

The Idaho Statesman

P.O. BOX 40, BOISE, IDAHO 83707

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JUL - 9 1992

Department of Water Resources
Western Regional Office

LEGAL NOTICE NOTICE OF APPLICATION FOR WATER RIGHT

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

63-11843 ✓

LECERTUA, PATRICK
6785 HOLLYLYN DR
BOISE, ID 83709

Source: GROUNDWATER

Diversion PT: SWNESW Sec 7 T 02N R 02E in ADA County.

Use: DOMESTIC (.040 CFS)

Total Diversion: (.040 CFS)

Date Filed: 5/27/1992

In: ADA County
T02N R02E S07 NESW

63-11844

BOISE CHRISTIAN HOME INC
2421 DUCK ALLEY
EAGLE, ID 83616

Source: GROUNDWATER

Diversion Pt: NENW Sec 23 T 04N R 01W in ADA County.

Use: IRRIGATION (.200 CFS)

Total Diversion: (.200 CFS)

Date Filed: 5/28/1992

In: ADA County
T04N R01W S 23 NENW
10.0 ACRES TOTAL

63-11852

TAYLOR, MICHAEL
TAYLOR, DEBORAH
3210 S MAPLE GROVE RD
BOISE, ID 83709

Source: GROUNDWATER

Diversion Pt: SWSE Sec 35 T 03N R 01E in ADA County.

Use: STOCKWATER (.020 CFS)

DOMESTIC (.040 CFS)

Total Diversion: (.040 CFS)

Date Filed: 6/2/1992

In: ADA County
T03N R01E S35 SWSE

63-11854

TRIPLE S TRUST
LARRY BARNES, TRUSTEE
PO BOX 2797
BOISE, ID 83701

Source: BOISE RIVER

Diversion Pt: LOT 4 (NWNW) Sec 24 T 04N R 01W in ADA County.

USE: WILDLIFE STORAGE (6.00 AF)

DIVERSION TO STORAGE (1.000 CFS)

Total Diversion: (1.000 CFS) (6.00 AF)

Date Filed: 5/27/1992

In: ADA County
T04N R01W S24 Lot 4(NW1W)

The permit(s) will be subject to all prior water rights. Protests must be filed with the Director, Dept. of Water Resources, Western Region, 2735 Airport Way, Boise, Idaho 83705 on or before July 6, 1992.

R. Keith Higginson, Director
Pub. June 18, 25, 1992

2443

ALHOUN, being duly

says: That she is the Principal Clerk of The daily newspaper printed and published at Boise, Idaho, and having a general circulation therein paper has been continuously and uninterruptedly during a period of twelve consecutive publication of the notice, a copy of which is said notice was published in The Idaho with Section 60-108, Idaho Code as

☐ consecutive daily ☐ single ☐ odd skip

g with the issue of June 18, 1992

issue of June 25, 1992

Donald W. Carlson

)
ss.
)

day of July in the year of
ore me, a Notary Public, personally appeared
ALHOUN

known or identified to
whose name subscribed to the within instrument,
t duly sworn, declared that the statements therein
wledged to me that she executed the same.

Notary Public for Idaho
Boise, Idaho

My commission expires: 11-27-93

FILED
SEP 11 1992



Can Be Obtained
nt, Boise Idaho

ACCURACY STANDARDS
MENLO PARK, CALIF. 94025



T2N
R2E
Sec 7

CLOVERDALE, IDAHO
N4330—W11615/7.5

1981

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SEP 11 1992

WATER RIGHT LICENSE

AUG 09 1996

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SEP 03 1993

Department of Water Resources

OFFICE USE ONLY *Not Rgd*
Amt. of Fee \$ ~~50.00~~
Date 8-31-93
Receipt No. N/A
Receipt by N/A
RBW

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AUG 31 1993

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Department of Water Resources
Western Regional Office

PROOF OF BENEFICIAL USE

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

1. Permit No. 63-11843 Telephone No. 362 0823
2. Name(s) of Permit Holder(s): Patrick Lecertua
3. Mailing Address: 6785 Hollylyn Dr Boise 83709
4. Source of Water: Groundwater

If GROUNDWATER, Well Driller's Name: Can-Ada Date Drilled: 3/92

OPTIONAL:

Pump horsepower: 2.5hp Pressure (psi): _____ Dynamic pumping level (ft.): _____

5. Extent of Use (as authorized by the permit):

Domestic 1 (No. of households) Stockwater _____ (No. and type of stock)
Irrigation _____ (No. of acres) Other _____

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

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

Measuring device: Required? ____ Yes LN No Installed? ____ Yes ____ No

OR

Flow Measurement Port: Required? ____ Yes LN No Installed? ____ Yes ____ No

8. Fee Enclosed: \$ N/A (See License Fee Schedule on back of Instruction Sheet)

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

Same as Above

Name

Telephone No.

Address

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

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OCT 20 1993

Aug 31, 1993 Patrick Lecertua

Date

Signature (and title, if on behalf of a company or organization)

State of Idaho
Department of Water Resources

Permit To Appropriate Water

NO. 63-11843

Proposed Priority: May 27, 1992 Maximum Diversion Rate: 0.04 CFS

This is to certify, that **PATRICK LECERTUA**
6785 HOLLYLYN DR
BOISE ID 83709

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

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>
-----------------------	----------------------	--------------------------

DOMESTIC	01/01 to 12/31	0.04 CFS
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LOCATION OF POINT(S) OF DIVERSION: SWNESW , Sec. 7, Township 02N, Range 02E
ADA County

PLACE OF USE: DOMESTIC

TWN RGE SEC

02N 02E 7 NESW

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before **September 1, 1993**.
2. Subject to all prior water rights.
3. Right holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
4. Construction of the well must comply with Idaho well construction standards.

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

26th day of August, 1992.

[Signature]
for R. Keith Higginson, Director

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SEP 11 1992

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name: PATRICK LECERTUA
Address: 6785 HOLLYLYN DR
BOISE ID 83709

208-362-0823

2. Source: GROUNDWATER Trib. to:
3. Location of Point of Diversion: SWNESW Sec. 7, Township 02N, Range 02E
ADA County

4. Water will be used for the following purposes:

Purpose	From	To	CFS	(or)	AF
DOMESTIC	01/01	12/31	0.040		

5. Total quantity to be appropriated is:
0.040 CFS (and/or) AF

6. Proposed diverting works:

- Description of ditches, flumes, pumps, headgates, etc.
WELL, PUMP
- Height of storage dam feet; active reservoir capacity
acre-feet; total reservoir capacity acre-feet; period of
year when water will be diverted to storage: to inclusive.
- Proposed well diameter is 6 inches; proposed depth of well is 470
feet.
- Is groundwater with a temperature greater than 90F being sought? NO

7. Time required for the completion of the works and application of
the water to the proposed beneficial use is 1 years.

8. Description of proposed uses:

9. Place of Use: DOMESTIC

TWN RGE SEC
02N 02E 7 NESW

10. Describe any other water rights used for the same purposes

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SEP 11 1992

11. 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.

12. Remarks:

~~Nonconsumptive use-not part of moratorium.~~ del. 6/4/92 gyl

13. Map of proposed point of diversion and place of use attached? ☒

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.

Russell Leckert
Applicant

Received by Ly Date 5/27/92 Time 11:30 Preliminary check by gyl
Fee \$ 30 Receipted by Ly # W014785 Date 5/27/92
Publication prepared by GG Date 6-10-92 Published in ID Statesman
6/18 & 6/25/92.
Publication approved st Date 7-9-92

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The Idaho Statesman

P.O. BOX 40, BOISE, IDAHO 83707

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Department of Water Resources
Western Regional Office

DONNA M. CALHOUN

, being duly sworn, deposes and says: That she is the Principal Clerk of The Idaho Statesman, a daily newspaper printed and published at Boise, Ada County, State of Idaho, and having a general circulation therein and which said newspaper has been continuously and uninterruptedly published in said County during a period of twelve consecutive months prior to the first publication of the notice, a copy of which is attached hereto; that said notice was published in The Idaho Statesman in conformity with Section 60-108, Idaho Code as amended, for _____

☒ consecutive weekly ☐ consecutive daily ☐ single ☐ odd skip

insertion(s) beginning with the issue of June 18, 1992

and ending with the issue of June 25, 1992

Donna M. Calhoun

STATE OF IDAHO)

ss.

COUNTY OF ADA)

On this 8th day of July in the year of 1992, before me, a Notary Public, personally appeared DONNA M. CALHOUN, known or identified to me to be the person whose name subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledged to me that she executed the same.

Donna M. Calhoun
Notary Public for Idaho
Residing at Boise, Idaho

My commission expires: 11-27-93

SEP 11 1992

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The Idaho Statesman

P.O. BOX 40, BOISE, IDAHO 83707

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Department of Water Resources
Western Regional Office

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Donald W. Carlson

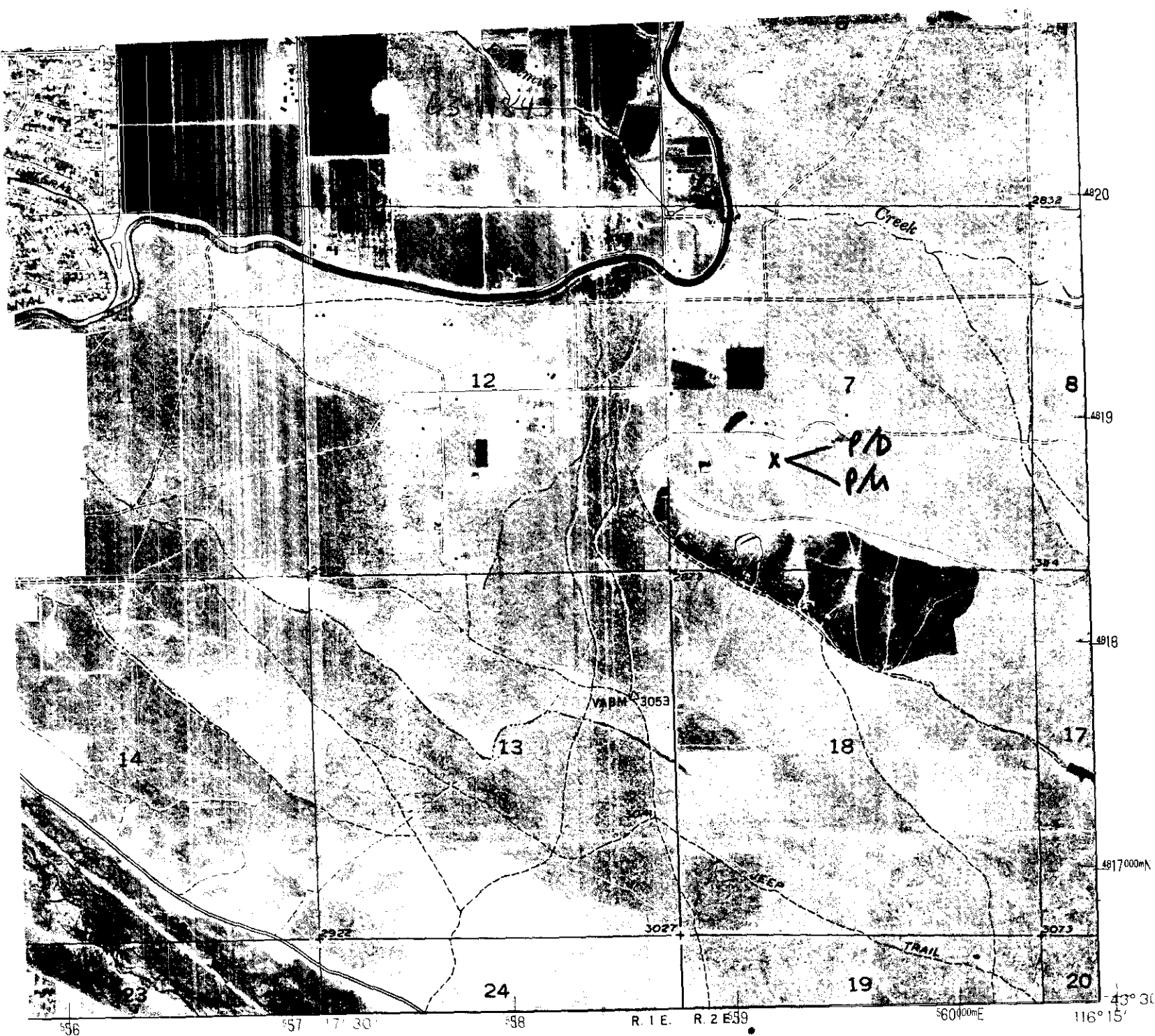
SS.

day of July in the year of
ore me, a Notary Public, personally appeared
LHOUN, known or identified to
whose name subscribed to the within instrument,
duly sworn, declared that the state wherein
vledged to me that she executed the same.

Notary Public for Idaho
Boise, Idaho

y commission expires: 11-27-93

SEP 11 1992



Can Be Obtained
at, Boise Idaho

P. ACCURACY STANDARDS
MENLO PARK, CALIF. 94025



QUADRANGLE LOCATION

T2N
R2E
Sec 7

CLOVERDALE, IDAHO
N4330—W11615/7.5

1981

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SEP 11 1992



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

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

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

July 1, 1996

PATRICK LECERTUA
6785 HOLLYLYN DR
BOISE ID 83709

RE: WATER RIGHT NO. 63-11843

Dear Water Right Holder(s):

Enclosed is a copy of the Water Right License issued on the above referenced permit. If you have any questions, please contact me within 10 days of receipt of this license.

Sincerely,

Shelley W. Keen
Water Rights Supervisor

SK:rl

Enclosure

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AUG 09 1996

LICENSE REVIEW CHECKLIST

PERMIT NO. 63-11843

DATE 6/26/96

REVIEWER: SHARLA

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

Does map agree with written description? — yes — no NO MAP-NO FIELD

OVERLAPS — P/D — P/U

EXAM CONDUCTED -
CONFIRMED BY
ASSESSOR'S OFFICE

RATE OF DIV

Permitted Rate .04 cfs

Fee limit .04 cfs

Measured — cfs

Theoretical .04 cfs

NO FEE REQ'D OR PAID

NO MEASUREMENT MADE

Recommended Total Div Rate .04 cfs

ANNUAL VOLUME/ NATURE OF USES

— ✓

Use DOMESTIC

Volume Calculation 1.2 standard af

— af

— af

— af

— af

SUBTOTAL 1.2 af

Flow rate .04 cfs X 365 days X 1.98 = 29.0 af

Total volume recommended 1.2 af

(SUBTOTAL or Flow Rate, whichever is less)

REMARKS

1 home.
Plu located in Lot 5, Blk 2,
Holly Estates.

CONDITIONS

— Watermaster Control WD# N/A

— GW Measurement/Measuring Device

— Overlap

— Use-specific conditions

Advancement of Priority Date Required — yes ✓ no

SRBA Claim Filed N/A
Adjustment Memo NO

1st Amend Letter N/A
2nd Amend Letter —

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

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DEC 06 1994

Department of Water Resources

A. GENERAL INFORMATION

Permit No. 63-11843

1. Owner: PATRICK Leceetua Phone No. 362-0823

Current Address: 6785 HOLLYLYN DRIVE, BOISE, ID 83709

2. Accompanied by: NONE - OFFICE exam EXAM DATE: _____

Address: SAME Phone No. SAME

Relationship to Permit Holder: _____

3. Source: Groundwater tributary to _____

B. OVERLAP REVIEW

1. Other water rights with the same place of use: 63-02388, 63-10897

2. Other water rights with the same point of diversion: 63-10897

C. DIVERSION AND DELIVERY SYSTEM

1. Point(s) of Diversion:

Ident No.	Gov't Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Method of Determination/Remarks
			NE	SW	7	2N	2E	Ada	Ada County Assessors Records & PLAT

2. Place(s) of Use:

Indicate Method of Determination SAME AS P/D

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
2N	2E	7																	

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

N/R

Scale: 1" = _____

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

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

____ Photo of Diversion and System Attached

4. N/R

Well or Diversion Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
		2.5			

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

D. FLOW MEASUREMENTS

N/R

1.

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

2. Measurements: N/R

2/10/2011

091000

E. NARRATIVE/REMARKS/COMMENTS

OVERLAPS - P/D - Same QD, different P/D
P/U - Same QD, different areas of use.

Parcel No. R 3704900130

Lot 5, Blk 2, Holly Estates

Location verified at Ada County Assessors Office.

5 acre, single dwelling

Well Drilled 2-8-92 (Can-Ada Well Drilling)
Drilling Permit No. 63-92-W-033

Verification at Assessors Office. Therefore, recommend
licensing for 0.04 cfs for domestic use as requested
on permit.

$$\text{Theoretical: } Q = \frac{(8.8)(2.5)(0.7)}{319 + (2.31 \times 40)} = \frac{15.4}{411.4} \approx 0.04 \text{ cfs}$$

Note: Assumed 40 psi as per pump size.

Assumed dynamic pumping level of 319' as
per office diagram.

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

APPROVED

AUG 09 1996

F. FLOW CALCULATIONS

Additional Computation Sheets Attached

Measured Method:

G. VOLUME CALCULATIONS**1. Volume Calculations for Irrigation:**

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = \underline{\hspace{2cm}}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = \underline{\hspace{2cm}}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = \underline{\hspace{2cm}}$$

2. Volume Calculations for Other Uses:

$$\left. \begin{array}{l} V_{(ind)} = 0.6 \text{ AFA} \\ V_{(ext)} = 0.6 \text{ AFA} \end{array} \right\} = 1.2 \text{ AFA}$$

H. RECOMMENDATIONS**1. Recommended Amounts**

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
<u>Domestic</u>	<u>1/1</u>	<u>12/31</u>	<u>0.04</u>	<u>1.2</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Totals:			<u>0.04</u>	<u>1.2</u>

2. Recommended Amendments

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

I. AUTHENTICATIONField Examiner's Name Rick Collingwood Date 2/17/94

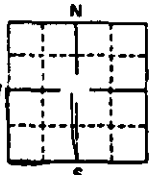
Reviewer _____ Date _____

SEAL

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState 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.

1. WELL OWNER Name <u>LECERTUA, PAT</u> Address <u>HOLLILYNN DR.</u> <u>BOISE, ID</u> Drilling Permit No. <u>63-92-W-033</u> Water Right Permit No. _____		7. WATER LEVEL Static water level <u>309</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature <u>59</u> °F. Quality <u>6</u> Describe artesian or temperature zones below.																																																																																																																																													
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>5</u></td><td><u>387</u></td><td><u>3</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>5</u>	<u>387</u>	<u>3</u>																																																																																																																																						
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		10. Work started <u>1/25/92</u> finished <u>2/24/92</u>																																																																																																																																													
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness _____ Diameter _____ From _____ To _____ 250 inches 6 inches +1 feet 390 feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☐ Yes ☒ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth _____ Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth ☐ _____ Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port <u>SANITARY WELL CAP</u>		11. DRILLER'S CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Can-Ada Well Drilling 304 Firm Name _____ Firm No. _____ 4250 Murphy Road Address _____ Kuna, Idaho Date <u>2/24/92</u> Signed by (Firm Official) <u>Earl Skinner</u> and (Operator) <u>Earl Skinner</u>																																																																																																																																													
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name <u>HOLLIST ESTATES</u> Lot No. <u>5</u> Block No. _____ County <u>ADA</u> NW <u>X</u> SE <u>X</u> Sec. <u>7</u> T. <u>2</u> N. R. <u>2</u> E. <u>X</u>																																																																																																																																															

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

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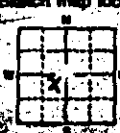
JUL 30 1992

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

This report must be filed with the Director, Department of Water Resources, within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>ELECTRA, INC.</u> Address <u>10111 W. DR.</u> <u>BOISE, ID</u> Drilling Permit No. <u>43-32-H-033</u> Water Right Permit No. _____	7. WATER LEVEL Static water level _____ feet below land surface Flowing? ☐ Yes ☒ No Artesian closed-in pressure _____ psi Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F Quality _____ Describe strata or temperature below pump																																																																																																																																																																																																																																		
2. NATURE OF WORK ☐ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Modification ☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☐ Air ☐ Other _____ <table border="1"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td>35</td> <td>287</td> <td>8</td> </tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	35	287	8																																																																																																																																																																																																																												
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6"	390	430	COURSE SAND	YES																																																																																																																																																																																																																															
6"	430	439	CLAY	NO																																																																																																																																																																																																																															
6"	439	442	SAND	YES																																																																																																																																																																																																																															
4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Auger ☐ Reverse rotary ☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)	10. _____ 1/25/92 finished _____ 7/28/92																																																																																																																																																																																																																																		
5. WELL CONSTRUCTION Casing schedule: ☐ Steel ☐ Concrete ☐ Other _____ 250 inches diameter _____ feet from _____ feet to _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation? _____ inches by _____ inches _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☐ No Manufacturer _____ Type _____ Top Packer _____ caspipe Bottom of caspipe _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth _____ Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☐ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port <u>SANITARY WELL CAP</u>	11. DRILLER'S CERTIFICATION I certify that all minimum well construction standards were complied with at the time the rig was removed. Can-Ada Well Drilling Firm No. 304 Address 4250 Murphy Road Kuna, Idaho Signed by Drilling Supervisor _____ and _____ (Operator) _____ (if different than the Drilling Supervisor)																																																																																																																																																																																																																																		
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name <u>WALLY ESTATES</u> Department of _____ Lot No. <u>5</u> Block No. _____ County <u>ADA</u> Address of Well Site _____ (give at least name of road) _____ 1/4 Sec. _____ T. _____ N. or S. ☐ _____ R. _____ E. or W. ☐	JUL 31 1992																																																																																																																																																																																																																																		

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

September 10, 1993

PATRICK LECERTUA
6785 HOLLYLYN DR
BOISE ID 83709

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 63-11843

Dear Permit Holder:

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

If you have questions concerning this matter, please feel free to contact the WESTERN Regional Office in Boise at (208)334-2190.

Sincerely,

Karen L. Gustafson
Secretary/Records Manager

c: IDWR - Region

RECEIVED

OCT 20 1993

Permit No. 63-11843 Reviewed by llg Date 9/3/93

TYPES OF USE

yes Name same as permit?
yes Address same as permit?
yes Proof timely received?
 If not, complete calcul

domestic-1

Correct Uses? Yes

SOURCE OF WATER

 Surface water source
✓ Ground water source

YES Drilling permit required?

data Copy in the file? Drilling Permit No. 63-24-003-000

35 Amount paid for permit Yes Correct?

datac Well log in the file?

LICENSE EXAMINATION FEE

WA Required?
/ Amount Submitted
Correct?

MEASURING DEVICE

NA Required?
NA Installed?
NA Waiver requested?

PRIORITY CALCULATION

Date proof received NA _____
 Date proof due _____ - _____
 No. of days late _____ = _____
 Priority Date _____ + _____
 New Priority Date _____

DEFICIENCIES OR ACTION ITEMS

proof acceptable

DATA ENTRY

New Address

Proof Made

Proof Made 8/31/93 9/10/93 klg

PERMIT NUMBER	OWNER CODE	NAME & ADDRESS	TWP	RGE	SEC	TRACT	LOT	COUNTY
63-92-W-0033-000	O	PAT LECERTUA 8650 W RIFLEMAN BOISE, ID 83704 (208) 376-6168	02N	02E	07	NW SW		ADA

Subdivision Location and Description:
Subdivision Name: HOLLY ESTATES
Well Site Address: HOLLILYNN DR
City, State:

Geographic Location:
Accuracy Code:
Lot(s): 005
Block(s):
Lat: : : N
Long: : : W

Proposed Use of Well: Domestic

Proposed Casing Diameter: 6 In.

Proposed Depth: 400 Ft.

Well Use Comments:

Driller License No: 0304

Firm Name: CAN-ADA WELL DRILLING
Official: EARL F SKINNER

Permit Status: Permit

Verbal Issue Date:
Date Received: 01/23/1992
Date Approved: 01/23/1992
Proposed Start Date: 01/23/1992
Extension Date:
Extension Expiration:

Receipt No. Receipt Date Fee
W014061 01/23/1992 \$ 35.00

Specific Conditions:

Permit Remarks:

----- WELL DRILLER'S LOG REPORT -----

Drilling Permit No: 63-92-W-0033-000

Water Right No: 63-11843
Injection Permit No:

Nature of Work: NEW WELL

Construction Method: ROTARY

Number of Monitor Wells:

Casing Diameter: 6 In.
Depth of Casing: 440 Ft.
Total Depth: 442 Ft.
Screen Installed? No

Static Water Level: 309 Ft.
Temperature: 59 F.
Production Rate: 35.00 GPM

Actual Start Date: 01/25/1992
Well Finish Date: 02/08/1992
Log Received Date: 07/30/1992
Certification Date:
Field Inspection Date:

Inspector:

Well Log Remarks: ORIGINAL LOG WAS SENT IN WITH INCORRECT DEPTH OF 393', THIS IS
THE CORRECT LOG.

RECEIVED

OCT 20 1993

June 30, 1993

PATRICK LECERTUA
6785 HOLLYLYN DR
BOISE ID 83709

PROOF DUE NOTICE

RE: PERMIT NO. 63-11843

Dear Permit Holder:

One of the conditions of approval of the above referenced water permit was that proof of the extent of your beneficial use must be submitted to this office on or before September 1, 1993. (See last page of your approved permit or your last approved extension request.) Enclosed is a form which when accompanied by the license examination fee or a complete field examination report prepared by a certified water right examiner may be used to submit the required proof.

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

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

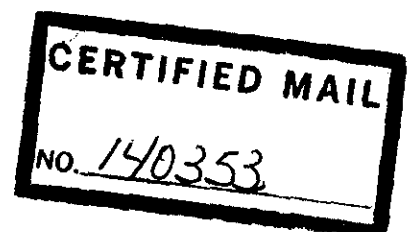
SINCERELY,

Karen L. Gustafson
Secretary/Records Manager

Enclosures

MAILED

OCT 20 1993





State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

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

CECIL D. ANDRUS
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

August 27, 1992

PATRICK LECERTUA
6785 HOLLYLYN DR
BOISE ID 83709

PERMIT APPROVAL NOTICE

RE: PERMIT NO. 63-11843

Dear Permit Holder:

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

Enclosed is a form entitled "Instructions for Proof of Beneficial Use". Please read the instructions carefully since you must take further action to develop this permit. Also enclosed is a form entitled "Proof of Beneficial Use". If your project is already completed you should complete and submit this form immediately.

You should be aware that you are located within a drainage basin where surface water diversions are regulated by a watermaster. It is possible that diversion of groundwater under your permit may cause a reduction of surface water flow. Siting your well as far as possible from surface water channels and casing your well so that groundwater tributary to surface water flows are not diverted will reduce the potential for the watermaster to regulate your water use.

Sincerely,

BRENDA L. MILLER
Water Resource Agent

BLM:cz

Enclosures

MICROFILMED

SEP 11 1992

APPLICATION FOR PERMIT REVIEW

Application #: 63-11843 Date: 8-21-92 Reviewer: Brenda Miller

BM

SYSTEM COMPLETED:

- No - 26A-P17
- Complete in 1 year - P16
- Yes
- Proof not submitted - P16
- Proof submitted - N/A

GROUNDWATER:

- GT. 0.2 cfs <flo-ch> - 01G-P03, 01C-P03 (existing well)
- NMR <fl ch>, A of C SNAKE RIVER BASIN
- LT. 0.2 cfs - No measurement required <flow chart>
- Drilling Permit:
- Approved w/permit - P99
- Not included - 046-46A-46B-P23 (after 7/1/87), N/A

SURFACE WATER: not in w/d - 01C-P03 (=GT.2 w/pump), NMR <flow chart>

LOCATION:

- Water Districts - WD No. 63 NOT DELIVERED
- Surface water - R04, R04-01H-P01(LT.2 w/pump)
- R04-01J-P08(GT.2), NMR <flow chart>
- Groundwater - P05
- Irrigation Districts - 023
- Canal Co. Areas - 023
- Drainage Districts - 024
- Boise Front (63) - 058 (Groundwater) OUTSIDE AREA
- Swan Falls Flag - (1, Blank or Other)
- Trust - 051-052-053-P74(Consumptive Uses)
- Non Trust <1> - 048-049

RIVER BASINS:

- (Surface Water) Water District Control Condition &....
- Boise (63) - 05A & 11E
- Payette (65) - 047-P04, 059-P71
- Snake (01, 02 & 03) - 11A-P04(01), 061-P07(02/03 No W.D.Cond.)

USE:

- Fish Propagation - 06A, 09E-P10 & 010 (WQ/Choose One),
- 042(req.), 002-P06(MD), 07A(Spec.),
- 044(Policy 5G)
- Power - Use Power Review
- Mining - 06A, 010, or 09E-P10 & 054(req.)
- Storage - 18A-for multiple measuring devices(In WD),
- 18B-P09(Size)
- Rec/Wildlf/Aes - 027(Non-Consumptive)
- Domestic - 021 (Boise River - upstream from L Peak)
- (restricted areas) 27A (Payette River & main tributaries)

OWNERSHIP:

- Non land owner - 004

PROTESTED:

- Agreement - 020

Beneficial Use Due Date: - 09-01-1993

Other Conditions:

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPROPRIATION APPLICATION ANALYSIS SHEET

INITIAL REVIEW BY: CJH DATE: 6/4/92 APPLICATION: 63-11843

REQUIRED INFORMATION

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

Gov't. Lots:

3 P/D
3 P/U

ADDITIONAL INFORMATION

YES NO

☒ Overlapping place of use: (Describe source & relationship to present application on the back.)
☒ Overlapping point of diversion:
Field check required: Field check by: _____
Field report attached:
Critical groundwater area:
Groundwater management area:
1992 moratorium
Diversion within interim protected river area
Send dam safety information:
Send power requirement letter:
Send fish farm requirement letter:
Power residency affidavit:
Power efficiency form:
Within trust water boundary: (If yes, attach Trust Water Supplementary Analysis Sheet.)
Diversion greater than 5 cfs or 500 af or irrigation greater than 200 acres: (If yes, attach Large Diversion supplementary analysis sheet.)
*REQUEST ADDITIONAL INFORMATION FROM THE APPLICANT

DATE REQUESTED: _____

Additional information on reverse side:

RECEIVED
JUL 15 1992

Department of Water Resources

PROCESSING

APPLICATION NO 63-11843

YES NO

☒ ☐
☐ ☐
☒ ☐

In form for advertising:

Statewide advertising:

Fee amount, receipt number and date recorded on application:

SEND COPIES TO

YES NO

☐ ☒
☐ ☒
☐ ☒
☐ ☒

I.D. Health and Welfare

I.D. Fish and Game

I.D. Lands

Adjudication Bureau

YES NO

☐ ☒
☐ ☒
☐ ☒
☐ ☒

U.S. BLM

U.S. Forest Svc.

Water Dist. # _____

Other _____

FINAL REGIONAL PROCESSING REVIEW

YES NO

☒ ☐
☒ ☐

Affidavit of publication received:

Application published correctly: If not, record action taken.

☒ ☐
☐ ☒
☐ ☒
☐ ☒
☐ ☒
☐ ☒
☐ ☒
☐ ☒

Publication dates and paper recorded on application:

Protests received. Final date for protest July 6, 1992

Protest dates, resolution of protest recorded on application:

Recommendations attached: approve, OK

Measuring device required:

Measuring port required:

Water delivered by water master? District # _____

Special conditions of approval or cover letter: _____

See below for additional information

Recommended Date or Priority 5/21/92Recommended by: DMDate 7/10/92

STATE OFFICE REVIEW

See below for additional information. By _____

Date _____

ADDITIONAL INFORMATION

Domestic ap. T/D & P/L overlaps N/A

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
Western Region
2735 AIRPORT WAY

Boise, Idaho 83705
(208) 334-2190

JUNE 10, 1992

The Idaho Statesman
P.O. Box 40
Boise, ID 83707

Dear Legal Dept.:

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

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

Please send the affidavit of publication and publication billing to this office before JULY 6, 1992.

Yours truly,

GAIL GARRETT
Secretary

Encl.

MICROFILMED

SEP 11 1992

63-11843

LECERTUA, PATRICK
6785 HOLLYLYN DR
BOISE, ID 83709

Source: GROUNDWATER

Diversion Pt: SWNESW Sec 7 T 02N R 02E in ADA County.

Use: DOMESTIC (.040 CFS)
Total Diversion: (.040 CFS)

Date Filed: 5/27/1992

In: ADA County
T02N R02E S07 NESW

RECEIVED

SEP 11 1992