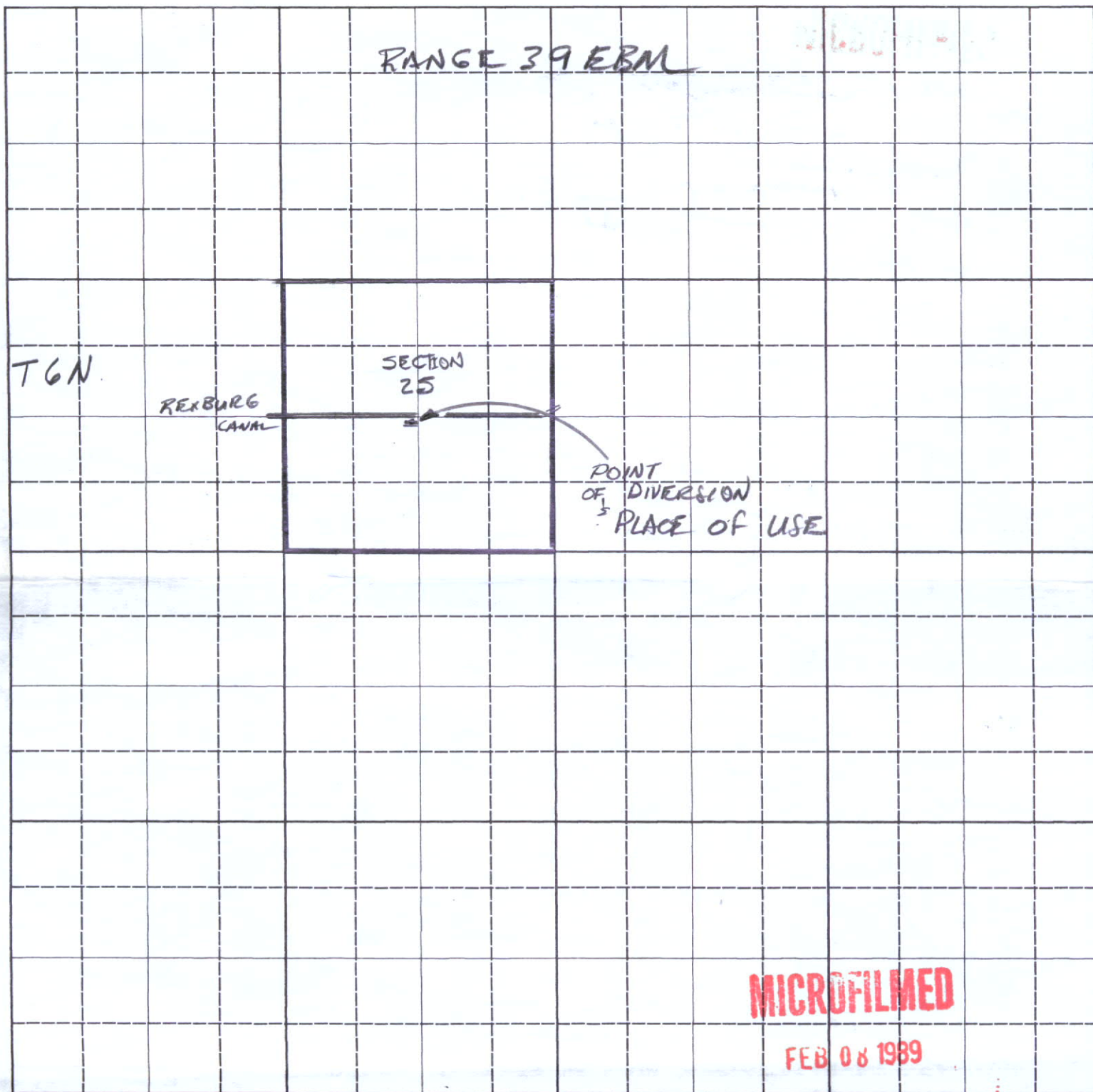


13. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



**MICROFILMED**

**FEB 08 1989**

Scale: 2 inches equal 1 mile.

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

*Spencer T. Larson*  
(Applicant)

RIVER

REXBURG

MUNICIPAL  
AIRPORT

CANAL

Fairgrounds

REXBURG  
(BM 4865)

Sta

Park

Rigby Hosp

Courtho

RICKS  
COLLEGE

CITY

Trailer

Park

R39E

REXBURG

26

1-62

POINT OF DIVERSION

25  
PLACE OF  
USE

26 25  
35 36

R39E R40E

35

36

31

56N  
75N

2

Burton  
Cem

MICROFILMED

OCT 29 1957

22-07575

DMR

JUL/28/1997



PLACE OF USE



POINT OF DIVERSION

MICROFILMED

OCT 29 1987

22-07575

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 22-07575

Priority: August 18, 1988

Maximum Diversion Rate:

0.04 CFS

Maximum Diversion Volume:

5.9 AF

This is to certify, that SPENCER T LARSEN  
LINDA JO LARSEN

549 S 1500 W

REXBURG ID 83440

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated August 18, 1988; and has submitted Proof of Beneficial Use on January 31, 1991. An examination indicates that the works have a diversion capacity of 0.040 cfs of water from a GROUNDWATER source, and a water right has been established as follows:

| <u>BENEFICIAL USE</u> | <u>PERIOD OF USE</u> | <u>RATE OF DIVERSION</u> | <u>ANNUAL VOLUME</u> |
|-----------------------|----------------------|--------------------------|----------------------|
| IRRIGATION            | 04/15 to 10/15       | 0.04 CFS                 | 5.3 AF               |
| DOMESTIC              | 01/01 to 12/31       | 0.02 CFS                 | 0.6 AF               |
|                       | Totals               | 0.04 CFS                 | 5.9 AF               |

LOCATION OF POINT(S) OF DIVERSION:

NESW , Sec. 25, Township 06N, Range 39E  
MADISON County

PLACE OF USE: IRRIGATION

| <u>TWN</u> | <u>RGE</u> | <u>SEC</u> | <u>ACRES</u> | <u>ACRES</u> | <u>ACRES</u> | <u>TOTAL</u> |
|------------|------------|------------|--------------|--------------|--------------|--------------|
| 06N        | 39E        | 25         | NESW         | 1.5          |              | 1.5          |

Total number of acres irrigated: 1.5

PLACE OF USE:

DOMESTIC, same as IRRIGATION use

## CONDITIONS OF APPROVAL AND REMARKS

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

FILED  
AUG 29 1987

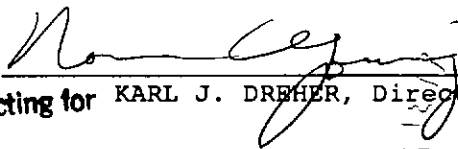
State of Idaho  
Department of Water Resources**WATER RIGHT LICENSE**

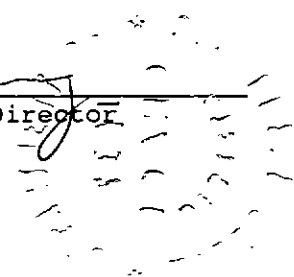
WATER RIGHT NO. 22-07575

CONDITIONS OF APPROVAL AND REMARKS

6. This right when combined with all other rights shall provide no more than .03 cfs per acre nor more than 3.5 afa per acre for irrigation of the lands above.
7. Domestic use is for 1 home and does not include lawn, garden, landscape, or other types of irrigation.

This license is issued pursuant to the provisions of Section 42-219, Idaho Code. Witness the seal and signature of the Director, affixed at Boise, this 23<sup>RD</sup> day of OCTOBER, 1997.

  
Acting for KARL J. DREHER, Director



MICROFILMED

OCT 29 1997

07/90

**RECEIVED**

JAN 31 1991

## STATE OF IDAHO

For Office Use Only

Amt. of Fee \$

Date

Receipt No.

Received by

## DEPARTMENT OF WATER RESOURCES

Department of Water Resources

**PROOF OF BENEFICIAL USE**

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

1. Permit No. 22-07575 Telephone No. 356-60772. Name(s) of Permit Holder(s): Spencer and Linda Jo Larsen3. Post Office Address: 549 South 1500 West Rexburg, Id 834404. Source of Water: Ground Watera. If ground water, well driller's name: Hopkins Bros. Date drilled: August 2, 1985b. Pump horsepower: 1 H.P. Pressure (psi): 65 Dynamic pumping level (ft.): 73'

## 5. Extent of Use:

Domestic 1 (No. of households)

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

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

Other \_\_\_\_\_

6. Total rate and/or volume for which proof is submitted .04 cfs \_\_\_\_\_ acre/feet

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

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

OR

Flow Measurement Port: Required? Yes X No Installed? Yes X No8. Fee Enclosed: \$ - 0 - (See License Examination Fee Schedule)

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

Spencer Larsen 356-6077  
Name Telephone No.

549 South 1500 West Rexburg, Id 83440  
Address

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

**RECEIVED**

24 January 1991  
Date

Linda J. Larsen  
Signature (and title if on behalf of a company or organization)

MAR 15 1991

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

Ident. No.

22-7575

APPROVED

To appropriate the public waters of the State of Idaho

1. Name of applicant Spencer T. Larsen or Linda Jo Larsen Phone 356-6077  
Post office address 549 South 1500 West Rexburg 83440
2. Source of water supply groundwater which is a tributary of N/A
3. Location of point of diversion is — ¼ of NE ¼ of SW ¼, Govt. Lot —  
Sec. 25 Township 6N Range 39E B.M. Madison County; additional  
points of diversion if any: —
4. Water will be used for the following purposes:  
0.04 cfs changed as per telecon w/ Lina Larsen- by S.M.-9-29-1988  
Amount 0.10 for Irrigation purposes from 4/1 to 11/1 (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount 0.04 for Domestic purposes from 1/1 to 12/31 (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount — for — purposes from — to — (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount — for — purposes from — to — (both dates inclusive)  
(cfs or acre-feet per annum)
5. Total quantity to be appropriated is (a) 0.08 and/or (b) —  
cubic feet per second acre feet per annum
6. Proposed diverting works:
  - a. Description of ditches, flumes, pumps, headgates, etc. Well, pump, mainline to single domestic home and irrigation.
  - 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 6" inches; proposed depth of well is 73' 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 2 yrs years (minimum 1 year).

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

- a. Hydropower; show total feet of head and proposed capacity in KW. \_\_\_\_\_
- b. Stockwatering; list number and kind of livestock. \_\_\_\_\_
- c. Municipal; show name of municipality. \_\_\_\_\_
- d. Domestic; show number of households. 1
- 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  | 39E   | 25   |     |     |     |     |     |     |     |     | 1.5<br>D |     |     |     |     |     |     |     | 1.5    |
|     |       |      |     |     |     |     |     |     |     |     |          |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |          |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |          |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |          |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |          |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |          |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |          |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |          |     |     |     |     |     |     |     |        |

Total number of acres to be irrigated 1.5

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

11. a. Who owns the property at the point of diversion? Spencer T. Larsen

b. Who owns the land to be irrigated or place of use? Spencer T. Larsen

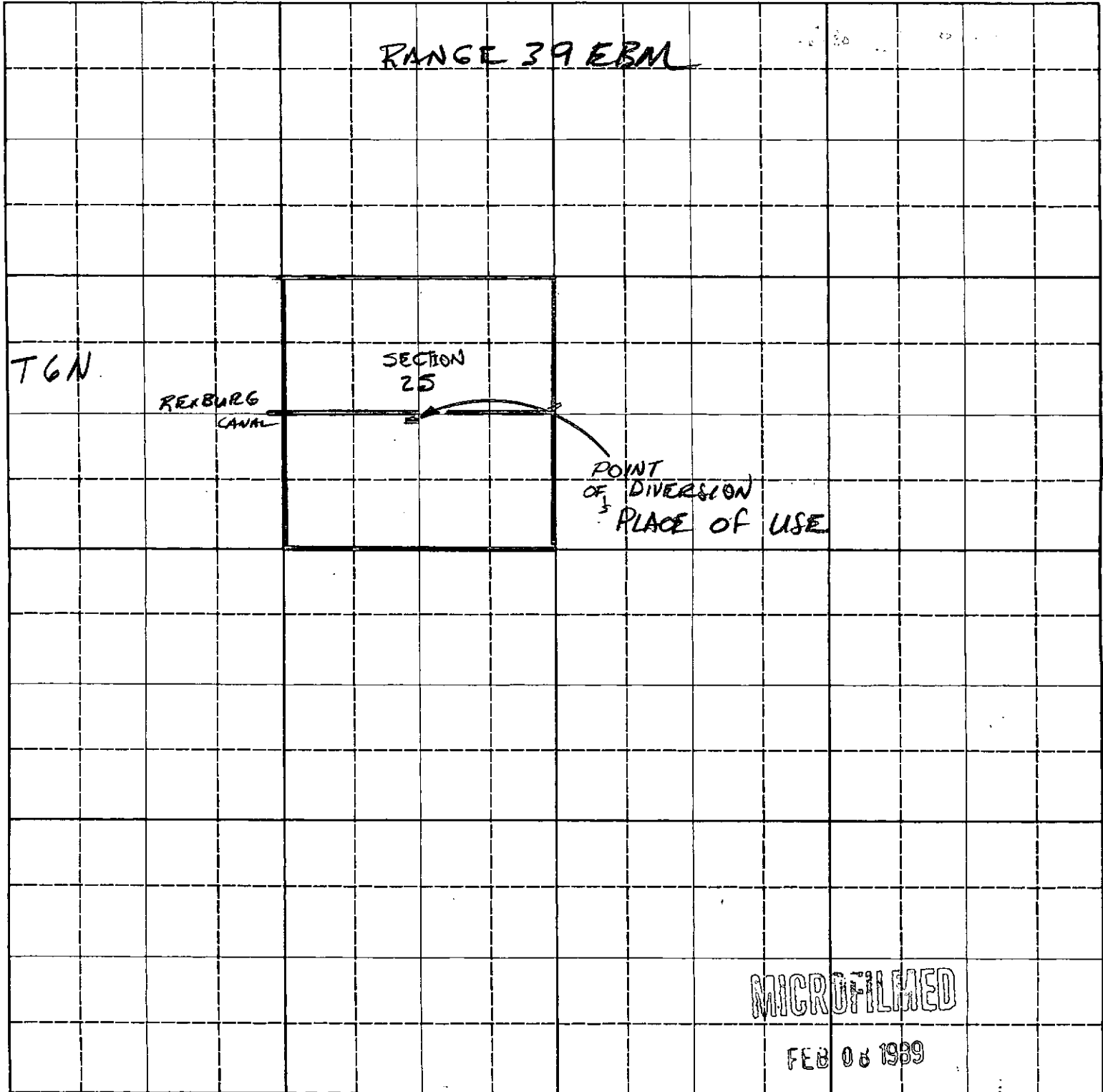
c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing. \_\_\_\_\_

12. Remarks: \_\_\_\_\_

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FEB 08 1989

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



Scale: 2 inches equal 1 mile.

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

*Spencer T. Larson*  
(Applicant)

Proposed Priority 8/18/88

Received by CW Date 8-18-88 Time 4:15p Preliminary check by SM

Fee \$ 30<sup>00</sup> Received by SM # E002730 Date 8/29/88

Publication prepared by RB Date 11-9-88 Published in Rexburg Standard-Tribune

Publication approved CW Date 12-7-88

### 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. 22-7575, and said application is hereby APPROVED.

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

a. SUBJECT TO ALL PRIOR WATER RIGHTS.

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

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

d. 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:

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.

Irrigation use under this permit is authorized only in connection with a domestic use.

Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.

The maximum rate of diversion for irrigation purposes under this permit shall not exceed 0.04 cfs.

Witness my hand this 13<sup>th</sup> day of January, 1989.

A. Glen Saxton

MICROFILMED

FEB 08 1989

Rexburg, Idaho

## AFFIDAVIT OF PUBLICATION

STATE OF IDAHO  
County of Madison

DEC 6 1988

I, 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 of which notice appears attached hereto, was 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 November 17, 1988 and the last publication having been made on November 24, 1988.

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 )

In this 25th day of November in the year of 1988, before me, a Notary Public, personally appeared Terry Weatherston, known or identified to me to be the person whose name subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledged to me that he executed the same.

*Joseph M. [Signature]*  
Notary Public for Idaho

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

NOTICE OF APPLICATION  
FOR WATER RIGHT

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

22-07573  
MOUNTAIN WEST BARK PRODUCTS, INC.  
P.O. BOX 518  
REXBURG, ID. 83440  
Source: GROUNDWATER  
Diversions Pt: SENENW Sec 14 T 05N R 39E  
Use: COMMERCIAL (.080 CFS)  
Date Filed: 8/08/1988  
In: T05N R39E S14 NWNE NENW

22-07575  
LARSEN, SPENCER T.  
LARSEN, LINDA JO  
549 S. 1500 W.  
REXBURG, ID 83440  
Source: GROUNDWATER  
Diversions Pt: NESW Sec 25 T 06N R 39E  
Use: IRRIGATION (.040 CFS)  
DOMESTIC (.040 CFS)  
Date Filed: 8/18/1988  
In: T06N R39E S25 NESW NESW 1.5 ACRES TOTAL

22-07593  
BARTON, BRECK  
BARTON, MAURIE  
1686 W. 1750 N.  
REXBURG, ID. 83440  
Source: GROUNDWATER  
Diversions Pt: SENENW Sec 13 T 06N R 39E  
Use: IRRIGATION (.090 CFS)  
Date Filed: 8/25/1988  
In: T06N R39E S13 NENW 3.0 ACRES TOTAL

22-07594  
RANDALL, GLADYS  
216 MOHAWK  
REXBURG, ID 83440  
Source: GROUNDWATER  
Diversions Pt: SESE Sec 25 T 06N R 39E  
Use: COMMERCIAL (.040 CFS)  
Date Filed: 8/25/1988  
In: T06N R 39E S26 SESE

22-07598  
FLYING H. CORPORATION  
1082 N. HILL ROAD  
REXBURG, ID 83440  
Source: GROUNDWATER  
Diversions Pt: NWSW Sec 18 T 06N R 41E  
Use: DOMESTIC (.040 CFS), STOCKWATER (.050 CFS), COMMERCIAL (.020 CFS)  
Date Filed: 8/28/1988  
In: T06N R41E S18 NWSW

22-07599  
RANDALL & FLYING H. CORPORATIONS  
216 MOHAWK  
REXBURG, ID 83440  
Source: GROUNDWATER  
Diversions Pt: SENW Sec 20 T 06N R 41E  
Use: DOMESTIC (.080 CFS), COMMERCIAL (.080 CFS)  
Date Filed: 8/25/1988  
In: T06N R41E S19 SESE, S20 SENW

The permit(s) will be subject to all prior water rights. Protests may be submitted based on the criteria of Sec. 42-203A, Idaho Code and/or the new public interest criteria of Sec. 42-203C, Idaho Code. Protests must be filed with the Director, Dept. of Water Resources, 150 Shoup Ave., Suite 15, Idaho Falls, Idaho 83402 on or before DECEMBER 5, 1988.

R. KEITH HIGGINSON  
Director

Publ. Nov. 17 and 24, 1988J.

FEB 08 1989



## 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

October 24, 1997

PHILIP E. BATT  
GOVERNOR

KARL J. DREHER  
DIRECTOR

SPENCER T LARSEN  
LINDA JO LARSEN  
549 S 1500 W  
REXBURG ID 83440

RE: WATER RIGHT NO. 22-07575

Dear Water Right Holder(s):

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

#### PETITION FOR RECONSIDERATION

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

#### EXCEPTIONS AND BRIEFS

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

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

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1 OCT 29 1997

### ORAL ARGUMENT

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

### CERTIFICATE OF SERVICE

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

### FINAL ORDER

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

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

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

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

### APPEAL OF FINAL ORDER TO DISTRICT COURT

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

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

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OCT 29 1997

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.

Sincerely,

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

Shelley W. Keen  
Water Rights Supervisor

SK:klt

Enclosure

MICROFILMED

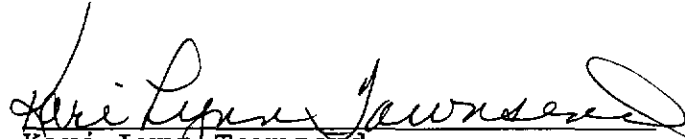
OCT 29 1987 3

CERTIFICATE OF MAILING

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

Water Right No. 22-07575

SPENCER T LARSEN  
LINDA JO LARSEN  
549 S 1500 W  
REXBURG ID 83440

  
Kari Lynn Townsend  
Secretary

MICROFILMED

OCT 29 1997

## MEMORANDUM

**TO: File 22-07575**

**FROM: Sharla**

**DATE: October 16, 1997**

**RE: Recommendation Adjustment(s)**

The final license recommendations for Permit No. 22-07575 are based on the following:

### H. RECOMMENDATIONS

|            |              |          |         |
|------------|--------------|----------|---------|
| Irrigation | 4/15 - 10/15 | 0.04 cfs | 5.3 afa |
| Domestic   | 1/1 - 12/31  | 0.02 cfs | 0.6 afa |
| TOTALS     |              | 0.04 cfs | 5.9 afa |

The theoretical calculation made by the examiner is 0.08 cfs; using the information from the b/u form, the capacity is more in the vicinity of 0.03 - 0.04 cfs. No b/u fee was paid, the rate listed on the b/u form was 0.04 cfs; the license will be issued for a total of 0.04 cfs.

The examiner did not fill in the recommendations portion of the exam, however, sufficient documentation exists to license the right.

Examiner: Keith Wilson  
Exam Date: July 29, 1997

MICROFILMED

OCT 29 1997

# LICENSE REVIEW CHECKLIST

PERMIT NO. 22-07575

DATE 10/10/97

REVIEWER: SHARLA

|              |                 |             |                                                                 |
|--------------|-----------------|-------------|-----------------------------------------------------------------|
| NAME         | Change <u>—</u> | OK <u>✓</u> | Address Change <u>NO</u>                                        |
| SOURCE       | <u>—</u>        | <u>✓</u>    | Is change/clarification of originally intended source? <u>—</u> |
| POINT OF DIV | <u>—</u>        | <u>✓</u>    | If not, prepare Notice of Intent to Void <u>—</u>               |
| PLACE OF USE | <u>—</u>        | <u>✓</u>    | Amendment required <u>NO</u>                                    |

Does map agree with written description? — yes — no

OVERLAPS — P/D — P/U

## RATE OF DIV

|                |                                 |
|----------------|---------------------------------|
| Permitted Rate | <u>.08</u> cfs                  |
| Fee limit      | <u>.04</u> cfs <u>NO FEE PD</u> |
| Measured       | <u>—</u> cfs                    |
| Theoretical    | <u>.08</u> cfs                  |

Uniform data 65' x 1 and 73' left = .03

Recommended Total Div Rate .04 cfs

## ANNUAL VOLUME/ NATURE OF USES

|          |                |                |                                       |
|----------|----------------|----------------|---------------------------------------|
| <u>✓</u> | Use <u>Dom</u> | cfs <u>.04</u> | Volume Calc <u>1.5 x 3.5 = 5.3</u> af |
|          | <u>Dom</u>     | <u>.02</u>     | <u>.6</u> af                          |
|          |                |                | af                                    |
|          |                |                | af                                    |
|          | SUBTOTAL       | <u>.04</u>     | <u>5.9</u> af                         |

9/15-10/15 season

Flow rate .04 cfs X 184 days X 1.98 = 14.6 af

Total volume recommended 5.3 af

(SUBTOTAL or Flow Rate, whichever is less)

## REMARKS

WB5

\_\_\_\_\_

\_\_\_\_\_

CONDITIONS — Watermaster Control WD# —

250 GW Measurement/Measuring Device

250 Overlap

— Use-specific conditions

Advancement of Priority Date Required — yes ✓ no

SRBA Claim Filed NA

Adjustment Memo # blanks

Theo Cap.

1st Amend Letter NA

2nd Amend Letter NA

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

RECEIVED

SEP 23 1997

Department of Water Resources

**A. GENERAL INFORMATION**

Permit No. 22-07575

1. Owner: Spencer T or Linda Jo Larsen

Phone No. 356-6077

Current Address: 549 S 1500 W Rexburg Id 83440

2. Accompanied by: Spence, Larsen

EXAM DATE: 7-29-97

Address: —

Phone No. —

Relationship to Permit Holder: —

3. Source: GROUNDWATER

tributary to —

**B. OVERLAP REVIEW**

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:**

| Ident No. | Gov't Lot | ¼ | ¼  | ¼  | Sec. | Twp. | Rge. | County  | Method of Determination/Remarks  |
|-----------|-----------|---|----|----|------|------|------|---------|----------------------------------|
|           |           |   | NE | SW | 25   | 6N   | 39E  | Madison | On Site / USGS QUAD / FSA Aerial |
|           |           |   |    |    |      |      |      |         |                                  |
|           |           |   |    |    |      |      |      |         |                                  |
|           |           |   |    |    |      |      |      |         |                                  |

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

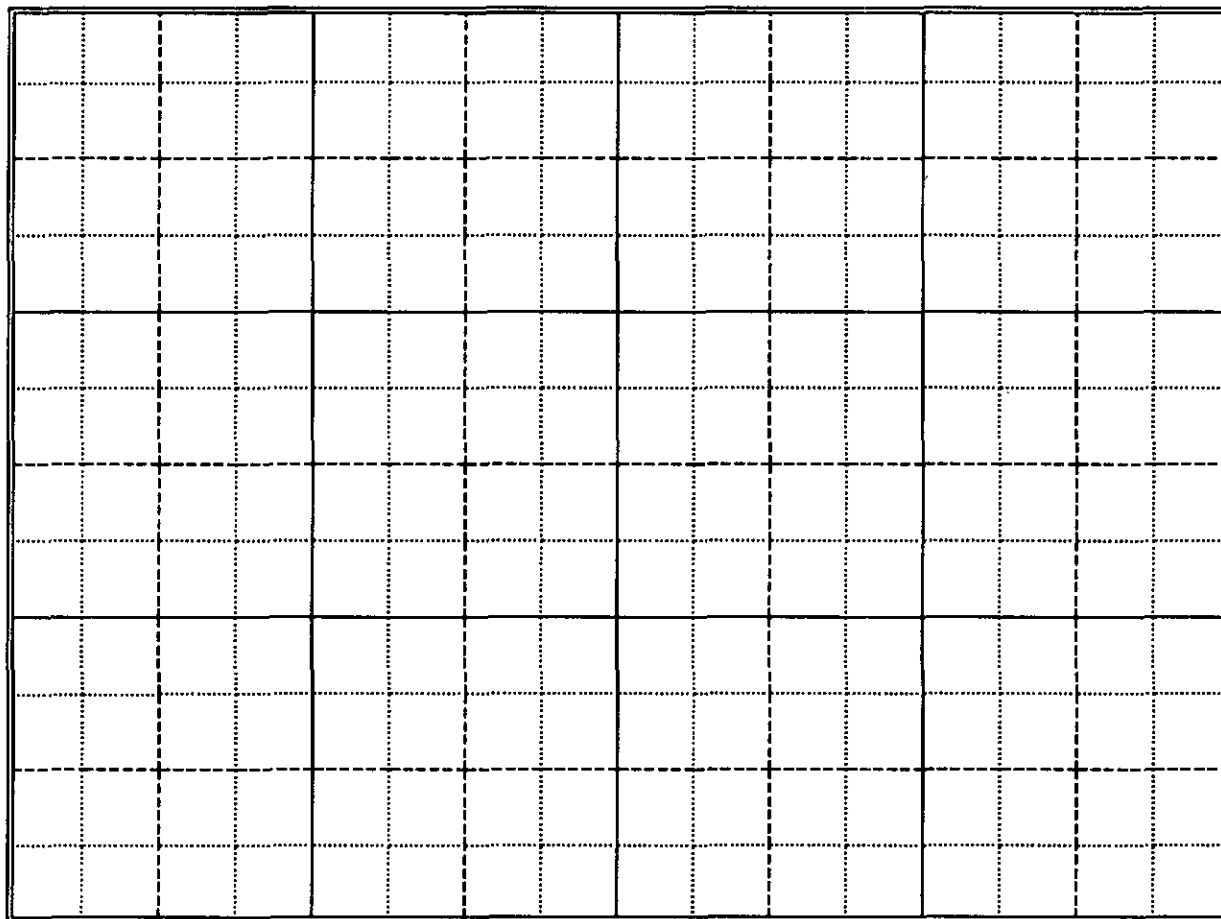
Indicate Method of Determination

| TWP | RGE | SEC | NE |    |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE |        |
| 6N  | 39E | 25  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |

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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 |
|---------------------------------------|------------|-----|------------------|-----------|-----------------------------------|
|                                       | Berkely    | 1hp |                  | Berkely   |                                   |
|                                       |            |     |                  |           |                                   |
|                                       |            |     |                  |           |                                   |

\*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: Theoretical

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**E. NARRATIVE/REMARKS/COMMENTS**

Well pump manline to single domestic home IRRIGATION System

STATIC H<sub>2</sub>O Level = 6' Well log

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

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## F. FLOW CALCULATIONS

Measured Method:

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

## 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 7/29/97

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

SEAL

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## THEORETICAL PUMP FLOW CALCULATIONS

Formula:

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

$$Hp = \text{Horsepower} = \frac{1}{}$$

$$Eff = \text{Efficiency} = \frac{70\%}{\text{Usually } 70\%}$$

$$\text{Lift: (Static Level + Assumed Draw down)}$$

$$\text{Static Water Level} = \frac{6}{\text{ft.}}$$

$$\text{Assumed Draw down} = + \frac{6}{\text{ft.}}$$

$$\text{Lift} = \frac{12}{}$$

OR

$$\text{Measured Dynamic Water Level} = \frac{\quad}{\text{ft.}}$$

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

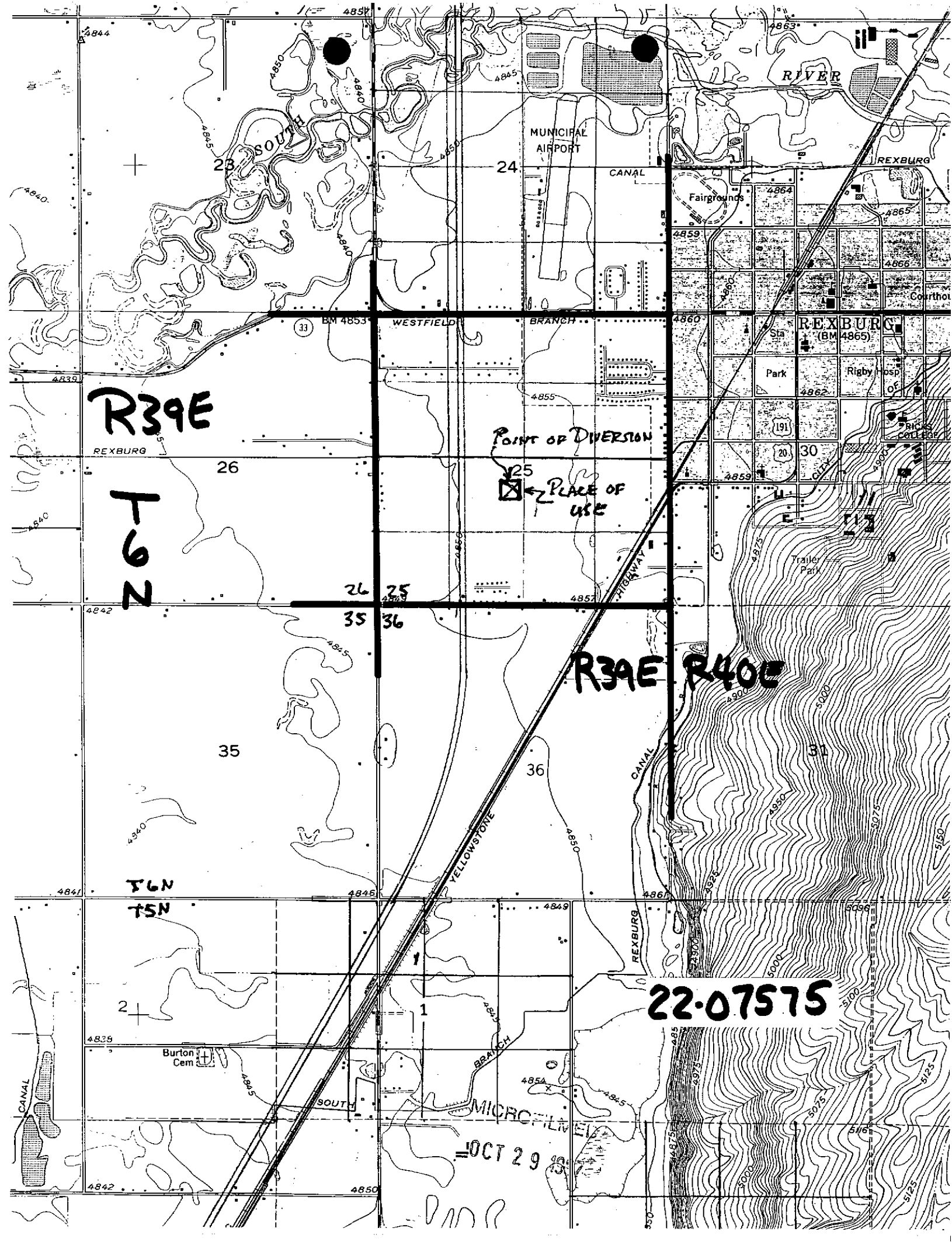
$$Q_{cfs} = \left[ \frac{1}{Hp} \times 8.814 \times \frac{0.7}{eff} \right] \div \left[ \frac{12}{Lift} + \left( \frac{30}{psi} \times 2.308 \right) \right]$$

$$Q_{cfs} = \left[ \frac{6.1698}{\quad} \right] \div \left[ \frac{81.24}{\quad} \right]$$

$$Q_{cfs} = \frac{0.08}{\quad} \text{ cfs}$$

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PERMIT NO. 22-07575



RIVER

MUNICIPAL AIRPORT

CANAL

REXBURG

Fairgrounds

Courtho

REXBURG (BM 4865)

Park

Rigby Hosp

RICHES COLLEGE

Trailer Park

Burton Cem

MICROFILM

OCT 29 1963

R39E

T6N

R39E R40E

22-07575

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 <i>Spence Larsen</i><br>Address <i>Rexburg, Idaho</i><br>Owner's Permit No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | <b>7. WATER LEVEL</b><br>Static water level <i>6</i> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow<br>Artesian (loss) in pressure p.s.i.<br>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input checked="" type="checkbox"/> Plug<br>Temperature <i>57</i> °F Quality <i>Good</i><br><small>(Describe the interval or temperature zones below)</small>                                                                                                                                                                                                                                                                |                      |                                     |       |          |       |       |      |    |                                                                   |          |          |          |             |                                     |          |          |           |                      |                                     |          |           |           |             |                                     |          |           |           |               |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|-------|----------|-------|-------|------|----|-------------------------------------------------------------------|----------|----------|----------|-------------|-------------------------------------|----------|----------|-----------|----------------------|-------------------------------------|----------|-----------|-----------|-------------|-------------------------------------|----------|-----------|-----------|---------------|-------------------------------------|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           | <b>8. WELL TEST DATA</b><br><i>No Test</i><br><input type="checkbox"/> Pump <input type="checkbox"/> Bucket <input type="checkbox"/> Air <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                     |       |          |       |       |      |    |                                                                   |          |          |          |             |                                     |          |          |           |                      |                                     |          |           |           |             |                                     |          |           |           |               |                                     |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste disposal or infiltration (specify type)<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | <b>9. LITHOLOGIC LOG</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                     |       |          |       |       |      |    |                                                                   |          |          |          |             |                                     |          |          |           |                      |                                     |          |           |           |             |                                     |          |           |           |               |                                     |
| <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 type="checkbox"/> Cable <input type="checkbox"/> Dig <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           | <table border="1"><thead><tr><th>Bore</th><th>Depth</th><th>Material</th><th>Water</th></tr><tr><th>Diag.</th><th>From</th><th>To</th><th>Yes No</th></tr></thead><tbody><tr><td><i>6</i></td><td><i>0</i></td><td><i>2</i></td><td><i>Soil</i></td><td><input checked="" type="checkbox"/></td></tr><tr><td><i>6</i></td><td><i>2</i></td><td><i>21</i></td><td><i>SAND + GRAVEL</i></td><td><input checked="" type="checkbox"/></td></tr><tr><td><i>6</i></td><td><i>21</i></td><td><i>67</i></td><td><i>SAND</i></td><td><input checked="" type="checkbox"/></td></tr><tr><td><i>6</i></td><td><i>67</i></td><td><i>73</i></td><td><i>GRAVEL</i></td><td><input checked="" type="checkbox"/></td></tr></tbody></table> |                      | Bore                                | Depth | Material | Water | Diag. | From | To | Yes No                                                            | <i>6</i> | <i>0</i> | <i>2</i> | <i>Soil</i> | <input checked="" type="checkbox"/> | <i>6</i> | <i>2</i> | <i>21</i> | <i>SAND + GRAVEL</i> | <input checked="" type="checkbox"/> | <i>6</i> | <i>21</i> | <i>67</i> | <i>SAND</i> | <input checked="" type="checkbox"/> | <i>6</i> | <i>67</i> | <i>73</i> | <i>GRAVEL</i> | <input checked="" type="checkbox"/> |
| Bore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Depth     | Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Water                |                                     |       |          |       |       |      |    |                                                                   |          |          |          |             |                                     |          |          |           |                      |                                     |          |           |           |             |                                     |          |           |           |               |                                     |
| Diag.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | From      | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes No               |                                     |       |          |       |       |      |    |                                                                   |          |          |          |             |                                     |          |          |           |                      |                                     |          |           |           |             |                                     |          |           |           |               |                                     |
| <i>6</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <i>0</i>  | <i>2</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <i>Soil</i>          | <input checked="" type="checkbox"/> |       |          |       |       |      |    |                                                                   |          |          |          |             |                                     |          |          |           |                      |                                     |          |           |           |             |                                     |          |           |           |               |                                     |
| <i>6</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <i>2</i>  | <i>21</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <i>SAND + GRAVEL</i> | <input checked="" type="checkbox"/> |       |          |       |       |      |    |                                                                   |          |          |          |             |                                     |          |          |           |                      |                                     |          |           |           |             |                                     |          |           |           |               |                                     |
| <i>6</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <i>21</i> | <i>67</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <i>SAND</i>          | <input checked="" type="checkbox"/> |       |          |       |       |      |    |                                                                   |          |          |          |             |                                     |          |          |           |                      |                                     |          |           |           |             |                                     |          |           |           |               |                                     |
| <i>6</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <i>67</i> | <i>73</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <i>GRAVEL</i>        | <input checked="" type="checkbox"/> |       |          |       |       |      |    |                                                                   |          |          |          |             |                                     |          |          |           |                      |                                     |          |           |           |             |                                     |          |           |           |               |                                     |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other<br>Thickness <i>250</i> inches Diameter <i>6</i> inches From <i>1 1/2</i> feet To <i>73</i> feet<br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation inches by inches<br>Number From To<br>perforations feet feet<br>perforations feet feet<br>perforations feet feet<br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name Model No.<br>Type 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 <i>15</i> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay<br>Sealing procedure used: <input type="checkbox"/> Shurry pit <input 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 point <i>Well Seal</i> |           | <div>RECEIVED<br/>JUN 16 1986<br/>Department of Water Resources<br/>Rexburg District Office<br/>JUL 1 1986<br/>Department of Water Resources</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                     |       |          |       |       |      |    |                                                                   |          |          |          |             |                                     |          |          |           |                      |                                     |          |           |           |             |                                     |          |           |           |               |                                     |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><table border="1"><tr><td>N</td><td></td><td></td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td></td><td></td><td></td></tr></table><br>County <i>Madison</i><br><i>N.E. 1/4 Sec. 25, T. 6 N., R. 37 E.</i><br>Subdivision Name<br>Lot No. Block No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                     | W     |          | E     |       |      |    | <b>10.</b><br>Work started <i>8-25-85</i> finished <i>8-25-85</i> |          |          |          |             |                                     |          |          |           |                      |                                     |          |           |           |             |                                     |          |           |           |               |                                     |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                     |       |          |       |       |      |    |                                                                   |          |          |          |             |                                     |          |          |           |                      |                                     |          |           |           |             |                                     |          |           |           |               |                                     |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                     |       |          |       |       |      |    |                                                                   |          |          |          |             |                                     |          |          |           |                      |                                     |          |           |           |             |                                     |          |           |           |               |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                     |       |          |       |       |      |    |                                                                   |          |          |          |             |                                     |          |          |           |                      |                                     |          |           |           |             |                                     |          |           |           |               |                                     |
| <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Firm Name <i>HOPKINS BROTHERS</i> Firm No. <i>320CT</i><br>Well Drilling<br>Address <i>Rexburg, Idaho</i> Date <i>6-7-86</i><br>Signed by (Firm Official) <i>Robert L. Hopkins</i><br>and<br>(Operator) <i>Charles L. Hopkins</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           | <b>11.</b><br>MICROFILMED<br>29 1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                     |       |          |       |       |      |    |                                                                   |          |          |          |             |                                     |          |          |           |                      |                                     |          |           |           |             |                                     |          |           |           |               |                                     |

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

22-07575

24

25 1057  
T-776  
10-2  
3

628  
T-777  
194  
3HEL

11.5  
INHEL

T6N

R39 E

25 1816  
T-784

730

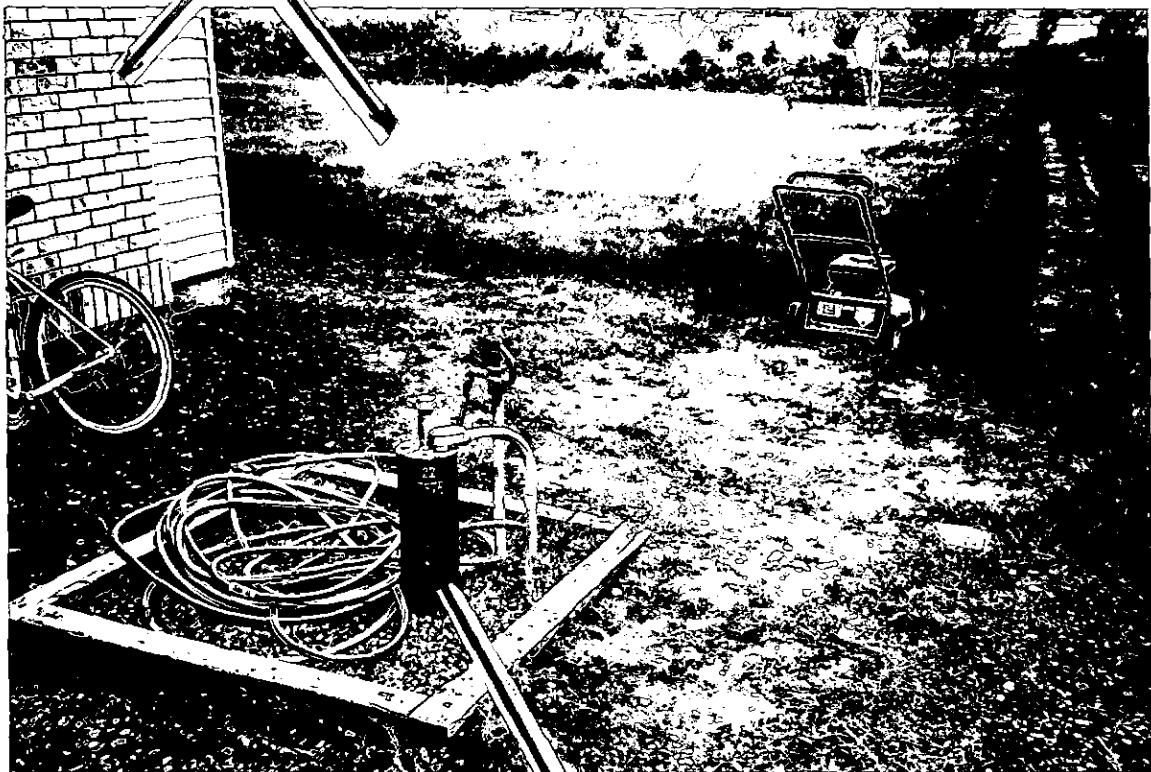
22-07575

700  
800

289  
985

POINT OF DIVERSION  
AND  
PLACE OF USE

PLACE OF USE



POINT OF DIVERSION

UNCLASSIFIED

OCT 29 2007

22-07575

February 26, 1991

SPENCER T. LARSEN  
LINDA JO LARSEN  
549 S. 1500 W.  
REXBURG, ID 83440

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 22-07575

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,

Rita Fleck  
Secretary/Records Manager

c: IDWR - Region

RECEIVED

MAR 15 1991

ANALYSIS SHEET  
for  
PROOF OF BENEFICIAL USE

Permit No. 22-7575

Date 2-22-91

GENERAL CONSIDERATIONS

- ☒ Name same as permit?  
☒ Address same as permit? If no, prepare data entry form.  
☒ Proof timely received? If no, complete priority advancement below.

SOURCE OF WATER

- ☐ Surface water source  
☒ Ground water source  
NO Drill permit req'd?  
Copy in file? Drill permit no. \_\_\_\_\_  
1985 / Well log in file?  
/ Amt paid for drilling permit? \_\_\_\_\_ Correct?

LICENSE EXAMINATION FEE

- NO Required?  
-0- Amount submitted?  
☒ Correct amount?

MEASURING DEVICE

- NO Measuring device or access port required?  
/ Installed?  
/ Waiver requested or needed?

DEFICIENCIES OR ACTION ITEMS

*Proof acceptable*

PRIORITY CALCULATION

|                     |            |       |
|---------------------|------------|-------|
| Date proof received | <u>N/A</u> | _____ |
| Date proof due      | <u>/</u>   | _____ |
| No. of days late    | <u>/</u>   | _____ |
| Priority date       | <u>/</u>   | _____ |
| NEW PRIORITY DATE   | <u>/</u>   | _____ |

MICROFILMED

MAR 15 1991

*LB*

RECEIVED

JAN 31 1991

Department of Water Resources 26 January 1991

We have filled out the form  
"Proof of Beneficial Use" to the  
best of our knowledge.

On our original Application  
for Permit # 22-7575 we stated  
that we needed 0.08 cfs.

Since then we have decided  
that 0.04 will be sufficient  
for our needs.

If other papers need to be  
filled out or there is anything  
else you need, please let us  
know.

RECEIVED

MAR 15 1991

Thank you,  
Jinda G. Larsen

138766  
November 30, 1990

SPENCER T. LARSEN  
LINDA JO LARSEN  
549 S. 1500 W.  
REXBURG, ID 83440

PROOF DUE NOTICE  
RE: PERMIT NO. 22-07575

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 February 1, 1991. (See last page of your approved permit or your last approved extension request.) Enclosed is a form which when accompanied by the license examination fee or a complete field examination report prepared by a certified water right examiner may be used to submit the required proof.

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

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

SINCERELY,

Rita Fleck  
Secretary/Records Manager

Enclosures

RECEIVED

MAR 15 1991

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

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Statehouse  
Boise, Idaho 83720  
(208) 334-7900  
January 19, 1989

LINDA JO LARSEN  
SPENCER T. LARSEN  
REXBURG, ID 83440

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

RE: PERMIT NO.            22-07575

Dear Permit Holder:

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

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

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

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

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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 Rights Permits Section

GS: SC  
Enclosures

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FEB 08 1989

Form No. 202a  
4/87

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT ANALYSIS SHEET

Dist. for staffing dg 8-24-88  
submitted for adv. HWS 9-30-88

INITIAL REVIEW BY Steve McErmick DATE 9/29/88 APPLICATION NUMBER 22-7575

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

RECEIVED  
DEC 12 1988  
Department of Water Resources

PROCESSING

☒ Yes ☐ No 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 12-5-88

☒ 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-P05

☐ Yes ☐ No Special conditions of approval or cover letter below. \_\_\_\_\_

Date of priority recommended \_\_\_\_\_

By HWT

☐ See below for additional information

8-18-88 ✓

Date 12-9-88

STATE OFFICE REVIEW

P23, P05, P17, 26 41 46 28 (irrig., 0.04 cfs)

By kw

☐ See below for additional information

Date 1/12/89

ADDITIONAL INFORMATION

OK to allow 2 yrs. to develop B/U-  
DCMI - OK to process

October 14, 1988

Spencer T. Larsen  
549 S. 1500 W.  
Rexburg, ID 83440

RE: Application for Permit No. 22-07575

Dear Water Right Applicant:

The Department of Water Resources acknowledges receipt of your water right application for permit. The application has been assigned identification No. 22-07575. Please refer to this number in all further correspondence.

This office is currently in the process of advertising the application in THE REXBURG STANDARD-JOURNAL. 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

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FEB 08 1989

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
Eastern Region  
150 Shoup Ave., Suite 15

---

Idaho Falls, Idaho 83402  
(208) 525-7161

NOVEMBER 8, 1988

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 DECEMBER 5, 1988.

Yours truly,

Rita Bodell  
Secretary

Encl.

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FEB 08 1989

NOTICE OF APPLICATION FOR WATER RIGHT

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

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FEB 08 1989

22-07575

LARSEN, SPENCER T.  
LARSEN, LINDA JO  
549 S. 1500 W.  
REXBURG, ID 83440

Source: GROUNDWATER

Diversion Pt:                NESW        Sec 25 T 06N R 39E

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

Date Filed: 8/18/1988

In: T06N R39E S25                NESW                NESW

1.5 ACRES TOTAL

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The permit(s) will be subject to all prior water rights. Protests may be submitted based on the criteria of Sec. 42-203A, Idaho Code and/or the new public interest criteria of Sec. 42-203C, Idaho Code. Protests must be filed with the Director, Dept. of Water Resources, 150 Shoup Ave., Suite 15, Idaho Falls, Idaho 83402 on or before DECEMBER 5, 1988.

R. Keith Higginson, Director

Published 11/17/1988 & 11/24/1988

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FEB 08 1989

