



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

**A. GENERAL INFORMATION**

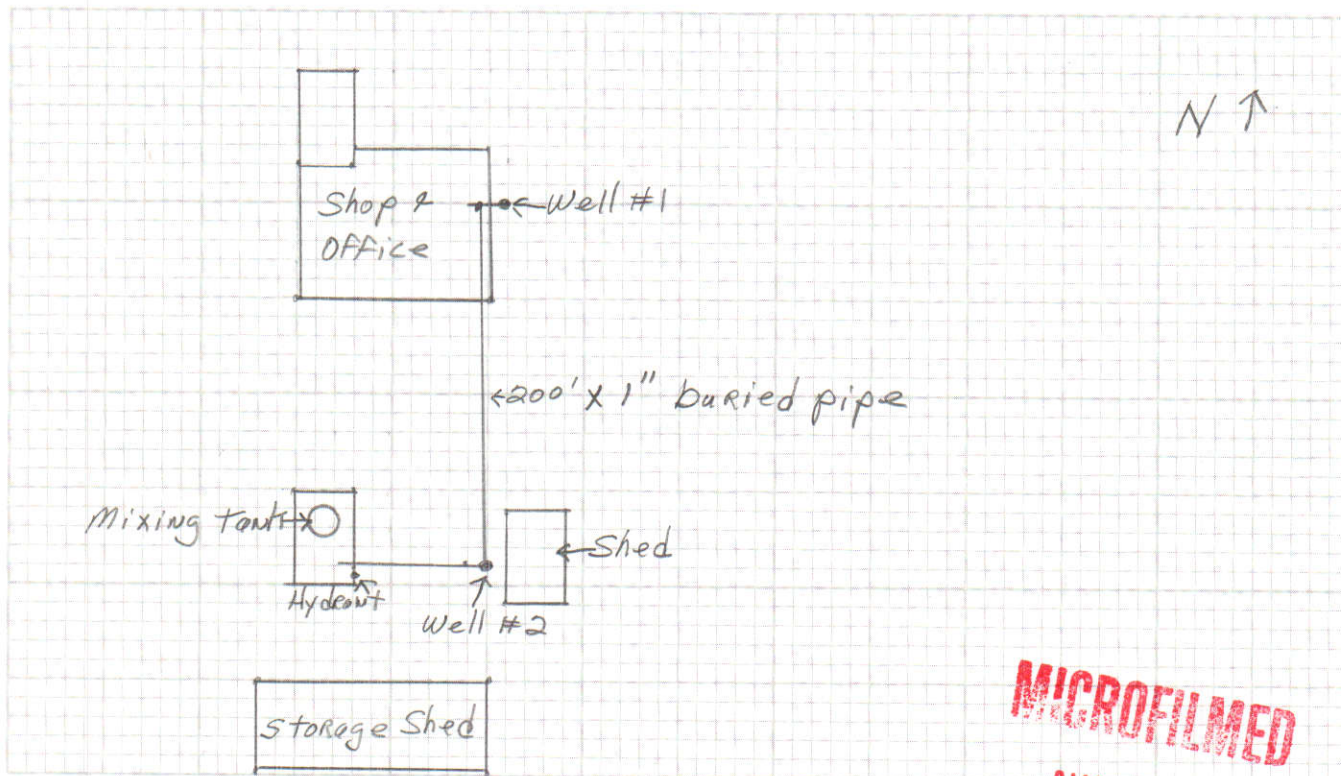
Permit No. 63-11222  
1. Owner: Tamura Bros. Phone No. 337-3837  
Current Address: P.O. Box 275, Homedale, Idaho 83628  
2. Accompanied by: George Tamura EXAM. DATE: 8-13-91  
Address: same Phone No. same  
Relationship to Permit Holder: owner  
3. Source: groundwater tributary to none

**B. OVERLAP REVIEW**

1. Other water rights with same place of use: None ☐ Copies Attached  
2. Other water rights with same point of diversion: 63-9260 ☒ Copies Attached ☐ Copies of Field Exam's Attached

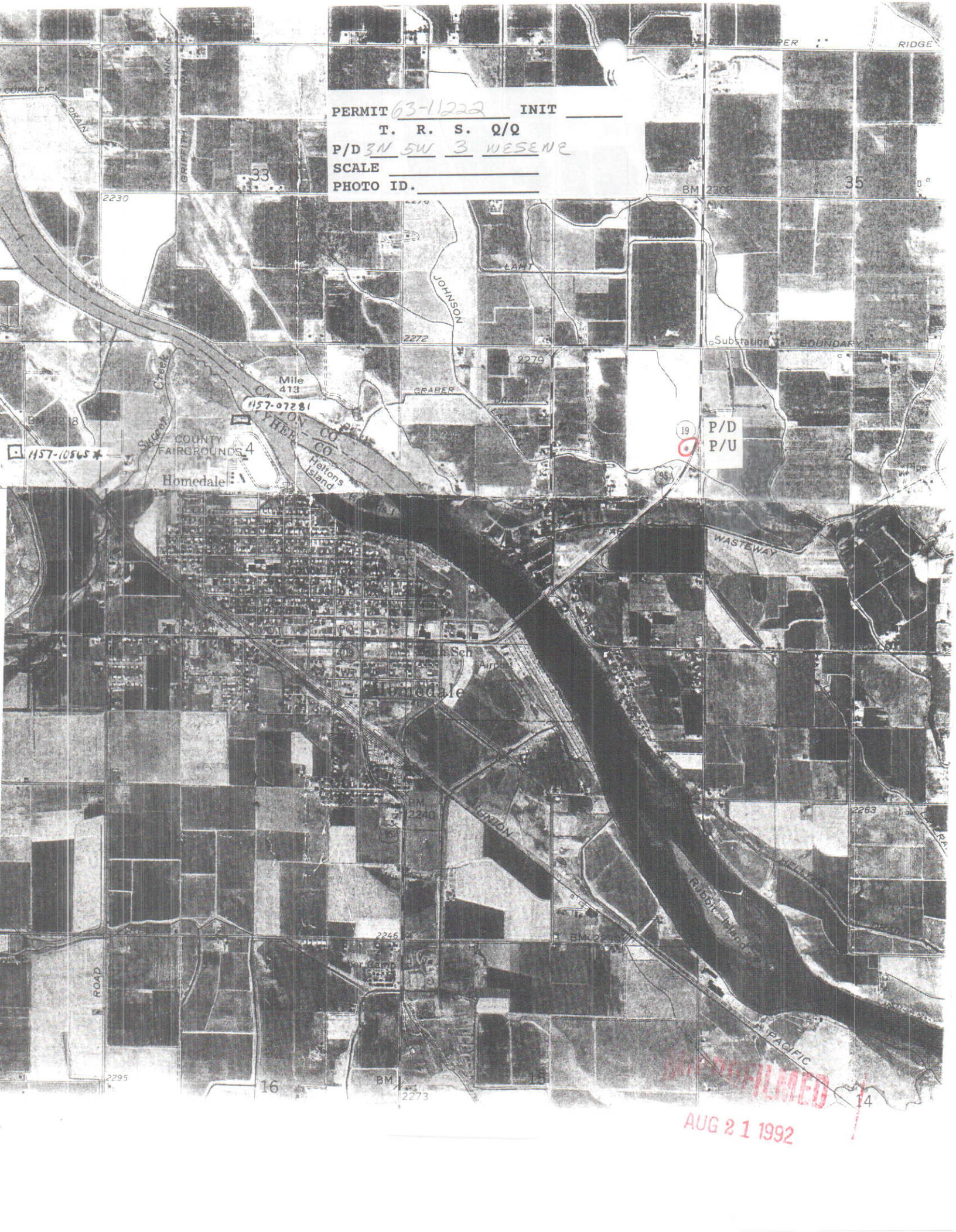
**C. SYSTEM DESCRIPTION**

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



Scale: 1" = not to scale

2. ☒ Copy of U.S.G.S. Quadrangle Attached Showing location(s) of point(s) of diversion and place(s) of use (required). ☐ Aerial Photo Attached (required for irrigation of 10 acres or more).  
☒ Photo of Diversion and System Attached (required for all but single household domestic groundwater, and stockwater).



PERMIT 63-11222 INIT  
T. R. S. Q/Q  
P/D 3N 5W 3 WESENE  
SCALE  
PHOTO ID.

P/D  
P/U

AUG 21 1992

63-11222



#1

P/Q #1

located behind  
the main shop  
and office building



#2

P/Q #2 located  
approx. 100' West  
of the shop containing  
the mixing tank.

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#3

P/U - shop  
containing mixing  
tank.



#4

P/U - shop and  
office building

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#5

Mixing tank



#6.

View inside shop where  
mixing tank is located.  
Pipe going through wall  
is used for steam cleaner.

UNRECORDED  
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63-11222



#7.

View of tanks, controls and  
pipes inside main shop  
next to well #1.

APPROVED  
AUG 21 1992

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 63-11222

Priority: March 16, 1990

Maximum Diversion Rate:

0.06 CFS

Maximum Diversion Volume:

1.1 AF

This is to certify, that TAMURA BROTHERS

PO BOX 275

HOMEDALE ID 83628

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated March 16, 1990; and has submitted Proof of Beneficial Use on December 31, 1990. An examination indicates that the works have a diversion capacity of .140 cfs of water from a **GROUNDWATER** source, and a water right has been established as follows:

| <u>BENEFICIAL USE</u> | <u>PERIOD OF USE</u> | <u>RATE OF DIVERSION</u> | <u>ANNUAL VOLUME</u> |
|-----------------------|----------------------|--------------------------|----------------------|
| COMMERCIAL            | 01/01 to 12/31       | 0.04 CFS                 | 0.5 AF               |
| DOMESTIC              | 01/01 to 12/31       | 0.02 CFS                 | 0.6 AF               |
|                       | Totals               | 0.06 CFS                 | 1.1 AF               |

LOCATION OF POINT(S) OF DIVERSION:

SENE , Sec. 3, Township 03N, Range 05W  
CANYON County

PLACE OF USE: COMMERCIAL

TWN RGE SEC

03N 05W 3

SENE

PLACE OF USE: DOMESTIC, same as COMMERCIAL use

CONDITIONS/REMARKS:

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to more accurately describe the beneficial use or to implement accepted standards of diversion and use efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
5. Two points of diversion are located within SENE, S03, T03N, R05W. Commercial and domestic use are for farm shop facilities

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State of Idaho  
Department of Water Resources

**WATER RIGHT LICENSE**

WATER RIGHT NO. 63-11222

This license is issued pursuant to the provisions of Section 42-219, Idaho Code,  
Witness the seal and signature of the Director, affixed at Boise, this 30<sup>TH</sup>  
day of JULY, 1990.

Acting for R. Keith Higginson, Director

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AUG 21 1992

State of Idaho  
Department of Water Resources

# Permit To Appropriate Water

NO. 63-11222

Proposed Priority: March 16, 1990 Maximum Diversion Rate: 0.06 CFS

This is to certify, that **TAMURA BROTHERS**  
P.O. BOX 275  
HOMEDALE, ID 83628

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> |
|-----------------------|----------------------|--------------------------|
| COMMERCIAL            | 01/01 to 12/31       | 0.04 CFS                 |
| DOMESTIC              | 01/01 to 12/31       | 0.02 CFS                 |
|                       | Totals               | 0.06 CFS                 |

LOCATION OF POINT(S) OF DIVERSION: NESENE Sec. 3, Township 03N, Range 05W  
CANYON County

PLACE OF USE: COMMERCIAL

TWN RGE SEC

03N 05W 3 SENE

PLACE OF USE: DOMESTIC, same as COMMERCIAL use

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before September 1, 1991.
2. Subject to all prior water rights.
3. Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
4. Commercial and domestic use is for shop facilities for farm.

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

13<sup>th</sup> day of August, 1990.

*[Signature]*  
for R. Keith Higginson, Director

**MICROFILMED**

AUG 28 1990

30  
Ident. No. 63-11222

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name: TAMURA BROTHERS 208-337-3837  
Address: P.O. BOX 275  
HOMEDALE, ID 83628
2. Source: GROUNDWATER Trib. to:
3. Location of Point of Diversion: NESENE Sec. 3, Township 03N, Range 05W  
CANYON County
4. Water will be used for the following purposes:
- | Purpose    | From  | To    | CFS   | (or) | AF |
|------------|-------|-------|-------|------|----|
| DOMESTIC   | 01/01 | 12/31 | 0.020 |      |    |
| COMMERCIAL | 01/01 | 12/31 | 0.040 |      |    |
5. Total quantity appropriated is:  
0.060 CFS (and/or) AF
6. Proposed diverting works:
- Description of ditches, flumes, pumps, headgates, etc.  
WELL AND PUMP TO OFFICE SHOP AND OUT BUILDING SPICKETS
  - 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 230  
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:  
DOMESTIC AND SHOP FACILITIES FOR FARM
9. Place of Use: COMMERCIAL

TWN RGE SEC  
03N 05W 3

SENE

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AUG 28 1990

Place of Use: DOMESTIC

TWN RGE SEC  
03N 05W 3 SENE

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

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

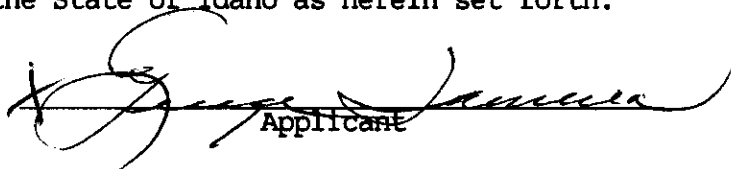
c. If the property is owned by a person other than the applicant,  
describe the arrangement enabling the applicant to make this filing.  
NA

12. Remarks:

NA

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.

  
Applicant

Received by BAS Date 3/16/90 Time 14:54 Preliminary check by BAS RW  
Fee \$ 30 Receipted by BAS # W011256 Date 3/16/90  
Publication prepared by GG Date 5-30-90 Published in Press-Tribune  
Publication approved ST Date 6-21-90 6/6 & 6/13/90

**MICROFILMED**  
AUG 28 1990



# Officers

## Tamura Farms

|               |               |
|---------------|---------------|
| President     | George Tamura |
| Vice Pres.    | Ken Tamura    |
| Secretary -   | Ben Tamura    |
| Treasurer - " | "             |

## Tamura Brothers Partnership

|         |               |
|---------|---------------|
| Partner | George Tamura |
| Partner | Ken Tamura    |
| Partner | Ben Tamura    |

## Tamura Produce Co.

|                       |               |
|-----------------------|---------------|
| President             | Ken Tamura    |
| Vice President        | Ben Tamura    |
| Secretary - Treasurer | George Tamura |

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AUG 28 1990

## NOTICE OF APPLICATION FOR WATER RIGHT

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

63-11219

TAMURA BROTHERS  
P.O. BOX 275  
HOMEDALE, ID 83628  
Source: GROUNDWATER  
Diversion Pt:  
Use: IRRIGATION

SWSWNW  
(1.000 CFS)  
Total Diversion: (1.000 CFS)

Sec 27 T 04N R 05W  
(420.00 AF)  
(420.00 AF)

Date Filed: 3/16/1990  
In: T04N R05W S27

SWNW

S28NENE  
120.0 ACRES TOTAL

SENE

NESE

63-11221

TAMURA PRODUCE CO.  
P.O. BOX 275  
HOMEDALE, ID 83628  
Source: GROUNDWATER  
Diversion Pt:  
Use: INDUSTRIAL

SESE

Sec 9 T 05N R 05W  
(1.000 CFS)

Total Diversion: (1.000 CFS)

Date Filed: 3/16/1990  
In: T05N R05W S09

SESE

63-11222

TAMURA BROTHERS  
P.O. BOX 275  
HOMEDALE, ID 83628  
Source: GROUNDWATER  
Diversion Pt:  
Use: DOMESTIC  
Use: COMMERCIAL

NESENE

Sec 3 T 03N R 05W  
(.020 CFS)  
(.040 CFS)

Total Diversion: (.060 CFS)

Date Filed: 3/16/1990  
In: T03N R05W S03

SENE

63-11226

DALE, LORING J.  
DALE, REBECCA A.  
31147 CIRCLE DRIVE  
PARMA, ID 83660  
Source: GROUNDWATER  
Diversion Pt:  
Use: DOMESTIC  
Use: STOCKWATER  
Use: IRRIGATION

NWSWSW

Sec 28 T 06N R 05W  
(.020 CFS)  
(.020 CFS)  
(.140 CFS)

Total Diversion: (.180 CFS)

Date Filed: 3/20/1990  
In: T06N R05W S28

SESW

7.0 ACRES TOTAL

63-11240

LITTLE, HARRY M.  
LITTLE, MYRNA J.  
2990 LEISURE DR.  
BOISE, ID 83704  
Source: GROUNDWATER  
Diversion Pt:  
Use: IRRIGATION

SESE

Sec 23 T 03N R 03W  
(1.540 CFS)

Total Diversion: (1.540 CFS)

Date Filed: 3/21/1990  
In: T03N R03W S23

S24  
S25

SESE  
SWSW  
NWNW

77.0 ACRES TOTAL

63-11246

TRUNNELL, DORIS  
27527 FERN LN.  
WILDER, ID 83676  
Source: GROUNDWATER  
Diversion Pt:  
Use: DOMESTIC  
Use: IRRIGATION

NWNW

Sec 20 T 04N R 05W  
(.080 CFS)  
(.020 CFS)

Total Diversion: (.100 CFS)

Date Filed: 3/22/1990  
In: T04N R05W S20

NWNW

1.0 ACRES TOTAL

63-11255

STEPHENS, JAMES A.  
STEPHENS, JO ANNE E.  
14460 SAND HOLLOW RD.  
CALDWELL, ID 83605  
Source: GROUNDWATER  
Diversion Pt:  
Use: IRRIGATION  
Use: DOMESTIC

SWSE

Sec 10 T 05N R 03W  
(.150 CFS)  
(.040 CFS)

Total Diversion: (.190 CFS)

Date Filed: 3/27/1990  
In: T05N R03W S10

SWSE

5.0 ACRES TOTAL

VICKERS, KIRBY D.  
VICKERS, CHERYL L.  
1115 SKYE DR.  
NAMPA, ID 83651  
Source: GROUNDWATER  
Diversion Pt:  
Use: IRRIGATION

NWNW

Sec 14 T 03N R 04W  
(.200 CFS)  
Total Diversion: (.200 CFS)

Date Filed: 4/16/1990  
In: T03N R04W S14

5.0 ACRES TOTAL

63-11319

IDAHO CONCRETE CO.  
C/O TIM JOHNSON  
P.O. BOX 670  
CALDWELL, ID 83606  
Source: GROUNDWATER  
Diversion Pt:  
Use: COMMERCIAL  
Use: DOMESTIC

SWNENW

Sec 21 T 04N R 03W  
(.040 CFS)  
(.060 CFS)

Total Diversion: (.100 CFS)

Date Filed: 3/20/1990  
In: T04N R03W S21

NENW

63-11321

WILBUR-ELLIS CO.  
P.O. BOX 988  
CALDWELL, ID 83606  
Source: GROUNDWATER  
Diversion Pt:  
Use: COMMERCIAL  
Use: HEATING

NENWSE

Sec 23 T 04N R 04W  
(.040 CFS)  
(.020 CFS)

Total Diversion: (.040 CFS)

Date Filed: 5/4/1990  
In: T04N R04W S23

NWSE

63-11323

NICHOLSON, CARL V.  
NICHOLSON, THOMAS T.  
P.O. BOX 703  
MERIDIAN, ID 83642  
Source: WASTE WATER  
Diversion Pt:  
Use: IRRIGATION

Tributary: SNAKE RIVER

NENENW  
NENWSW

Sec 36 T 01N R 03W  
Sec 03 T 01S R 03W  
(1.500 CFS)

Total Diversion: (1.500 CFS)

Date Filed: 3/21/1990  
In: T01N R03W S25

NWSW

SWSW

SESW

S36

NENW

NESE

SESE

S09

NENE

90.0 ACRES TOTAL

SENE

63-11324

DESHAZER, GARY L.  
DESHAZER, SHARON L.  
27792 W. USTICK RD.  
WILDER, ID 83676  
Source: GRIFFITH DRAIN  
Diversion Pt:  
Use: IRRIGATION

Tributary: SNAKE RIVER

LOT 1 (SWSW)

Sec 33 T 04N R 05W  
(.090 CFS)

Total Diversion: (.090 CFS)

Date Filed: 4/2/1990  
In: T04N R05W S33

SWSW

3.0 ACRES TOTAL

63-11327

URQUIAGA, ED  
14151 FROST RD.  
CALDWELL, ID 83605  
Source: SPRINGS  
Diversion Pt:  
Use: IRRIGATION  
Use: DOMESTIC

Tributary: SNAKE RIVER  
LOT 1 (SWSWSW)

Sec 22 T 03N R 04W  
(.100 CFS)

Total Diversion: (.080 CFS)

Date Filed: 5/16/1990  
In: T03N R04W S22

Total Diversion: (.180 CFS)

Lot 1

(SWSW)

5.0 ACRES TOTAL

63-11330

TMCO INC.  
P.O. BOX R  
NAMPA, ID 83653  
Source: GROUNDWATER  
Diversion Pt:  
Use: IRRIGATION

NESENW  
SESENW

Sec 17 T 03N R 01W  
Sec 17 T 03N R 01W  
(2.580 CFS)

Total Diversion: (2.580 CFS)

Date Filed: 5/16/1990  
In: T03N R01W S17

NWNW

SWNE

SENE

NENW

SWNW

SENE

129.0 ACRES TOTAL

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 JUNE 25, 1990.

R. KEITH HIGGINSON, Director

June 6 13 1990

August 4, 1992

TAMURA BROTHERS  
PO BOX 275  
HOMEDALE ID 83628

RE: WATER RIGHT NO. 63-11222

Dear Water Right Holder(s):

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

Sincerely,

PAMELA SKAGGS  
Water Resource Agent

PS:cz

Enclosure

**MICROFILMED**

**AUG 21 1992**

# LICENSE REVIEW CHECKLIST

Permit # 63-11222

Date 7-28-92 es

|               | Yes                                 | No                                  |                                                                                                |
|---------------|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------|
| NAME          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Address Change?                                                                                |
| PRIORITY DATE | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Advance?                                                                                       |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Memo to Advance                                                                                |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Order to Reinstate Needed?                                                                     |
| TOTAL CFS     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Incorrect Fee for rate recommended?                                                            |
|               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Disagree with Actual Measurement?                                                              |
|               |                                     |                                     | <u>.02 cfs (DOM) .04 cfs (COMM)</u>                                                            |
|               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Disagree with Theoretical? <u><math>4.5 \times 8.8 \times .7 = .069 \times 2 = .139</math></u> |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Limited by Capacity? <u>.14 cfs <math>40(2.51 \times 40)</math></u>                            |
| TOTAL VOLUME  |                                     |                                     | Rate/ac <u>    </u> AFA Irr. Season <u>    </u>                                                |
|               |                                     |                                     | <u>    </u> Standard Irr. Season                                                               |
|               |                                     |                                     | <u>    </u> Season Recommended                                                                 |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Disagree with Examiner's Calculations?                                                         |
|               |                                     |                                     | <u>.6 afa (DOM) .5 afa (COMM)</u>                                                              |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Limited by Flow? <u><math>.04 \times 365 \times 1.9835 = 297.5</math></u>                      |
| SOURCE        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Changes? Clarification of <u>Originally</u>                                                    |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <u>Intended</u> source                                                                         |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Notice of Intent to Void.                                                                      |
| P/D           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Verify with Map                                                                                |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Amendment Needed?                                                                              |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Is Overlap Analysis a Consideration?                                                           |
| P/U           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Verify with Map                                                                                |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Amendment Needed?                                                                              |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Is Overlap Analysis a Consideration?                                                           |
| USES          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Change(s) in Nature of Use?                                                                    |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Amendment Needed?                                                                              |
| REMARKS       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Multiple P/Ds in 1/4 1/4? <u>2/SENE</u>                                                        |
|               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Non-Irr. Uses <u>COMM + DOM / Farm shop</u>                                                    |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Special Overlap Condition                                                                      |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Other                                                                                          |
| CONDITIONS    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Measuring Device                                                                               |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | W/Master Control                                                                               |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Overlap                                                                                        |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Water Quality                                                                                  |
|               |                                     |                                     | DATES/MISC                                                                                     |
|               |                                     | <input checked="" type="checkbox"/> | Water Dist.                                                                                    |
|               |                                     | <input type="checkbox"/>            | App Rec'd                                                                                      |
|               |                                     | <input type="checkbox"/>            | Exam Made                                                                                      |

## COMMENTS/MEMOS NEEDED:

Well logs in same 1/4 1/4 show average static  
depth = 23' / Used 40' dynamic estimate &  
40 psi low end DOM estimate

License ☒ 10-Day ☐ 15-Day ☐ Special Correspondence ☐

WR0749NP  
No. L63-11222

IDAHO DEPARTMENT OF WATER RESOURCES  
WATER RIGHT PROFILE REPORT  
(REGIONAL)

DATE: 07/28/92  
PAGE: 1

| OWNER<br>CODE    | NAME & ADDRESS                                                       | PRIORITY<br>DATE | WATER USE              | USE PERIOD<br>FROM TO      | DIVERSION<br>RATE    | DIVERSION<br>VOLUME |
|------------------|----------------------------------------------------------------------|------------------|------------------------|----------------------------|----------------------|---------------------|
| C                | TAMURA BROTHERS<br>PO BOX 275<br>HOMEDALE ID 83628<br>(208) 337-3837 | 03/16/1990       | COMMERCIAL<br>DOMESTIC | 01-01 12-31<br>01-01 12-31 | 0.04 CFS<br>0.02 CFS | 0.5 AFA<br>0.6 AFA  |
| TOTAL DIVERSION: |                                                                      |                  |                        |                            | 0.06 CFS             | 1.1 AFA             |

Water Source: GROUNDWATER

Tributary to:

Stage: LICENSE

Point(s) of Diversion Capacity: 0.14 CFS

Point(s) of Diversion: T03N R05W S03 SE NE

Place of use Legal Description for: COMMERCIAL

|           | NE   |      |      |      | NW   |      |      |      | SW   |      |      |      | SE   |      |      |      |
|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
|           | NENE | NWNE | SWNE | SENE | NENW | NWNW | SWNW | SENW | NESW | NWSW | SWSW | SESW | NESE | NWSE | SWSE | SESE |
| T R S     | : Lt | Ac   | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   |
| 03N 05W 3 | :    |      |      |      | :    |      |      |      | :    |      |      |      | :    |      |      |      |
|           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |

Place of use location for DOMESTIC is the same location as described for: COMMERCIAL

Pou County: CANYON

Remarks: Two points of diversion are located within SENE, S03, T03N, R05W.  
Commercial and domestic use are for farm shop facilities.

Dates: App. Received: 03/16/1990 Priority Date: 03/16/1990  
Proof Due Date: 09/01/1991 Proof Made Date: 12/31/1990  
Exam Made Date: 08/13/1991 Exam Sent to S.O.: 03/16/1992  
Licensed Date:

Misc: Water District Number: Field Exam fee: R (Received)

Audit: 07/28/92 SKAGGS

## 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.

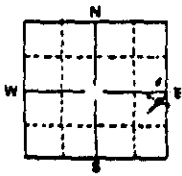
[illegible]

USE TYPEWRITER OR  
BALL POINT PEN

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

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

RECEIVED

| <b>1. WELL OWNER</b><br>Name <u>VEN TAMURA</u><br>Address <u>WILDER IDAHO</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | <b>7. WATER LEVEL</b><br>Static water level <u>30</u> feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____<br>Temperature _____ ° F. Quality <u>GOOD 8 GRNS.</u><br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |    |        |  |  |  |    |    |        |  |  |  |    |    |           |  |  |  |    |    |           |  |  |  |    |     |           |  |  |  |     |  |            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|-------|--|----------|-------|--|------|----|-----|----|---|---|---|----------|--|--|--|---|----|--------|--|--|--|----|----|--------|--|--|--|----|----|-----------|--|--|--|----|----|-----------|--|--|--|----|-----|-----------|--|--|--|-----|--|------------|--|--|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other <u>A.R.</u><br>Discharge G.P.M. <u>60</u> Draw Down <u>65</u> Hours Pumped <u>7</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |    |        |  |  |  |    |    |        |  |  |  |    |    |           |  |  |  |    |    |           |  |  |  |    |     |           |  |  |  |     |  |            |  |  |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test<br><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Stock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       | <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 colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6</td><td>0</td><td>3</td><td>TOP SOIL</td><td></td><td></td></tr><tr><td></td><td>3</td><td>26</td><td>GRAVEL</td><td></td><td></td></tr><tr><td></td><td>26</td><td>37</td><td>GRAVEL</td><td></td><td></td></tr><tr><td></td><td>37</td><td>93</td><td>BLUE CLAY</td><td></td><td></td></tr><tr><td></td><td>93</td><td>96</td><td>BLUE CLAY</td><td></td><td></td></tr><tr><td></td><td>96</td><td>175</td><td>BLUE CLAY</td><td></td><td></td></tr><tr><td></td><td>175</td><td></td><td>BLACK SAND</td><td></td><td></td></tr></tbody></table> |            | Hole<br>Diam. | Depth |  | Material | Water |  | From | To | Yes | No | 6 | 0 | 3 | TOP SOIL |  |  |  | 3 | 26 | GRAVEL |  |  |  | 26 | 37 | GRAVEL |  |  |  | 37 | 93 | BLUE CLAY |  |  |  | 93 | 96 | BLUE CLAY |  |  |  | 96 | 175 | BLUE CLAY |  |  |  | 175 |  | BLACK SAND |  |  |
| Hole<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Depth |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Material   |               | Water |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |    |        |  |  |  |    |    |        |  |  |  |    |    |           |  |  |  |    |    |           |  |  |  |    |     |           |  |  |  |     |  |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | From  | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Yes           | No    |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |    |        |  |  |  |    |    |        |  |  |  |    |    |           |  |  |  |    |    |           |  |  |  |    |     |           |  |  |  |     |  |            |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0     | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TOP SOIL   |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |    |        |  |  |  |    |    |        |  |  |  |    |    |           |  |  |  |    |    |           |  |  |  |    |     |           |  |  |  |     |  |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3     | 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | GRAVEL     |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |    |        |  |  |  |    |    |        |  |  |  |    |    |           |  |  |  |    |    |           |  |  |  |    |     |           |  |  |  |     |  |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 26    | 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | GRAVEL     |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |    |        |  |  |  |    |    |        |  |  |  |    |    |           |  |  |  |    |    |           |  |  |  |    |     |           |  |  |  |     |  |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 37    | 93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BLUE CLAY  |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |    |        |  |  |  |    |    |        |  |  |  |    |    |           |  |  |  |    |    |           |  |  |  |    |     |           |  |  |  |     |  |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 93    | 96                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BLUE CLAY  |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |    |        |  |  |  |    |    |        |  |  |  |    |    |           |  |  |  |    |    |           |  |  |  |    |     |           |  |  |  |     |  |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 96    | 175                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BLUE CLAY  |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |    |        |  |  |  |    |    |        |  |  |  |    |    |           |  |  |  |    |    |           |  |  |  |    |     |           |  |  |  |     |  |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 175   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BLACK SAND |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |    |        |  |  |  |    |    |        |  |  |  |    |    |           |  |  |  |    |    |           |  |  |  |    |     |           |  |  |  |     |  |            |  |  |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |    |        |  |  |  |    |    |        |  |  |  |    |    |           |  |  |  |    |    |           |  |  |  |    |     |           |  |  |  |     |  |            |  |  |
| <b>5. WELL CONSTRUCTION</b><br>Diameter of hole <u>6</u> inches Total depth <u>175</u> feet<br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete<br>Thickness <u>230</u> inches Diameter <u>6</u> inches From <u>1</u> feet To <u>49</u> feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br>Number _____ From _____ To _____<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>Will screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No To what depth <u>18</u> feet<br>Material used in seal <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Puddling clay |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |    |        |  |  |  |    |    |        |  |  |  |    |    |           |  |  |  |    |    |           |  |  |  |    |     |           |  |  |  |     |  |            |  |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>County <u>CANYON</u><br><u>SE 1/4 Sec. 3 T. 3 N. R. 5 E. NW</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | <b>10.</b><br>Work started <u>FEB-7-73</u> finished <u>FEB-11-73</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |    |        |  |  |  |    |    |        |  |  |  |    |    |           |  |  |  |    |    |           |  |  |  |    |     |           |  |  |  |     |  |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | <b>11. DRILLER'S CERTIFICATION</b><br>This well was drilled under my supervision and this report is true to the best of my knowledge.<br><u>HERBERT W. DRILLING CO.</u><br>Driller's or Firm's Name _____ Number _____<br><u>Box 511 Humboldt Idaho</u><br>Address _____<br><u>Herbert W. Drilling Co.</u><br>Signed By _____ Date <u>FEB-13-73</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |    |        |  |  |  |    |    |        |  |  |  |    |    |           |  |  |  |    |    |           |  |  |  |    |     |           |  |  |  |     |  |            |  |  |

USE ADDITIONAL SHEETS IF NECESSARY

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

Well Log in same 444

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

**A. GENERAL INFORMATION**

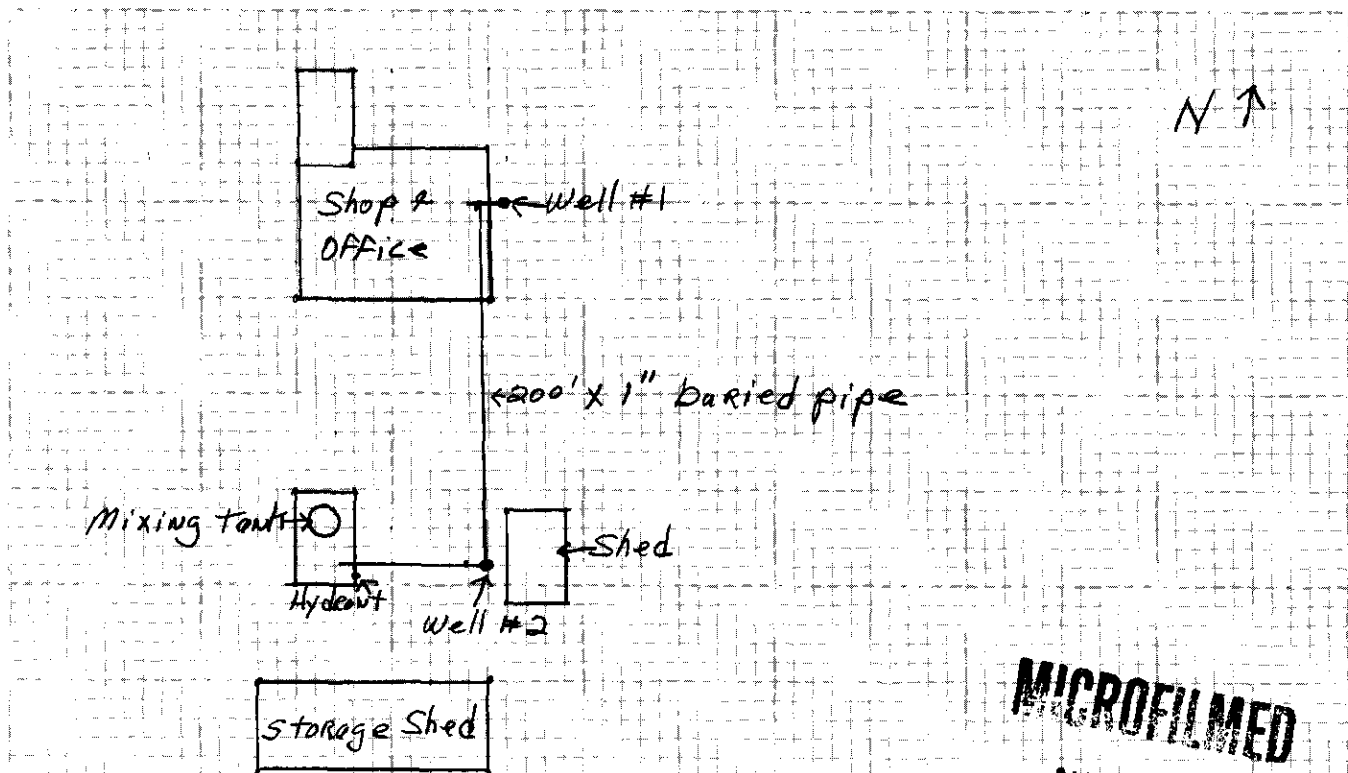
Permit No. 63-11222  
1. Owner: Tamura Bros. Phone No. 337-3837  
Current Address: P.O. Box 275, Homedale, Idaho 83628  
2. Accompanied by: George Tamura EXAM. DATE: 8-13-91  
Address: same Phone No. same  
Relationship to Permit Holder: owner  
3. Source: groundwater tributary to none

**B. OVERLAP REVIEW**

1. Other water rights with same place of use: None ☐ Copies Attached  
2. Other water rights with same point of diversion: 63-9260 ☒ Copies Attached ☐ Copies of Field Exam's Attached

**C. SYSTEM DESCRIPTION**

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



Scale: 1" = not to scale.

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2. ☒ Copy of U.S.G.S. Quadrangle Attached  
Showing location(s) of point(s) of diversion and  
place(s) of use (required). ☐ Aerial Photo Attached  
(required for irrigation of 10 acres or more).  
☒ Photo of Diversion and System Attached  
(required for all but single household domestic groundwater, and stockwater).

**System Description (continued)**

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

*See attached*

☐ See Remarks on page 4 for continuation

| Well or Diversion Identification No.* | Motor Make | Hp    | Motor Serial No. | Pump Make | Pump Serial No. or Discharge Size |
|---------------------------------------|------------|-------|------------------|-----------|-----------------------------------|
| #2                                    | Franklin   | 1 1/2 | 282-3001-100     | Jacuzzi   | 2"                                |
| #1                                    | "          | 1 1/2 | 282-7001-201     | "         | 2"                                |
|                                       |            |       |                  |           |                                   |
|                                       |            |       |                  |           |                                   |

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

5. Point(s) of Diversion:

| Ident. No. | Gov't. Lot | 1/4 | 1/4 | 1/4 | Sec. | Twp. | Rge. | County | Method of Determination/Remarks |
|------------|------------|-----|-----|-----|------|------|------|--------|---------------------------------|
|            |            | NE  | SE  | NE  | 3    | 3N   | 5W   | Canyon | Orthophoto-aerial map.          |
|            |            |     |     |     |      |      |      |        |                                 |
|            |            |     |     |     |      |      |      |        |                                 |
|            |            |     |     |     |      |      |      |        |                                 |

6. Place(s) of Use:

Indicate Method of Determination \_\_\_\_\_

| Twp. | Rge. | Sec. | NE 1/4 |        |        |        | NW 1/4 |        |        |        | SW 1/4 |        |        |        | SE 1/4 |        |        |        | Totals |
|------|------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|      |      |      | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 |        |
| 3N   | 5W   | 3    |        |        |        | C/O    |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

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Do not use this space

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Do not use this space

#### D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

| Measurement Equipment | Type | Make | Model No. | Serial No. | Size | Calib. Date |
|-----------------------|------|------|-----------|------------|------|-------------|
| <i>None</i>           |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |

2. Measurements:

*No measurement taken*

#### E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

*None*

2. Alternate Method for Checking Purposes:

$$\frac{3 \times 8.8 \times 7}{70 + (2.3 \times 350)} = .12 \text{ cfs}$$

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

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

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

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

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

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

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

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

#### G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation: *NA*

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

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

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

2. Volume Calculations for Other Uses:

*See attached*

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**H. REMARKS AND OVERLAP REVIEW ANALYSIS**

*63-9260 is a municipal right that has no effect on this permit*

*Theoretical calculation supports rate recommendation and volume is limited to 1.1 cfs.*

**I. RECOMMENDATIONS**

**1. Recommended Amounts**

| Beneficial Use    | Period of Use |              | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) |
|-------------------|---------------|--------------|------------------------------|--------------------------|
|                   | From          | To           |                              |                          |
| <i>Commercial</i> | <i>H</i>      | <i>12-31</i> | <i>.04 cfs</i>               | <i>.50 cfs</i>           |
| <i>Domestic</i>   | <i>H</i>      | <i>12-31</i> | <i>.02</i>                   | <i>.60 cfs</i>           |
|                   |               |              |                              |                          |
|                   |               |              |                              |                          |
| Totals:           |               |              | <i>.06 cfs</i>               | <i>1.1 cfs</i>           |

**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

**J. AUTHENTICATION**

Field Examiner's Name

*JFV 2/10/92*

Signature

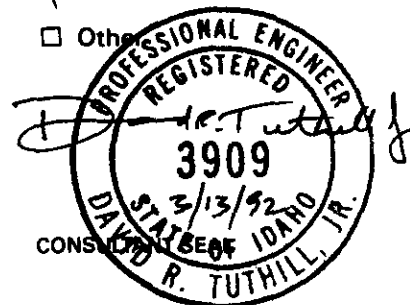
Certification Date

Field Report Preparation Date

*Melvin T. Schulte*

*Melvin T. Schulte*

*2-10-92*



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

**MICROFILMED**  
**AUG 21 1992**

63-11222---NARRATIVE PLUS RATE AND VOLUME CALCULATIONS

Narrative:

The system contains two wells each with 6" diameter casings and 1.5 Hp pumps that connect into one closed system. Well #1 is located behind a shop building and discharges water to a pressure tank and switch system set at 35-55 psi. The tank is located in the shop about 10 feet from the well. Well #2 is located about 200' North of well #1 and connects with the pressure tank through a buried 1" pipe. #2 also diverts water through a 2" buried pipe to a building containing a 500 gallon chemical mixing tank, a restroom with a shower and a hydrant used for a steam cleaner.

According to the owners the second well was drilled because continued problems with the first well did not allow for a sufficient volume of water to do an adequate job of cleaning their 6,000 commercial seed boxes.

The domestic use consists of three restrooms with a total of eight fixtures and a sink used for a coffee maker. The commercial uses consist of truck washing, chemical mixing for farm use, farm fertilizing, commercial seed box cleaning and a steam cleaner. The commercial uses are sporadic throughout the year.

Commercial Volume:

|                                                       |              |
|-------------------------------------------------------|--------------|
| Steam cleaner = 2 per day X 25 gals. X 260 days =     | 13,000gpy    |
| Seed box cleaning = 6,000 x once per year X 10 gals = | 60,000       |
| Fertilizer mixing = 2 trucks X 500 gals. X 10 days =  | 10,000       |
| Chemical mixing = 10,000 gals. per week X 6 weeks =   | 60,000       |
| Truck washing = 100 per year X 50 gallons each =      | 5,000        |
|                                                       | 148,000gpy = |
|                                                       | .5 afa       |

Domestic (Office):

9 fixtures X 1.1 (Exhibit 14) = 9.9gpm = .02 cfs

Volume for internal use only = .6 afa

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AUG 21 1992

Department of Water Resources

WELL INSPECTION FORM

Well # 1

If well is associated with water right, provide WR# 63-11222

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

1. Legal Description: TWP 3N, Rge 5W, Sec. 3, SE 1/4 NE 1/4 or Lot       .

2. Owner: Tamura Bros.  
Address Box 275, City Homedale St. Id.

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

4. Access Port: Yes        No ✓ Static Water Level: 30'  
Pressure Gauge: Yes        No ✓ Casing Diameter: 6"  
Flowing: Yes        No ✓ Temperature:       

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

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

Remarks:         
        
        
      

MICROFILMED  
AUG 21 1992

## Department of Water Resources

# WELL INSPECTION FORM

Well #2

If well is associated with water right, provide WR# 03-11222

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

1. Legal Description: TWP 3N, Rge 5W, Sec. 3, SE 1/4 NE 1/4  
or Lot \_\_\_\_\_.
2. Owner: Tenneco Bros.  
Address Box 275, City Imperial, St Cal.
3. Casing  $\geq$  12 inches above ground: Yes ✓ No \_\_\_\_\_
4. Access Port: Yes \_\_\_\_\_ No ✓ Static Water Level: 30 - est  
Pressure Gauge: Yes \_\_\_\_\_ No ✓ Casing Diameter: 6"  
Flowing: Yes \_\_\_\_\_ No ✓ Temperature: \_\_\_\_\_
5. Are there any obvious construction problems that may be a  
source for contamination or waste of water: Yes \_\_\_\_\_ No ✓

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

**Remarks:**

AUG 21 1992

PERMIT 63-11222 INIT

T. R. S. Q/Q

P/D 3N 5W 3 WESENR

SCALE

PHOTO ID.

JOHNSON

Mile 413

1157-01261

Subst

19

P/D

P/U

21 1992

An aerial photograph showing a landscape with fields, roads, and some structures. A permit form is overlaid at the top center. The form contains handwritten information: PERMIT 63-11222 INIT, T. R. S. Q/Q, P/D 3N SW 3 WESENR, SCALE, and PHOTO ID. There are also several other labels on the photo: "JOHNSON" near a road, "Mile 413" and "US7-01281" near a road intersection, "P/D P/U" near a road intersection, and "2295" and "2273" near the bottom edge. A date stamp "APR 21 1992" is visible in the bottom right corner.

PERMIT 63-11222 INIT  
T. R. S. Q/Q  
P/D 3N SW 3 WESENR  
SCALE  
PHOTO ID.

JOHNSON

Mile 413  
US7-01281

P/D  
P/U

2295

2273

APR 21 1992

63-11222



#1

P/Q #1

located behind  
the main shop  
and office building



#2

P/Q #2 located  
approx. 100' West  
of the shop containing  
the mixing tank.

UNRECORDED

AUG 21 1992

63-11222



#3

P/U - shop  
containing mixing  
tank.



#4

P/U - shop and  
office building

REPRODUCTION

AUG 21 1992

63-11222



#5

Mixing tank

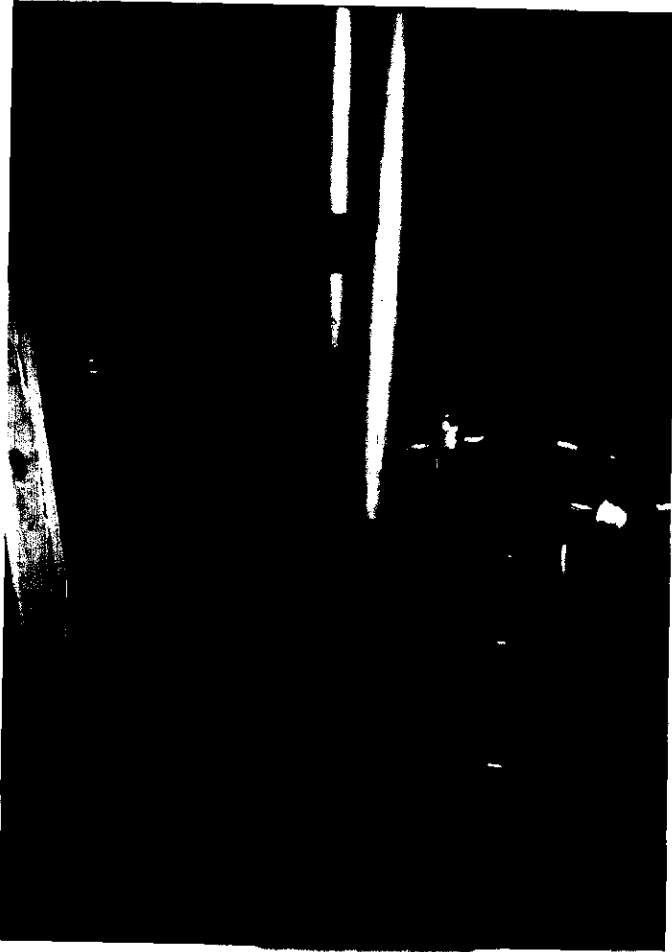


#6.

View inside shop where  
mixing tank is located.  
Pipe going through wall  
is used for steam cleaner.

APR 21 1992

63-11222



#7.

View of tanks, controls and  
pipes inside main shop  
next to well #1.

RECEIVED  
AUG 21 1992

# EXPENDITURE VOUCHER

STATE OF IDAHO  
Office of State Auditor

AUDITOR USE

AGENCY USE

|      |          |
|------|----------|
| Date | 4166     |
| Code | 02/08/91 |
|      | 193002   |

**VENDOR:** If you require additional information regarding this payment, please contact the State agency listed below.

AGENCY NAME: DEPT. OF WATER RESOURCES

|              |      |
|--------------|------|
| Document No. |      |
| Pre-Audit    | Date |
| Warrant No.  |      |

PAY  
TO

TAMAURA BROTHERS  
PO BOX 275  
HOMEDALE, ID 83628

CHECK ONE:

( 1 ) MISCELLANEOUS EXPENDITURE  
( ) STATE CONTRACT

( ) PURCHASE ORDER

( ) MISCELLANEOUS  
ENCUMBRANCE REQUISITION

PAYMENT: ( ) PARTIAL ( ) FINAL

Encumbrance Reference No.

| LINE No. | PROGRAM   | FUND | ACCT. |     | DESCRIPTION                                                                    | LINE AMOUNT | AGENCY USE |
|----------|-----------|------|-------|-----|--------------------------------------------------------------------------------|-------------|------------|
|          |           |      | Maj   | Min |                                                                                |             |            |
| 1        | 05 20 122 | 1238 | 8831  |     | REFUNDS<br>PER RITA FLECK<br>WR #63-11222<br>RECEIPT #C019247<br>2/ 7/91 50.00 | 50.00       |            |
| TOTAL    |           |      |       |     |                                                                                | 50.00       |            |

NOTE: Final payment must be accompanied by a receiving copy

TO STATE AUDITOR

Request is hereby made that a warrant be authorized and drawn in payment of the item or items described above. I hereby certify that the items described were ordered by proper authority; that they are necessary in the public service, that the items have been received and accounted for, and that the account as stated is correct and just.

AUDITOR'S CERTIFICATE

I hereby certify that the above account is in proper form; that totals carried hereon are correct; that receipts when required by law or regulation of the State Board of Examiners covering items for which reimbursement is asked are submitted herewith; and that there are funds in the state treasury and balances in appropriation accounts out of which the same may be lawfully paid.

Date

Head of Agency or institution

State Auditor

February 7, 1991

TAMAURA BROTHERS  
P O BOX 275  
HOMEDALE ID 83628

Gentlemen:

Re: Permit No. 63-11222

The department received the proof of beneficial use form for this permit and two others along with \$300 in fees. The total fees required are \$250; for this submittal only \$50. I have initiated the process to request a refund. This refund should reach you in several weeks.

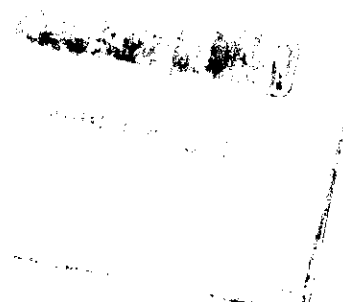
The next step is for the department to conduct the field inspection to confirm and determine the extent of beneficial use. I cannot tell just when the representative from our Western Regional office will conduct the exam, but he will try to contact you or your representative prior to being in the area.

If you have questions, please contact me.

Sincerely,

RITA I. FLECK  
Secretary/Records Manager

c: Fiscal Sec.  
W. Region



MEMORANDUM

DATE: February 7, 1991  
TO: FISCAL SECTION  
FROM: Nina Shields or Rita Fleck  
RE: REFUND - 63-11222

Please prepare a refund of \$50.00 (receipt No. C019247). Attached is a copy of the letter which explains why the refund is necessary.

Also, please reference the identification number on any papers returned to me for the file. Thanks.

Attachments: letter  
receipt

RECEIVED  
MAR 1 1991

ANALYSIS SHEET  
for  
PROOF OF BENEFICIAL USE

Permit No. 63-11222

Date 2-1-71

GENERAL CONSIDERATIONS

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

SOURCE OF WATER

☒ Surface water source  
☒ Ground water source  
NA Drill permit req'd?  
14 Copy in file? Drill permit no. \_\_\_\_\_  
14 Well log in file?  
14 Amt paid for drilling permit? \_\_\_\_\_ Correct?

LICENSE EXAMINATION FEE

☒ Required?  
100.00 Amount submitted?  
NO Correct amount?

MEASURING DEVICE

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

DEFICIENCIES OR ACTION ITEMS

*needs refund - \$50.00  
fee for .06 is only \$50.00 not \$100.00*

PRIORITY CALCULATION

|                     |           |   |
|---------------------|-----------|---|
| Date proof received | <u>NA</u> |   |
| Date proof due      |           | - |
| No. of days late    |           | = |
| Priority date       |           | + |
| NEW PRIORITY DATE   |           | = |

*JS*

**RECEIVED**  
DEC 31 1990

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
PROOF OF BENEFICIAL USE

Department of Water Resources

*No String*

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

Permit No. 63-11222

Telephone No. 208-337-3837

Name(s) of Permit Holder(s): Tamura Bros.

Post Office Address: P.O. Box 275 Homedale, Id 83628

Source of Water: Ground water

If ground water, well driller's name: Matzer Well Drilling Date drilled: 1-25-74

Extent of Use:  
Domestic \_\_\_\_\_ (No. of households)      Irrigation \_\_\_\_\_ (No. of acres)  
Stockwater \_\_\_\_\_ (No. and type of stock)      Other Commercial

Total rate and/or volume for which proof is submitted .060 cfs DAF acre/feet

Show date water was first diverted and beneficially used under this permit: 1-26-74

One of the following may be a condition of approval of your permit:

Measuring device: Required? Yes (No) Installed? Yes (No)

OR

Flow Measurement Port: Required? Yes (No) Installed? Yes (No)

Fee Enclosed: \$ 100.00 (See License Examination Fee Schedule)

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

George Tamura 208-337-3837  
Name Telephone No.

P.O. Box 275 Homedale, Id 83628  
Address

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

**MICROFILMED**

MAR 18 1991

12/27/90 George Tamura PL  
Date Signature (and title if on behalf of a company or organization)

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

-----

Statehouse  
Boise, Idaho 83720  
(208) 327-7900  
August 13, 1990

TAMURA BROTHERS  
P.O. BOX 275  
HOMEDALE, ID 83628

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

RE: PERMIT NO.        63-11222

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.

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

We have enclosed a form entitled "Instructions for Proof of Beneficial Use". Please read the instructions carefully since you must take further action to develop this permit. Also enclosed for your convenience is a form entitled "Proof of Beneficial Use" that must be submitted to the Department when your project is completed. If development is complete, you may submit proof of beneficial use immediately.

Sincerely,

GARY SPACKMAN, Supervisor  
Water Right Permits Section

GS: SC  
Enclosures

**MICROFILMED**

AUG 28 1990

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPROPRIATION APPLICATION ANALYSIS SHEET

INITIAL REVIEW BY: lw DATE: 5-8-90 APPLICATION: 63-11222

REQUIRED INFORMATION

- ☒ Name: (If applicant is a corporation or partnership, names and addresses for the director, officers, and other partners must be included.) *Attached*
- ☒ 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:  
N P/D  
N 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:
- ☒ 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: (If yes, attach Large Diversion supplementary analysis sheet.)
- ☒ \*REQUEST ADDITIONAL INFORMATION FROM THE APPLICANT

DATE REQUESTED: \_\_\_\_\_

Additional information on reverse side: \_\_\_\_\_

**RECEIVED**  
JUL 18 1990

Department of Water Resources



63-11222

TAMURA BROTHERS  
P.O. BOX 275  
HOMEDALE, ID 83628

Source: GROUNDWATER

Diversion Pt:                NESENE   Sec   3   T 03N R 05W

Use: DOMESTIC                                ( .020 CFS)  
     COMMERCIAL                              ( .040 CFS)  
                 Total Diversion: ( .060 CFS)

Date Filed:   3/16/ 1990

In:   T03N R05W S03                        SENE

**MICROFILMED**

AUG 28 1990