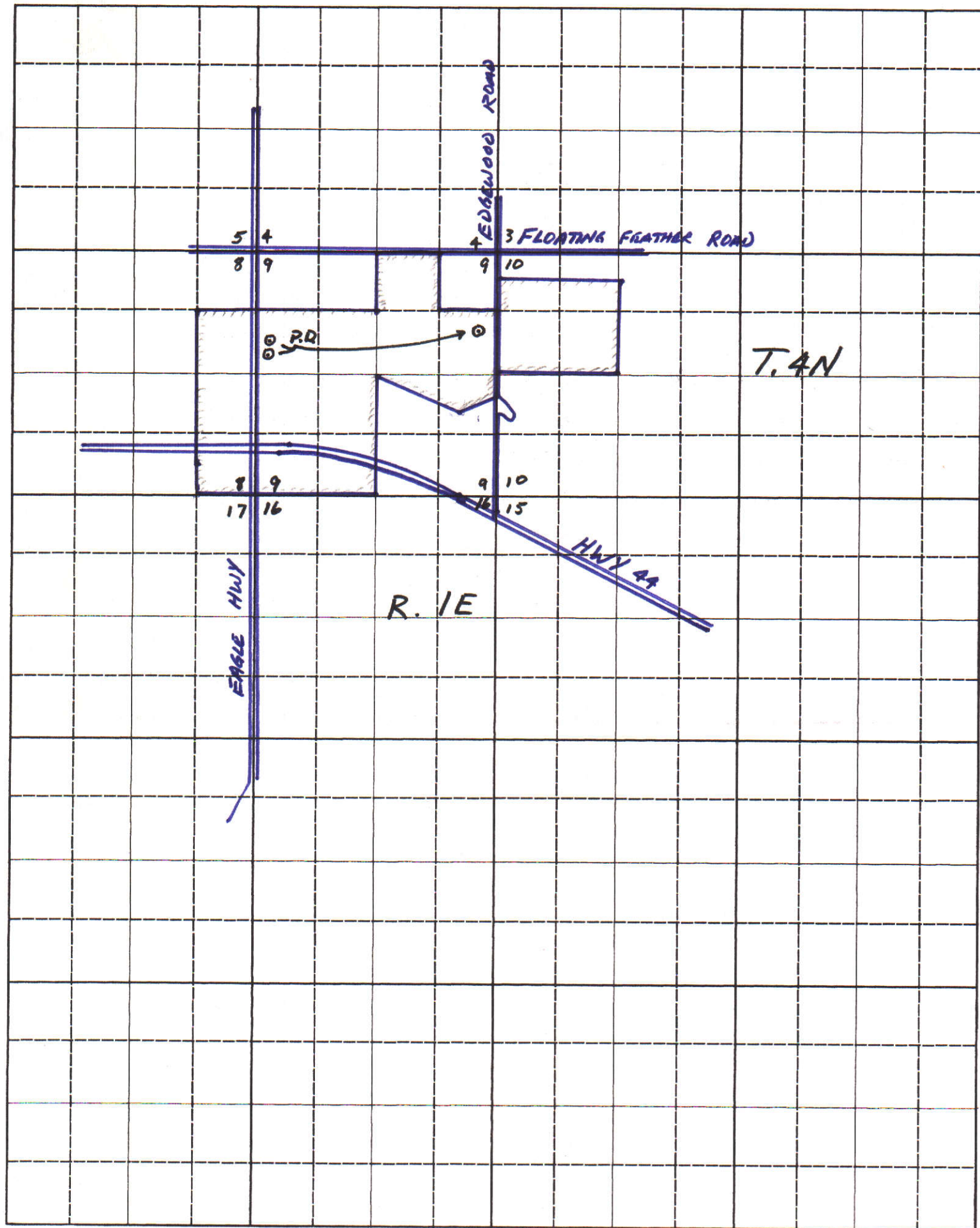


11. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



Scale: 2 inches equal 1 mile.

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

Emily B. DeShazo for Eagle Ranch  
(Applicant) Walter Co. Inc.

**NOTICE OF APPLICATION  
FOR WATER RIGHT**

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

63-9245

EAGLE RANCH WATER CO.  
P.O. BOX 455, EAGLE, ID 83616  
Source: GROUNDWATER  
Date Filed: 06/08/1979  
Amount: 3.50 CFS  
Diversion Point: SWNW SENE Sec 09 T 04N R 01E, ADA Co.  
Use: FIRE PROTECTION (3.50 CFS) from 01/01 to 12/31  
MUNICIPAL (3.50 CFS) from 01/01 to 12/31

Place of Use: SENE NESE SESE Sec 08 T 04N R 01E SWNW SENW NWNW SWNE SENE NESE NWSE NESW NWSW SWSW SESW Sec 09 T 04N R 01E NENW NWNW SWNW SENW Sec 10 T 04N R 01E.

Diversion Means: WELLS & PUMP  
63-9246

RIVER RUN DEVELOPMENT CO.  
707 N. 27TH STREET, BOISE, ID 83702  
Source: GROUNDWATER  
Date Filed: 06/11/79.  
Amount: 0.60 CFS  
Diversion Point: NWNW Sec 24 T 03N R 02E, ADA Co.  
Use: IRRIGATION (0.60 CFS) from 04/01 to 11/30.

Place of Use: NWNE SWNE NENW NWNW SWNW SENW Sec 24 T 03N R 02E NENE Sec 23 T 03N R 02E FOR 30 ACRES.

Diversion Means: WELL, PUMP, PIPELINE & SPRINKLER SYSTEM  
63-9247

CARNAHAN, JOHN & or BRENDA  
2516 BANNOCK, BOISE, ID 83706  
Source: GROUNDWATER  
Date Filed: 06/12/1979  
Amount: 0.14 CFS  
Diversion Point: NWNW Sec 31 T 05N R 01E, ADA Co.

Use: IRRIGATION (0.10 CFS) from 03/15 to 11/15  
DOMESTIC (0.04 CFS) from 01/01 to 12/31

Place of Use: NWNW Sec 31 T 05N R 01E FOR 5 ACRES  
Diversion Means: WELL & PUMP  
63-9248

PLANTATION DEVELOPMENT, INC.  
P.O. Box 3128, Boise, ID 83703  
Source: GROUNDWATER  
Date Filed: 06/12/1979.  
Amount: 3.00 CFS  
Diversion Point: NESW SENW NWNW Sec 30 T 04N R 02E, ADA Co.

Use: IRRIGATION (3.00 CFS) from 04/01 to 10/15.  
Place of Use: NWNW SWNW SENW NESW NWSE Sec 30 T 04N R 02E NENE Sec 25 T 04N R 01E SESE Sec 24 T 04N R 01E FOR 71 ACRES.

Diversion Means: 3 WELLS  
If issued, the permit(s) will be subject to all prior water rights. Protests against the granting of any permit must be filed with the Director of the Idaho Department of Water Resources, 92 S. Cole Road, Boise, Idaho 83709 on or before JULY 9, 1979.

C. STEPHEN ALLRED  
Director  
Pub. June 21, 28, 1979

2268

STATE OF IDAHO)

) ss.

COUNTY OF ADA )

Cheryl R. Rehwalt, 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 regular edition of The Idaho Statesman for

two insertions, beginning with the issue of June 21, 1979, and ending with the issue of June 28, 1979.

Cheryl R. Rehwalt  
Subscribed and sworn to before me this 28th day of June, 1979.

Shirley Engoren  
Notary Public for Idaho, Residing at Boise, Idaho

**RECEIVED**

JUN 29 1979

Department of Water Resources  
Western Regional Office

**MICROFILMED**

1733

# EAGLE RANCH SUBDIVISION NO. 1

IN THE S.  $\frac{1}{2}$  of the NW  $\frac{1}{4}$  of Sec 9, T. 4 N., R. 1 E., B. M.

While this map is a photographic reproduction of that on file in either the recorder's or surveyor's office, the company assumes no liability for variation, if any, with another or re-survey.

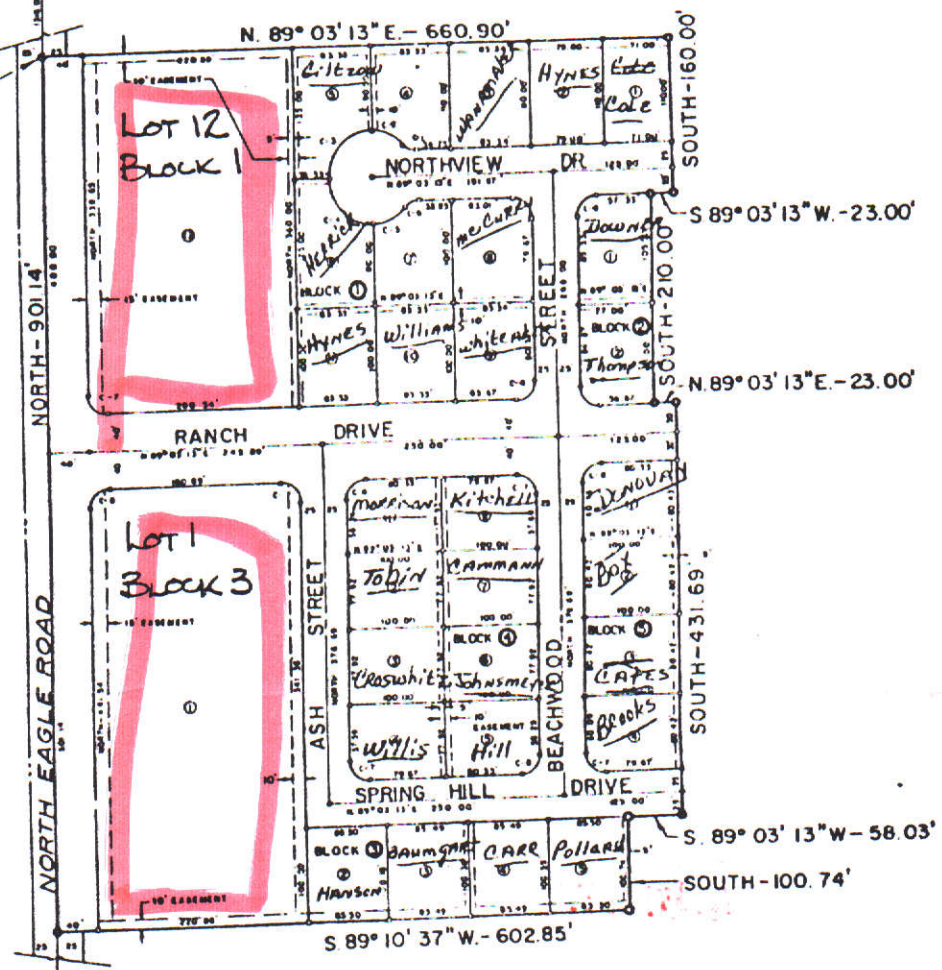
RECORDED  
JUN 19 1990



Department of Water Resources

FLOATING  
FEATHER ROAD  
5 4  
8 9

INITIAL POINT  
N.  $\frac{1}{16}$  cor. Sec 8 & 9



$\frac{1}{4}$  cor. RR spike found

MICROFILMED

JUN 21 1990

Hand-drawn map on graph paper showing a survey area. A red boundary encloses a polygon with vertices labeled 8, 9, 10, and 11. Inside the boundary, three points are marked with circled 'X's and labeled #1, #2, and #3. A legend in the top left corner states 'X = POINTS OF DIV'. The map is bounded by 'EAGLE HWY' on the left, 'HORSESHOE HILL HWY' on the right, 'FLOATIN RD' at the top, and 'TAN RIE' at the bottom. A diagonal line labeled 'HWY 44' crosses the bottom right. The text 'FRATHER Rd' is also visible near the top right.

(Include distance from pump to measuring device, if applicable.)

SIX INCH LINES FROM PUMPS TO EIGHT  
INCH SUBDIVISION AND MUNICIPAL LINES.

Point(s) of diversion: 2 POINTS SW 1/4 NW 1/4, Sec 9, T4N, R1E  
1 POINT SE 1/4 NE 1/4 Sec 9, T4N, R1E

Place(s) of Use MUNICIPALITY OF EAGLE, IDAHO

[illegible]

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

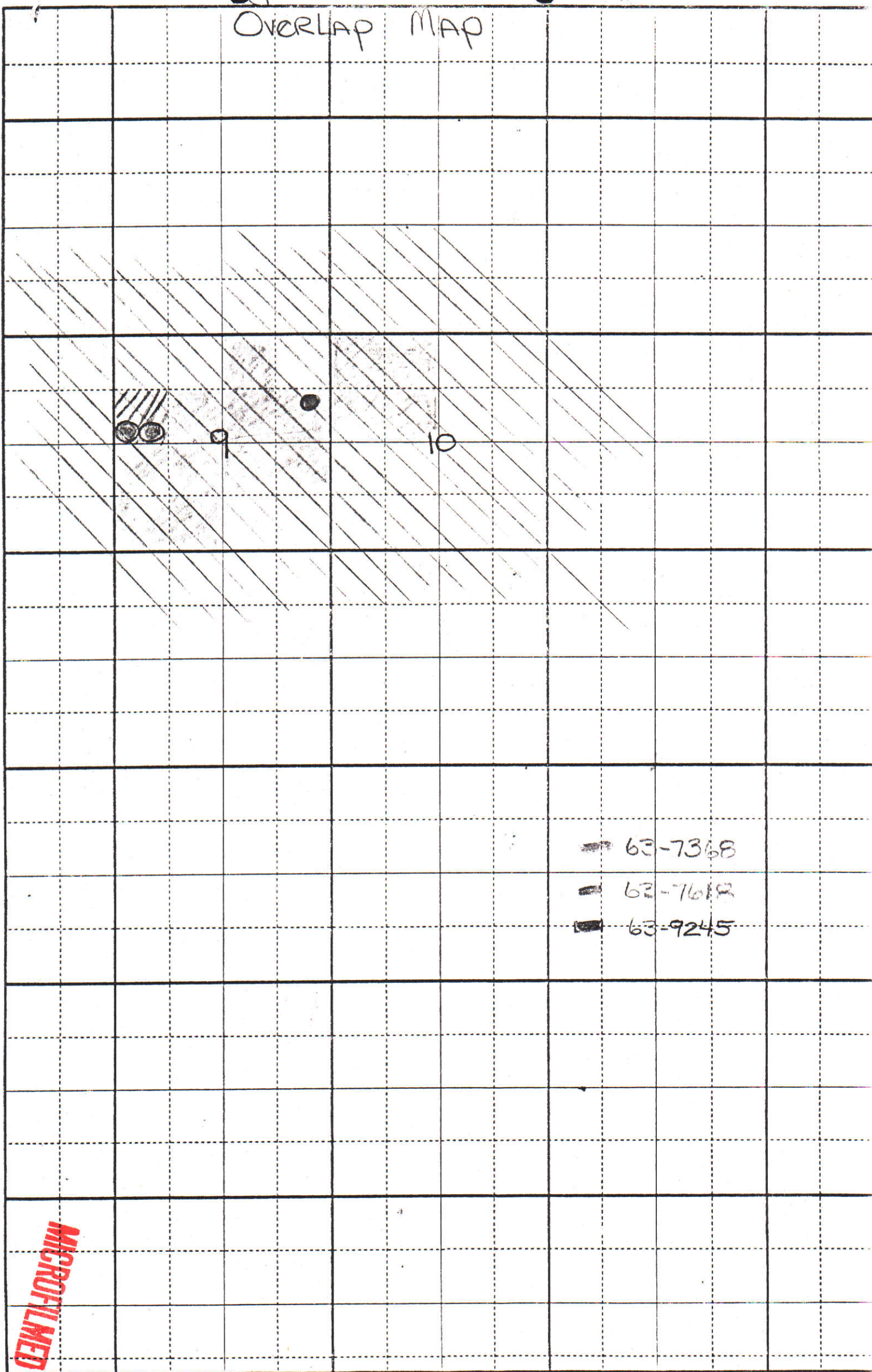
Date 5/2/82

NAME OF APPLICANT

Eagle Ranch Water Co.

KC 5/12  
Form No. 82

# OVERLAP MAP



SCALE: 2 Inches Equal 1 Mile. Draw Plan In Ink.

MICROFILMED

State of Idaho  
Department of Water Resources

WATER RIGHT LICENSE

License of Water Right No. 63-9245 Priority June 8, 1979 Amount 3.5 cfs

THIS IS TO CERTIFY, that EAGLE RANCH WATER COMPANY  
of Eagle, Idaho, has complied with the terms and conditions of Permit  
No. 63-9245 issued pursuant to Application for Permit dated June 8, 1979,  
and has submitted proof to the Department of Water Resources on September 23, 1981,  
that he has applied water to a beneficial use; an examination by the Department indicates that the works have a  
capacity for the diversion of 4.5 cfs of water from a groundwater source,  
tributary to \_\_\_\_\_, and that the permit holder has applied to a beneficial use and  
established a right to use water as follows:

| Beneficial Use  | Period of Use                        | Rate of Diversion | Annual Volume |
|-----------------|--------------------------------------|-------------------|---------------|
| Municipal       | from January 1 to December 31        | at 3.5 cfs and    | N/A           |
| Fire Protection | from January 1 to December 31        | at 3.5 cfs and    | N/A           |
|                 | from _____ to _____ at _____ cfs and |                   |               |
|                 | (both dates inclusive)               |                   |               |

Subject, however, to the condition that no more than 3.5 of water be diverted at any one time, and  
that the amount of water so diverted and to which such right is entitled and confirmed is for the purpose  
aforementioned and is limited to the amount which can actually be beneficially used and shall not exceed  
N/A acre feet per year, said waters to be diverted within the (2 points) SW $\frac{1}{4}$ NW $\frac{1}{4}$ ,  
(1 point) SE $\frac{1}{4}$ NE $\frac{1}{4}$ , Sec. 9, T. 4N, R. 1E in the County of Ada

Description and location of place of use:

| Twp. | Range | Sec. | NE $\frac{1}{4}$ |                  |                  |                  | NW $\frac{1}{4}$ |                  |                  |                  | SW $\frac{1}{4}$ |                  |                  |                  | SE $\frac{1}{4}$ |                  |                  |                  | Totals |
|------|-------|------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------|
|      |       |      | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |

Total number of acres irrigated \_\_\_\_\_

This right when combined with Right Nos. 63-7368 & 63-7618 shall not exceed  
4.5 cfs.

NOTE: Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho  
Code, or the applicable Idaho Law. This right may be forfeited by five years of non-use.

The right to the use of the water hereby confirmed is restricted and appurtenant to the lands or place of use  
herein described, as provided by the laws of Idaho.

Witness the seal and signature of the Director, affixed at Boise, Idaho, this 24<sup>th</sup> day of

May, 19 82.

Acting for the Director

Norman C Young

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

APPROVED

To appropriate the public waters of the State of Idaho

1. Name of applicant Eagle Ranch Water Co. Phone 939-0242

Post office address P. O. Box 455, Eagle, ID 83616

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

3. Location of point of diversion is SW  $\frac{1}{4}$  of NW  $\frac{1}{4}$  of Section 9 Township 4N

Range 1E B.M. Ada County, additional points of diversion if any: \_\_\_\_\_

SW $\frac{1}{4}$ NW $\frac{1}{4}$ , Sec. 9, Twp. 4N, Rge. 1E & SE $\frac{1}{4}$ NE $\frac{1}{4}$ , Sec. 9, Twp. 4N, Rge. 1E

4. Water will be used for the following purposes:

Amount 3.5 for fire prot. purposes from 1/1 to 12/31 (both dates inclusive)  
(cfs or acre-feet per annum)

Amount 3.5 for municipal purposes from 1/1 to 12/31 (both dates inclusive)  
(cfs or acre-feet per annum)

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

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

5. Total quantity to be appropriated:

a. 3.5 cubic feet per second and/or b. \_\_\_\_\_ acre-feet per annum.

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. 30 HP pump

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

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

c. Proposed well diameter is 12" inches; proposed depth of well is 450 feet.

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

8. Description of proposed uses:

a. If water is not for irrigation: See Map.

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

Range \_\_\_\_\_ B.M. \_\_\_\_\_

SENE, E $\frac{1}{2}$ SE, S. 8 $\frac{1}{2}$ , 4N, 1E  
S $\frac{1}{2}$ NW, W $\frac{1}{2}$ NE, SENE, N $\frac{1}{2}$ SE, SW $\frac{1}{4}$ , S. 9, 4N1E  
NW $\frac{1}{4}$ , S. 10, 4N, 1E

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

(3) List number of each kind of livestock to be watered \_\_\_\_\_

(4) Name of municipality to be served Sub-Division in Eagle City, or number of families to be supplied with domestic water 1500.

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

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

[illegible]**Total number of acres to be irrigated**

c. Describe any other water rights used for the same purposes as described above. 63-7368 and 63-7618

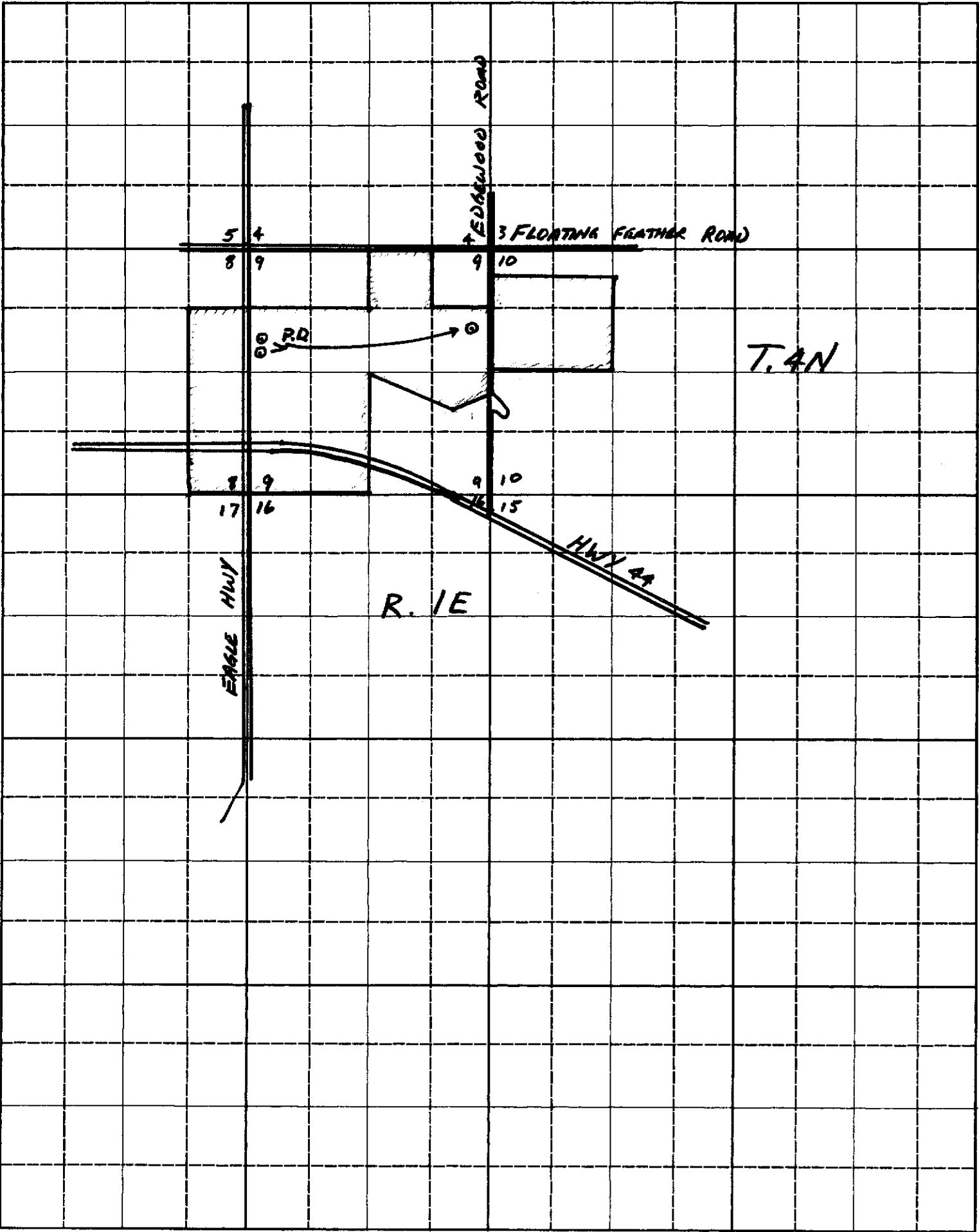
9. a. Who owns the property at the point of diversion Eagle Ranch Water Co., Inc.

b. Who owns the land to be irrigated or place of use Various private home owners and businesses.

c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing P.U.C. has given their approval for Eagle Ranch Water Co., Inc. to provide water for customers in the described areas.

## 10. Remarks

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



Scale: 2 inches equal 1 mile.

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

Emily B. DeShazo for Eagle Ranch  
(Applicant) Walton Co. Inc.

Received by CWB Date 6/8/79 Time 3:00 pm  
 Preliminary check by \_\_\_\_\_ Fee \$ 6500  
 Receipted by CWB #13127 Date 6/8/79  
 Publication prepared by kk Date 6/14/79  
 Published in Idaho Statesman  
 Publication dates 6/21 & 6/28/79  
 Publication approved KR Date 7/9/79  
 Protests filed by: \_\_\_\_\_

Copies of protests forwarded by \_\_\_\_\_  
 Hearing held by \_\_\_\_\_ Date \_\_\_\_\_  
 Recommended for approval denial by LV J.S.  
1354,  
79

## 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. 63-9245, 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 July 1, 19 84.
- 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: (1) The issuance of this permit in no way grants any right-of-way or easement across the land of another. (2) An access port or other device as specified by the Department shall be installed by the permit holder to provide for the installation of measuring equipment and the determination of the rate of diversion by the Department.

Witness my hand this 18<sup>th</sup> day of July, 19 79.

L. Glen Saxton  
 L. GLEN SAXTON  
 Chief, Operations Bureau

**NOTICE OF APPLICATION  
FOR WATER RIGHT**

Notice is hereby given that the following application has been submitted for permit to divert water from the public waters of the State of Idaho.

83-9245

**EAGLE HANCOCK WATER CO.**  
P.O. BOX 455, EAGLE, ID 83624  
Source: GROUNDWATER  
Date Filed: 06/08/1979  
Amount: 0.50 CFS  
Diversion Point: SWNW SE NE Sec 09 T 04N R 01E, ADA Co.  
Use: FIRE PROTECTION (3.50 CFS) from 01/01 to 12/31  
MUNICIPAL (13.50 CFS) from 01/01 to 12/31  
Place of Use: SE NE SE SE Sec 09 T 04N R 01E SWNW SENW NWNE SWNE SE NE NESE NWSE NESW NWNW SWNW SENW Sec 09 T 04N R 01E NENW NWNW SWNW SENW Sec 10 T 04N R 01E

Diversion Means: WELLS & PUMP  
83-9246

**RIVER RUN DEVELOPMENT CO.**  
707 N. 27TH STREET, BOISE, ID 83702  
Source: GROUNDWATER  
Date Filed: 06/12/1979  
Amount: 0.40 CFS  
Diversion Point: NWNW Sec 24 T 03N R 02E, ADA Co.  
Use: IRRIGATION (0.40 CFS) from 04/01 to 11/30.  
Place of Use: NWNE SWNE NENW NWNW SWNW SENW Sec 24 T 03N R 02E NENE Sec 23 T 03N R 02E FOR 30 ACRES.  
Diversion Means: WELL, PUMP, PIPELINE SPRINKLER SYSTEM

**CARNAP, JOHN L. & BRENDA**  
2516 BANNOCK, BOISE, ID 83706  
Source: GROUNDWATER  
Date Filed: 06/12/1979  
Amount: 0.10 CFS  
Diversion Point: NWNW Sec 31 T 05N R 01E, ADA Co.  
Use: IRRIGATION (0.10 CFS) from 03/15 to 10/15  
DOMESTIC (0.04 CFS) from 01/01 to 12/31  
Place of Use: NWNW Sec 31 T 05N R 01E FOR 5 ACRES  
Diversion Means: WELL & PUMP  
83-9248

**PLANTATION DEVELOPMENT, INC.**  
P.O. Box 3128, Boise, ID 83703  
Source: GROUNDWATER  
Date Filed: 07/12/1979  
Amount: 3.00 CFS  
Diversion Point: NWNW SENW NWNW Sec 30 T 04N R 02E, ADA Co.  
Use: IRRIGATION (3.00 CFS) from 04/01 to 10/15  
Place of Use: NWNW SWNW SENW NESW NWSE Sec 30 T 04N R 02E NENE Sec 25 T 04N R 01E SESE Sec 24 T 04N R 01E FOR 71 ACRES.  
Diversion Means: WELLS

If issued, the permit(s) will be subject to all prior water rights. Protests against the granting of any permit must be filed with the Director of the Idaho Department of Water Resources, 92 S. Cole Road, Boise, Idaho 83709 on or before JUL 19, 1979.

C. STEPHEN ALLRED  
Director  
Pub. June 21, 28, 1979

2268

STATE OF IDAHO)

) ss.

COUNTY OF ADA )

Cheryl R. Rehwaft, 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 regular edition of The Idaho Statesman for

two insertions, beginning with the issue of June 21, 1979, and ending with the issue of June 28, 1979.

Cheryl R. Rehwaft  
Subscribed and sworn to before me this 28th day of June, 1979.

Shirley Engoren  
Notary Public for Idaho, Residing at Boise, Idaho

**RECEIVED**

JUN 29 1979

Department of Water Resources  
Western Regional Office

PAID FOR BY ADAMS

DATE 6-20-1990

FROM Pam Skaggs  
Vault

TO File # 63-9245

SUBJECT City of Eagle Rezone  
Correspondence

Research shows the following Water Rights  
within affected area of T4N, R1E, Sec. 09, SW $\frac{1}{2}$  NW.

#63-7368

63-7618

63-9245

INDEXED

JUN 21 1990

Pamela Skaggs  
SIGNATURE

CITY OF EAGLE  
P.O. BOX 477  
EAGLE, IDAHO 83616

**RECEIVED**  
JUN 19 1990

Department of Water Resources

TRANSMITTAL DATE: JUNE 15, 1990

PLANNING AND ZONING MEETING DATE: JULY 3, 1990

EAGLE CITY COUNCIL MEETING DATE: JULY 24, 1990

TO:

ADA COUNTY ASSESSOR  
ADA COUNTY ENGINEER  
ADA COUNTY HIGHWAY  
CENTRAL DISTRICT HEALTH  
EAGLE SEWER DISTRICT  
IDAHO STATE TRANSPORTATION  
MERIDIAN SCHOOL DISTRICT

INTERMOUNTAIN GAS  
MOUNTAIN BELL  
EAGLE RANCH WATER CO.  
EAGLE FIRE DEPT  
FARMERS UNION DITCH CO.  
IDAHO POWER  
ADA DEVELOPMENT SERVICES

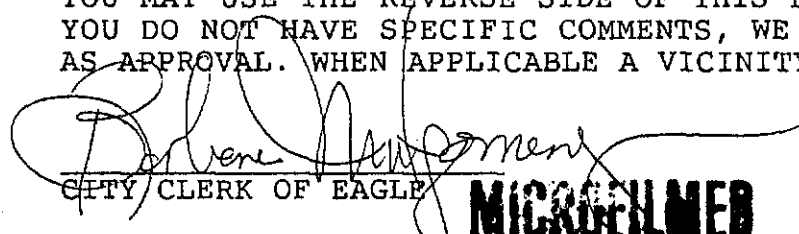
SUBJECT: PUD-CUP/REZONE

NAME: ROBERT DESHAZO-ROWLAND JONES

WE HAVE RECEIVED AN APPLICATION FOR: PUD-CUP/REZONE:  
RIVERSTONE TOWNHOUSES: RESUBDIVISION OF LOT 12 BLOCK 1 AND LOT 1  
BLOCK 3 OF EAGLE RANCH SUBDIVISION NO 1. INCREASE DENSITY FOR  
ADDITIONAL UNITS (FROM 6 UNITS TO 9 UNITS PER ACRE).

THE PROPERTY IS LOCATED AT: EAST OF EAGLE ROAD NORTH AND SOUTH  
OF RANCH DRIVE.

PLEASE RETURN YOUR COMMENTS 10 DAYS PRIOR TO THE MEETING DATES.  
YOU MAY USE THE REVERSE SIDE OF THIS FORM FOR YOUR COMMENTS. IF  
YOU DO NOT HAVE SPECIFIC COMMENTS, WE WILL CONSIDER YOUR SILENCE  
AS APPROVAL. WHEN APPLICABLE A VICINITY MAP WILL BE ENCLOSED.

  
CITY CLERK OF EAGLE

**MICROFILMED**

JUN 21 1990

*No Correspondence  
Required.  
28 6-20-90*

1733

# EAGLE RANCH SUBDIVISION NO. 1

IN THE S.  $\frac{1}{2}$  of the NW  $\frac{1}{4}$  of Sec 9, T. 4 N., R. 1 E., B. M.

While this map is a photographic reproduction of that on file in either the recorder's or surveyor's office, the company assumes no liability for variation, if any, with another or re-survey.

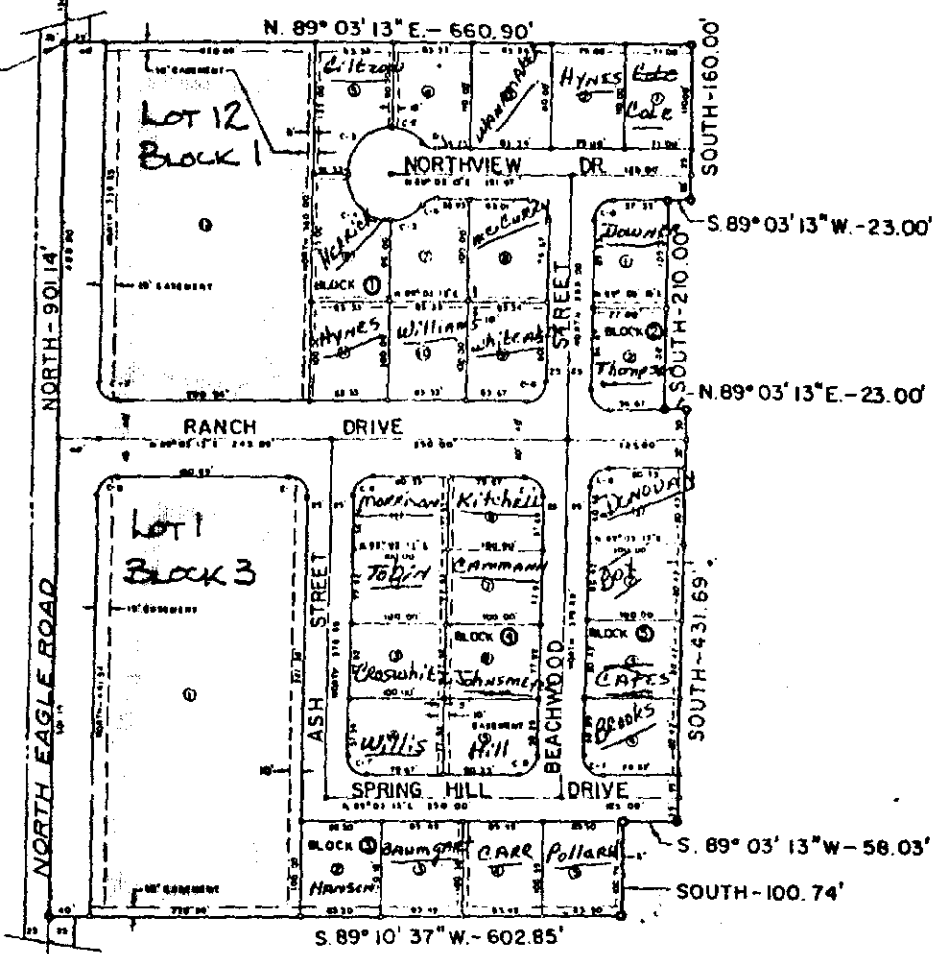
RECEIVED  
JUN 19 1990



Department of Water Resources

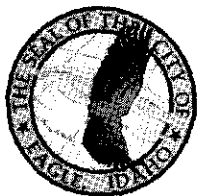
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FEATHER ROAD 8 9

INITIAL POINT  
N.  $\frac{1}{2}$  cor. Sec 8 & 9



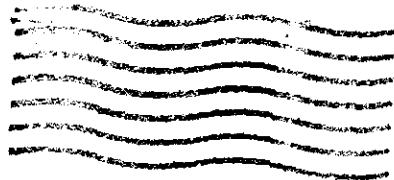
MICROFILMED

JUN 21 1990

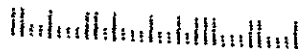


CITY OF EAGLE

P.O. Box 477  
Eagle, Idaho 83616



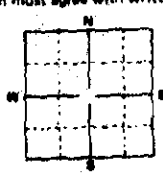
DEPT. OF WATER RESOURCE  
1301 N. ORCHARD  
BOISE, ID 83720



USE TYPEWRITER OR  
BALL POINT PEN

State of Idaho  
Department of Water Administration  
**WELL DRILLER'S REPORT**

State law requires that this report be filed with the State Reclamation Engineer  
within 30 days after completion or abandonment of the well.

| <b>1. WELL OWNER</b><br>Name <u>Eagle Hills Golf Course</u><br>Address <u>Eagle, Idaho</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | <b>7. WATER LEVEL</b><br>Static water level <u>60</u> feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Temperature _____ F. Quality _____<br>Artesian closed pressure _____ p.s.i.<br>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |               |      |    |          |       |  |     |    |     |   |    |      |  |  |  |    |    |                 |  |  |  |    |     |                     |  |  |  |     |     |                         |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                  |  |  |  |     |     |           |  |  |  |     |     |                            |  |  |  |  |  |        |  |  |  |     |     |                      |  |  |  |     |     |                        |  |  |  |     |     |                           |  |  |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |                       |  |  |  |     |     |                       |  |  |  |     |     |                        |  |  |  |  |  |            |  |  |  |     |     |                   |  |  |  |     |     |           |  |  |  |     |     |                 |  |  |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | <b>8. WELL TEST DATA</b><br><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Other<br>Discharge G.P.M. <u>400</u> Draw Down <u>11</u> Feet Pumped <u>100</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |               |      |    |          |       |  |     |    |     |   |    |      |  |  |  |    |    |                 |  |  |  |    |     |                     |  |  |  |     |     |                         |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                  |  |  |  |     |     |           |  |  |  |     |     |                            |  |  |  |  |  |        |  |  |  |     |     |                      |  |  |  |     |     |                        |  |  |  |     |     |                           |  |  |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |                       |  |  |  |     |     |                       |  |  |  |     |     |                        |  |  |  |  |  |            |  |  |  |     |     |                   |  |  |  |     |     |           |  |  |  |     |     |                 |  |  |
| <b>3. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test<br><input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Mole<br/>Depth</th><th rowspan="2">From</th><th rowspan="2">To</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>12"</td><td>0</td><td>31</td><td>Dirt</td><td></td><td></td></tr><tr><td></td><td>31</td><td>59</td><td>Gravel cemented</td><td></td><td></td></tr><tr><td></td><td>59</td><td>120</td><td>Sandy clay cemented</td><td></td><td></td></tr><tr><td></td><td>120</td><td>170</td><td>Sandy clay coarser sand</td><td></td><td></td></tr><tr><td></td><td>170</td><td>227</td><td>Sand fine with clay</td><td></td><td></td></tr><tr><td></td><td>227</td><td>279</td><td>Sandy clay</td><td></td><td></td></tr><tr><td></td><td>279</td><td>343</td><td>Brown clay</td><td></td><td></td></tr><tr><td></td><td>343</td><td>356</td><td>Brown sandy clay</td><td></td><td></td></tr><tr><td></td><td>356</td><td>383</td><td>Blue clay</td><td></td><td></td></tr><tr><td></td><td>383</td><td>410</td><td>Blue fine sand &amp; thin clay</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>strata</td><td></td><td></td></tr><tr><td></td><td>410</td><td>420</td><td>Blue sand soft stone</td><td></td><td></td></tr><tr><td></td><td>420</td><td>425</td><td>Soft stone &amp; blue clay</td><td></td><td></td></tr><tr><td></td><td>425</td><td>430</td><td>Blue clay &amp; sand at stake</td><td></td><td></td></tr><tr><td></td><td>430</td><td>435</td><td>Blue clay</td><td></td><td></td></tr><tr><td></td><td>435</td><td>450</td><td>Blue sand &amp; clay streaks</td><td></td><td></td></tr><tr><td></td><td>450</td><td>460</td><td>Blue sand &amp; thin clay</td><td></td><td></td></tr><tr><td></td><td>460</td><td>470</td><td>Pine sand &amp; blue clay</td><td></td><td></td></tr><tr><td></td><td>470</td><td>475</td><td>Blue clay thin streaks</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>brown clay</td><td></td><td></td></tr><tr><td></td><td>475</td><td>480</td><td>Blue &amp; brown clay</td><td></td><td></td></tr><tr><td></td><td>480</td><td>495</td><td>Blue clay</td><td></td><td></td></tr><tr><td></td><td>495</td><td>500</td><td>Muddy blue clay</td><td></td><td></td></tr></tbody></table> |                            | Mole<br>Depth | From | To | Material | Water |  | Yes | No | 12" | 0 | 31 | Dirt |  |  |  | 31 | 59 | Gravel cemented |  |  |  | 59 | 120 | Sandy clay cemented |  |  |  | 120 | 170 | Sandy clay coarser sand |  |  |  | 170 | 227 | Sand fine with clay |  |  |  | 227 | 279 | Sandy clay |  |  |  | 279 | 343 | Brown clay |  |  |  | 343 | 356 | Brown sandy clay |  |  |  | 356 | 383 | Blue clay |  |  |  | 383 | 410 | Blue fine sand & thin clay |  |  |  |  |  | strata |  |  |  | 410 | 420 | Blue sand soft stone |  |  |  | 420 | 425 | Soft stone & blue clay |  |  |  | 425 | 430 | Blue clay & sand at stake |  |  |  | 430 | 435 | Blue clay |  |  |  | 435 | 450 | Blue sand & clay streaks |  |  |  | 450 | 460 | Blue sand & thin clay |  |  |  | 460 | 470 | Pine sand & blue clay |  |  |  | 470 | 475 | Blue clay thin streaks |  |  |  |  |  | brown clay |  |  |  | 475 | 480 | Blue & brown clay |  |  |  | 480 | 495 | Blue clay |  |  |  | 495 | 500 | Muddy blue clay |  |  |
| Mole<br>Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | From | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Material                   |               |      |    |          | Water |  |     |    |     |   |    |      |  |  |  |    |    |                 |  |  |  |    |     |                     |  |  |  |     |     |                         |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                  |  |  |  |     |     |           |  |  |  |     |     |                            |  |  |  |  |  |        |  |  |  |     |     |                      |  |  |  |     |     |                        |  |  |  |     |     |                           |  |  |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |                       |  |  |  |     |     |                       |  |  |  |     |     |                        |  |  |  |  |  |            |  |  |  |     |     |                   |  |  |  |     |     |           |  |  |  |     |     |                 |  |  |
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| 12"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0    | 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Dirt                       |               |      |    |          |       |  |     |    |     |   |    |      |  |  |  |    |    |                 |  |  |  |    |     |                     |  |  |  |     |     |                         |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                  |  |  |  |     |     |           |  |  |  |     |     |                            |  |  |  |  |  |        |  |  |  |     |     |                      |  |  |  |     |     |                        |  |  |  |     |     |                           |  |  |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |                       |  |  |  |     |     |                       |  |  |  |     |     |                        |  |  |  |  |  |            |  |  |  |     |     |                   |  |  |  |     |     |           |  |  |  |     |     |                 |  |  |
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| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |               |      |    |          |       |  |     |    |     |   |    |      |  |  |  |    |    |                 |  |  |  |    |     |                     |  |  |  |     |     |                         |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                  |  |  |  |     |     |           |  |  |  |     |     |                            |  |  |  |  |  |        |  |  |  |     |     |                      |  |  |  |     |     |                        |  |  |  |     |     |                           |  |  |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |                       |  |  |  |     |     |                       |  |  |  |     |     |                        |  |  |  |  |  |            |  |  |  |     |     |                   |  |  |  |     |     |           |  |  |  |     |     |                 |  |  |
| <b>5. WELL CONSTRUCTION</b><br>Diameter of hole <u>12</u> inches Total depth <u>445</u> feet<br>Casing schedule <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete<br>Technique Diameter From To<br><u>375</u> inches <u>12</u> inches <u>+1</u> feet <u>352</u> feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br>Number From To<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>Well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Manufacturer's name <u>JOHN BOO</u><br>Type _____ Model No. _____<br>Diameter <u>6</u> Slot size <u>25</u> Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size of gravel <u>18 and</u><br>Placed from <u>330</u> _____ feet to <u>430</u> _____ feet<br>Surface seal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No To what depth <u>60</u> feet<br>Material used in seal <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Pudding clay |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |               |      |    |          |       |  |     |    |     |   |    |      |  |  |  |    |    |                 |  |  |  |    |     |                     |  |  |  |     |     |                         |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                  |  |  |  |     |     |           |  |  |  |     |     |                            |  |  |  |  |  |        |  |  |  |     |     |                      |  |  |  |     |     |                        |  |  |  |     |     |                           |  |  |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |                       |  |  |  |     |     |                       |  |  |  |     |     |                        |  |  |  |  |  |            |  |  |  |     |     |                   |  |  |  |     |     |           |  |  |  |     |     |                 |  |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>County <u>Ada</u><br><u>SE 1/4 Sec 9 T. 4N R. 1 E. 1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | <b>10. WORK DATES</b><br>Work started <u>Aug. 1971</u> finished <u>Oct. 1971</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |               |      |    |          |       |  |     |    |     |   |    |      |  |  |  |    |    |                 |  |  |  |    |     |                     |  |  |  |     |     |                         |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                  |  |  |  |     |     |           |  |  |  |     |     |                            |  |  |  |  |  |        |  |  |  |     |     |                      |  |  |  |     |     |                        |  |  |  |     |     |                           |  |  |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |                       |  |  |  |     |     |                       |  |  |  |     |     |                        |  |  |  |  |  |            |  |  |  |     |     |                   |  |  |  |     |     |           |  |  |  |     |     |                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | <b>11. DRILLER'S CERTIFICATION</b><br>This well was drilled under my supervision and this report is true to the best of my knowledge.<br><u>Russell Cave Drilling Co.</u> _____<br>Driller's or Firm's Name<br><u>Boise, Idaho</u><br>Address<br><u>Russell Cave</u><br>Signed By _____ Date _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |               |      |    |          |       |  |     |    |     |   |    |      |  |  |  |    |    |                 |  |  |  |    |     |                     |  |  |  |     |     |                         |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                  |  |  |  |     |     |           |  |  |  |     |     |                            |  |  |  |  |  |        |  |  |  |     |     |                      |  |  |  |     |     |                        |  |  |  |     |     |                           |  |  |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |                       |  |  |  |     |     |                       |  |  |  |     |     |                        |  |  |  |  |  |            |  |  |  |     |     |                   |  |  |  |     |     |           |  |  |  |     |     |                 |  |  |

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT

**RUSSELL COWE DRILLING CO.**  
1514 LONGMONT STREET  
BOISE, IDAHO

**Record of Screens      Eagle Hills Golf Course**

|     |     |                                         |
|-----|-----|-----------------------------------------|
| 330 | 382 | 6" Blank Pipe                           |
| 382 | 397 | Screen                                  |
| 397 | 407 | 6" Blank pipe                           |
| 407 | 422 | Screen                                  |
| 422 | 440 | 6" Blank pipe                           |
| 440 | 460 |                                         |
| 440 | 470 | Screen                                  |
| 450 | 480 | 6" Blank pipe                           |
| 460 | 470 | Screen                                  |
| 470 | 480 | 6" Blank pipe                           |
| 480 | 500 | Hole filled back      No screen or pipe |

**RECEIVED**

**JUNE 1960**

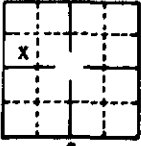
RECEIVED

10 102

**FORWARD THE WHITE, BLUE, AND PINK COLORS TO THE SQUAD**

# WELL DRILLER'S REPORT

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

| <b>1. WELL OWNER</b><br><br>Name <u>Eagle Ranch Water Corp.</u><br><br>Address <u>P.O. Box 455, Eagle, Idaho 83616</u><br><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>7. WATER LEVEL</b><br><br>Static water level <u>38</u> feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input checked="" type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature _____ OF Quality _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                |              |            |           |        |          |            |           |          |          |            |           |          |          |            |           |          |          |            |           |          |          |           |      |    |                    |            |            |                    |            |            |                    |                          |            |                                                                                                                                                                                                                                                                                                                                                                                                    |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |     |                         |  |  |     |     |           |  |  |     |     |                     |  |  |     |     |                          |  |  |     |     |                 |  |  |     |     |                                |  |  |     |     |                         |  |  |     |     |           |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |                                |  |  |     |     |                        |  |  |     |     |           |  |  |     |     |                               |  |  |     |     |                |  |  |     |     |                               |  |  |     |     |                               |  |  |
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| <b>2. NATURE OF WORK</b><br><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>8. WELL TEST DATA</b><br><br><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td style="text-align: center;">560</td> <td style="text-align: center;">62</td> <td style="text-align: center;">3</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Discharge G.P.M.               | Pumping Level                  | Hours Pumped | 560        | 62        | 3      |          |            |           |          |          |            |           |          |          |            |           |          |          |            |           |          |          |           |      |    |                    |            |            |                    |            |            |                    |                          |            |                                                                                                                                                                                                                                                                                                                                                                                                    |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |     |                         |  |  |     |     |           |  |  |     |     |                     |  |  |     |     |                          |  |  |     |     |                 |  |  |     |     |                                |  |  |     |     |                         |  |  |     |     |           |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |                                |  |  |     |     |                        |  |  |     |     |           |  |  |     |     |                               |  |  |     |     |                |  |  |     |     |                               |  |  |     |     |                               |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Hours Pumped                   |                                |              |            |           |        |          |            |           |          |          |            |           |          |          |            |           |          |          |            |           |          |          |           |      |    |                    |            |            |                    |            |            |                    |                          |            |                                                                                                                                                                                         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 |     |                               |  |  |
| 560                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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 |     |                               |  |  |
| <b>3. PROPOSED USE</b><br><br><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input checked="" type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>9. LITHOLOGIC LOG</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole<br/>Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td rowspan="20" style="text-align: center; vertical-align: middle;">28</td> <td>0</td> <td>5</td> <td>Topsoil</td> <td></td> <td></td> </tr> <tr><td>5</td> <td>7</td> <td>Clay</td> <td></td> <td></td> </tr> <tr><td>7</td> <td>17</td> <td>Brn. Sand</td> <td></td> <td></td> </tr> <tr><td>17</td> <td>25</td> <td>Gravel</td> <td></td> <td></td> </tr> <tr><td>25</td> <td>42</td> <td>Sand, Gravel, River Rock</td> <td></td> <td></td> </tr> <tr><td>42</td> <td>45</td> <td>Brn. Clay</td> <td></td> <td></td> </tr> <tr><td>45</td> <td>50</td> <td>Brn. Sand</td> <td></td> <td></td> </tr> <tr><td>50</td> <td>58</td> <td>Brn. Clay</td> <td></td> <td></td> </tr> <tr><td>58</td> <td>68</td> <td>Brn. Sand</td> <td></td> <td></td> </tr> <tr><td>68</td> <td>85</td> <td>Brn. Clay</td> <td></td> <td></td> </tr> <tr><td>85</td> <td>126</td> <td>Brn. Sand w/some Gravel</td> <td></td> <td></td> </tr> <tr><td>126</td> <td>130</td> <td>Brn. Clay</td> <td></td> <td></td> </tr> <tr><td>130</td> <td>136</td> <td>Sand w/small Gravel</td> <td></td> <td></td> </tr> <tr><td>136</td> <td>143</td> <td>Brn. Clay w/Sand Streaks</td> <td></td> <td></td> </tr> <tr><td>143</td> <td>148</td> <td>Brn. Sand-Crae.</td> <td></td> <td></td> </tr> <tr><td>148</td> <td>170</td> <td>Brn. Sand-Crae. w/small Gravel</td> <td></td> <td></td> </tr> <tr><td>170</td> <td>176</td> <td>Brn. Sand-Med. to Crae.</td> <td></td> <td></td> </tr> <tr><td>176</td> <td>178</td> <td>Brn. Clay</td> <td></td> <td></td> </tr> <tr><td>178</td> <td>192</td> <td>Brn. Sand w/Clay Streaks</td> <td></td> <td></td> </tr> <tr><td>192</td> <td>205</td> <td>Brn. 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Sand |      |    | 17                 | 25         | Gravel     |                    |            | 25         | 42                 | Sand, Gravel, River Rock |            |                                                                                                                                                                                                                                                                                                                                                                                                    | 42 | 45 | Brn. Clay |  |  | 45 | 50 | Brn. Sand |  |  | 50 | 58 | Brn. Clay |  |  | 58 | 68 | Brn. Sand |  |  | 68 | 85 | Brn. Clay |  |  | 85 | 126 | Brn. Sand w/some Gravel |  |  | 126 | 130 | Brn. Clay |  |  | 130 | 136 | Sand w/small Gravel |  |  | 136 | 143 | Brn. Clay w/Sand Streaks |  |  | 143 | 148 | Brn. Sand-Crae. |  |  | 148 | 170 | Brn. Sand-Crae. w/small Gravel |  |  | 170 | 176 | Brn. Sand-Med. to Crae. |  |  | 176 | 178 | Brn. Clay |  |  | 178 | 192 | Brn. Sand w/Clay Streaks |  |  | 192 | 205 | Brn. Clay |  |  | 205 | 228 | Brn. Sand-Crae. w/small Gravel |  |  | 228 | 235 | Brn. Sand-Fine to Med. |  |  | 235 | 248 | Brn. Clay |  |  | 248 | 296 | Brn. Sand w/some Clay Streaks |  |  | 296 | 298 | Blue Sand-Fine |  |  | 298 | 308 | Blue Sand-Fine w/Clay Streaks |  |  | 308 | 328 | Blue Clay w/some Sand Streaks |  |  |
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Clay                      |              |            |           |        |          |            |           |          |          |            |           |          |          |            |           |          |          |            |           |          |          |           |      |    |                    |            |            |                    |            |            |                    |                          |            |                                                                                                                                                                                                                                                                                                                                                                                                    |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |     |                         |  |  |     |     |           |  |  |     |     |                     |  |  |     |     |                          |  |  |     |     |                 |  |  |     |     |                                |  |  |     |     |                         |  |  |     |     |           |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |                                |  |  |     |     |                        |  |  |     |     |           |  |  |     |     |                               |  |  |     |     |                |  |  |     |     |                               |  |  |     |     |                               |  |  |
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Sand w/some Gravel        |              |            |           |        |          |            |           |          |          |            |           |          |          |            |           |          |          |            |           |          |          |           |      |    |                    |            |            |                    |            |            |                    |                          |            |                                                                                                                                                                                                                                                                                                                                                                                                    |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |     |                         |  |  |     |     |           |  |  |     |     |                     |  |  |     |     |                          |  |  |     |     |                 |  |  |     |     |                                |  |  |     |     |                         |  |  |     |     |           |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |                                |  |  |     |     |                        |  |  |     |     |           |  |  |     |     |                               |  |  |     |     |                |  |  |     |     |                               |  |  |     |     |                               |  |  |
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Clay                      |              |            |           |        |          |            |           |          |          |            |           |          |          |            |           |          |          |            |           |          |          |           |      |    |                    |            |            |                    |            |            |                    |                          |            |                                                                                                                                                                                                                                                                                                                                                                                                    |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |     |                         |  |  |     |     |           |  |  |     |     |                     |  |  |     |     |                          |  |  |     |     |                 |  |  |     |     |                                |  |  |     |     |                         |  |  |     |     |           |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |                                |  |  |     |     |                        |  |  |     |     |           |  |  |     |     |                               |  |  |     |     |                |  |  |     |     |                               |  |  |     |     |                               |  |  |
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Clay w/Sand Streaks       |              |            |           |        |          |            |           |          |          |            |           |          |          |            |           |          |          |            |           |          |          |           |      |    |                    |            |            |                    |            |            |                    |                          |            |                                                                                                                                                                                                                                                                                                                                                                                                    |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |     |                         |  |  |     |     |           |  |  |     |     |                     |  |  |     |     |                          |  |  |     |     |                 |  |  |     |     |                                |  |  |     |     |                         |  |  |     |     |           |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |                                |  |  |     |     |                        |  |  |     |     |           |  |  |     |     |                               |  |  |     |     |                |  |  |     |     |                               |  |  |     |     |                               |  |  |
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Sand-Crae.                |              |            |           |        |          |            |           |          |          |            |           |          |          |            |           |          |          |            |           |          |          |           |      |    |                    |            |            |                    |            |            |                    |                          |            |                                                                                                                                                                                                                                                                                                                                                                                                    |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |     |                         |  |  |     |     |           |  |  |     |     |                     |  |  |     |     |                          |  |  |     |     |                 |  |  |     |     |                                |  |  |     |     |                         |  |  |     |     |           |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |                                |  |  |     |     |                        |  |  |     |     |           |  |  |     |     |                               |  |  |     |     |                |  |  |     |     |                               |  |  |     |     |                               |  |  |
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Sand-Crae. w/small Gravel |              |            |           |        |          |            |           |          |          |            |           |          |          |            |           |          |          |            |           |          |          |           |      |    |                    |            |            |                    |            |            |                    |                          |            |                                                                                                                                                                                                                                                                                                                                                                                                    |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |     |                         |  |  |     |     |           |  |  |     |     |                     |  |  |     |     |                          |  |  |     |     |                 |  |  |     |     |                                |  |  |     |     |                         |  |  |     |     |           |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |                                |  |  |     |     |                        |  |  |     |     |           |  |  |     |     |                               |  |  |     |     |                |  |  |     |     |                               |  |  |     |     |                               |  |  |
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Sand-Med. to Crae.        |              |            |           |        |          |            |           |          |          |            |           |          |          |            |           |          |          |            |           |          |          |           |      |    |                    |            |            |                    |            |            |                    |                          |            |                                                                                                                                                                                                                                                                                                                                                                                                    |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |     |                         |  |  |     |     |           |  |  |     |     |                     |  |  |     |     |                          |  |  |     |     |                 |  |  |     |     |                                |  |  |     |     |                         |  |  |     |     |           |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |                                |  |  |     |     |                        |  |  |     |     |           |  |  |     |     |                               |  |  |     |     |                |  |  |     |     |                               |  |  |     |     |                               |  |  |
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Clay                      |              |            |           |        |          |            |           |          |          |            |           |          |          |            |           |          |          |            |           |          |          |           |      |    |                    |            |            |                    |            |            |                    |                          |            |                                                                                                                                                                                                                                                                                                                                                                                                    |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |     |                         |  |  |     |     |           |  |  |     |     |                     |  |  |     |     |                          |  |  |     |     |                 |  |  |     |     |                                |  |  |     |     |                         |  |  |     |     |           |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |                                |  |  |     |     |                        |  |  |     |     |           |  |  |     |     |                               |  |  |     |     |                |  |  |     |     |                               |  |  |     |     |                               |  |  |
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Sand w/Clay Streaks       |              |            |           |        |          |            |           |          |          |            |           |          |          |            |           |          |          |            |           |          |          |           |      |    |                    |            |            |                    |            |            |                    |                          |            |                                                                                                                                                                                                                                                                                                                                                                                                    |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |     |                         |  |  |     |     |           |  |  |     |     |                     |  |  |     |     |                          |  |  |     |     |                 |  |  |     |     |                                |  |  |     |     |                         |  |  |     |     |           |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |                                |  |  |     |     |                        |  |  |     |     |           |  |  |     |     |                               |  |  |     |     |                |  |  |     |     |                               |  |  |     |     |                               |  |  |
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Clay                      |              |            |           |        |          |            |           |          |          |            |           |          |          |            |           |          |          |            |           |          |          |           |      |    |                    |            |            |                    |            |            |                    |                          |            |                                                                                                                                                                                                                                                                                                                                                                                                    |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |     |                         |  |  |     |     |           |  |  |     |     |                     |  |  |     |     |                          |  |  |     |     |                 |  |  |     |     |                                |  |  |     |     |                         |  |  |     |     |           |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |                                |  |  |     |     |                        |  |  |     |     |           |  |  |     |     |                               |  |  |     |     |                |  |  |     |     |                               |  |  |     |     |                               |  |  |
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Sand-Crae. w/small Gravel |                                |              |            |           |        |          |            |           |          |          |            |           |          |          |            |           |          |          |            |           |          |          |           |      |    |                    |            |            |                    |            |            |                    |                          |            |                                                                                                                                                                                                                                                                                                                                                                                                    |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |     |                         |  |  |     |     |           |  |  |     |     |                     |  |  |     |     |                          |  |  |     |     |                 |  |  |     |     |                                |  |  |     |     |                         |  |  |     |     |           |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |                                |  |  |     |     |                        |  |  |     |     |           |  |  |     |     |                               |  |  |     |     |                |  |  |     |     |                               |  |  |     |     |                               |  |  |
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Sand-Fine to Med.         |                                |              |            |           |        |          |            |           |          |          |            |           |          |          |            |           |          |          |            |           |          |          |           |      |    |                    |            |            |                    |            |            |                    |                          |            |                                                                                                                                                                                                                                                                                                                                                                                                    |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |     |                         |  |  |     |     |           |  |  |     |     |                     |  |  |     |     |                          |  |  |     |     |                 |  |  |     |     |                                |  |  |     |     |                         |  |  |     |     |           |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |                                |  |  |     |     |                        |  |  |     |     |           |  |  |     |     |                               |  |  |     |     |                |  |  |     |     |                               |  |  |     |     |                               |  |  |
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Clay                      |                                |              |            |           |        |          |            |           |          |          |            |           |          |          |            |           |          |          |            |           |          |          |           |      |    |                    |            |            |                    |            |            |                    |                          |            |                                                                                                                                                                                                                                                                                                                                                                                                    |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |     |                         |  |  |     |     |           |  |  |     |     |                     |  |  |     |     |                          |  |  |     |     |                 |  |  |     |     |                                |  |  |     |     |                         |  |  |     |     |           |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |                                |  |  |     |     |                        |  |  |     |     |           |  |  |     |     |                               |  |  |     |     |                |  |  |     |     |                               |  |  |     |     |                               |  |  |
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| <b>4. METHOD DRILLED</b><br><br><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input checked="" type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>10.</b><br><br>Work started <u>6-2-80</u> finished <u>6-21-80</u>                                                                                                                                                                                                                              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|                               |  |  |
| <b>5. WELL CONSTRUCTION</b><br><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>312 inches</td> <td>16 inches</td> <td>2 feet</td> <td>160 feet</td> </tr> <tr> <td>365 inches</td> <td>10 inches</td> <td>160 feet</td> <td>208 feet</td> </tr> <tr> <td>365 inches</td> <td>10 inches</td> <td>228 feet</td> <td>248 feet</td> </tr> <tr> <td>365 inches</td> <td>10 inches</td> <td>268 feet</td> <td>288 feet</td> </tr> <tr> <td>365 inches</td> <td>10 inches</td> <td>308 feet</td> <td>318 feet</td> </tr> </tbody> </table> Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Manufacturer's name <u>Johnson</u><br>Type <u>304</u> Model No. _____<br>Diameter <u>10</u> Slot size <u>40</u> Set from <u>208</u> feet to <u>228</u> feet<br>Diameter <u>10</u> Slot size <u>40</u> Set from <u>288</u> feet to <u>308</u> feet<br>Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size of gravel <u>#8 Sand</u><br>Placed from <u>75</u> feet to <u>328</u> feet<br>Surface seal depth <u>75'</u> Material used in seal: <input checked="" type="checkbox"/> Cement grout<br><input type="checkbox"/> Puddling clay <input type="checkbox"/> Well cuttings<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br><input type="checkbox"/> Cemented between strata<br>Describe access port <u>To be determined</u> | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Diameter                       | From                           | To           | 312 inches | 16 inches | 2 feet | 160 feet | 365 inches | 10 inches | 160 feet | 208 feet | 365 inches | 10 inches | 228 feet | 248 feet | 365 inches | 10 inches | 268 feet | 288 feet | 365 inches | 10 inches | 308 feet | 318 feet | Number    | From | To | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet               | _____ feet | <b>11. DRILLERS CERTIFICATION</b><br><br>I/We certify that all minimum well construction standards were<br>complied with at the time the rig was removed.<br>Firm Name <u>Pete Cope Drilling Co., Inc.</u> Firm No. <u>213</u><br><u>P.O. Box 561</u><br>Address <u>Meridian, ID 83642</u> Date <u>6-24-80</u><br>Signed by (Firm Official) <u>Pete Cope</u><br>and<br>(Operator) <u>Joe Jones</u> |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |     |                         |  |  |     |     |           |  |  |     |     |                     |  |  |     |     |                          |  |  |     |     |                 |  |  |     |     |                                |  |  |     |     |                         |  |  |     |     |           |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |                                |  |  |     |     |                        |  |  |     |     |           |  |  |     |     |                               |  |  |     |     |                |  |  |     |     |                               |  |  |     |     |                               |  |  |
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 |     |                               |  |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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 |     |                               |  |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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 |     |                               |  |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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 |     |                               |  |  |
| <b>6. LOCATION OF WELL</b><br><br>Sketch map location must agree with written location.<br><div style="text-align: center;">  </div> Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>Ada</u><br><u>SW 1/4 NW 1/4 Sec. 9, T. 4N, R. 1E S.W.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>10.</b><br><br>Work started <u>6-2-80</u> finished <u>6-21-80</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

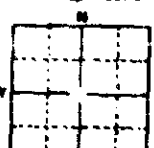
USE TYPEWRITER -  
BALL POINT PEN

State of Idaho  
Department of Water Administration

## WELL DRILLER'S REPORT

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

*File 39-26  
Pa. 8-24*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1. WELL OWNER</b><br>Name: <u>Robert De Shazo</u><br>Address: <u>Eagle, Idaho</u><br>Owner's phone: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>7. WATER LEVEL</b><br>Surface water: <u>39</u> feet below land surface<br>Flowing: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No GPM flow: _____<br>Temperature: _____<br>Artificially raised in pressure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug |  |
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>8. WELL TEST DATA</b><br><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bail <input type="checkbox"/> Other<br>Discharge GPM: <u>465</u> Draw Down: <u>101</u> Hours Pumped: _____                                                                                                                                                                                                            |  |
| <b>3. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feed <input type="checkbox"/> Other (specify type): _____<br><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>9. LITHOLOGIC LOG</b><br>Hole Depth: _____<br>From: _____ To: _____ Material: _____ Water: _____<br>12 0 32 dirt<br>32 54 gravel<br>54 143 muddy sand<br>143 170 very sandy<br>170 181 muddy sand<br>181 203 clean sand<br>203 230 sand<br>230 242 sand<br><br>screen and 8" liner<br>pipe setting from<br>195 to 230                                                                                            |  |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>5. WELL CONSTRUCTION</b><br>Diameter of hole: <u>12</u> inches Total depth: <u>230</u> feet<br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete<br>Thickness: <u>0.250</u> inches Diameter: <u>12</u> inches From: <u>0</u> feet To: <u>167</u> feet<br>inches inches feet feet<br>inches inches feet feet<br>inches inches feet feet<br>inches inches feet feet<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation: _____ inches by _____ inches<br>Number: _____ From: _____ feet To: _____ feet<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>Johansen screen</u><br>Type: _____ Model No.: _____<br>Diameter: <u>12</u> Slot size: <u>20</u> Set from: <u>167</u> feet to <u>169</u> feet<br>Diameter: <u>11.8</u> Slot size: <u>12.5</u> Set from: <u>182</u> feet to <u>193</u> feet<br>Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size of gravel: <u>1/4" to 1/2"</u><br>Placed from: <u>160</u> feet to <u>193</u> feet<br>Surface seal depth: <u>50</u> Material used in seal: <input type="checkbox"/> Compact gravel<br><input type="checkbox"/> Pudding clay <input type="checkbox"/> Wet cuttings<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temporary surface casing<br><input type="checkbox"/> Overhaul to seal depth |  |                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Sub-division: <u>Eagle Ranch no 2</u><br>Lot No. <u>2</u> Block No. <u>2</u><br>County: <u>Ada</u><br>T. <u>9</u> S. <u>2</u> E. <u>1</u> R. <u>1</u> E. <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>10. WORK STARTED</b> <u>Nov 15</u> <u>1974</u><br><b>11. DRILLER'S CERTIFICATION</b><br>Form No. <u>65</u><br>Name: <u>Russell Caine</u><br>Address: <u>1514 Longmont</u><br>Signed by (Print Name): <u>Russell Caine</u><br>Operator: <u>Law Nailon</u>                                                                                                                                                         |  |

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

WRD417

## WATER RIGHTS PROOF READING REPORT

03/18/85

PAGE 35

WATER RIGHT NUMBER 63-9245

OWNER LAST NAME - EAGLE RANCH WATER CO. ✓

ADDRESS LINE 1 - P.O. BOX 455 ✓

ADDRESS LINE 3 -

SOURCE - GROUNDWATER ✓

STAGE - LICENSE ✓

TOTAL DIV. VOLUME -

DIVERSION POINT - SWNW 09 04N 01E LOT ✓

SENE 09 04N 01E LOT ✓

FROM - 01-01 TO - 12-31 USE - FIRE ✓

FROM - 01-01 TO - 12-31 USE - MUNICIPAL ✓

USE -

DECREE NAME -

REMARKS - P/U WITHIN CITY LIMITS OF EAGLE. ✓

2 P/D IN SWNW, S9, T4N, R1E. ✓

THIS RT. WHEN COMBINED WITH RTS. 63-7368 & 63-7618 SHALL NOT  
EXCEED 4.5 CFS. ✓

NON IRRIG USE -

OTHER RIGHTS FOR SAME USE - 63-7368 &amp; 63-7618

PROOF DUE - 07-01-1984 PERMIT/DENIED - 07-18-1979 PROTESTED -

PROOF MADE - FLD EXAM - COND. OF APPROVAL - ~~FLD~~

DIVERSION MEANS - WELLS &amp; PUMP

FIRST NAME - ORIG OWNER -

ADDRESS LINE 2 -

CITY - EAGLE ✓

STATE - ID ZIP CODE - 83616

TRIBUTARY OF -

PRIORITY - 06-08-1979 ✓

COUNTY - ADA ✓

TOTAL DIV. RATE - 3.5000 -CFS

STATUS -

TOTAL DIV. VOLUME - .00 AFA TRFR/AMEND -

DIVERSION POINT - SWNW 09 04N 01E LOT ✓

SENE 09 04N 01E LOT ✓

FROM - 01-01 TO - 12-31 USE - FIRE ✓

FROM - 01-01 TO - 12-31 USE - MUNICIPAL ✓

USE -

DECREE NAME -

REMARKS - P/U WITHIN CITY LIMITS OF EAGLE. ✓

2 P/D IN SWNW, S9, T4N, R1E. ✓

THIS RT. WHEN COMBINED WITH RTS. 63-7368 & 63-7618 SHALL NOT  
EXCEED 4.5 CFS. ✓

NON IRRIG USE -

OTHER RIGHTS FOR SAME USE - 63-7368 &amp; 63-7618

PROOF DUE - 07-01-1984 PERMIT/DENIED - 07-18-1979 PROTESTED -

PROOF MADE - FLD EXAM - COND. OF APPROVAL - ~~FLD~~

DIVERSION MEANS - WELLS &amp; PUMP

WATER DIST. -

DLE/CAREY ACT -

RIGHT BASIS -

0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0

0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0

USE DIV. RATE - 3.5000 CFS

USE DIV. RATE - 3.5000 CFS

PLACE OF USE - TWN

RNG

SEC

DATE -

TOTAL ACRES

0

HEARING -

OLD NO. -

JKN

3-27

June 9, 1982

RE: Permits Nos. 63-7368, 63-7618 and 63-9245

Eagle Ranch Water Co., Inc.  
P.O. Box 455  
Eagle, ID 83616

Gentlemen:

Enclosed herewith are copies of the Water Right Licenses issued on the above referenced permits.

Sincerely,

JIM JOHNSON  
Water Distribution Supervisor

JJ:kw  
Enclosures

RECEIVED

State of Idaho  
DEPARTMENT OF WATER RESOURCES  
FIELD REPORT

63-7368  
63-7618  
63-9245  
Permit No.

CONTACT WITH PERMIT HOLDER

|                                                                                          | DATE     | INITIALS | REMARKS                          |
|------------------------------------------------------------------------------------------|----------|----------|----------------------------------|
| <input type="checkbox"/> Appointment letter mailed:                                      |          |          |                                  |
| <input type="checkbox"/> Telephone call made:<br>(List Telephone No. used)               | 939-0242 |          |                                  |
| <input checked="" type="checkbox"/> Appointment scheduled for:<br>(Date, time, location) | 2/29/81  | LWB      | SOL YOUNG @ HIS OFFICE @ 2:00 pm |

EXAMINATION

Date 2/29/81 Accompanied by SOL YOUNG & JIM GROVE Total Q measured 4.5 cfs  
If source is surface water, estimate total flow of source N/A  
Methods of measurement FLOWMETERS Meets Permit requirements? Yes

Measurement calculations:  $Q_1 = 1100 \text{ gpm} (.002228) = 2.45 \text{ cfs}$   
 $Q_2 = 600 \text{ gpm} (.002228) = 1.34 \text{ cfs}$   
 $Q_3 = 300 \text{ gpm} (.002228) = 0.67 \text{ cfs}$   
4.46 cfs 4.5 cfs  
V = NOT APPLICABLE Allow 3.5 cfs as per permit

| WELL/DIVERSION* NO. | HP | MOTOR MAKE  | MOTOR SERIAL NO. | PUMP MAKE | PUMP SERIAL NO. | MEASURING DEVICE TYPE   | CONDITION OF MEAS. DEV. | REMARKS  |
|---------------------|----|-------------|------------------|-----------|-----------------|-------------------------|-------------------------|----------|
| #1                  | 50 | BEARLEY     | SUBMERSIBLE      |           |                 | 80-6-750<br>McGraw-Hill | EXC/22psi               | 1100 gpm |
| #2                  | 20 |             | SUBMERSIBLE      |           |                 | 78-6-690<br>McGraw-Hill | EXC/58psi               | 600 gpm  |
| #3                  | 60 | U.S. MOTORS |                  |           |                 | 7552208<br>DAPAC        | GOOD/65psi              | 300 gpm  |

System Description (#1) CAPABLE OF 1500-2000 gpm, MEASURED 1100 gpm. TWO 1000  
gal STORAGE PRESSURE TANKS. (#2) NORMALLY PUMPS 500-600 gpm TO 100,000 gal  
RESERVOIR. THREE BOOSTER PUMPS (2-25 hp + 1-10 hp). (#3) 300 gpm TO

\*Code with map on reverse side. Disregard code if only one.

RECOMMENDED AMOUNTS

Irrigation requirement = AFA/Acre

| USE        | Q (cfs) | V (afa) | FROM | TO    |
|------------|---------|---------|------|-------|
| MUNICIPAL  | 3.5 ✓   | N/A     | 1/1  | 12/31 |
| FIRE PROT. | 3.5 ✓   | N/A     | 1/1  | 12/31 |
|            |         |         |      |       |
|            |         |         |      |       |
|            |         |         |      |       |
|            |         |         |      |       |
| Total      | 3.5     | N/A     | 1/1  | 12/31 |

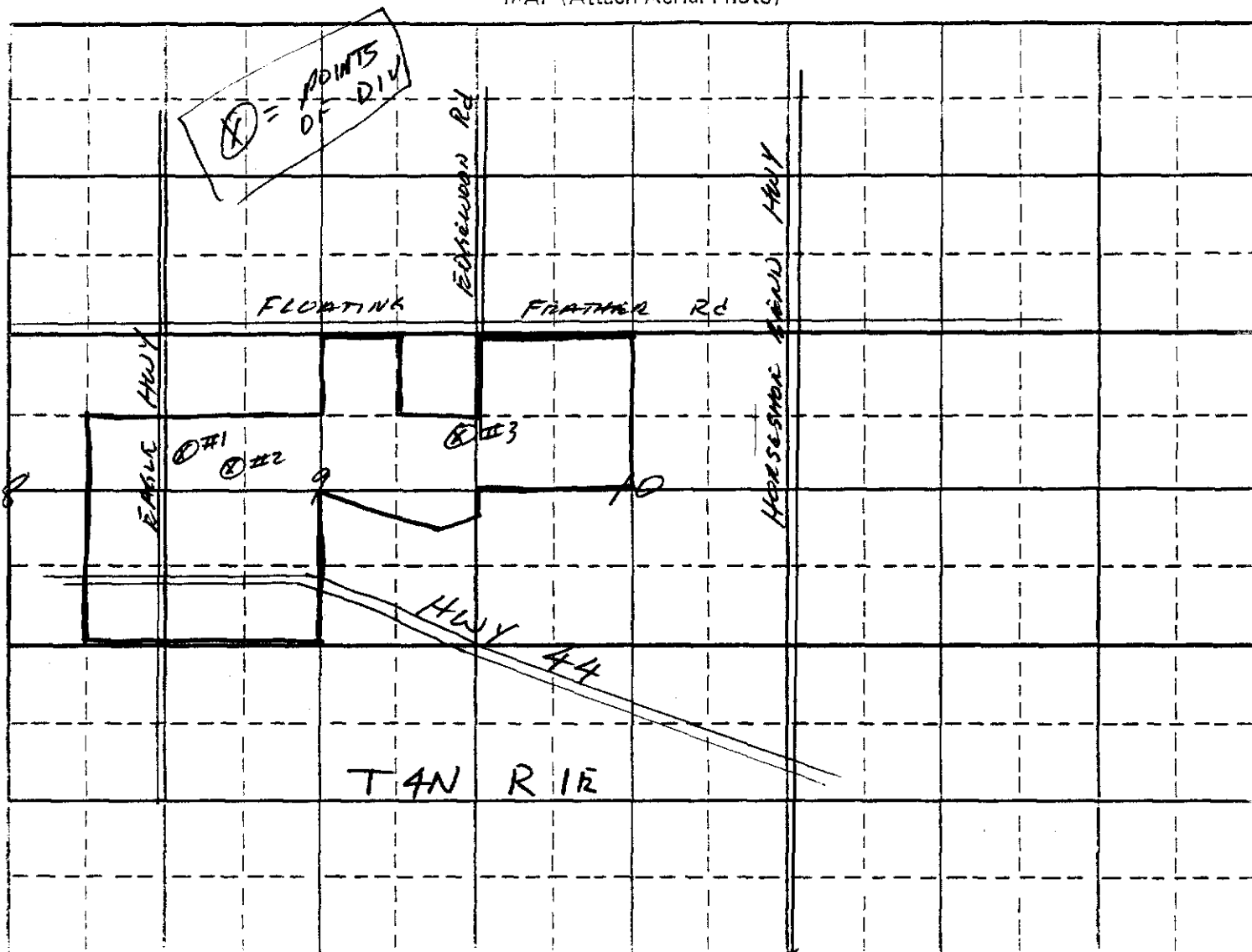
Remarks 4000 gal STORAGE TANK. 1100 gpm OBSERVED ON FLOWMETER - &  
TURBULENCE CAUSED BY IMPROPER LOCATION OF FLOWMETER.

P/U: SUBDIVISIONS OF EAGLE CITY

RECOMMENDED CONDITION ON LICENSE: THIS RIGHT WHEN  
 COMBINED WITH RIGHTS 63-7368 AND 63-7618 SHALL  
 PROVIDE NO MORE THAN 4.5 cfs.

MICROFILMED

MAP (Attach Aerial Photo)



# SCHEMATIC DIAGRAM OF SYSTEM

(Include distance from pump to measuring device, if applicable.)

SIX INCH LINES FROM PUMPS TO EIGHT INCH SUBDIVISON AND MUNICIPAL LINES.

Point(s) of diversion: 2 POINTS SW 1/4 NW 1/4, Sec 9, T4N, R1E  
1 POINT SE 1/4 NE 1/4 Sec 9, T4N, R1E

Place(s) of Use MUNICIPALITY OF EAGLE, IDAHO

| 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 |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

Recorded Amendments:

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

Examiner's Signature Charles W. By - fu

Checked by DBS

Approved by

Date 2/5/81

Date 5/11/81

Date 5/12/82

# Overlap Review for 63-7618, 63-9245 & 63-7368

RD Right 11-15-1970

63-7368 GW

Domestic & Fire

or 350 units

2.0 cfs

P/D 2pts SWNW Sec 9

1pt SENE Sec 9

P/U see attached draft  
license copy

RD Right 6-14-1972

63-7618 GW

Domestic for 70 units

1.4 cfs

P/D 2pts SWNW Sec 9

P/U see attached draft  
license copy

RD Right 6-8-1979

63-9245 GW

Municipal & fire

within Eagle

3.5 cfs

P/D 2pts SWNW Sec. 9

1pt SENE Sec. 9

P/U see attached draft  
license copy

## Conclusion

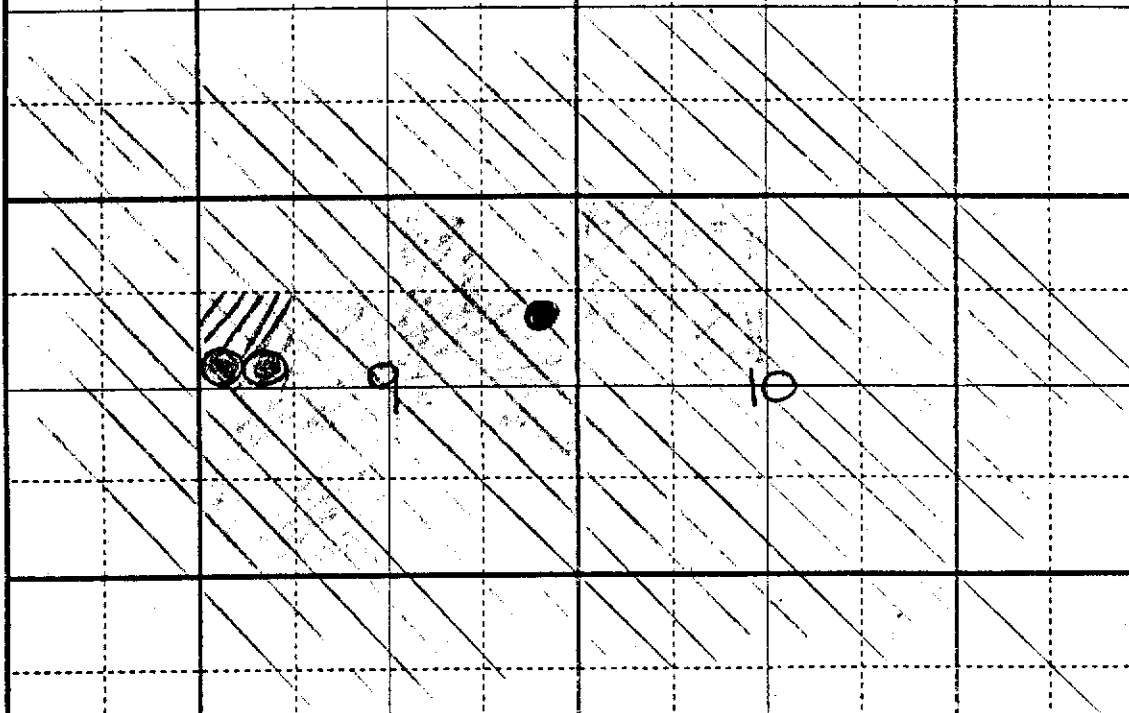
In a discussion with Jim Johnson, Charlie Bryan & myself it was concluded that there is no overlap with units in Place of V. Original filing were not connected until ~~an~~ assignments & amendments were approved later which interconnected the systems. RC 5/12/82

NAME OF APPLICANT

Eagle Ranch Water Co.

RC 5/12  
82  
Form 45

# OVERLAP MAP



63-7368

63-7612

63-9245

MICROFILMED

SCALE: 2 Inches Equal 1 Mile. Draw Plan In Ink.

10 Day

State of Idaho

Department of Water Resources

ROUGH DRAFT

ROUGH DRAFT

WATER RIGHT LICENSE

(Late Proof)

License of Water Right No. 63-7368 Priority 11-15-1970 Amount 2.0 cfs

THIS IS TO CERTIFY, that Eagle Ranch Water Co., Inc.  
of Eagle, ID, has complied with the terms and conditions of Permit  
No. 63-7368 issued pursuant to Application for Permit dated 9-15-1970,  
and has submitted proof to the Department of Water Resources on 11-20-1979

that he has applied water to a beneficial use; an examination by the Department indicates that the works have a  
capacity for the diversion of 4.5 cfs of water from A Groundwater Source  
tributary to \_\_\_\_\_, and that the permit holder has applied to a beneficial use and  
established a right to use water as follows:

| Beneficial Use                                                                          | Period of Use | Rate of Diversion | Annual Volume |
|-----------------------------------------------------------------------------------------|---------------|-------------------|---------------|
| <u>Domestic</u> from <u>1/1</u> to <u>12/31</u> at <u>2.0 cfs</u> and <u>420.0 AF</u>   |               |                   |               |
| <u>(350 UNITS)</u>                                                                      |               |                   |               |
| <u>Fire Protection</u> from <u>1/1</u> to <u>12/31</u> at <u>2.0 cfs</u> and <u>N/A</u> |               |                   |               |
| _____ from _____ to _____ at _____ cfs and _____                                        |               |                   |               |

(both dates inclusive)

Subject, however, to the condition that no more than 2.0 cfs of water be diverted at any one time, and  
that the amount of water so diverted and to which such right is entitled and confirmed for the purpose  
aforementioned and is limited to the amount which can actually be beneficially used and shall not exceed  
420.0 acre feet per year, said waters to be diverted within the (2 pts) SWNW, (1 pt) SENE  
Sec 9 T4N R1E in the County of Ada

Description and location of place of use:

| Twp. | Range | Sec. | NEW |     |     |     | NW¼ |     |     |     | SW¼ |     |     |     | SE¼ |     |     |     | Totals |
|------|-------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
|      |       |      | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ |        |
| 4N   | 1E    | 9    | X   | X   | X   | X   |     |     | X   | X   | X   | X   | X   | X   |     |     |     |     |        |
|      |       | 10   | X   | X   | X   | X   |     |     | X   | X   | X   | X   | X   | X   |     |     |     |     |        |
|      |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |

Total number of acres irrigated \_\_\_\_\_

R17( 63-7618 & 63-9245, 4.5 cfs)

NOTE: Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho Law. This right may be forfeited by five years of non-use.

The right to the use of the water hereby confirmed is restricted and appurtenant to the lands or place of use  
described, as provided by the laws of Idaho.

Witness the seal and signature of the Director, affixed at Boise, Idaho, this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

ROUGH DRAFT

Director

MICROFILMED

**ROUGH DRAFT**

Department of Water Resources

**ROUGH DRAFT**

WATER RIGHT LICENSE

License of Water Right No. 63-7618 Priority 10-25-1972 Amount 1.4 cfs

THIS IS TO CERTIFY, that Eagle Ranch Water Co.  
of Eagle, ID, has complied with the terms and conditions of Permit  
No. 63-7618 issued pursuant to Application for Permit dated 6-14-1972,  
and has submitted proof to the Department of Water Resources on 12-12-1977,  
that he has applied water to a beneficial use; an examination by the Department indicates that the works have a  
capacity for the diversion of 3.8 cfs of water from A Groundwater Source  
tributary to \_\_\_\_\_, and that the permit holder has applied to a beneficial use and  
established a right to use water as follows:

| Beneficial Use    | Period of Use                    | Rate of Diversion | Annual Volume  |
|-------------------|----------------------------------|-------------------|----------------|
| <u>Domestic</u>   | <u>1/1/78</u> to <u>12/31/78</u> | <u>1.4 cfs</u>    | <u>84.0 AF</u> |
| <u>(70 UNITS)</u> | from _____ to _____              | _____ cfs         | _____          |
|                   | from _____ to _____              | _____ cfs         | _____          |

Subject, however, to the condition that no more than 1.4 cfs of water be diverted at any one time, and  
that the amount of water so diverted and to which such right is entitled and confirmed is for the purpose  
aforementioned and is limited to the amount which can actually be beneficially used and shall not exceed  
84.0 acre feet per year, said waters to be diverted within the (2013) SWNW  
Sec. 9 T4N R1E in the County of Ada

Description and location of place of use:

| Twp.      | Range     | Section  | NE 1/4 |        |        |        | NW 1/4 |        |        |        | SW 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 |        |
| <u>4N</u> | <u>1E</u> | <u>9</u> |        |        |        |        |        |        |        |        |        |        |        |        |        |
|           |           |          |        |        |        |        |        |        |        |        |        |        |        |        |        |
|           |           |          |        |        |        |        |        |        |        |        |        |        |        |        |        |
|           |           |          |        |        |        |        |        |        |        |        |        |        |        |        |        |
|           |           |          |        |        |        |        |        |        |        |        |        |        |        |        |        |
|           |           |          |        |        |        |        |        |        |        |        |        |        |        |        |        |
|           |           |          |        |        |        |        |        |        |        |        |        |        |        |        |        |

R17 (63-7368 & 63-9245, 4.5 cfs) Total number of acres irrigated \_\_\_\_\_

NOTE: Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho Law. This right may be forfeited by five years of non-use.

The right to the use of the water hereby confirmed is restricted and appurtenant to the lands or place of use herein described, as provided by the laws of Idaho.

In witness the seal and signature of the Director, affixed at Boise, Idaho, this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

**ROUGH DRAFT**

Director

MICROFILMED

# DEPARTMENT OF WATER RESOURCES

The Idaho Department of Water Resources will consider this card as a statement that the permit holder(s) has completed development to the extent shown below of Permit No. 63-9245.

Name(s) of Permit Holder: EAGLE RANCH WATER CO.

Post Office Address: P.O. Box 455, Eagle, ID 83616

Tel. No. 939-0242

Source of Water: GROUNDWATER

Extent of Use:

|                                           |                               |
|-------------------------------------------|-------------------------------|
| <input type="checkbox"/> Domestic         | (number of households)        |
| <input type="checkbox"/> Stockwater       | (number and type of stock)    |
| <input type="checkbox"/> Irrigation       | (acres)                       |
| <input checked="" type="checkbox"/> Other | <u>Municipal / Fire Prot.</u> |

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

Access Point: Required? ☐ Yes ☐ No Installed? ☐ Yes ☐ No

The above information is a true statement of the extent to which the above numbered permit has been developed.

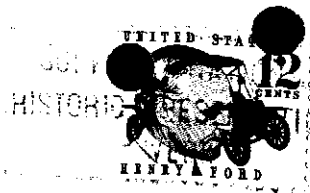
9/22/81  
Date

Emily DeShane  
Signature of Permit Holder

Eagle Ranch Water

P.O. Box 455

Eagle, ID 83616



RECEIVED

SEP 23 1981



MICROFILMED

Department of Water Resources  
IDAHO DEPARTMENT OF WATER RESOURCES  
STATEHOUSE  
BOISE, IDAHO 83720

*STATE OF IDAHO*  
*DEPARTMENT OF WATER RESOURCES*  
Statehouse  
Boise, Idaho 83720

Eagle Ranch Water Co.  
P.O. Box 455  
Eagle, ID 83616

RECEIVED

WRD417

## WATER RIGHTS PROOF READING REPORT

06/15/83

PAGE 1

WATER RIGHT NUMBER 63-9245

OWNER LAST NAME - EAGLE RANCH WATER CO.

FIRST NAME -

ORIG OWNER -

ADDRESS LINE 1 - P.O. BOX 455

ADDRESS LINE 2 -

ADDRESS LINE 3 -

CITY - EAGLE

STATE - ID ZIP CODE - 83616

SOURCE - GROUNDWATER

TRIBUTARY OF -

STAGE - PERMIT

STATUS -

PRIORITY - 06-08-1979 COUNTY - ADA

TOTAL DIV. RATE - 3.5000 -CFS

TOTAL DIV. VOLUME -

.00 AFA TRFR/AMEND -

WATER DIST. -

DLE/CAREY ACT -

RIGHT BASIS -

DIVERSION POINT - SWNW 09 04N 01E LOT

REDIV -

0.0

0.0

0.0

0.0

0.0

0.0

0.0

0.0

0.0

0.0

SENE 09 04N 01E LOT

REDIV -

0.0

0.0

0.0

0.0

0.0

0.0

0.0

0.0

0.0

0.0

FROM - 01-01 TO - 12-31 USE - FIRE

PROTECTION

USE DIV. RATE -

3.5000 CFS

USE DIV. VOLUME -

.00 AFA

FROM - 01-01 TO - 12-31 USE - MUNICIPAL

USE DIV. RATE -

3.5000 CFS

USE DIV. VOLUME -

.00 AFA

USE - MUNICIPAL

PLACE OF USE - TWN 04N RNG 01E SEC 10

TRACT NENW LOT

AC

TRACT NWNW LOT

AC

TRACT SWNW LOT

AC

TRACT SENW LOT

AC

USE - MUNICIPAL

PLACE OF USE - TWN 04N RNG 01E SEC 09

TRACT SWNW LOT

AC

TRACT SENW LOT

AC

TRACT NWNE LOT

AC

TRACT SWNE LOT

AC

TRACT SENE LOT

AC

TRACT NESE LOT

AC

TRACT NWSE LOT

AC

TRACT NESW LOT

AC

USE - MUNICIPAL

PLACE OF USE - TWN 04N RNG 01E SEC 08

TRACT SENE LOT

AC

TRACT NESE LOT

AC

TRACT SESE LOT

AC

DATE -

TOTAL ACRES

0

DECREE NAME - *p/u within city limits of Eagle*REMARKS - *POU - SUB-DIVISION IN EAGLE CITY See Lic. 2 p/d in*X *NON IRRIG USE - MUNICIPAL USE FOR 1500 FAMILIES*

OTHER RIGHTS FOR SAME USE - 63-7368 &amp; 63-7618

PROOF DUE - 07-01-1984 PERMIT/DENIED - 07-18-1979 PROTESTED -

PROOF MADE - FLD EXAM - COND. OF APPROVAL - 04 01C

DIVERSION MEANS - WELLS &amp; PUMP

HEARING -

OLD NO. -

IDENT. NO.

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

[illegible]



State of Idaho

## DEPARTMENT OF WATER RESOURCES

STATE OFFICE, 373 W. Franklin Street, Boise, Idaho

JOHN V. EVANS

Governor

C. STEPHEN ALLRED

Director

Mailing address:

Statehouse

Boise, Idaho 83720

(208) 384-2215

7/19/79

Enclosed is a copy of your approved Application for Permit. We direct your attention to the conditions of approval on the fourth page.

The exercise of this permit may also be affected by the court's determination of water rights in the case of Idaho Power Company v. State of Idaho, et al., Civil No. 62237, currently pending before the District Court of Ada County.

Idaho Power officials tell us that because of Case No. U-1006-124 filed before the Idaho Public Utilities Commission, Idaho Power Company is asking the District Court of Ada County to determine whether the Power Company's water rights on the Snake River are protected against subsequent upstream appropriations in the waters of the Snake River and surface and subterranean tributaries between Milner Dam and Hells Canyon.

Since the use of water under your permit may affect the flows in this reach of the Snake River, the final decision in Idaho Power Company v. State of Idaho, et al. (Ada County Civil No. 62237) may determine to what extent the exercise of your permit may be subject to the water rights of Idaho Power.

While the Ada County court is examining this question, Idaho Power Company has not filed a specific protest to your permit. However, the Department of Water Resources has been advised that the Power Company is not waiving any of its rights to contest or limit the exercise of your permit or a subsequent license or water right.

If you have any questions, please let us know.

Sincerely,

*David R. Tuthill Jr.*

DAVID R. TUTHILL, JR.

Supervisor, Water Allocations Section

DRT:lr

Enclosure

**MICROFILMED**



State of Idaho

## DEPARTMENT OF WATER RESOURCES

STATE OFFICE, 373 W. Franklin Street, Boise, Idaho

JOHN V. EVANS  
Governor

C. STEPHEN ALLRED  
Director

July 19, 1979

Mailing address:  
Statehouse  
Boise, Idaho 83720  
(208) 384-2215

Eagle Ranch Water Co.  
P.O. Box 455  
Eagle, ID 83616

Gentlemen:

RE: Permit No. 63-9245

Enclosed is a copy of your approved Application for Permit. We direct your attention to the conditions of approval on the fourth page.

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If you have any questions, please let us know.

Sincerely,

*David R. Tuthill Jr.*

DAVID R. TUTHILL, JR.  
Supervisor, Water Allocations Section

DRT:lr

Enclosure

State of Idaho  
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: Robert Hamilton

APPLICATION NUMBER: 63-9245

CHECK:

- ☒ Source.  
☒ Points of diversion.  
☒ County.  
☒ Description of diverting works.  
☒ Time required for beneficial use of water.  
☒ Place of use or acres irrigated.  
☒ Map.  
☒ Signature.  
☒ Fee.  
☐ 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.

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

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

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

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

SEND COPIES TO:

- ☒ Idaho State Health Department. Copies sent by: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Idaho Fish and Game Department. \_\_\_\_\_  
☐ Idaho Department of Lands. \_\_\_\_\_  
☐ U.S. Bureau of Land Management. \_\_\_\_\_  
☐ U.S. Forest Service. \_\_\_\_\_  
☐ Other \_\_\_\_\_

PROCESSING:

- ☐ Yes ☐ No Platted by: \_\_\_\_\_ Map No. \_\_\_\_\_  
☒ Yes ☐ No Other rights on same place of use. 63-7368, 63-7618 - no overlap  
☐ Yes ☐ No\* In form for advertising. conflict  
☐ Yes ☐ No\* Final date for protests: 7/9/79  
☒ Yes ☒ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 6/29/79  
☒ Application published correctly. If not, record action taken: \_\_\_\_\_  
☒ Fee amount, receipt date & number, recorded on application.  
☐ Publication dates and paper, recorded on application.  
☒ 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? \_\_\_\_\_  
☒ 8 June 79 Date of priority recommended.  
Special conditions of approval or cover letter. \_\_\_\_\_

By: W. Smith Date: 13 July 79

STATE OFFICE REVIEW:

04, OIC, I.P. letter

- ☐ See attached sheet for more information.

By: Jim Date: 7/18/79

RECEIVED  
JUL 17 1979

Department of Water Resources

63-9245-

EAGLE RANCH WATER CO.

P.O. BOX 455, EAGLE, ID 83616

Source: GROUNDWATER

Date Filed: 06/08/1979

Amount: 3.50 CFS

Diversion Point: SWNW SENE Sec 09 T 04N R 01E, ADA Co.

Use: FIRE PROTECTION (3.50 CFS) from 01/01 to 12/31  
MUNICIPAL (3.50 CFS) from 01/01 to 12/31

Place of Use: SENE NESE SESE Sec 08 T 04N R 01E SWNW SENW NWNE SWNE SENE NESE  
NWSE NESW NWSW SWSW SESW Sec 09 T 04N R 01E NENW NWNW SWNW SENW  
Sec 10 T 04N R 01E

Diversion Means: WELLS & PUMP

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