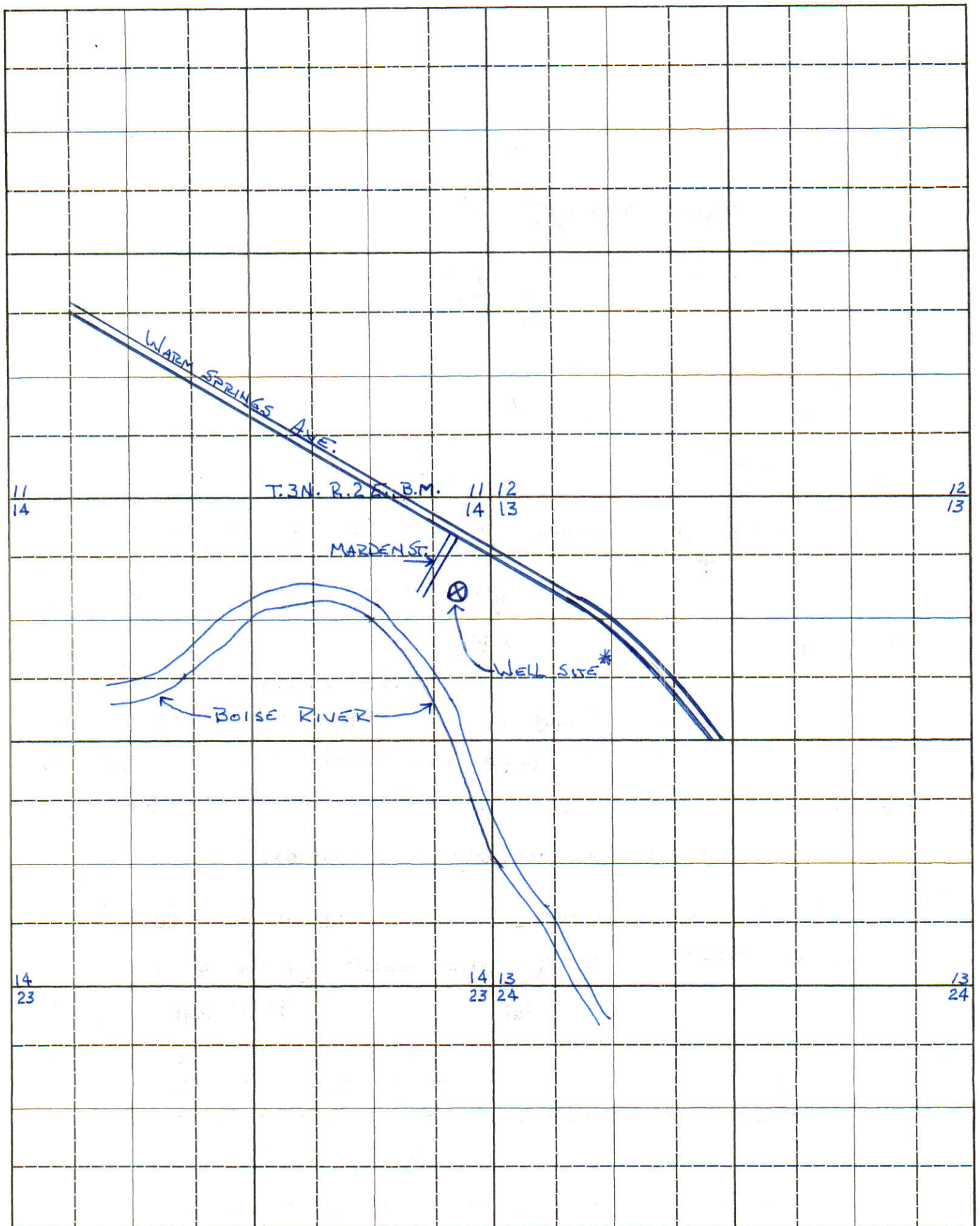


11. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



Scale:  $\frac{2}{4}$  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.

*Benjamin M. Nepler*  
(Applicant)  
MANAGER  
BOISE WATER CORP.

\* PER PHONE CONV. W/DAN BROWN, ENG.  
BOISE WATER CORP.

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

**RECEIVED**  
FEB 19 1991

**A. GENERAL INFORMATION**

Department of Water Resources  
Permit No. 63-02892

1. Owner: BOISE WATER CORPORATION

Phone No. 362-1300

Current Address: P.O. BOX 7488, BOISE, IDAHO 83707

2. Accompanied by: JAMES MOONEY

EXAM. DATE: JUNE 5, 1990

Address: 8248 W. VICTORY

Phone No. 362-1300

Relationship to Permit Holder: DISTRIBUTION MANAGER

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

**B. OVERLAP REVIEW**

1. Other water rights with same place of use: OTHER MUNICIPAL WELLS

☐ Copies Attached

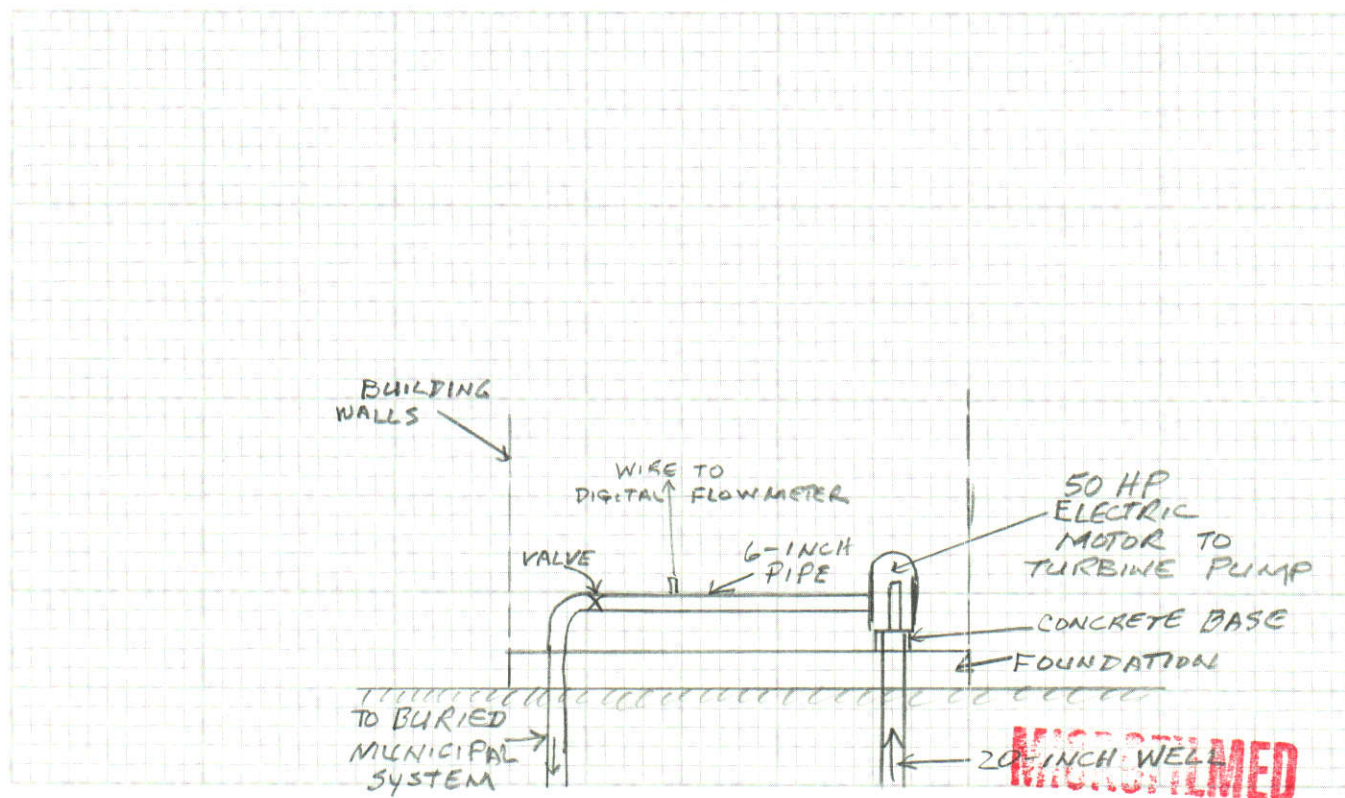
2. Other water rights with same point of diversion: 63-02892, 63-00169 F, 63-00165 L

☐ Copies Attached

☐ Copies of Field Exam's Attached

**C. SYSTEM DESCRIPTION**

1. **Diversion System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



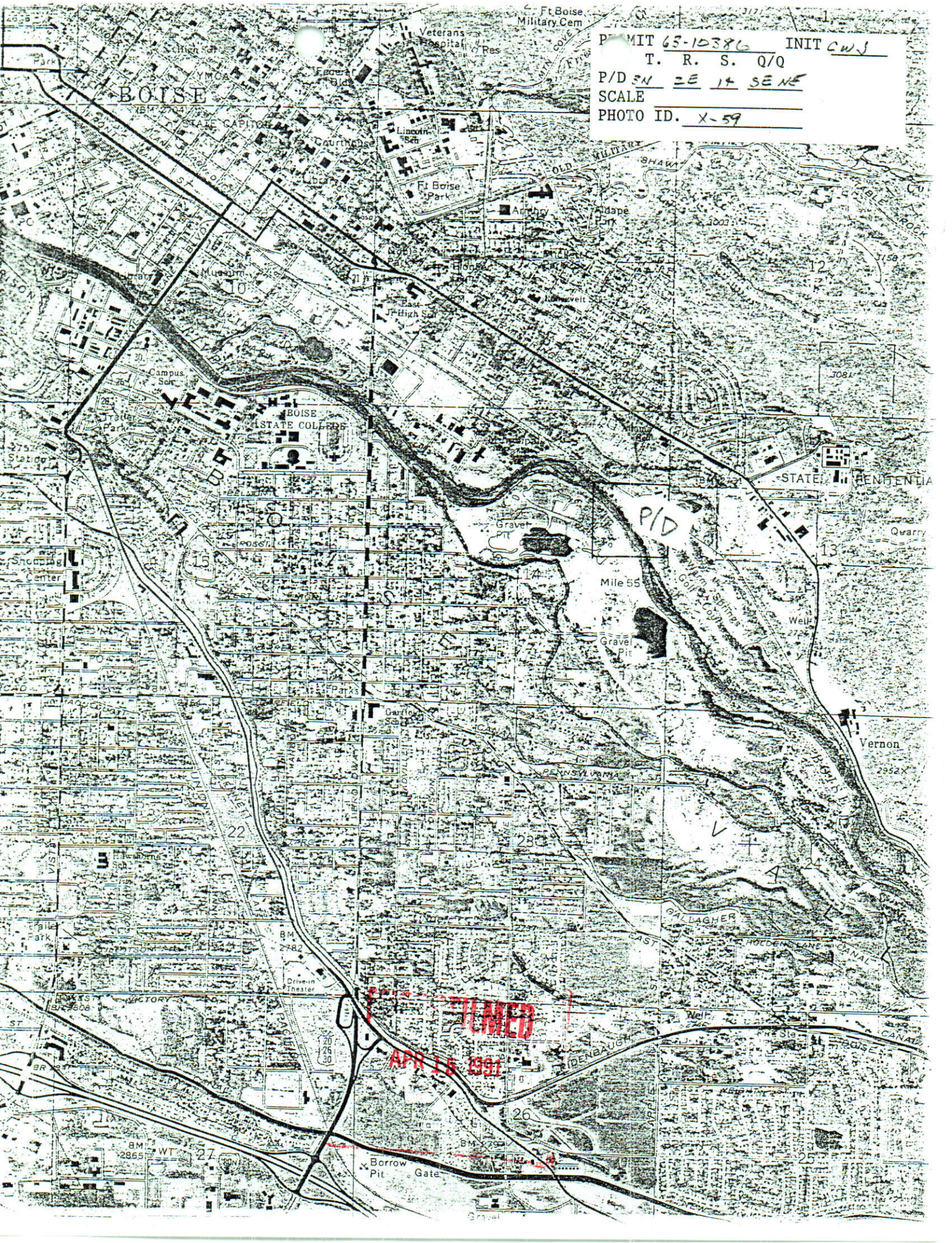
Scale: 1" = 10'

APR 15 1991

2. ☒ Copy of U.S.G.S. Quadrangle Attached  
Showing location(s) of point(s) of diversion and  
place(s) of use (required).

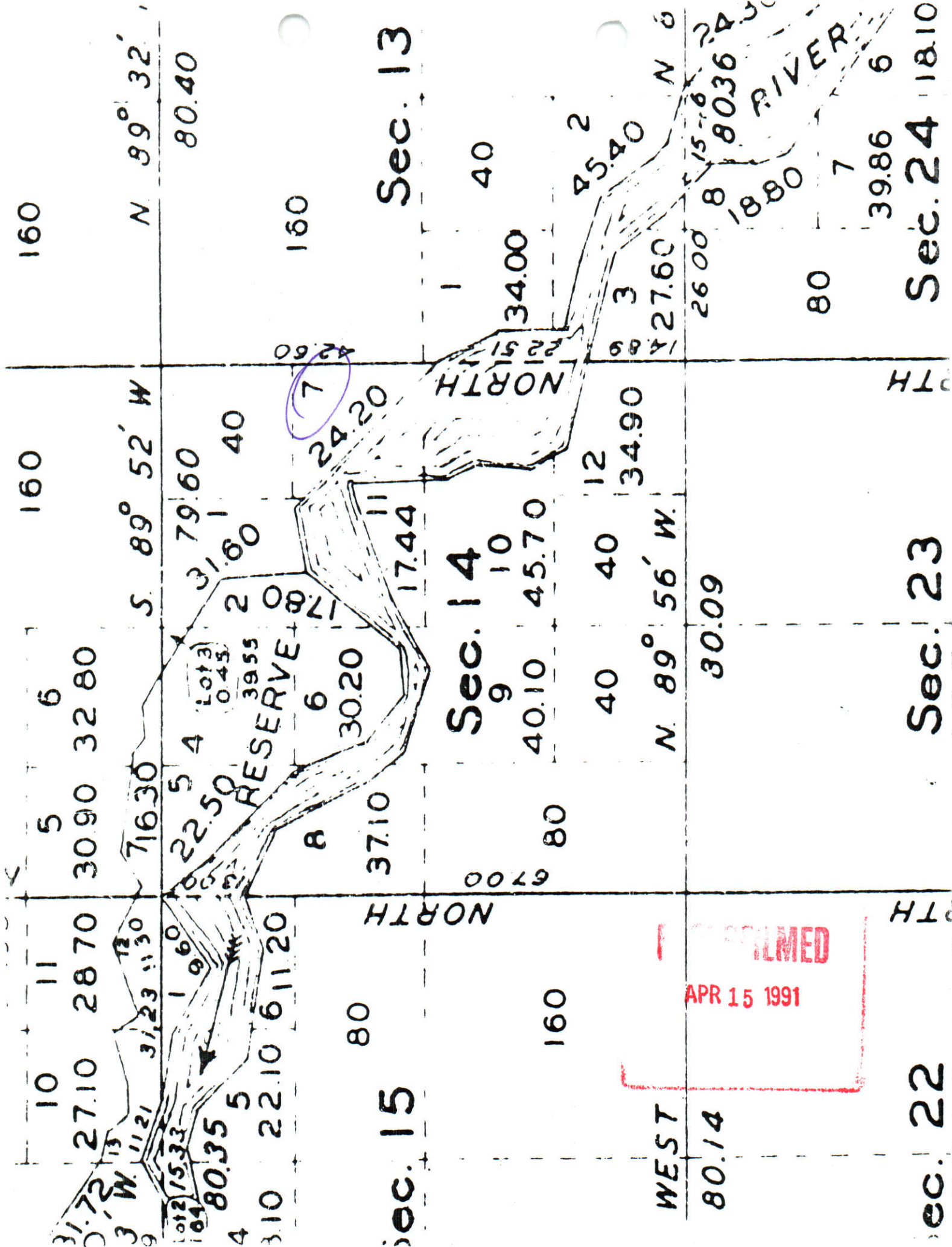
☐ Aerial Photo Attached  
(required for irrigation of 10 acres or more).

☒ Photo of Diversion and System Attached  
(required for all but single household domestic groundwater, and stockwater).



PERMIT 63-10386 INIT CWJ  
T. R. S. Q/Q  
P/D SN 2E 14 SE NE  
SCALE \_\_\_\_\_  
PHOTO ID. X-59

**RETURNED**  
**APR 15 1991**



PERMIT 63-10386

PHOTO #1

20-INCH WELL EQUIPPED WITH 50 HP TURBINE  
PUMP.

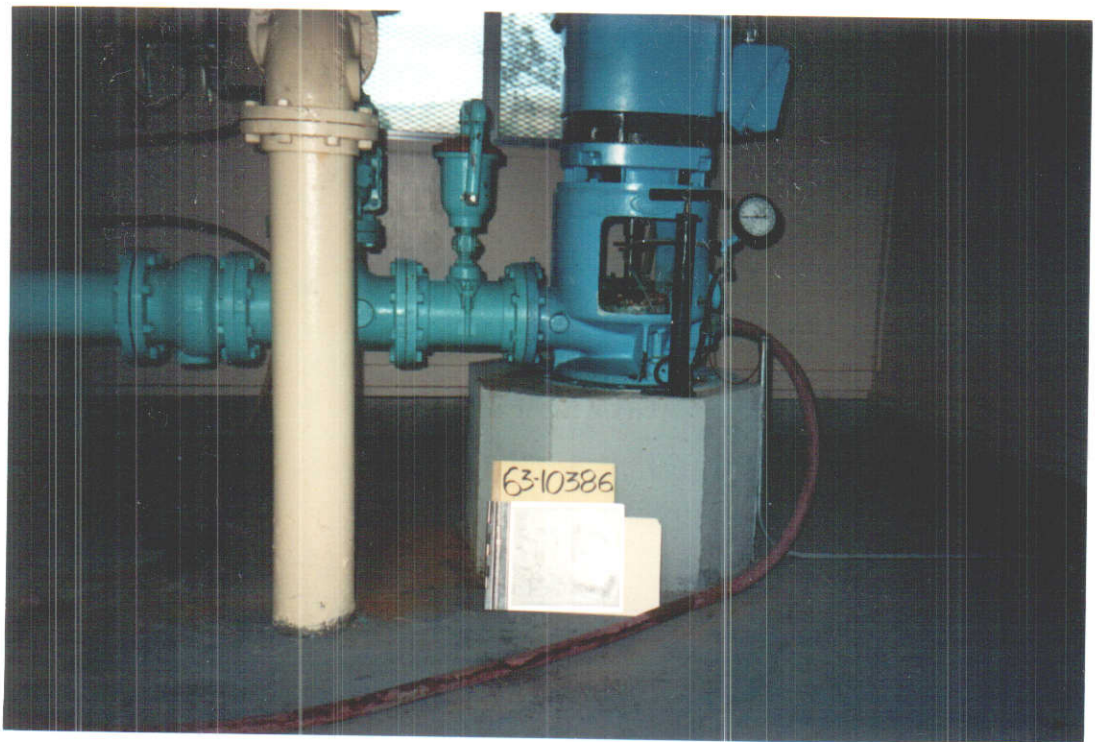
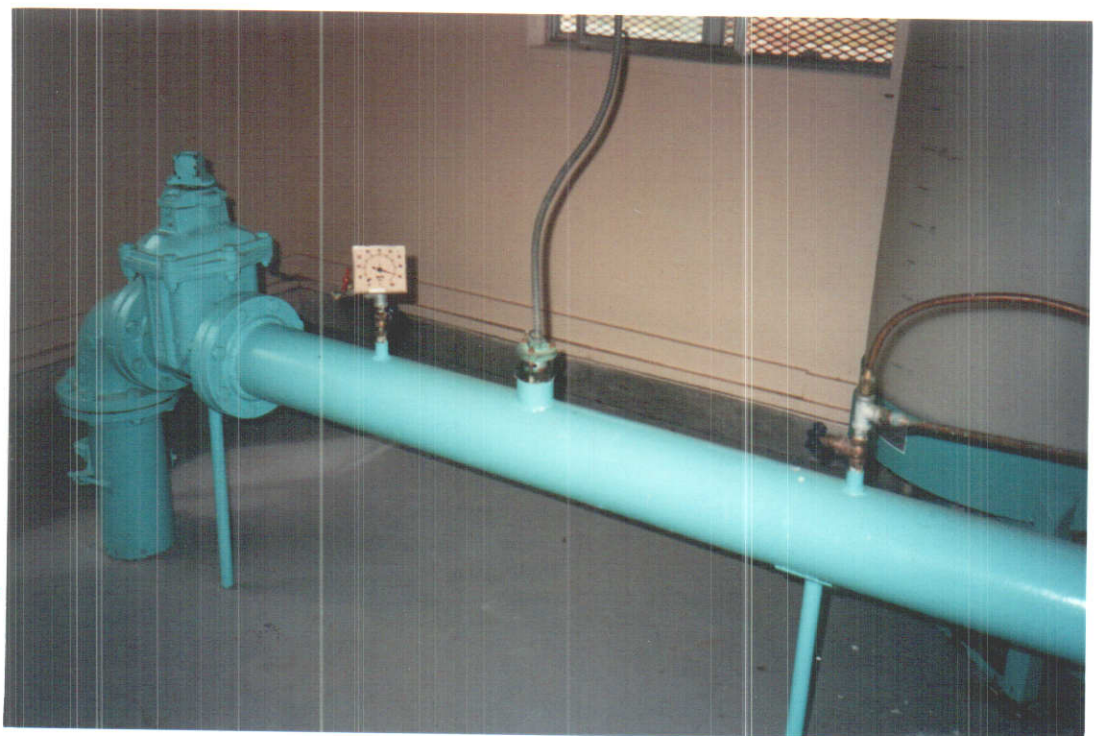


PHOTO #2

6-INCH SUPPLY LINE AND DIGITAL FLOWMETER  
SENSOR. DISCHARGE ENTERS BURIED MUNICIPAL SYSTEM



APR 15 1991



PERMIT 63-10386

PHOTO #3

VIEW OF PUMP HOUSE LOOKING NORTH WEST.



**MICROFILMED**  
**APR 15 1991**

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 63-10386

Priority: September 19, 1986 Maximum Diversion Rate: 1.11 CFS

This is to certify, that BOISE WATER CORP.

P.O. BOX 7488

BOISE, ID 837070000

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated September 19, 1986; and has submitted Proof of Beneficial Use on October 11, 1988. An examination indicates that the works have a diversion capacity of 1.110 cfs of water from a **GROUNDWATER** source, and a water right has been established as follows:

| <u>BENEFICIAL USE</u>                                                                                  | <u>PERIOD OF USE</u> | <u>RATE OF DIVERSION</u> | <u>ANNUAL VOLUME</u> |
|--------------------------------------------------------------------------------------------------------|----------------------|--------------------------|----------------------|
| MUNICIPAL                                                                                              | 01/01 to 12/31       | 1.11 CFS                 |                      |
| <u>LOCATION OF POINT(S) OF DIVERSION:</u> LOT 7( SENE), Sec. 14, Township 03N, Range 02E<br>ADA County |                      |                          |                      |

PLACE OF USE: See Remarks

CONDITIONS/REMARKS:

1. This water right is appurtenant to the described place of use.
2. This right is subject to all prior water rights and may be forfeited by five years of non-use.
3. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
4. Place of use is within the city limits of Boise.

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 27<sup>th</sup> day of March, 1991.

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

RECEIVED

APR 15 1991

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

RECEIVED

SEP 19 1986

To appropriate the public waters of the State of Idaho

APPROVED

1. Name of applicant Boise Water Corporation Phone Department of Water Resources 362-1300

Post office address P.O. Box 7488 Boise, ID 83707

2. Source of water supply Groundwater which is a tributary of \_\_\_\_\_

3. Location of point of diversion is SE  $\frac{1}{4}$  of NE  $\frac{1}{4}$  of Section 14 Township 3 N

Range 2 E B.M. Ada County, additional points of diversion if any: \_\_\_\_\_

4. Water will be used for the following purposes:

Amount 4.46 for Municipal purposes from Jan. 1 to Dec. 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)

Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)

5. Total quantity to be appropriated:

a. 4.46 cubic feet per second and/or b. \_\_\_\_\_ acre-feet per annum.

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. An 18" drilled and 10" cased deep well turbine driven by an electric motor. Discharge will be directly to applicant's distribution system.

b. Height of storage dam N/A feet, active reservoir capacity N/A acre-feet; total reservoir capacity N/A acre-feet, materials used in storage dam: N/A

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

c. Proposed well diameter is 18" inches; proposed depth of well is 550 feet.

7. Time required for the completion of the works and application of the water to the proposed beneficial use is 2 years (minimum 1 year — maximum 5 years).

8. Description of proposed uses:

a. If water is not for irrigation:

(1) Give the place of use of water: \_\_\_\_\_  $\frac{1}{4}$  of \_\_\_\_\_  $\frac{1}{4}$  of Section \_\_\_\_\_ Township \_\_\_\_\_  
Range \_\_\_\_\_ B.M.

(2) Amount of power to be generated: None horsepower under N/A feet of head.

(3) List number of each kind of livestock to be watered N/A

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

(5) If water is to be used for other purposes describe: N/A

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

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

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

c. Describe any other water rights used for the same purposes as described above. All permits for Boise Water Corporation as filed and on record with the Department of Water Resources.

9. a. Who owns the property at the point of diversion Boise Water Corporation

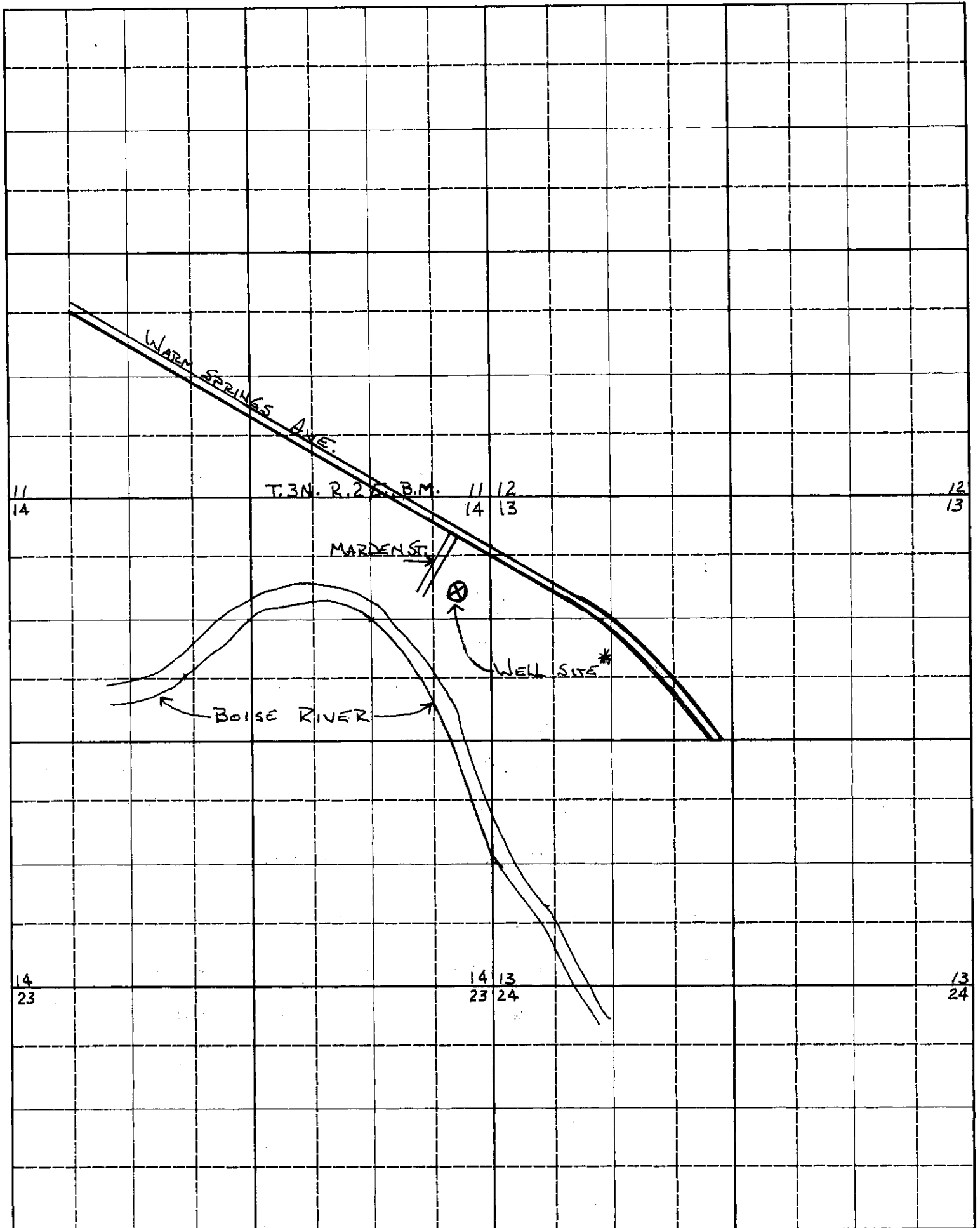
b. Who owns the land to be irrigated or place of use N/A

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

10. Remarks Water will be used to augment Boise Water Corporations's existing system and provide service to an expanding system.

APPROVED

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



Scale:  $\frac{2}{4}$  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.

*Benjamin M. Nepler*  
(Applicant)  
MANAGER  
BOISE WATER CORP.

\* PER PHONE CONV. W/DAN BROWN, ENG.  
BOISE WATER CORP.

Proposed Priority 9/19/86 <sup>9-22-86</sup> <sup>8:00 A.M.</sup>  
Received by LS Date 9/19/86 Time 11:24 a  
Preliminary check by [Signature] Fee \$ 125.00  
Received by [Signature] Date 10/7/86 #42209  
(SEE CORR. MEMO OF 9/23/86)  
Publication prepared by GG Date 10/8/86  
Published in The Idaho Statesman  
Publication dates 10/16 & 10/23/86  
Publication approved bs Date 10/27/86  
Protests filed by: none  
  
Copies of protests forwarded by \_\_\_\_\_  
Hearing held by \_\_\_\_\_ Date \_\_\_\_\_  
Recommended for approval denial by kw

**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. 63-10386, 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 December 1, 19 88.
- c. The rate of diversion, if water is to be used for irrigation under this permit, when combined with all other water rights for the same land shall not exceed 0.02 cubic feet per second for each acre of land.
- d. Other: Permit holder shall commence the excavation or construction of diverting works within one year of the date this permit is issued and shall proceed diligently until the project is complete.  
Prior to the diversion of water under this permit a flow measurement port or other device as specified by the Department shall be installed to provide for the installation of measuring equipment and the determination of the rate of diversion by the Department.

Witness my hand this 14<sup>th</sup> day of November, 1986.

[Signature]  
Chief, Operations Bureau

# The Idaho Statesman

P.O. BOX 40, BOISE, IDAHO 83707

## LEGAL ADVERTISING INVOICE

Amount Due

56.66

|                                                                                                                   |             |                         |                                  |                       |
|-------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|----------------------------------|-----------------------|
| Account Name<br>ID Water Resources, Western Region                                                                |             |                         | Account Number<br>#47628         |                       |
| Address<br>Statehouse                                                                                             |             | City/State<br>Boise, ID |                                  | Zip<br>83720          |
| Ordered By<br>Judy Pense                                                                                          | P.O. Number | Rate<br>nt              | Run Dates<br>1986<br>Oct. 16, 23 |                       |
| Identification<br>Application 63-10383, 63-10384, 63-10386                                                        |             |                         | Estimated Inches                 | Real Inches           |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> Number of Affidavits Requested |             |                         |                                  | Legal Number<br>#3454 |

### NOTICE OF APPLICATION FOR WATER RIGHT

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

63-10383

Iowa Beef Processors  
P.O. Box 9346  
Boise, ID 83707

Source: Groundwater  
Diversion Pt.: NESW Lot 03  
(NWSW) Sec. 07 T 01N R 02E  
Use: Irrigation (3.8 CFS)  
Use: Industrial (22 CFS)  
Date Filed: 09/23/1986

In: NESW Lot 03 (NWSW) Lot 04  
(SWSW) SESE NWSE SWSE  
Sec 07 T 01N R 02E NENW  
Lot 01 (NWNW) Lot 02  
(SWNW) SENW NESW Lot 03  
(NWSW) Lot 04 (SWSW) SESE  
Sec 18 T 01N R 02E  
for 285 Acres

63-10384

Kelly, Ruth E.  
Rt. 1, Jay Rd.  
Boise, ID 83703

Source: Groundwater  
Diversion Pt.: SESE Sec 34  
T 05N R 01E  
Use: Irrigation (0.2 CFS)  
Use: Stockwater (0.020 CFS)  
Use: Domestic (0.040 CFS)  
Date Filed: 09/25/1986  
In: NENE Sec 03 T 04N R 01E  
SESE Sec 34 T 05N R 01E  
for 10 Acres

63-10386

Boise Water Corporation  
P.O. Box 7488  
Boise, ID 83707  
Source: Groundwater  
Diversion Pt.: SENE Sec 14 T  
03N R 02E  
Use: Municipal (4.460 CFS)  
Date Filed: 09/19/1986  
P/U: Within the City  
Limits of Boise.

The permit(s) will be subject to all prior water rights. Protests must be filed with the Director, Dept. of Water Resources, Western Region, Statehouse, Boise, Idaho 83720, on, or before, November 3, 1986.

KEN DUNN  
Director

Pub. Oct. 16, 23, 1986

3454

RECEIVED

OCT 27 1986

STATE OF IDAHO )  
 ) SS.  
COUNTY OF ADA )

Department of Water Resources  
Western Regional Office

Laura Gay Barnes, being duly sworn, deposes and says: That she is the Principal Clerk of The Idaho Statesman, a daily newspaper printed and published at Boise, Ada County, State of Idaho, and having a general circulation therein and which said newspaper has been continuously and uninterruptedly published in said County during a period of twelve consecutive months prior to the first publication of the notice, a copy of which is attached hereto; that said notice was published in The Idaho Statesman in conformity with Section 60-108, Idaho Code as amended, for Two (2) ☒ consecutive weekly ☐ consecutive daily ☐ single ☐ odd skip insertion(s) beginning with the issue of October 16, 19 86 and ending with the issue of October 23, 19 86

Laura Gay Barnes

Subscribed and sworn to before me this 23rd

day of October, 1986

Connie Blackburn  
Notary Public for Idaho, Residing at Boise, Idaho

April 1, 1991

BOISE WATER CORP.  
P.O. BOX 7488  
BOISE, ID 837070000

RE: WATER RIGHT NO. 63-10386

Dear Water Right Holder(s):

Enclosed herewith is a copy of the Water Right License issued on the above referenced permit.

Sincerely,

JIM JOHNSON  
Water Rights Supervisor

JJ:blm

Enclosure

**MED**

**APR 15 1991**

March 13, 1991

BOISE WATER CORP.  
P.O. BOX 7488  
BOISE, ID 837070000

RE: WATER RIGHT NO. 63-10386

Dear Water Right Holder(s):

Enclosed is a draft copy of the license proposed to be issued on the above referenced water right.

This right is currently being reviewed by this office for licensing. The enclosed preliminary copy is subject to change upon further administrative review.

We ask that you review the proposed license and if you do not concur with the information, please let us know within 10 days.

Sincerely,

SHARLA CURTIS  
Technical Records Specialist

SC:blm

Enclosure

APR 15 1991

# LICENSE REVIEW CHECKLIST

Permit No. 63-10386

Name/Address change? ok ☒

Priority date Advance? yes no ☒

Memo to advance no ☒

Order to reinstate needed? yes no ☒

Total cfs Limited by fee 2.0 ☒

Limited by capacity no ☒

Total volume Limited by flow no ☒

Chart checked for AF rate/ac N/A ☒

Capacity Actual measurement checked no ☒

Theoretical checked no ☒

If greater than permit, check for other rts no ☒

Source Changed? yes no ☒

If so, is memo needed to clarify? no ☒

P/D Verify with map no ☒ permit no ☒

More than one per 44? Remember remark no ☒

Check p/d overlap N/A ☒

Uses Check irrigation period of use w/ chart N/A ☒

P/U Verify with map no ☒ permit no ☒

> 5 acres irrigated, run overlap N/A ☒

Remarks More than one p/d in 44 no ☒

Description of non-irrig uses no ☒

Special overlap condition no ☒

## Conditions -

Measuring device no ☒  
W.Master control no ☒  
Overlap no ☒  
Water quality no ☒  
Other no ☒

## Dates/Misc. -

Water Dist no ☒  
App Rec'd no ☒  
Proof Rec'd no ☒

CHECK FOR ADJ. CLAIM Needed according to proof filed no ☒

Filed - needs amended no ☒

Add'l fee required no ☒

Not filed no ☒

Not needed no ☒ proof made 1988

Comments/Changes to Examiner's Recommendations:

License no ☒ 10-day no ☒

30-day no ☒

Back of field report signed? no ☒

Reviewer no ☒ Date no ☒ Review time APR 15 1988

**MEMORANDUM**

**TO:** File 63-10386  
**FROM:** Sharla  
**DATE:** March 1, 1991  
**RE:** CFS Rate for Licensing

The examiner states that the design capacity for this system is 500 gpm. He also states that peak daily records showed a maximum of 507 gpm of questionable accuracy. He did not indicate why this amount was questionable, nor does he give evidence that the design capacity of 500 gpm is not an accurate reflection of use.

The proof of beneficial use was also filed listing the 500 gpm. The information available for license review warrants a rate based on the design capacity: 1.11 cfs.

FILED  
APR 15 1991

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

63-10386  
Permit No.

Staff Analysis Sheet  
for  
Beneficial Use Field Report

A. Prior to Conducting the Exam, the File Contains:

- ☒ Blank Field Report Form  
☒ Copy of Permit  
☐ Copies of any Amendments/Orders with conditions of approval  
YES Well Inspection Form Needed  
☒ Copy of U.S.G.S. Quad  
YES Check for Government Lots. If so, make a copy of Government Plat  
Check of P/D index CWS 5/23/90 (Initial and date)  
Overlap? ☒ yes ☐ no If yes: ☐ copy of exam(s) attached?  
Type of Overlap? ☐ Add acres or uses to existing system  
☐ Increase rate of flow or volume  
☒ Other: BOISE WATER COLLECTOR WELLS  
Check of P/U index CWS 5/23/90 (Initial and date)  
Overlap? ☒ yes ☐ no If yes: ☐ copy of water right(s) attached?  
Type of Overlap? ☐ Increase rate of flow or volume  
☐ Add P/D's  
☐ Increase number of acres within tracts  
☒ Other: MUNICIPAL SYSTEM  
Aerial Photo  
Required? ☐ yes ☒ no If yes: ☐ copy attached?  
Scheduling Letter sent? \_\_\_\_\_ (Initial and date)  
☒ Appointment made and telephone conversation memo attached

B. After Conducting the Exam, the File Contains:

- ☒ Fully completed and signed Field Report Form  
☒ Photographs of Point of Diversion and Place of Use

C. Review and Processing:

Exam Completed: [Signature] 6/6/90 (Signature of examiner and date)  
Exam Reviewed by Senior Water Resource Agent YH 1-18-90 (Initial and date)  
Exam Reviewed by Manager of Regional Office DM 2/14/91 (Initial and date)  
Exam Date Entered in Computer 2-15-91 AT (Initial and date)  
Exam sent to State Office 2-15-91 AT (Initial and date)

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

**RECEIVED**  
FEB 19 1991

**A. GENERAL INFORMATION**

Department of Water Resources  
Permit No. 63-02892

1. Owner: BOISE WATER CORPORATION

Phone No. 362-1300

Current Address: P.O. BOX 7488, BOISE, IDAHO 83707

2. Accompanied by: JAMES MOONEY

EXAM. DATE: JUNE 5, 1990

Address: 8248 W. VICTORY

Phone No. 362-1300

Relationship to Permit Holder: DISTRIBUTION MANAGER

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

**B. OVERLAP REVIEW**

1. Other water rights with same place of use: OTHER MUNICIPAL WELLS

☐ Copies Attached

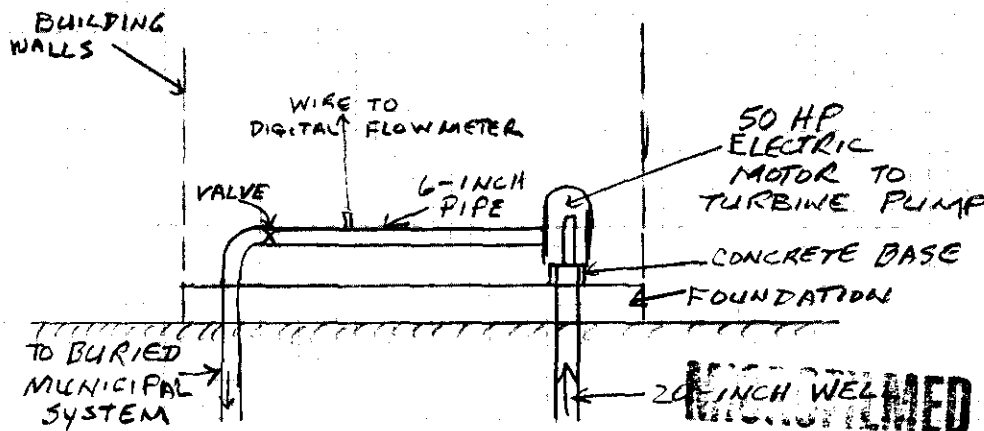
2. Other water rights with same point of diversion: 63-02892, 63-00169 F, 63-00165 L

☐ Copies Attached

☐ Copies of Field Exam's Attached

**C. SYSTEM DESCRIPTION**

1. **Diversion System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



Scale: 1" = 10'

APR 15 1991

2. ☒ Copy of U.S.G.S. Quadrangle Attached  
Showing location(s) of point(s) of diversion and  
place(s) of use (required).

☐ Aerial Photo Attached  
(required for irrigation of 10 acres or more).

☒ Photo of Diversion and System Attached  
(required for all but single household domestic groundwater, and stockwater).

**System Description (continued)**

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

A 20-INCH WELL EQUIPPED WITH A 50 HP MOTOR AND TURBINE PUMP, 6-INCH DISCHARGE PIPE AND DIGITAL FLOWMETER SUPPLIES WATER TO THE BURIED MUNICIPAL WATER SYSTEM.

☒ See Remarks on page 4 for continuation

4.

| Well or Diversion Identification No.* | Motor Make   | Hp | Motor Serial No. | Pump Make | Pump Serial No. or Discharge Size |
|---------------------------------------|--------------|----|------------------|-----------|-----------------------------------|
| WELL                                  | LAYNE-BOWLER | 50 | 6232             | UNKNOWN   | DISCHARGE 6-INCH                  |
|                                       |              |    |                  |           |                                   |
|                                       |              |    |                  |           |                                   |
|                                       |              |    |                  |           |                                   |

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

5. Point(s) of Diversion:

| Ident. No. | Gov't. Lot | 1/4 | 1/4 | 1/4 | Sec. | Twp. | Rge. | County | Method of Determination/Remarks |
|------------|------------|-----|-----|-----|------|------|------|--------|---------------------------------|
| WELL       | 7          |     | SE  | NE  | 14   | 3N   | 2E   | ADA    | ORTHO PHOTO MAP, OWNER MAP      |
|            |            |     |     |     |      |      |      |        |                                 |
|            |            |     |     |     |      |      |      |        |                                 |
|            |            |     |     |     |      |      |      |        |                                 |

6. Place(s) of Use: NOT APPLICABLE - MUNICIPAL Indicate Method of Determination N/A

| Twp. | Rge. | Sec. | NE 1/4 |        |        |        | NW 1/4 |        |        |        | SW 1/4 |        |        |        | SE 1/4 |        |        |        | Totals |
|------|------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|      |      |      | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

Do not use this space

**RECORDED**

APR 15 1991

Do not use this space

#### D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

| Measurement Equipment | Type       | Make            | Model No. | Serial No. | Size   | Calib. Date |
|-----------------------|------------|-----------------|-----------|------------|--------|-------------|
| DIGITAL FLOWMETER     | ELECTRONIC | DATA INDUSTRIAL | 900T      | NOT SHOWN  | 6-INCH | —           |
|                       |            |                 |           |            |        |             |
|                       |            |                 |           |            |        |             |
|                       |            |                 |           |            |        |             |

2. Measurements:

FLOWMETER READ OUT = 215 GAL/MIN AT 90 PSI (PUMP THROTTLED)

#### E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method: DIGITAL FLOWMETER 215 GAL/MIN = 0.48 cfs  
 FLOW RECORD ANALYSIS = 450 GAL/MIN = 1.00 cfs

2. Alternate Method for Checking Purposes:

HORSEPOWER EQUATION:  $\frac{50 \text{ HP} \times 8.8 \times .7}{139 + (2.31 \times 90)} = 0.89 \text{ cfs}$  B.U. proof claims 1.12 cfs

#### F. PUMP EFFICIENCY DATA (Optional)

Discharge Pressure: \_\_\_\_\_ psi x 2.31 = \_\_\_\_\_ ft (1); Dynamic pumping level: \_\_\_\_\_ ft (2)

Total Head: (1) + (2) = \_\_\_\_\_ (3) ; Flow rate: \_\_\_\_\_ cfs (4)

Water HP: (3) x (4) ÷ 8.8 = \_\_\_\_\_ (5)

Meter Input KW: 3.6 x \_\_\_\_\_ KH x \_\_\_\_\_ CTR or \_\_\_\_\_ MULT x \_\_\_\_\_ PTR x \_\_\_\_\_ N/ \_\_\_\_\_ T = \_\_\_\_\_ (6)

Meter Input HP: (6) x 1.34 = \_\_\_\_\_ (7)

Panel Input KW: \_\_\_\_\_ Ave PF x \_\_\_\_\_ Ave Volts x \_\_\_\_\_ Ave Amps x .001732 = \_\_\_\_\_ (6)

Panel Input HP: (6) x 1.34 = \_\_\_\_\_ (7) Efficiency: (5)/(7) x 100 = \_\_\_\_\_ %

#### G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$  \_\_\_\_\_

$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 =$  \_\_\_\_\_

$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} =$  \_\_\_\_\_

2. Volume Calculations for Other Uses: ~~MUNICIPAL USE:~~

~~100 x 365 x 1.9835 = 724 AFA~~

N/A for ~~Municipal~~

APR 15 1991

## H. REMARKS AND OVERLAP REVIEW ANALYSIS

OVERLAP ANALYSIS: PERMIT 63-02892 IS ONE OF BOISE WATER CORP. COLLECTOR WELLS NEAR THIS WELL. WR 63-00169F AND 63-00165L ARE OLD BOISE RIVER SURFACE WATER DIVERSION NOT ASSOCIATED WITH THIS WELL.

FLOW RECORD ANALYSIS: REVIEW ON THE MONTHLY WELL PRODUCTION RECORDS SHOWED MARCH 1989 A HIGH USE PERIOD FOR THIS WELL. PEAK DAILY RECORDS SHOWED SEVERAL DAYS WITH FLOW RATES BETWEEN 420 AND 507 GAL/MIN, WITH 507 GAL/MIN OF QUESTIONABLE ACCURACY. 450 GAL/MIN IS A REASONABLE MAXIMUM PRODUCTION RATE FOR THIS WELL. DESIGN CAPACITY OF THIS PUMP IS 500 GPM.

## I. RECOMMENDATIONS

### 1. Recommended Amounts

| Beneficial Use | Period of Use |       | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) |
|----------------|---------------|-------|------------------------------|--------------------------|
|                | From          | To    |                              |                          |
| MUNICIPAL      | 1/1           | 12/31 | 1.00                         | 724                      |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
| Totals:        |               |       | 1.00                         | 724                      |

NOAF for  
Municipal

### 2. Recommended Amendments NONE

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

## J. AUTHENTICATION

Field Examiner's Name CLIFTON W. JOHNSON  
Signature Clifton W. Johnson  
Certification Date \_\_\_\_\_  
Field Report Preparation Date JUNE 6, 1990



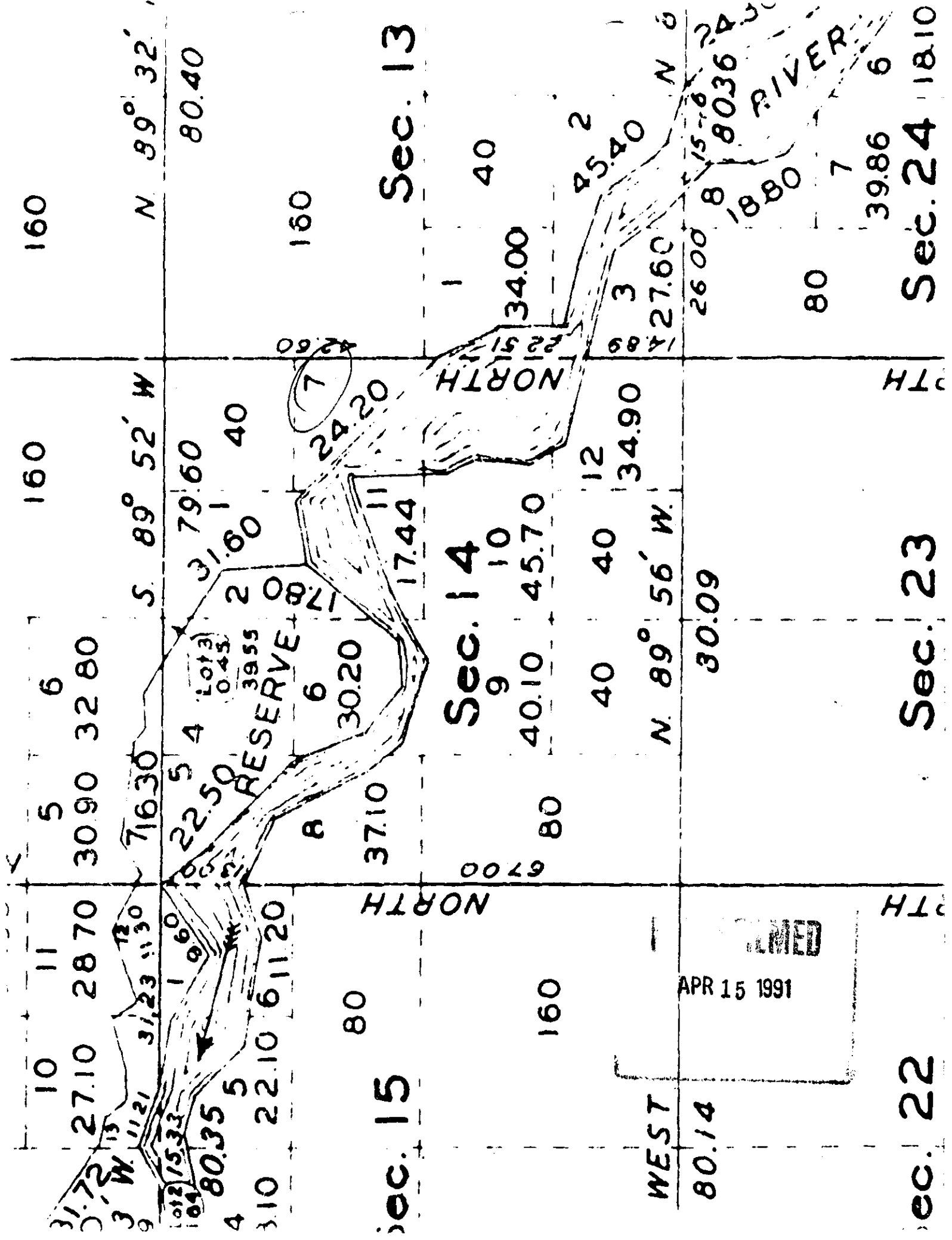
K. Licensing recommendation shall be prepared by an Idaho Department of Water Resources employee on a computer printout attached hereto.

52  
2/24/91

MICROFILMED  
APR 15 1991

P<sup>mt</sup> MIT 65-10386 INIT CWS  
 T. R. S. O/Q  
 P/D SN 2E 14 SE NE  
 SCALE \_\_\_\_\_  
 PHOTO ID. X-59

MED  
 APR 15 1991



Department of Water Resources

WELL INSPECTION FORM

If well is associated with water right, provide WR# 63-10386

Otherwise provide legal description and a sketch map and/or address so that the well can be located easily.

1. Legal Description: TWP\_\_\_\_, Rge\_\_\_\_, Sec.\_\_\_\_, \_\_\_\_1/4\_\_\_\_1/4  
or Lot\_\_\_\_.

2. Owner: BOISE WATER CORP.  
Address\_\_\_\_, City\_\_\_\_, St\_\_\_\_

3. Casing  $\geq$  12 inches above ground: Yes\_\_\_\_ No\_\_\_\_

4. Access Port: Yes ☒ No\_\_\_\_  
Pressure Gauge: Yes ☒ No\_\_\_\_  
Flowing: Yes ☒ No\_\_\_\_  
DYNAMIC Water Level: 139 FT  
Casing Diameter: 20 INCH  
Temperature: \_\_\_\_\_

5. Are there any obvious construction problems that may be a source for contamination or waste of water: Yes\_\_\_\_ No ☒

If answer to Item 5 is Yes, describe in remarks and attach photo.

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APR 15 1991

PERMIT 63-10386

PHOTO #1

20-INCH WELL EQUIPPED WITH 50 HP TURBINE  
PUMP.

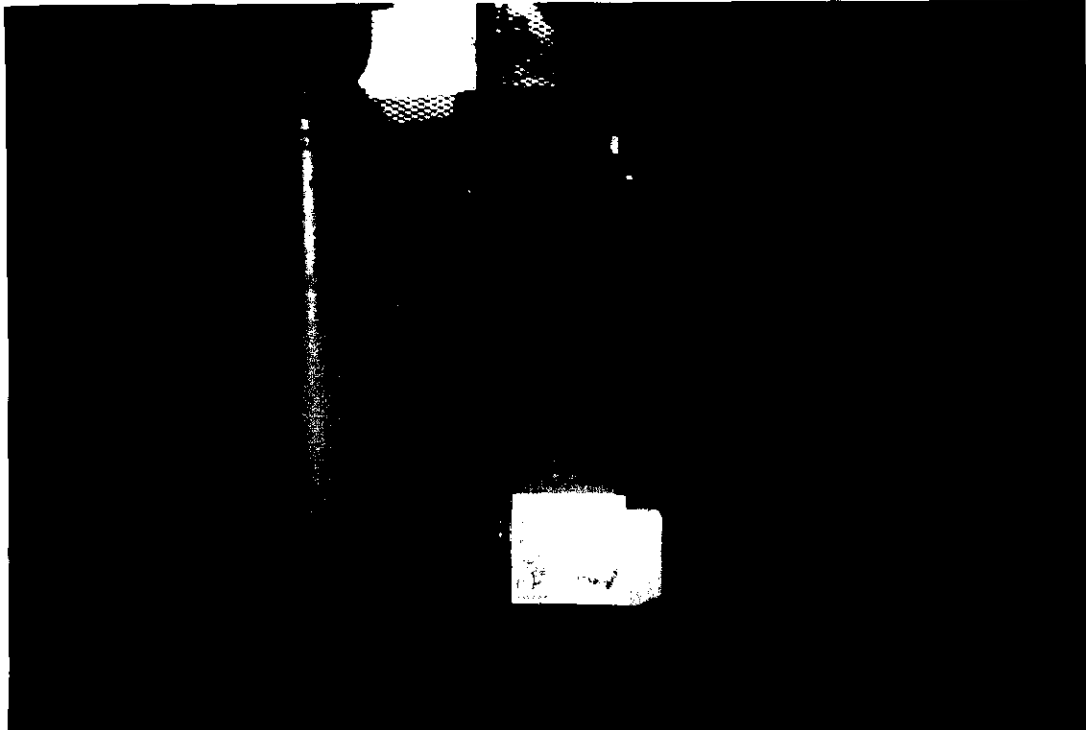


PHOTO #2

6-INCH SUPPLY LINE AND DIGITAL FLOWMETER  
SENSOR. DISCHARGE ENTER BURIED MUNICIPAL SYSTEM



APR 15 1991



PERMIT 63-10386

PHOTO #3

VIEW OF PUMP HOUSE LOOKING NORTH WEST.



**MICROFILMED**

APR 15 1991

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 63-10384

Date: 11/2/88

General Considerations:

Y Name same as permit  
Y Signature the same as permit holder  
N Address change \_\_\_\_\_ If yes, prepare a data entry  
Y Proof received timely  
\_\_\_\_\_ Reinstated

Source of Water:

Y Surface water  
Y Groundwater  
\_\_\_\_\_ 1. well log in file  
N/A 2. drilling permit  
\_\_\_\_\_ A. amount of drilling fee paid for proposed uses

Extent of Use and Rate of Diversion:

Y Rate of diversion appropriate for uses  
Y Is rate or volume and fee appropriate?  
Y Has permit holder indicated when water was first put to a beneficial use?

Measuring Device:

Y Is a measuring device or access port required?  
Y Has one been installed?  
N/A Waiver or modification of measuring device requested

Remarks:

*Proof acceptable*

N/A Priority Calculation:  
Date proof received \_\_\_\_\_

Date proof due \_\_\_\_\_

No. of days late \_\_\_\_\_

Priority date \_\_\_\_\_

NEW PRIORITY DATE \_\_\_\_\_

SEND FILES TO DATA ENTRY AND THEN TO MICROFILM

RECEIVED

OCT 11 1988

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

For Office Use Only  
Fee Received \$125.00  
Date 10/12/88  
Receipt # 2002885  
Receipt by CP  
Reviewed by 94  
Sent to region

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 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.

Permit No. 63-10386 ✓

Name(s) of Permit Holder: Boise Water Corporation ✓

Post Office Address: P. O. Box 7488 ✓

Boise, Idaho 83707

Telephone No. (208) 362-1300

Source of Water: Groundwater ✓

Extent of Use:

Domestic (number of households) Stockwater (number and type of stock)

Irrigation (acres) Other/Remark Municipal ✓

Total rate and/or volume for which proof is submitted 1.12 cfs acre-feet

Show the date water was first diverted and beneficially used under this permit: 6-15-87 ✓

Measuring Device: Required? ☒ Yes ☐ No  
Installed? ☒ Yes ☐ No  
Fee enclosed \$ 125.00 ✓  
(See License Examination Fee Schedule)

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

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

James Mooney

(208) 362-1300

(Name)

(Telephone Number)

P. O. Box 7488 Boise, Idaho 83707

(Address)

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.

DEC 02 1988

Date

Signature of Permit Holder (and title, if appropriate)

10/10/88

Benjamin M. Staples, (VICE PRESIDENT)

To: File 63-10386

From: Groundwater Protection

Date: 11/2/88

Drilling Permit: X Not Applicable  
Found and in file  
Not Found

Well Drillers Report:

Not found, due to reported age of well  
probably not available  
X Found and is in file  
Not found

Follow-up

Request from permit holder the well  
drillers report and/or the name of the  
well driller, *and date drilled.*  
Ask permit holder when well was drilled  
and notify holder of drilling permit  
requirement if after July 01, 1987.

OK JB

RECEIVED

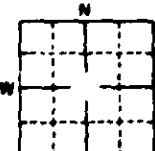
DEC 02 1988

# DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

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

 USE TYPEWRITER OR  
 BALLPOINT PEN

MAR 1 1987

| <b>1. WELL OWNER</b><br>Name: <u>Boise Water Corp</u><br>Address: <u>8243 W Victory</u><br>Owner's Permit No: <u>63-10386</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7. WATER LEVEL</b><br>Department of Water Resources<br>Western Regional Office<br>Static water level: <u>10</u> feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow<br>Artesian closed in pressure: <u>0.5</u><br>Controlled by: <u>Valve</u> <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature: <u>58</u> OF Quality<br>(Describe artesian or temperature zones below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |                                                |               |              |             |    |       |   |                  |   |       |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |     |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
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--|-------|----|-----|---------------------|-------|----|-----|----|---------------|---|-----|----|---------|---------------------|---|----|----|----|-----------|---|----|----|----|---------------|---|----|----|----|---------------------|---|----|----|----|-----------------|---|----|-----|-----|------------------|---|-----|-----|-----|-----------------|---|-----|-----|-----|------------------|---|--|--|--|-----------|--|--|-----|-----|--------------------|---|--|-----|-----|-----------------------|---|--|-----|-----|--------------------------|---|--|-----|-----|-----------|---|--|-----|-----|--------------------|---|--|-----|-----|-------------|---|--|-----|-----|-----------------|---|--|-----|-----|------------------|---|--|-----|-----|------------------------------------------------|---|--|-----|-----|------------------|---|--|-----|-----|-----------------------------------------|---|--|-----|-----|-----------------|---|--|-----|-----|------------|---|--|-----|-----|------------|---|--|-----|-----|-----------------------------------|---|--|-----|-----|-----------------|---|--|-----|-----|-----------------------|---|--|-----|-----|---------------------|---|--|-----|-----|----------------|---|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepening <input type="checkbox"/> Replacement<br>Abandoned (describe abandonment procedures such as materials plug depths etc.) <u>in accordance with Water Resources</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>8. WELL TEST DATA</b><br><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other<br><table border="1"> <thead> <tr> <th>Duration</th> <th>G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td>260</td> <td></td> <td>50'6"</td> <td>1</td> </tr> <tr> <td>376</td> <td></td> <td>67'1"</td> <td>1</td> </tr> <tr> <td>455</td> <td></td> <td>81'3"</td> <td>1</td> </tr> <tr> <td>556</td> <td></td> <td>101'7"</td> <td>1</td> </tr> <tr> <td>627</td> <td></td> <td>121'11"</td> <td>4 1/2</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Duration      | G.P.M.                                         | Pumping Level | Hours Pumped | 260         |    | 50'6" | 1 | 376              |   | 67'1" | 1  | 455 |                     | 81'3" | 1  | 556 |    | 101'7"        | 1 | 627 |    | 121'11" | 4 1/2               |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |     |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
| Duration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Pumping Level | Hours Pumped                                   |               |              |             |    |       |   |                  |   |       |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |     |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
| 260                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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     |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |     |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
| 376                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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     |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |     |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
| 455                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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     |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |     |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
| 556                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 627                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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  |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
| <b>3. PROPOSED USE</b><br>Domestic <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Test <input type="checkbox"/> Municipal<br>Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>9. LITHOLOGIC LOG</b><br><table border="1"> <thead> <tr> <th>Bore Diam.</th> <th>From</th> <th>To</th> <th>Material</th> <th>Water Yield</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>0</td> <td>2</td> <td>topsoil &amp; gravel</td> <td>X</td> </tr> <tr> <td>2</td> <td>47</td> <td>47</td> <td>dirty sand &amp; gravel</td> <td>X</td> </tr> <tr> <td>18</td> <td>47</td> <td>52</td> <td>sand &amp; gravel</td> <td>X</td> </tr> <tr> <td>52</td> <td>59</td> <td>59</td> <td>dirty sand &amp; gravel</td> <td>X</td> </tr> <tr> <td>59</td> <td>73</td> <td>73</td> <td>blue clay</td> <td>X</td> </tr> <tr> <td>73</td> <td>90</td> <td>90</td> <td>sand &amp; gravel</td> <td>X</td> </tr> <tr> <td>90</td> <td>94</td> <td>94</td> <td>dirty sand &amp; gravel</td> <td>X</td> </tr> <tr> <td>94</td> <td>97</td> <td>97</td> <td>silty blue clay</td> <td>X</td> </tr> <tr> <td>97</td> <td>105</td> <td>105</td> <td>sticky blue clay</td> <td>X</td> </tr> <tr> <td>105</td> <td>115</td> <td>115</td> <td>sandy blue clay</td> <td>X</td> </tr> <tr> <td>115</td> <td>129</td> <td>129</td> <td>sticky blue clay</td> <td>X</td> </tr> <tr> <td></td> <td></td> <td></td> <td>called to</td> <td></td> </tr> <tr> <td></td> <td>129</td> <td>137</td> <td>cemented blue sand</td> <td>X</td> </tr> <tr> <td></td> <td>137</td> <td>151</td> <td>sticky blue gray clay</td> <td>X</td> </tr> <tr> <td></td> <td>151</td> <td>175</td> <td>cemented blue sandy clay</td> <td>X</td> </tr> <tr> <td></td> <td>175</td> <td>179</td> <td>blue clay</td> <td>X</td> </tr> <tr> <td></td> <td>179</td> <td>190</td> <td>cemented blue sand</td> <td>X</td> </tr> <tr> <td></td> <td>190</td> <td>209</td> <td>coarse sand</td> <td>X</td> </tr> <tr> <td></td> <td>209</td> <td>212</td> <td>silty blue clay</td> <td>X</td> </tr> <tr> <td></td> <td>212</td> <td>299</td> <td>sticky blue clay</td> <td>X</td> </tr> <tr> <td></td> <td>299</td> <td>301</td> <td>blue clay with coarse sand &amp; pea gravel streak</td> <td>X</td> </tr> <tr> <td></td> <td>301</td> <td>327</td> <td>sticky blue clay</td> <td>X</td> </tr> <tr> <td></td> <td>327</td> <td>360</td> <td>blue clay with coarse sand &amp; pea gravel</td> <td>X</td> </tr> <tr> <td></td> <td>360</td> <td>367</td> <td>blue clay-sandy</td> <td>X</td> </tr> <tr> <td></td> <td>367</td> <td>383</td> <td>sandy clay</td> <td>X</td> </tr> <tr> <td></td> <td>383</td> <td>392</td> <td>dirty sand</td> <td>X</td> </tr> <tr> <td></td> <td>392</td> <td>396</td> <td>cemented sand &amp; sandy clay streak</td> <td>X</td> </tr> <tr> <td></td> <td>396</td> <td>405</td> <td>sandy blue clay</td> <td>X</td> </tr> <tr> <td></td> <td>405</td> <td>414</td> <td>hard sticky blue clay</td> <td>X</td> </tr> <tr> <td></td> <td>414</td> <td>580</td> <td>cemented muddy sand</td> <td>X</td> </tr> <tr> <td></td> <td>580</td> <td>600</td> <td>hard sandstone</td> <td>X</td> </tr> </tbody> </table> | Bore Diam.    | From                                           | To            | Material     | Water Yield | 20 | 0     | 2 | topsoil & gravel | X | 2     | 47 | 47  | dirty sand & gravel | X     | 18 | 47  | 52 | sand & gravel | X | 52  | 59 | 59      | dirty sand & gravel | X | 59 | 73 | 73 | blue clay | X | 73 | 90 | 90 | sand & gravel | X | 90 | 94 | 94 | dirty sand & gravel | X | 94 | 97 | 97 | silty blue clay | X | 97 | 105 | 105 | sticky blue clay | X | 105 | 115 | 115 | sandy blue clay | X | 115 | 129 | 129 | sticky blue clay | X |  |  |  | called to |  |  | 129 | 137 | cemented blue sand | X |  | 137 | 151 | sticky blue gray clay | X |  | 151 | 175 | cemented blue sandy clay | X |  | 175 | 179 | blue clay | X |  | 179 | 190 | cemented blue sand | X |  | 190 | 209 | coarse sand | X |  | 209 | 212 | silty blue clay | X |  | 212 | 299 | sticky blue clay | X |  | 299 | 301 | blue clay with coarse sand & pea gravel streak | X |  | 301 | 327 | sticky blue clay | X |  | 327 | 360 | blue clay with coarse sand & pea gravel | X |  | 360 | 367 | blue clay-sandy | X |  | 367 | 383 | sandy clay | X |  | 383 | 392 | dirty sand | X |  | 392 | 396 | cemented sand & sandy clay streak | X |  | 396 | 405 | sandy blue clay | X |  | 405 | 414 | hard sticky blue clay | X |  | 414 | 580 | cemented muddy sand | X |  | 580 | 600 | hard sandstone | X |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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     |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |   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  |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
| 52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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     |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |     |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
| 59                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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     |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |     |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
| 73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 367           | blue clay-sandy                                | X             |              |             |    |       |   |                  |   |       |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |     |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
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     |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |     |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 392           | dirty sand                                     | X             |              |             |    |       |   |                  |   |       |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |     |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 396           | cemented sand & sandy clay streak              | X             |              |             |    |       |   |                  |   |       |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |   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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 405           | sandy blue clay                                | X             |              |             |    |       |   |                  |   |       |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |     |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 414           | hard sticky blue clay                          | X             |              |             |    |       |   |                  |   |       |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |   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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 580           | cemented muddy sand                            | X             |              |             |    |       |   |                  |   |       |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |     |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 600           | hard sandstone                                 | X             |              |             |    |       |   |                  |   |       |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |     |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
| <b>4. METHOD DRILLED</b><br>Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary <input type="checkbox"/><br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>10. lead packer is 12" pipe 5'6" long</b><br>Work started <u>12/1/86</u> finished <u>2/11/87</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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    |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other<br>Diameter: <u>20</u> inches From <u>6</u> feet To <u>2016</u> feet<br>.250 inches 18 inches + 2 feet 178'11"<br>.375 inches 12 inches 163'11"<br>.250 inches 10 inches 168'11"<br>.250 inches 10 inches 209'219"<br>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Manufacturer's name: <u>Johnson</u> Model No. <u>304</u><br>Type: <u>stainless steel</u><br>Diameter: <u>10</u> Slot size: <u>35</u> Set from <u>178'11"</u> Set to <u>209</u> feet<br>Diameter: <u>10</u> Slot size: <u>35</u> Set from <u>178'11"</u> Set to <u>209</u> feet<br>Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size of gravel: <u>8-12</u> sand<br>Placed from <u>163'11"</u> feet to <u>219</u> feet<br>Surface seal depth: <u>21</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Pudding clay <input type="checkbox"/><br>Sealing procedure used: <input checked="" type="checkbox"/> Slurry pit <input checked="" type="checkbox"/> <u>XXXX</u> surface casing<br><input checked="" type="checkbox"/> <u>XXXX</u> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br><input type="checkbox"/> Cemented between strata<br>Describe access port | <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Firm Name: <u>W.E. Stevens &amp; Son</u> No. <u>153</u><br>Address: <u>3709 Hawthorne Dr</u> Date: <u>3/10/87</u><br>Signed by (Firm Official): <u>Wayne E Stevens</u><br>and<br>(Operator): <u>Ronald D Stevens</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                                                |               |              |             |    |       |   |                  |   |       |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |     |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Marden St Well<br>Subdivision Name<br>Lot No. Block No.<br>County: <u>Ada</u><br>S. 1/4 & N. 1/4 Sec. 14, T. 3, R. 2, W.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                |               |              |             |    |       |   |                  |   |       |    |     |                     |       |    |     |    |               |   |     |    |         |                     |   |    |    |    |           |   |    |    |    |               |   |    |    |    |                     |   |    |    |    |                 |   |    |     |     |                  |   |     |     |     |                 |   |     |     |     |                  |   |  |  |  |           |  |  |     |     |                    |   |  |     |     |                       |   |  |     |     |                          |   |  |     |     |           |   |  |     |     |                    |   |  |     |     |             |   |  |     |     |                 |   |  |     |     |                  |   |  |     |     |                                                |   |  |     |     |                  |   |  |     |     |                                         |   |  |     |     |                 |   |  |     |     |            |   |  |     |     |            |   |  |     |     |                                   |   |  |     |     |                 |   |  |     |     |                       |   |  |     |     |                     |   |  |     |     |                |   |

DEU 9-17-86

BOISE WATER CORPORATION  
P.O. BOX 7488  
BOISE, ID 837070000

September 30, 1988

138504

PROOF DUE NOTICE

RE: PERMIT NO. 63-10386

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 December 1, 1988. (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

DEC 02 1988

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
COMMENCEMENT OF WORKS

Permit No. 63-10386  
Name(s) of Permit Holder(s): BOISE WATER CORPORATION  
Post Office Address: P.O. Box 7488, Boise, ID 83707  
Tel. No.: 362-1300

☒ I hereby certify that construction of diversion works on the above referenced permit began on DECEMBER 1, 1986 (date). I understand that I must continue to develop the water system with due diligence to maintain a valid permit.

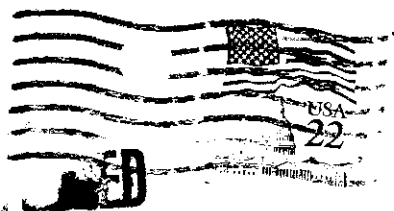
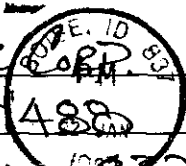
☐ I hereby certify that construction of diverting works on the above referenced project has not yet begun due to the following reason beyond my control\*:

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

1/22/87  
Date

[Signature]  
Signature of Permit Holder

BOISE IDAHO  
P.O. Box 488  
BOISE, IDAHO 83707



DEC 02 1988

IDAHO DEPARTMENT OF WATER RESOURCES  
STATEHOUSE  
BOISE, IDAHO 83720

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

- - - - -

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

BOISE WATER CORPORATION  
P.O. BOX 7488  
BOISE, ID 83707

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

RE: PERMIT NO. 63-10386

DEAR PERMIT HOLDER:

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

BE SURE TO NOTE THE SPECIAL CONDITION REQUIRING YOU TO INSTALL A MEASURING DEVICE, OR A FLOW MEASUREMENT PORT TO PROVIDE FOR THE INSTALLATION OF MEASURING EQUIPMENT BY THE DEPARTMENT. ENCLOSED PLEASE FIND A LIST OF MEASURING DEVICE OPTIONS, AND SPECIFICATIONS FOR THE INSTALLATION OF THE FLOW MEASUREMENT PORT.

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

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

RECEIVED  
NOV 15 1986  
STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RE: PERMIT NO. 63-1000

2

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 ALLOCATION SECTION

GS: SC  
ENCLOSURES

RECEIVED  
MAY 10 1963

State of Idaho  
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: Jan Thudo APPLICATION NUMBER: 63-10386

CHECK:

- ☒ Source.  
☒ Point of diversion.  
☒ County.  
☒ Quantity of water and period of use.  
☒ Description of diverting works.  
☒ Time required for beneficial use of water.  
☒ Place of use or acres irrigated.  
☒ Map.  
☒ Signature.  
☒ Fee.

Field check by: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

☐ Yes ☒ No Field check required.

☐ Yes ☒ No Critical groundwater area.

☐ Yes ☒ No Request dam safety information. Sent by: \_\_\_\_\_ Date: \_\_\_\_\_

☒ Yes ☐ No\* In form to receipt.

\*REQUEST THE FOLLOWING ADDITIONAL INFORMATION FROM THE APPLICANT: \_\_\_\_\_

SEND COPIES TO:

- ☒ Idaho State Health Department.  
☒ Idaho Fish and Game Department.  
☒ Idaho Department of Lands.  
☒ U.S. Bureau of Land Management.  
☒ U.S. Forest Service.  
☒ Other \_\_\_\_\_

Copies sent by: \_\_\_\_\_ Date: \_\_\_\_\_

PROCESSING:

☐ Yes ☒ No Platted by: \_\_\_\_\_ Map No. \_\_\_\_\_

☒ Yes ☐ No Other rights on same place of use. BOISE WATER CORP. WATER RIGHTS.

☒ Yes ☐ No\* In form for advertising.

Final date for protests: November 3, 1986

☐ Yes ☒ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

☒ Affidavit of publication received. Date: 10/27/86

☒ Application published correctly. If not, record action taken: \_\_\_\_\_

☒ Fee amount, receipt date & number, recorded on application. 125/42209

☒ Publication dates and paper, recorded on application. The Idaho Statesman 10/16 & 10/23/86

☒ Protests, dates, withdrawal, etc., recorded on application.

☒ Recommendation & initial, recorded on application.

☐ Yes ☒ No Measuring device required.

☐ Yes ☒ No Access port required.

☐ Yes ☒ No Will water be delivered by watermaster? If yes, what district? 63

☒ Date of priority recommended. 9/19/1986

Special conditions of approval or cover letter 26 A, D/C

OK 2 years seems reasonable for application to beneficial use.

By: Dns

Date: 11/10/86

STATE OFFICE REVIEW:

103, 105, 117

26 016

☐ See attached sheet for more information.

By: kw

Date: 11/13/86

POINT OF DIVERSION AND STREAM INDEX INFORMATION

TRACT SEC TWP RGE gov't rediv. REACH  
lot (R)

IDAHO STREAM CODE INDEX

TRACT SEC TWP RGE gov't rediv. REACH  
lot (R)

IDAHO STREAM CODE INDEX

TRACT SEC TWP RGE gov't rediv. REACH  
lot (R)

IDAHO STREAM CODE INDEX

TRACT SEC TWP RGE gov't rediv. REACH  
lot (R)

IDAHO STREAM CODE INDEX

TRACT SEC TWP RGE gov't rediv. REACH  
lot (R)

IDAHO STREAM CODE INDEX

## CONVERSATION MEMORANDUM

DATE 11/16/86FILE 103-10386NAME OF PARTY Dan Brown, P.E.EMPLOYEE Dan Thurtel

RE: I spoke w/Dan Brown concerning the difference between the legal shown under Item No. 3 and the point shown on the map. #3 shows SENE, S. 14 and map shows NENE, S. 14. Dan Brown stated the correct legal is the SENE and to go ahead and change map.

No re-advertising is necessary as legal did not change for ad.

RECEIVED



State of Idaho  
**DEPARTMENT OF WATER RESOURCES**  
WESTERN REGION, 450 W. State Street, Boise, Idaho

JOHN V. EVANS  
Governor

A. KENNETH DUNN  
Director

Mailing address:  
Statehouse  
Boise, Idaho 83720  
(208) 334-2190

October 9, 1986

Boise Water Corporation  
P. O. Box 7488  
Boise, ID 83707

Re: Application for Permit No. 63-10386

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. 63-10386. Please refer to this number in all further correspondence.

This office is currently in the process of advertising the application in the Idaho Statesman on 10/16 & 10/22/86. The advertisement will be published for two weeks, and a period of ten days following the second publication will be allowed for the submittal of protests.

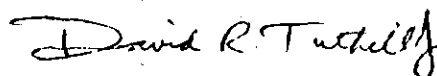
If the application is protested, you will be sent a copy of the protest. The protest must be resolved before the application is approved or denied. If the protest is not resolved voluntarily, this Department will conduct a conference and/or hearing on the matter.

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.

Enclosed please find your receipt no. 42209 for the amount of \$ 125.00.

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

Sincerely,



DAVID R. TUTHILL, JR., P. E.  
Manager, Western Regional Office

DRT:jp

Enclosure:

63-10386

BOISE WATER CORPORATION

P.O. BOX 7488, BOISE, ID 83707

Source: GROUNDWATER

Diversion Pt: SENE Sec 14 T 03N R 02E

Use: MUNICIPAL (4.460 CFS)

Date Filed: 09/19/1986

P/U: Within the City Limits of Boise.

APPROVED FOR  
S. J. BROWN



BOISE WATER CORPORATION • P.O. BOX 7488 • BOISE, IDAHO 83707 • (208) 362-1300

*Received  
by hand  
Delivery on  
9/29/86 J*

September 29, 1986

Idaho Department of Water Resources  
Statehouse  
Boise, Idaho 83720

RE: Application for Ground Water Right

Gentlemen:

Attached is an application for water right in the SE 1/4, NE 1/4, Section 14, T3N, R2E, B.M., in the amount of 4.46 cfs. We intend this to be wholly ground water, although it is in the vicinity of the Boise River. We plan to case off the surface water influence down to a confining clay layer. A copy of the well log will be made available, upon the completion of the well, to verify the screen locations.

If additional information is required, please give us a call.

Very truly yours,

BOISE WATER CORPORATION

*Daniel Brown*

Daniel Brown, P.E.

DB:jw

Attachment

*362-2618  
2619*

*362-2618  
2619*

## CONVERSATION MEMORANDUM

DATE 9/23/86FILE App. for PermitNAME OF PARTY Dan Brown, Boise Water Corp.EMPLOYEE Jan ThurtRE: Holding advertising & processing app.

Dan Brown called today to request that we hold processing of the new application Boise Water Corp sent because of a letter they wanted to attach to application about the source being only groundwater with no Boise River water involved. He said to hold the check also in case of problems where they may withdraw the app. to change source.

WATER RIGHT  
DATA ENTRY LOG

[illegible]