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Diameter         | From                           | To           | <u>375</u> inches                   | <u>16</u> inches | <u>2</u> feet | <u>221</u> feet | <u>375</u> inches | <u>12</u> inches | <u>118</u> feet | <u>250</u> feet | <u>280</u> inches | <u>8</u> inches | <u>247</u> feet          | <u>322</u> feet | Number                              | From      | To        | <u>160</u> perforations | <u>300</u> feet | <u>260</u> feet | _____ perforations                  | _____ feet | _____ feet | _____ perforations | _____ feet        | _____ feet |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                     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| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                  |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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| <u>375</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                  |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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| <u>375</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                  |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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                              |          |            |            |                      |  |                                     |          |            |            |                      |  |                                     |
| <u>280</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>247</u> feet  | <u>322</u> feet                |              |                                     |                  |               |                 |                   |                  |                 |                 |                   |                 |                          |                 |                                     |           |           |                         |                 |                 |                                     |            |            |                    |                   |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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| <u>160</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                  |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |                       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                              |          |            |            |                      |  |                                     |          |            |            |                      |  |                                     |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><div style="text-align: center;">N<br/>W E<br/>S</div> <div style="text-align: center;">Subdivision Name _____<br/>Lot No. <u>APR 13 1999</u><br/>County <u>Madison</u><br/>SW 1/4 SW 1/4 Sec. <u>4</u> T. <u>6</u> N. R. <u>40</u> E. 1/4</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Firm Name <u>High Plains Drilling</u> Firm No. <u>299</u><br>Address <u>Rehburg Idaho</u> Date <u>10-22-90</u><br>Signed by (Firm Official) <u>Marcus J. Sanchez</u><br>and<br>(Operator) <u>Marcus J. Sanchez</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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               |                   |            |                                     |           |           |            |                               |  |                                     |           |            |            |                          |  |                                     |           |            |            |                   |  |                                     |           |            |            |                   |  |                                     |           |            |            |                            |  |                                     |           |            |            |                        |  |                                     |           |            |            |                               |  |                                     |           |            |            |                   |  |                                     |           |            |            |                              |  |      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      |  |                                     |          |            |            |                      |  |                                     |          |            |            |                      |  |                                     |

**ANALYSIS SHEET  
FOR  
PROOF OF BENEFICIAL USE**

Permit No. 22-07662 Reviewed by [Signature] Date 3-2-95

**GENERAL CONSIDERATIONS**

**TYPES OF USE**

yes Name same as permit?  
yes Address same as permit?  
yes Proof timely received?  
If not, complete calculation below.

municipal  
yes Correct Uses?

**SOURCE OF WATER**

           Surface water source

✓ Ground water source

yes Drilling permit required?

no Copy in the file?

100.00 Amount paid for permit

no Well log in the file?

Drilling Permit No. 22-90-E-0034-000

yes Correct?

**LICENSE EXAMINATION FEE**

yes Required?

150.00 Amount Submitted

yes Correct?

**MEASURING DEVICE**

yes Required?

yes Installed?

           Waiver requested?

**PRIORITY CALCULATION**

|                     |                   |                   |
|---------------------|-------------------|-------------------|
| Date proof received | <u>          </u> | <u>          </u> |
| Date proof due      | <u>          </u> | <u>          </u> |
| No. of days late    | <u>          </u> | <u>          </u> |
| Priority Date       | <u>          </u> | <u>          </u> |
| New Priority Date   | <u>          </u> | <u>          </u> |

**DEFICIENCIES OR ACTION ITEMS**

Proof acceptable

**DATA ENTRY**

New Address X

Proof Made 2-27-95

March 2, 1995

CITY OF SUGAR CITY  
10 EAST CENTER ST.  
P.O. BOX 56  
SUGAR CITY ID 83448

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 22-07662

Dear Permit Holder:

The department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the department to conduct a field examination to determine and confirm the use being made of the water.

If you have questions concerning this matter, please feel free to contact the EASTERN Regional Office in Idaho Falls at (208) 525-7161.

Sincerely,

JULIE L. YARBROUGH  
Senior Secretary

c: IDWR - Region

MAILED

MAR 22 1995

January 31, 1995

CITY OF SUGAR CITY  
10 EAST CENTER ST.  
P.O. BOX 56  
SUGAR CITY ID 83448

PROOF DUE NOTICE

RE: PERMIT NO. 22-07662

Dear Permit Holder:

One of the conditions of approval of the above referenced water permit was that proof of the extent of your beneficial use must be submitted to this office on or before April 1, 1995.

(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.

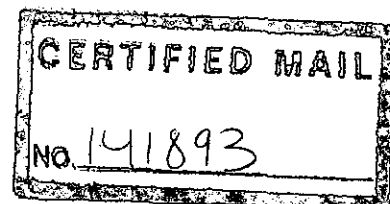
Either an acceptable proof of beneficial use submittal or an acceptable request for an extension of time must be received by this department on or before the above described proof due date. If neither is received, the department will send you a lapse notice. Within sixty (60) days of the mailing of the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

SINCERELY,

JULIE L. YARBROUGH  
Senior Secretary

Enclosures

MAR 22 1995



STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

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Statehouse  
Boise, Idaho 83720  
(208) 327-7900  
April 16, 1990

CITY OF SUGAR CITY  
10 EAST CENTER ST.  
P.O. BOX 56  
SUGAR CITY, ID 83448

PERMIT APPROVAL NOTICE

RE: PERMIT NO. P22-07662

Dear Permit Holder:

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

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

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

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

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APR 19 1990

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,

GARY SPACKMAN, Supervisor  
Water Right Permits Section

GS: SC  
Enclosures

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APR 19 1990

Form No. 202a  
/87

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT ANALYSIS SHEET

Dist. for staffing 1-3-90  
Submi for advertising 2-5-90

Advertise out of Sequence  
(Trust Area municipal)  
DCMT exempt

INITIAL REVIEW BY PRM DATE 2-1-90 APPLICATION NUMBER 22-7662  
City of Sugar City  
REQUIRED INFORMATION

Name (If applicant is a corporation or partnership, names must be provided for the director, officers, & other partners.)  
Address  
Source (See USGS Quad for names of water sources)  
Point of Diversion (10 acres for spring, lot & block descriptions for subdivisions, local name, flow and/or volume)  
County  
Quantity (flow and/or volume)  
Period of Use  
Nature of proposed use (Include description of use.)  
Description of diverting works  
Time required for beneficial use of water  
Place of use or acres irrigated  
Map  
Signature (If applicant is corp. partnership, or municipality, title of signator is required)  
Fee  
Yes ☐ No ☒ In form to receipt

ADDITIONAL INFORMATION

Overlapping place of use (Describe source & relationship to present application on the back.)  
Overlapping point of diversion  
Yes ☐ No ☒ Field check required  
Field check by \_\_\_\_\_  
Yes ☐ No ☒ Field report attached  
Yes ☐ No ☒ Critical groundwater area  
Yes ☐ No ☒ Groundwater management area  
Yes ☐ No ☒ Send dam safety information  
Yes ☐ No ☒ Send power requirement letter  
Yes ☐ No ☒ Send fish farm requirement letter  
Yes ☐ No ☒ Power residency affidavit  
Yes ☐ No ☒ Power efficiency form  
☒ Yes ☐ No ☒ Within trustwater boundary (If yes, attach trust water supplementary analysis sheet.)  
Yes ☐ No ☒ Diversion greater than 5 cfs or 500 acre ft. (If yes, attach large diversion supplementary analysis sheet.)  
See reverse side for additional information

\*REQUEST THE FOLLOWING ADDITIONAL INFORMATION FROM THE APPLICANT

Date Requested

MAR 19 1990

Department of Water Resources

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

SEND COPIES TO ☐ Idaho Dept. of Health & Welfare ☐ U.S. BLM  
☐ Idaho Dept. of Fish & Game ☐ U.S. Forest Service  
☐ Idaho Dept. of Lands ☐ Water District  
☐ Adjudication Bureau Unit ☐ Other

#### FINAL REGIONAL PROCESSING REVIEW

☒ Yes ☐ No Affidavit of publication received  
☒ Yes ☐ No Application published correctly. If not, record action taken.

☒ Yes ☐ No Publication dates & paper, recorded on application  
☐ Yes ☒ No Protests received  
Final date for protest 3-5-90  
☐ Yes ☐ No Protests, dates, resolution of protest, recorded on application  
☐ Yes ☒ No Recommendations attached  
☐ Yes ☒ No Measuring device required  
☒ Yes ☐ No Access port required  
☒ Yes ☒ No Will water be delivered by watermaster? If yes, what Dist. 01-POE  
☐ Yes ☒ No Special conditions of approval or cover letter below.

See below for additional information  
Date of priority recommended 12-26-1989  
By HLJ Date 3-13-90 OIG

STATE OFFICE REVIEW P05, P23, P03, P17 51 52 53 46 26 04  
By KW See below for additional information  
Date 4-2-90

#### ADDITIONAL INFORMATION

App. in TRUST area - Tim suggests  
using TRUST conditions - DCMI  
OK to allow 5 yrs. to develop -

08-Feb-1990

City of Sugar City  
10 East Center St.  
Box 56  
Sugar City, ID 83448

RE: Application for Permit No. 22-7662

Dear Water Right Applicant:

The Department of Water Resources acknowledges receipt of your water right permit. This office is currently in the process of advertising the application in the Rexburg Standard Journal on. The advertisement will be published for two consecutive weeks, and a period of ten days following the second publication will be allowed for the submittal of protests.

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

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

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

Sincerely,

HAROLD W. JONES  
Water Rights Supervisor

HWJ/rb

RECEIVED  
APR 19 1990

APR 19 1990

S T A T E   O F   I D A H O  
DEPARTMENT OF WATER RESOURCES  
Eastern Region  
150 Shoup Ave., Suite 15

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Idaho Falls, Idaho 83402  
(208) 525-7161

FEBRUARY 7, 1990

THE REXBURG STANDARD-JOURNAL  
P.O. BOX 10  
REXBURG, ID 83440

Gentlemen:

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

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

Please send the affidavit of publication and publication billing to this office before MARCH 5, 1990.

Yours truly,

Rita Bodell  
Secretary

Encl.

RECORDED

APR 19 1990

22-07662  
NOTICE OF APPLICATION FOR PERMIT FOR TRUST WATER

CITY OF SUGAR CITY  
10 EAST CENTER ST.  
BOX 56  
SUGAR CITY, ID 83448

Source: GROUNDWATER

Diversion Pt: SWSW Sec 4 T 06N R 40E

Use: MUNICIPAL ( 4.500 CFS)

Total Diversion: ( 4.500 CFS)

Date Filed: 12/26/1989

In: T06N R40E S04

NESW  
NESE

NWSW  
NWSE

SWSW  
SWSE

SESW  
SESE

RECORDED

APR 19 1990

The permit(s) will be subject to all prior water rights. Protests may be submitted based on the criteria of Sec. 42-203, Idaho Code and/or the new public interest criteria of Sec. 42-203C, Idaho Code. Protests must be filed with the Director, Dept. of Water Resources, 150 Shoup Ave., Suite 15, Idaho Falls, Idaho 83402 on or before MARCH 5, 1990.

R. Keith Higginson, Director

Published 2/15/1990 & 2/22/1990

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APR 19 1990