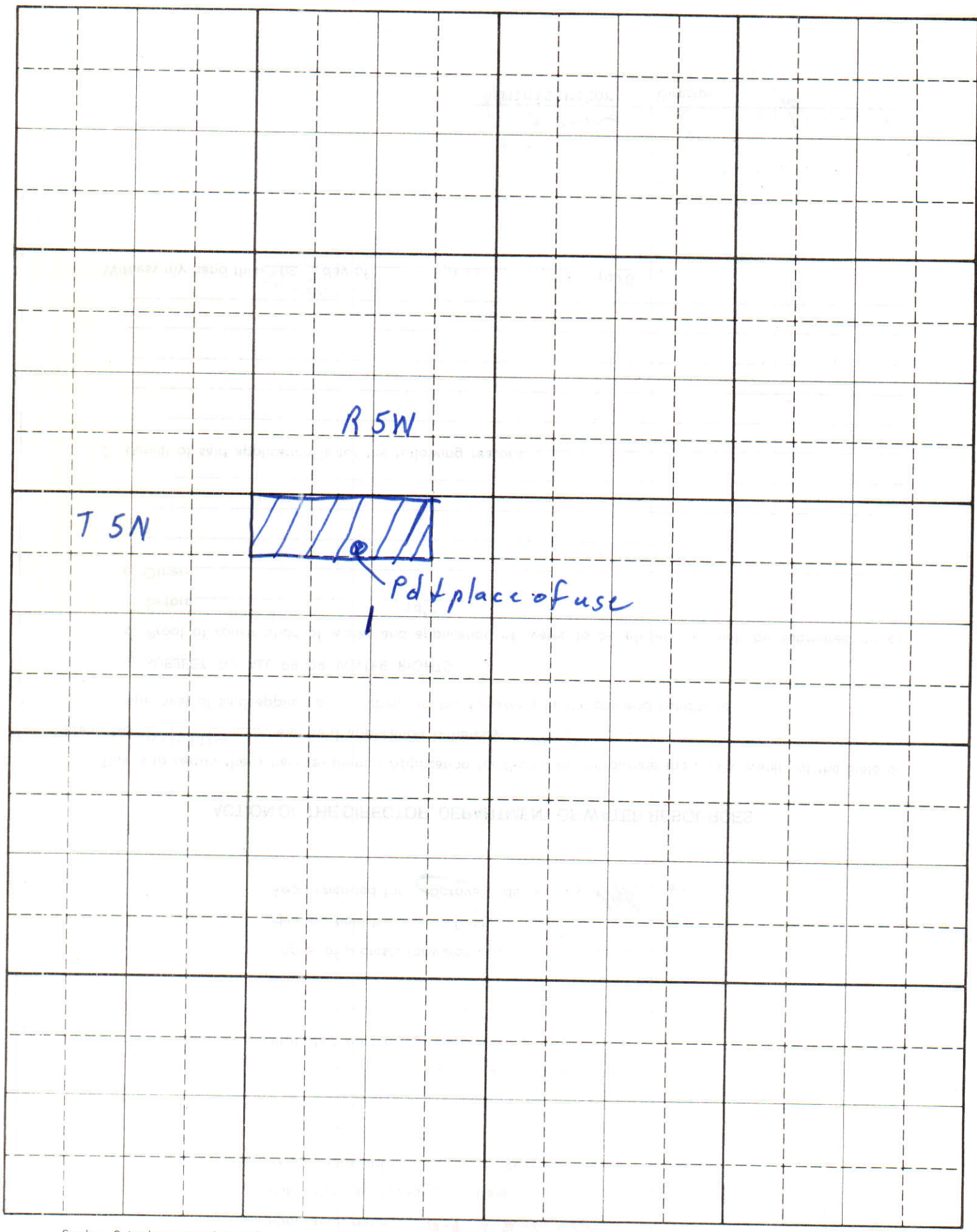


11. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



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.

L. W. Rogers  
(Applicant)

AFFIDAVIT OF PUBLICATION

STATE OF IDAHO, )  
 ) ss.  
County of Canyon. )

RECEIVED  
FEB 17 1978

Department of Water Resources  
Western Regional Office

Verla Harker  
of Nampa, Canyon County, Idaho, being first duly  
sworn, deposes and says:

NOTICE OF APPLICATION  
FOR WATER PERMIT

Notice is hereby given that L.W. &/or Barbara Ragains Rt. 1 Parma, ID has on 1-30-78 submitted Application No. 63-9110 for a permit to appropriate 0.20 cubic feet per second of water from a groundwater source by means of pump and well within the NE 1/4 NW 1/4 Sec 1 T5N R5W E.M. County of Canyon to be used from Jan. 1 to Dec. 31 for stockwater purposes within the N 1/2 NW 1/4, NW 1/4 NE 1/4 Sec 1 T5N R5W.

If issued, this permit will be subject to all prior water rights. Protests against the granting of the permit must be filed with the Director of the Idaho Department of Water Resources, 92 South Cole Road, Boise, Idaho 83705 on or before February 27, 1978.

C. STEPHEN ALLRED  
Director  
February 9, 16, 1978

1. That I am a citizen of the United States of America, and at all times hereinafter mentioned was over the age of twenty-one years, and not a party to the above entitled action.

Idaho Free Press &

2. That I am the Principle Clerk of the News-Tribune, a daily, (except Sunday) newspaper published in the City of Nampa-Caldwell, in the County of Canyon, State of Idaho; that the said newspaper is in general circulation in the said County of Canyon, and in the vicinity of Nampa-Caldwell, and has been uninterruptedly published in said County during a period of seventy-eight consecutive weeks prior to the first publication of the notice, a copy of which is hereto attached.

3. That the notice, of which the annexed is a printed copy, was published in said newspaper

Two Times

in the regular and entire issue of said paper, and was printed in the newspaper proper, and not in a supplement.

4. That said notice was published the following dates:

February 9, 16, 1978

Verla Harker

Subscribed and sworn to before me this \_\_\_\_\_

16th day of February, 1978.

Janne Lusk  
Notary Public, Residing at Nampa, Idaho

MY COMMISSION EXPIRES  
JULY 12th, 1981

OK-18  
2-17-78  
JH

MICROFILMED

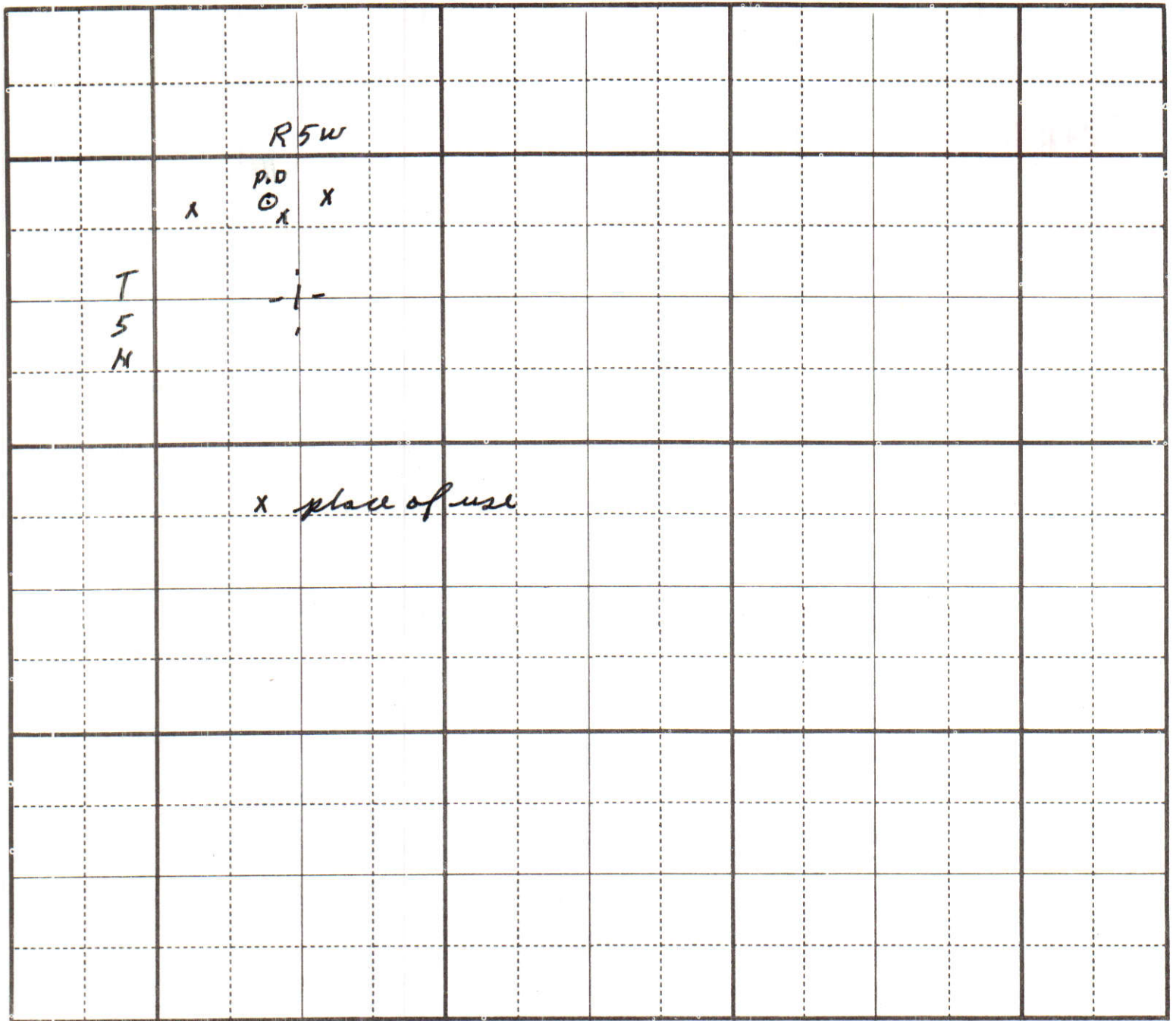
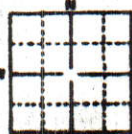


Diagram of System

USE TYPEWRITER OR  
BALL-POINT PEN

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

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

| <b>1. WELL OWNER</b><br>Name <u>Larry Ragains</u><br>Address <u>Route 1, Parma, Idaho 83660</u><br>Owner's permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       | <b>7. WATER LEVEL</b><br>Static water level <u>22'</u> feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____<br>Temperature _____ F. Quality _____<br>Artesian closed-in 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 type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other _____<br>Discharge (G.P.M.) _____ Draw Down _____ Hours Pumped _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |               |                  |  |          |                  |      |    |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                 |  |  |     |     |           |  |  |     |     |                            |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                  |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |
| <b>3. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <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> <table border="1"><thead><tr><th rowspan="2">Hole<br/>Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th rowspan="2">Water<br/>Yes, No</th></tr><tr><th>From</th><th>To</th></tr></thead><tbody><tr><td>28</td><td>0</td><td>15</td><td>Top Soil, Hard-pan, Clay</td><td></td></tr><tr><td></td><td>15</td><td>21</td><td>Sandy Clay</td><td></td></tr><tr><td></td><td>21</td><td>25</td><td>Sand, Gravel</td><td></td></tr><tr><td></td><td>25</td><td>36</td><td>Brn. Clay</td><td></td></tr><tr><td></td><td>36</td><td>43</td><td>Brn. Sand w/Clay streaks</td><td></td></tr><tr><td></td><td>43</td><td>85</td><td>Brn. Sand</td><td></td></tr><tr><td></td><td>85</td><td>90</td><td>Gray Sand w/Clay streaks</td><td></td></tr><tr><td></td><td>90</td><td>93</td><td>Cemented Sand</td><td></td></tr><tr><td></td><td>93</td><td>151</td><td>Gray Sand w/traces of Peagravel</td><td></td></tr><tr><td></td><td>151</td><td>154</td><td>Gray Clay</td><td></td></tr><tr><td></td><td>154</td><td>178</td><td>Gray Sand w/some Peagravel</td><td></td></tr><tr><td></td><td>178</td><td>182</td><td>Brn. Sand w/Clay streaks</td><td></td></tr><tr><td></td><td>182</td><td>190</td><td>Gray Sand</td><td></td></tr><tr><td></td><td>190</td><td>192</td><td>Brn. Clay</td><td></td></tr><tr><td></td><td>192</td><td>230</td><td>Gray Sand w/traces of Gravel</td><td></td></tr><tr><td></td><td>230</td><td>232</td><td>Brn. Clay</td><td></td></tr><tr><td></td><td>232</td><td>251</td><td>Blue Clay</td><td></td></tr><tr><td></td><td>251</td><td>275</td><td>Blue Sand</td><td></td></tr><tr><td></td><td>275</td><td>282</td><td>Blue Clay</td><td></td></tr><tr><td></td><td>282</td><td>295</td><td>Blue &amp; Gray Sand</td><td></td></tr><tr><td></td><td>295</td><td>298</td><td>Blue Clay w/Sand streaks</td><td></td></tr><tr><td></td><td>298</td><td>320</td><td>White Sand w/traces of Peagravel</td><td></td></tr><tr><td></td><td>320</td><td>322</td><td>Blue Sand</td><td></td></tr><tr><td></td><td>322</td><td>330</td><td>Blue &amp; Brn. Clay</td><td></td></tr><tr><td></td><td>330</td><td>334</td><td>Brn. Shale w/Sand streaks</td><td></td></tr><tr><td></td><td>334</td><td>345</td><td>Blue Clay</td><td></td></tr></tbody></table> |                                  | Hole<br>Diam. | Depth            |  | Material | Water<br>Yes, No | From | To | 28 | 0 | 15 | Top Soil, Hard-pan, Clay |  |  | 15 | 21 | Sandy Clay |  |  | 21 | 25 | Sand, Gravel |  |  | 25 | 36 | Brn. Clay |  |  | 36 | 43 | Brn. Sand w/Clay streaks |  |  | 43 | 85 | Brn. Sand |  |  | 85 | 90 | Gray Sand w/Clay streaks |  |  | 90 | 93 | Cemented Sand |  |  | 93 | 151 | Gray Sand w/traces of Peagravel |  |  | 151 | 154 | Gray Clay |  |  | 154 | 178 | Gray Sand w/some Peagravel |  |  | 178 | 182 | Brn. Sand w/Clay streaks |  |  | 182 | 190 | Gray Sand |  |  | 190 | 192 | Brn. Clay |  |  | 192 | 230 | Gray Sand w/traces of Gravel |  |  | 230 | 232 | Brn. Clay |  |  | 232 | 251 | Blue Clay |  |  | 251 | 275 | Blue Sand |  |  | 275 | 282 | Blue Clay |  |  | 282 | 295 | Blue & Gray Sand |  |  | 295 | 298 | Blue Clay w/Sand streaks |  |  | 298 | 320 | White Sand w/traces of Peagravel |  |  | 320 | 322 | Blue Sand |  |  | 322 | 330 | Blue & Brn. Clay |  |  | 330 | 334 | Brn. Shale w/Sand streaks |  |  | 334 | 345 | Blue Clay |  |
| Hole<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                                                                                      | Material                         |               | Water<br>Yes, No |  |          |                  |      |    |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                 |  |  |     |     |           |  |  |     |     |                            |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |  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| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                                                                                      | Top Soil, Hard-pan, Clay         |               |                  |  |          |                  |      |    |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                 |  |  |     |     |           |  |  |     |     |                            |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |  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                                                                                                                      | Sand, Gravel                     |               |                  |  |          |                  |      |    |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                 |  |  |     |     |           |  |  |     |     |                            |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |  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Clay                        |               |                  |  |          |                  |      |    |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                 |  |  |     |     |           |  |  |     |     |                            |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                  |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |
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Sand w/Clay streaks         |               |                  |  |          |                  |      |    |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                 |  |  |     |     |           |  |  |     |     |                            |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                  |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |
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Sand                        |               |                  |  |          |                  |      |    |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                 |  |  |     |     |           |  |  |     |     |                            |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                  |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |
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Clay                 |               |                  |  |          |                  |      |    |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                 |  |  |     |     |           |  |  |     |     |                            |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                  |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |
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Shale w/Sand streaks        |               |                  |  |          |                  |      |    |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                 |  |  |     |     |           |  |  |     |     |                            |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                  |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |
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                                                                                                                      | Blue Clay                        |               |                  |  |          |                  |      |    |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                 |  |  |     |     |           |  |  |     |     |                            |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                  |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |
| <b>4. METHOD DRILLED</b><br><input type="checkbox"/> Cable <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                         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 |                                  |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |
| <b>5. WELL CONSTRUCTION</b><br>Diameter of hole <u>28</u> inches Total depth <u>345</u> feet<br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete<br>Thickness Diameter From To<br>250 inches 16 inches 2 feet 120 feet<br>250 inches 16 inches 160 feet 190 feet<br>250 inches 16 inches 230 feet 250 feet<br>250 inches 16 inches 330 feet 340 feet<br>_____ inches _____ inches _____ feet _____ feet<br>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>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>Roscoe Moss</u><br>Type _____ Model No. _____<br>Diameter 16 Slot size 100 Set from <u>120</u> feet to <u>160</u> feet<br>Diameter 16 Slot size 100 Set from <u>190</u> feet to <u>230</u> feet<br>16 100 250 330<br>Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size of gravel <u>3/8</u> minus<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>20'</u> Material used in seal <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Pudding clay <input type="checkbox"/> Well cuttings<br>Sealing procedure used <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temporary surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |               |                  |  |          |                  |      |    |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                 |  |  |     |     |           |  |  |     |     |                            |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                  |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location. <u>63</u><br><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>CARVER</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       | <b>10. WORK DATES</b><br>Work started <u>7-20-77</u> Finished <u>7-22-77</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |               |                  |  |          |                  |      |    |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                 |  |  |     |     |           |  |  |     |     |                            |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                  |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |
| <b>11. DRILLER'S CERTIFICATION</b><br>Firm Name <u>Pete Cons Drilling Co., Inc.</u> Firm No. <u>211</u><br><u>10546 E-Bar-T Drive</u><br>Address <u>Boise, Idaho 83705</u> Date <u>7-23-77</u><br>Signed by (Firm Official) <u>Pete Cons</u><br>and <u>John J. Jara</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |               |                  |  |          |                  |      |    |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                 |  |  |     |     |           |  |  |     |     |                            |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                  |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |

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

## WATER RIGHT LICENSE

THIS IS TO CERTIFY, that L. W. &/or BARBARA RAGAINS

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

Director

**MICROFILMED**

Identification No. \_\_\_\_\_

Application No. 63-9110

**STATE OF IDAHO**  
**DEPARTMENT OF WATER RESOURCES**

**APPLICATION FOR PERMIT APPROVED**

**To Appropriate the Public Waters of the State of Idaho**

(TYPE OR PRINT IN INK)

1. Name of applicant L. W. &/or BARBARA RAGAINS Phone: 722-5515  
post office address Route 1, Parma, ID
2. Source of water supply groundwater which is a tributary of \_\_\_\_\_
3. a. Location of point of diversion is NE  $\frac{1}{4}$  of NW  $\frac{1}{4}$  of Section 1 Township 5N  
Range 5W B.M. Canyon County; additional points of diversion if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. If water is not consumed, it will be discharged into \_\_\_\_\_ at a point in \_\_\_\_\_  $\frac{1}{4}$   
of \_\_\_\_\_  $\frac{1}{4}$  of Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ B.M. \_\_\_\_\_
4. Water will be used for the following purposes:  
Amount 0.20 for stockwater purpose from 1-1 to 12-31 (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purpose from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purpose from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)
5. Total quantity to be appropriated:  
a. 0.20 cubic feet per second and/or  
b. \_\_\_\_\_ acre feet per annum.
6. Proposed diverting works:  
a. Description of ditches, flumes, pumps, headgates, etc. \_\_\_\_\_  
one HP pump on 5 inch well  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Height of storage dam \_\_\_\_\_ feet, active reservoir capacity \_\_\_\_\_ acre feet; total reservoir  
capacity \_\_\_\_\_ acre feet, materials used in storage dam: \_\_\_\_\_  
Period of year during which storage will occur \_\_\_\_\_ to \_\_\_\_\_ inclusive.  
(Mo. Day) (Mo. Day)
- c. Proposed well diameter is 5 inches; proposed depth of well is 168 feet.
7. a. Time required for the completion of the works and application of the water to the proposed beneficial use  
is 1 years.  
b. Estimated construction cost is \$ \_\_\_\_\_.
8. Description of proposed uses:  
a. If water is **not** for irrigation:  
(1) Give the place of use of water: N $\frac{1}{2}$  NW  $\frac{1}{4}$  of NE  $\frac{1}{4}$  of Section 1 Township 5N  
Range 5W B.M.  
(2) Amount of power to be generated: \_\_\_\_\_ hp under \_\_\_\_\_ feet of head.  
(3) List number of each kind of livestock to be watered 1,000 head of beef cattle  
\_\_\_\_\_  
\_\_\_\_\_  
(4) Name of municipality to be served \_\_\_\_\_, or number of families to be  
supplied with domestic water \_\_\_\_\_.  
(5) If water is to be used for other purposes describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. \_\_\_\_\_  
stock water for 1,000 head of beef cattle

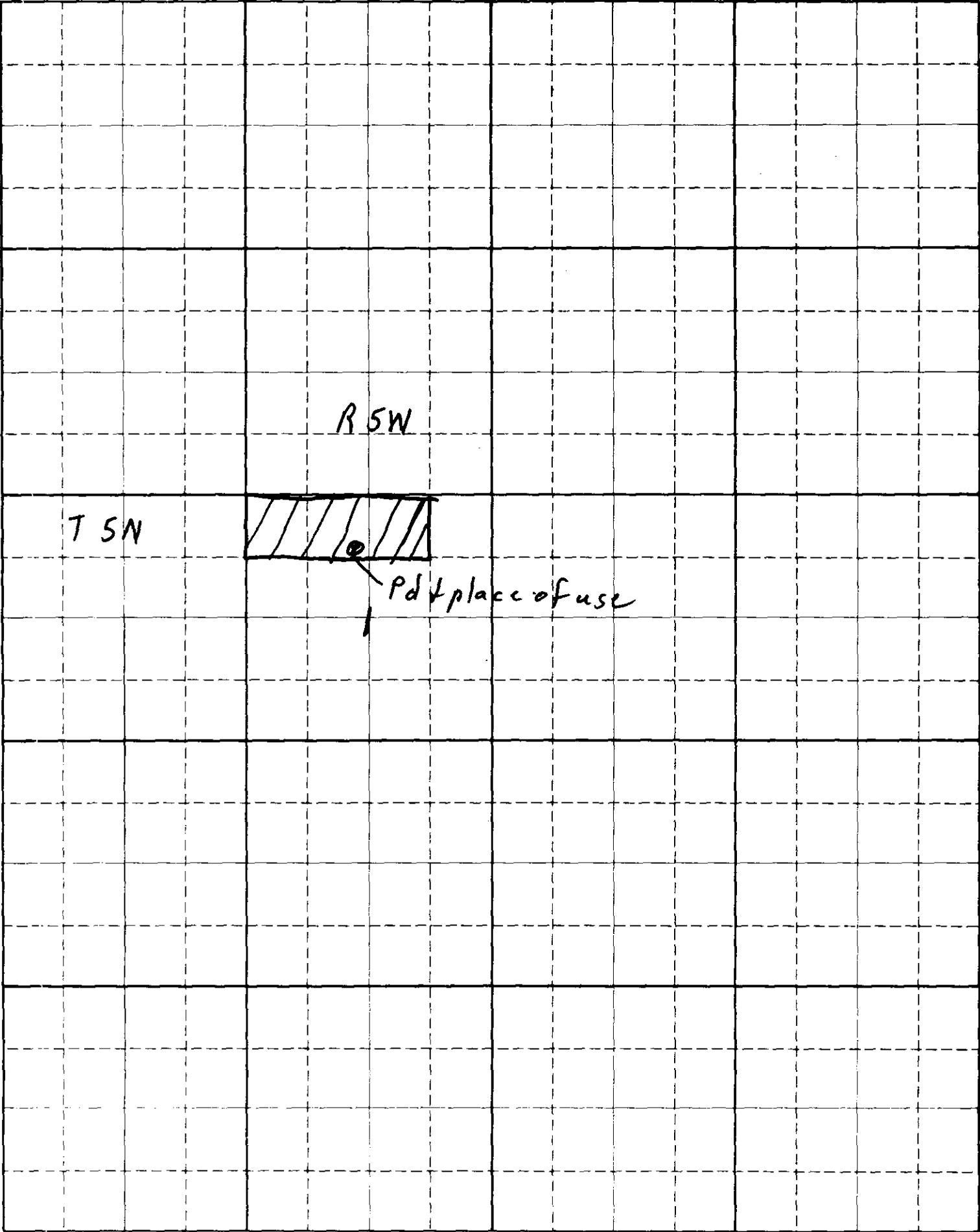
9. a. Who owns the property at the point of diversion Applicant

b. Who owns the land to be irrigated or place of use Applicant

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

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.

L. W. Riggins  
(Applicant)

Proposed Priority 01-30-78

Received by hls Date 1/30/78 Time 9:30  
Preliminary check by R.W.H. Fee \$ 10.00  
Received by Y Date 1-30-78 # 9752  
Publication prepared by ME Date 2-2-78  
Published in News Tribune  
Publication dates 2-9 + 2-16-78  
Publication approved Y Date 2-17-78  
Priority reduced to \_\_\_\_\_ Reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Protests filed by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Copies of protests forwarded by \_\_\_\_\_  
Hearing held by \_\_\_\_\_ Date \_\_\_\_\_  
Recommended for approval denial by ME Y

**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. 63-9110, 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 May 1, 1979.
- c. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Denial of said application is for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness my hand this 26<sup>th</sup> day of April, 1978.

Norman C. Young  
Administrator

AFFIDAVIT OF PUBLICATION

STATE OF IDAHO, )  
 ) ss.  
County of Canyon. )

Verla Harker  
of Nampa, Canyon County, Idaho, being first duly  
sworn, deposes and says:

1. That I am a citizen of the United States of America, and at all  
times hereinafter mentioned was over the age of twenty-one years,  
and not a party to the above entitled action.

Idaho Free Press &  
2. That I am the Principle Clerk of the News-Tribune,  
a daily, (except Sunday) newspaper published in the City of  
Nampa-Caldwell, in the County of Canyon, State of Idaho; that  
the said newspaper is in general circulation in the said County of  
Canyon, and in the vicinity of Nampa-Caldwell, and has  
been uninterruptedly published in said County during a period of  
seventy-eight consecutive weeks prior to the first publication of the  
notice, a copy of which is hereto attached.

3. That the notice, of which the annexed is a printed copy, was  
published in said newspaper

Two Times  
in the regular and entire issue of said paper, and was  
printed in the newspaper proper, and not in a supplement.

4. That said notice was published the following dates:

February 9, 16, 1978

Verla Harker

Subscribed and sworn to before me this

16th day of February,  
19 78

Janne Lusk  
Notary Public, Residing at Nampa, Idaho

MY COMMISSION EXPIRES  
JULY 12th, 1987

2-17-78  
OK  
JH

NOTARY PUBLIC  
IDAHO

WATER RIGHT NUMBER 63-9110

OWNER LAST NAME - RAGAINS

FIRST NAME - L. W.

ORIG OWNER -

OWNER LAST NAME - RAGAINS

FIRST NAME - BARBARA

ORIG OWNER -

ADDRESS LINE 1 - RT. 1

ADDRESS LINE 2 -

ADDRESS LINE 3 -

CITY - FARMA

STATE - ID ZIP CODE - 83660

SOURCE - GROUNDWATER

TRIBUTARY OF -

STAGE - LICENSE

STATUS -

PRIORITY - 01-30-1978 COUNTY - CANYON

TOTAL DIV. RATE - .2000 -CFS

TOTAL DIV. VOLUME -

9.40 AFA TRFR/AMEND -

WATER DIST. -

DLE/CAREY ACT -

RIGHT BASIS -

DIVERSION POINT - NENW 01 05N 05W LOT REDIV -

0.0 0.0 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 - STOCKWATER

USE DIV. RATE -

.2000 CFS

USE DIV. VOLUME -

9.40 AFA

USE - STOCKWATER

PLACE OF USE - TWN 05N RNG 05W SEC 01 TRACT NENE LOT

AC

TRACT NENW LOT

AC

TRACT NNAW LOT

AC

DECREE NAME -

DATE -

TOTAL ACRES

0

REMARKS -

NON IRRIG USE - S/1000 RANGE.

OTHER RIGHTS FOR SAME USE -

PROOF DUE - 05-01-1979 PERMIT/DENIED - 04-26-1978 PROTESTED -

HEARING -

OLD NO. -

PROOF MADE - P FLD EXAM - CONC. OF APPROVAL - Y

DIVERSION MEANS - WELL &amp; PUMP.

IDENT. NO. 63-9116

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

WATER RIGHT  
DATA ENTRY LOG

[illegible]

- DATA ENTRY -

## Record

Present Owner: \_\_\_\_\_

B. Tributary of: ✓

J. Right Basis (for adjudication claims A,B,C only):

|      |  |    |  |     |  |           |        |
|------|--|----|--|-----|--|-----------|--------|
| from |  | to |  | for |  | purposes. | Amount |
|------|--|----|--|-----|--|-----------|--------|

91379

[illegible]

9. A. Decree Name:

B. Decree Date:

10. Remarks: A.  
B.  
C.  
D.  
E.

11. Other Uses (Non-irrigation explanatory information):

12. Other Rights for Same Use:

13. A. Proof Due Date: 5-1-1979

B. Date Permit Approved or Denied: 4-26-1978

C. Protested Date:

D. Hearing Date:

E. Old Number:

F. Proof Made (P or blank): 1P

G. Field Exam Made (P,R,F or blank):

H. Conditions of Approval: \_\_\_\_\_

14. Diversion Means (brief narrative): *well & pump*



State of Idaho

## DEPARTMENT OF WATER RESOURCES

STATE OFFICE, 450 W. State Street, Boise, Idaho

JOHN V. EVANS

Governor

C. STEPHEN ALLRED

Director

Mailing address:  
Statehouse  
Boise, Idaho 83720  
(208) 334-4440

August 6, 1980

L.W. & Barbara Ragains  
Route 1  
Parma, Idaho 83660

Dear Mr. & Mrs. Ragains,

RE: License No. 63-9110

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

Sincerely,

*Jan Grover*  
JAN GROVER  
Water Rights Supervisor

JG:mr  
Enclosure

MICROFILMED

## FIELD REPORT

Department Post office address  
Western Regional Office

**Person to contact**

Phone 722-5515

**Phone**

3. Water will be used for the following purposes:

Other uses: \_\_\_\_\_

- Other Points of Diversions: \_\_\_\_\_

Description of diverting works: 5" x <sup>345</sup>~~240~~', 1 1/2 Hp sub. pump

Measuring device required: yes ☒ no ☐

6. Lands to be irrigated or place of use.

[illegible]

Barma

**TOTAL ACREAGE**

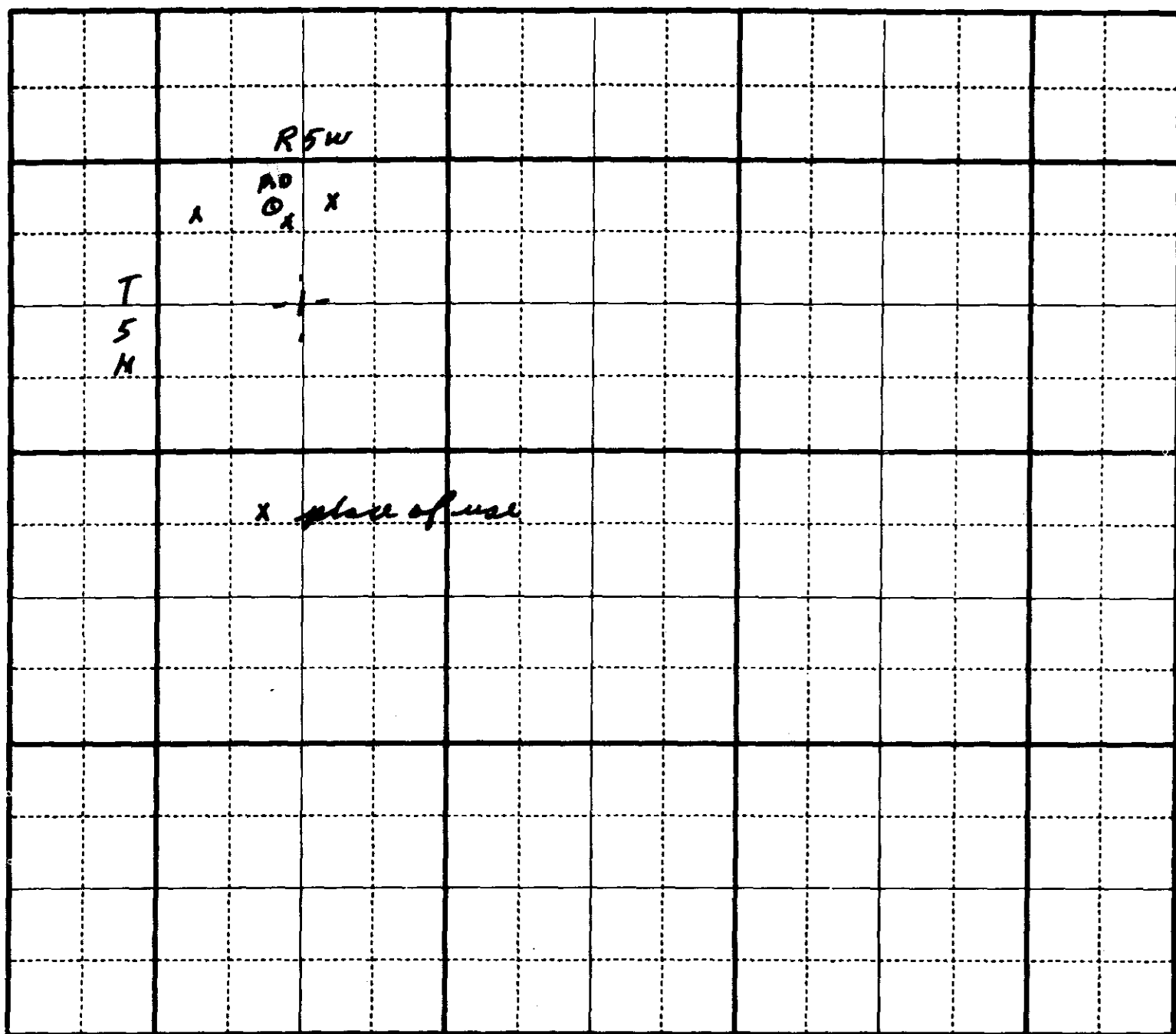


Diagram of System

DATE OF EXAM 6/17/80

ACREAGE

Found \_\_\_\_\_  
Recommended \_\_\_\_\_

Irrigation Requirement \_\_\_\_\_ Ac Ft/Ac

USE

Irrigation Q= \_\_\_\_\_ c.f.s. V= \_\_\_\_\_ AF/Ann. from \_\_\_\_\_ to \_\_\_\_\_  
Domestic Q= \_\_\_\_\_ c.f.s. V= \_\_\_\_\_ AF/Ann. from \_\_\_\_\_ to \_\_\_\_\_  
Livestock Q= .16 c.f.s. V= 9.4 AF/Ann. from 1/1 to 12/31

Is water co-mingled? yes \_\_\_\_\_ no \_\_\_\_\_

Name source: \_\_\_\_\_  
twp. \_\_\_\_\_ N/S, Rge \_\_\_\_\_ E/W, B.M., Sec. \_\_\_\_\_, Sub. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
County \_\_\_\_\_

Exchange? yes \_\_\_\_\_ no \_\_\_\_\_

Name source exchanged with: \_\_\_\_\_  
twp. \_\_\_\_\_ N/S, Rge \_\_\_\_\_ E/W, B.M., Sec. \_\_\_\_\_, Sub. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
County \_\_\_\_\_

Point of injection: \_\_\_\_\_  
twp. \_\_\_\_\_ N/S, Rge \_\_\_\_\_ E/W, B.M., Sec. \_\_\_\_\_, Sub. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
County \_\_\_\_\_

Point of exchange: \_\_\_\_\_  
twp. \_\_\_\_\_ N/S, Rge \_\_\_\_\_ E/W, B.M., Sec. \_\_\_\_\_, Sub. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
County \_\_\_\_\_

Total Q measured \_\_\_\_\_ Method of measurement \_\_\_\_\_

Total Q recommended \_\_\_\_\_ Meter No. \_\_\_\_\_ Type \_\_\_\_\_ Condition \_\_\_\_\_

Total V recommended \_\_\_\_\_

Recommended Amendments:

P.D. \_\_\_\_\_  
Place of Use \_\_\_\_\_  
Other \_\_\_\_\_  
None ☒

MEASUREMENT CALCULATION:

$$Q = \frac{88(15)(.8)}{345 + 40} = 0.02 \text{ cfs}$$

$$\begin{array}{l} 700 \text{ gal stock} \times 12 \text{ GPD} = 8400 \\ 2 \text{ hrs} \times 60 \text{ min/hr} \times 450 \text{ GPM/CFS} = 54000 \\ \hline \end{array}$$

V = Taken from a normal use for livestock

SYSTEM DESCRIPTION:

5 inch casing - 345 ft deep - 1.5 HP pump  
Piped to place of use

REMARKS:

Very little difference between .16 cfs and .2 cfs requested  
by permit owner therefore 0.2 cfs should be licensed per

Examiner's Signature John X. Moyes Date 6/18/80

Checked by DAS Date 7/8/80

Approved by Rdawn Date 7/21/80

6/17/80 JKN

Location A

345

5" casing - 168 ft deep, 1 1/2 HP

700 hd beef stock



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

March 7, 1979

L. W. &/or Barbara Ragains  
Route 1  
Parma, ID 83660

Dear Mr. and Mrs. Ragains:

Re: Permit No. 63-9110

We acknowledge receipt of the affidavit submitted as proof of beneficial use for the above referenced permit.

Before a license can be issued, a field examination must be made by a representative of this Department. We cannot tell just when this examination will be made, but our examiner will try to contact you at the time he makes the examination so that you may show him the system.

If you have any questions regarding the field examination, please contact our regional office in **Boise**.

Sincerely,

RITA FLECK  
Water Rights

RECEIVED

MAR 6 1979

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

PROOF OF APPLICATION  
OF WATER TO BENEFICIAL USE

Department of Water Resources

1. a) Name of permit holder L W. / or Barbara RAGAINS  
b) Post office address Route 1 Parma Idaho  
2. Permit number 63-9110  
3. Date of priority that you are prepared to establish \_\_\_\_\_  
4. a) Source from which water was appropriated Ground water

b) Location of the point of diversion: NE  $\frac{1}{4}$  NW  $\frac{1}{4}$ , Section 1  
Township 5N, Range 5W Boise Meridian. Other points of diversion: \_\_\_\_\_

5. a) The amount of water and use to which the water has been applied:

Amount .20 for Stock water purposes from 1-1 to 12-31 incl.  
(cfs &/or acre-feet per annum) (month-day) (month-day)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ incl.  
(cfs &/or acre-feet per annum) (month-day) (month-day)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ incl.  
(cfs &/or acre-feet per annum) (month-day) (month-day)

b) Total amount appropriated \_\_\_\_\_ cfs and/or acre-feet per annum.

- c) Describe how and by whom measurement of rate of flow or amount of storage was made and the qualifications of the person making the measurement:

According to Sale Rep for  
Red Jacket Pumps This unit will Pump 900gal / hr.

6. If the means of diversion and conveyance are owned by someone other than the permit holder:

a) Give the name or description of the canal, ditch or other works by which the water is conducted to the place of use:

b) Describe the agreement of understanding by which you take water from the works: \_\_\_\_\_

7. a) Briefly describe the works for diverting and conveying the water to the place of use, (if from a subterranean source, give the pump size, motor size, size of well casing, depth of well; if from surface water, give brief description of diversion structure and/or canal or ditch):

1 1/2 hp Submersible pump 5" well Casing (280 ft)  
Well Depth 345' Static water level 120'

b) Describe the provision for making a measurement which you have at your point of diversion (i.e., installed measuring device, access port, other)

MICROFILMED

~~Notary Public Residing at Parma, Idaho~~  
~~My Commission Expires March 11, 1980~~

Larry Ragains  
Route 1  
Parma, Idaho 83660



Dept of Water Resources  
373 W. Franklin ST  
Boise Idaho 83720



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

CERTIFIED MAIL

February 28, 1979

Re: Permit No. 63-9110

100666

L. W. 2/or Barbara Ragains  
Route 1  
Parma, ID 83660

Dear Mr. and Mrs. Ragains:

One of the conditions of approval of your water Permit No. 63-9110 (see last page of your approved permit) was that evidence of the extent of development be submitted as proof of application of water to beneficial use to this office on or before MAY 1979. Enclosed is an affidavit form which must be used to submit the required proof of beneficial use.

If you have not fully completed your project, and you have not previously received an extension of time, you may request an extension of time provided the delay is for reasonable cause as indicated in Section 42-204, Idaho Code, amended. If you have been prevented from proceeding by a governmental agency or by litigation, more than one extension of time can be granted.

Either the beneficial use affidavit or a request for an extension of time must be received by this Department on or before the above mentioned date, otherwise, the permit will lapse and be of no further force or effect.

  
RITA FLECK  
Water Rights

Encl: Proof affidavit



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

May 2, 1978

Re: Permit No. 63-9110

L. W. &/or Barbara Ragains  
Route #1  
Parma, ID 83660

Dear Mr. and Mrs. Ragains:

Your approved copy of Application for Permit No. 63-9110 is enclosed and 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,

A handwritten signature in cursive script, reading "L. Glen Saxton".

L. GLEN SAXTON  
Chief, Operations Bureau

LGS:kw  
Enclosure

DEPARTMENT OF WATER RESOURCES  
- STAFF ANALYSIS -

Item Initial Date

Application No. 1a3-911a

☒ Source  
☒ Point of Diversion  
☒ County  
☒ Quantity of Water and Period of Use  
☒ Description of Diverting Works  
☒ Time required for B/U of water  
☒ Place of Use or Acres Irrigated  
☒ Map  
☒ Signature  
☒ Fee

(1) R.W.H. 1-30-78

In form to receipt

(2) \_\_\_\_\_

Send Copies to:

\_\_\_\_\_ Idaho State Health Department  
\_\_\_\_\_ Idaho Fish and Game Department  
\_\_\_\_\_ Bureau of Land Management

(3) \_\_\_\_\_

\_\_\_\_\_ Request Special Use Permit from U.S.F.S.  
\_\_\_\_\_ Request Easement from B.L.M.  
\_\_\_\_\_ Request Information from Applicant  
\_\_\_\_\_ Request Dam Safety Information

(4) R.W.H. 1-30-78

In form for advertising

(5) \_\_\_\_\_

Platted on Map No. \_\_\_\_\_

(6) \_\_\_\_\_

Located within Water District No. \_\_\_\_\_

(7) \_\_\_\_\_

Critical groundwater area: yes \_\_\_\_\_ no \_\_\_\_\_

(8) \_\_\_\_\_

Groundwater levels:

\_\_\_\_\_ Declining, \_\_\_\_\_ Stable, \_\_\_\_\_ Increasing

(comment) \_\_\_\_\_

(9) \_\_\_\_\_

Other rights on the same place of use

(10) \_\_\_\_\_

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

(11) OK

Affidavit of Publication received(date) 2-17-78

(12) 2/27/78

Final date for protests 2/27/78  
Protests received: yes \_\_\_\_\_ no X

(13) \_\_\_\_\_

All requested information received from agencies or applicant: yes \_\_\_\_\_ no \_\_\_\_\_

(14) 2/27/78

Action recommended:

X Approve \_\_\_\_\_ Deny

1-30-78 Proposed Priority

\_\_\_\_\_ Reason for Reduction \_\_\_\_\_

NO Measuring device required

\_\_\_\_\_ See attached sheet for other conditions of approval

\_\_\_\_\_ No special conditions for approval

(15) District W By W.H.H. Date 2/27/78

NOTICE OF APPLICATION FOR WATER PERMIT

Notice is hereby given that L.W. &/or Barbara Ragains  
Rt. 1 Parma, ID  
has on 1-30-78 submitted Application No. 63-9110  
for a permit to appropriate 0.20 cubic feet per second ~~xxxxx feet~~  
~~per annum~~ of water from a groundwater source  
~~XXXXXXXX~~  
by means of pump and well  
within the ~~NE 1/4~~ Sec 1 T5N R5W B.M. County of Canyon  
  
  
to be used from Jan 1 to Dec 31  
for stockwater purposes  
  
within the ~~NW 1/4, NW 1/4 NE 1/4~~ Sec 1 T5N R5W

If issued, this permit will be subject to all prior water rights. Protests against the granting of the permit must be filed with the Director of the Idaho Department of Water Resources, 92 South Cole Road, Boise, Idaho 83705 on or before February 27, 1978.

C. STEPHEN ALLRED

Director

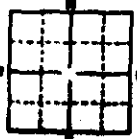
Published in the News-Tribune  
on February 9, 1978 and February 16, 1978.

USE PENCIL OR  
BALLPOINT PEN

State of Idaho  
Department of Water Resources

## WELL DRILLER'S REPORT

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

| <b>1. WELL OWNER</b><br>Name: <u>Larry Ragains</u><br>Address: <u>Route 1, Parma, Idaho 83660</u><br>Owner's permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | <b>2. WATER LEVEL</b><br>Static water level: <u>22.5</u> feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____<br>Temperature _____ F. Quality _____<br>Artesian closed in pressure _____ P.S.I.<br>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug |                                   |              |          |              |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                  |  |  |     |     |           |  |  |     |     |                             |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                   |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------|----------|--------------|----|---|----|--------------------------|--|--|----|----|------------|--|--|----|----|--------------|--|--|----|----|-----------|--|--|----|----|--------------------------|--|--|----|----|-----------|--|--|----|----|--------------------------|--|--|----|----|---------------|--|--|----|-----|----------------------------------|--|--|-----|-----|-----------|--|--|-----|-----|-----------------------------|--|--|-----|-----|--------------------------|--|--|-----|-----|-----------|--|--|-----|-----|-----------|--|--|-----|-----|------------------------------|--|--|-----|-----|-----------|--|--|-----|-----|-----------|--|--|-----|-----|-----------|--|--|-----|-----|-----------|--|--|-----|-----|------------------|--|--|-----|-----|--------------------------|--|--|-----|-----|-----------------------------------|--|--|-----|-----|-----------|--|--|-----|-----|------------------|--|--|-----|-----|---------------------------|--|--|-----|-----|-----------|--|--|--|
| <b>3. 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 abandonment)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | <b>4. WELL TEST DATA</b><br>Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Other _____<br>Discharge G.P.M. _____ Draw Down _____ Hours Pumped _____                                                                                                                                                                                                   |                                   |              |          |              |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                  |  |  |     |     |           |  |  |     |     |                             |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                   |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |  |  |
| <b>5. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fuel <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>6. METHOD DRILLED</b><br><input type="checkbox"/> Cable <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Aug <input type="checkbox"/> Other _____                                                                                                                                                                                              |                                   |              |          |              |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                  |  |  |     |     |           |  |  |     |     |                             |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                   |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |  |  |
| <b>7. WELL CONSTRUCTION</b><br>Diameter of hole <u>26</u> inches Total depth <u>345</u> feet<br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete<br>Thickness Diameter From To<br><u>250</u> inches <u>16</u> inches <u>2</u> feet <u>120</u> feet<br><u>250</u> inches <u>16</u> inches <u>160</u> feet <u>190</u> feet<br><u>250</u> inches <u>16</u> inches <u>230</u> feet <u>250</u> feet<br><u>250</u> inches <u>16</u> inches <u>330</u> feet <u>340</u> feet<br>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>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>Reacco Moss</u><br>Type _____ Model No. _____<br>Diameter & Slot size <u>100</u> Set from <u>120</u> feet to <u>160</u> feet<br>Diameter & Slot size <u>100</u> Set from <u>190</u> feet to <u>230</u> feet<br><u>16</u> <u>100</u> <u>250</u> <u>330</u><br>Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size of gravel <u>3/8</u> minus<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>20'</u> Material used in seal <input type="checkbox"/> Cement grout<br><input type="checkbox"/> Pudding clay <input type="checkbox"/> Wall cuttings<br>Sealing procedure used <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temporary surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth                                                                                                                                                                                                  |            |                                                                                                                                                                                                                                                                                                                                                                      |                                   |              |          |              |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                  |  |  |     |     |           |  |  |     |     |                             |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                   |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |  |  |
| <b>8. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th>Well Diam.</th><th>Depth From</th><th>To</th><th>Material</th><th>Water Yes/No</th></tr></thead><tbody><tr><td>26</td><td>0</td><td>15</td><td>Top Soil, Hard-pan, Clay</td><td></td></tr><tr><td></td><td>15</td><td>21</td><td>Sandy Clay</td><td></td></tr><tr><td></td><td>21</td><td>25</td><td>Sand, Gravel</td><td></td></tr><tr><td></td><td>25</td><td>36</td><td>Brn. Clay</td><td></td></tr><tr><td></td><td>36</td><td>43</td><td>Brn. Sand w/Clay streaks</td><td></td></tr><tr><td></td><td>43</td><td>85</td><td>Brn. Sand</td><td></td></tr><tr><td></td><td>85</td><td>90</td><td>Gray Sand w/Clay streaks</td><td></td></tr><tr><td></td><td>90</td><td>93</td><td>Cemented Sand</td><td></td></tr><tr><td></td><td>93</td><td>151</td><td>Gray Sand w/traces of Peasgravel</td><td></td></tr><tr><td></td><td>151</td><td>154</td><td>Gray Clay</td><td></td></tr><tr><td></td><td>154</td><td>178</td><td>Gray Sand w/some Peasgravel</td><td></td></tr><tr><td></td><td>178</td><td>182</td><td>Brn. Sand w/Clay streaks</td><td></td></tr><tr><td></td><td>182</td><td>190</td><td>Gray Sand</td><td></td></tr><tr><td></td><td>190</td><td>192</td><td>Brn. Clay</td><td></td></tr><tr><td></td><td>192</td><td>230</td><td>Gray Sand w/traces of Gravel</td><td></td></tr><tr><td></td><td>230</td><td>232</td><td>Brn. Clay</td><td></td></tr><tr><td></td><td>232</td><td>251</td><td>Blue Clay</td><td></td></tr><tr><td></td><td>251</td><td>275</td><td>Blue Sand</td><td></td></tr><tr><td></td><td>275</td><td>282</td><td>Blue Clay</td><td></td></tr><tr><td></td><td>282</td><td>295</td><td>Blue &amp; Gray Sand</td><td></td></tr><tr><td></td><td>295</td><td>298</td><td>Blue Clay w/Sand streaks</td><td></td></tr><tr><td></td><td>298</td><td>320</td><td>White Sand w/traces of Peasgravel</td><td></td></tr><tr><td></td><td>320</td><td>322</td><td>Blue Sand</td><td></td></tr><tr><td></td><td>322</td><td>330</td><td>Blue &amp; Brn. Clay</td><td></td></tr><tr><td></td><td>330</td><td>334</td><td>Brn. Shale w/Sand streaks</td><td></td></tr><tr><td></td><td>334</td><td>345</td><td>Blue Clay</td><td></td></tr></tbody></table> |            | Well Diam.                                                                                                                                                                                                                                                                                                                                                           | Depth From                        | To           | Material | Water Yes/No | 26 | 0 | 15 | Top Soil, Hard-pan, Clay |  |  | 15 | 21 | Sandy Clay |  |  | 21 | 25 | Sand, Gravel |  |  | 25 | 36 | Brn. Clay |  |  | 36 | 43 | Brn. Sand w/Clay streaks |  |  | 43 | 85 | Brn. Sand |  |  | 85 | 90 | Gray Sand w/Clay streaks |  |  | 90 | 93 | Cemented Sand |  |  | 93 | 151 | Gray Sand w/traces of Peasgravel |  |  | 151 | 154 | Gray Clay |  |  | 154 | 178 | Gray Sand w/some Peasgravel |  |  | 178 | 182 | Brn. Sand w/Clay streaks |  |  | 182 | 190 | Gray Sand |  |  | 190 | 192 | Brn. Clay |  |  | 192 | 230 | Gray Sand w/traces of Gravel |  |  | 230 | 232 | Brn. Clay |  |  | 232 | 251 | Blue Clay |  |  | 251 | 275 | Blue Sand |  |  | 275 | 282 | Blue Clay |  |  | 282 | 295 | Blue & Gray Sand |  |  | 295 | 298 | Blue Clay w/Sand streaks |  |  | 298 | 320 | White Sand w/traces of Peasgravel |  |  | 320 | 322 | Blue Sand |  |  | 322 | 330 | Blue & Brn. Clay |  |  | 330 | 334 | Brn. Shale w/Sand streaks |  |  | 334 | 345 | Blue Clay |  |  |  |
| Well Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Depth From | To                                                                                                                                                                                                                                                                                                                                                                   | Material                          | Water Yes/No |          |              |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                  |  |  |     |     |           |  |  |     |     |                             |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                   |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |  |  |
| 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0          | 15                                                                                                                                                                                                                                                                                                                                                                   | Top Soil, Hard-pan, Clay          |              |          |              |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                  |  |  |     |     |           |  |  |     |     |                             |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                   |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 15         | 21                                                                                                                                                                                                                                                                                                                                                                   | Sandy Clay                        |              |          |              |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                  |  |  |     |     |           |  |  |     |     |                             |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                   |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 21         | 25                                                                                                                                                                                                                                                                                                                                                                   | Sand, Gravel                      |              |          |              |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                  |  |  |     |     |           |  |  |     |     |                             |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                   |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 36         | 43                                                                                                                                                                                                                                                                                                                                                                   | Brn. Sand w/Clay streaks          |              |          |              |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                  |  |  |     |     |           |  |  |     |     |                             |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                   |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 85         | 90                                                                                                                                                                                                                                                                                                                                                                   | Gray Sand w/Clay streaks          |              |          |              |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                  |  |  |     |     |           |  |  |     |     |                             |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                   |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |  |  |
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| <b>9. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Section _____ Township _____ Range _____<br>Lot No. _____ Block No. _____<br>County _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | <b>10. DRILLER'S CERTIFICATION</b><br>Firm Name <u>Pat's Own Drilling Co., Inc., P.O. Box 211</u><br><u>10544 E. 8th St. Boise</u><br>Address <u>Boise, Idaho 83725</u> Date <u>7-25-77</u><br>Signed by <u>Wm. O. O'Neil</u><br>and <u>Pat's Own Drilling Co., Inc.</u>                                                                                             |                                   |              |          |              |    |   |    |                          |  |  |    |    |            |  |  |    |    |              |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |           |  |  |    |    |                          |  |  |    |    |               |  |  |    |     |                                  |  |  |     |     |           |  |  |     |     |                             |  |  |     |     |                          |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                              |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                          |  |  |     |     |                                   |  |  |     |     |           |  |  |     |     |                  |  |  |     |     |                           |  |  |     |     |           |  |  |  |