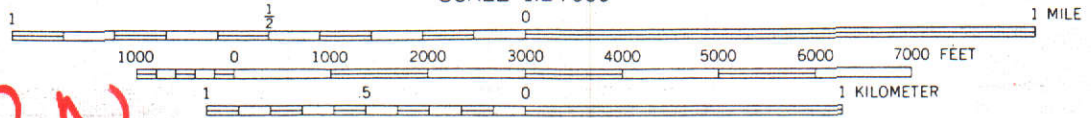




SCALE 1:24000



NORTH

2N  
2W  
SEC  
SEPE

16

63-11155

MICROFILMED

JUN 21 1990

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS  
FOR SALE BY U. S. GEOLOGICAL SURVEY, MENLO PARK, CALIF. 94025

Copies Of These Maps Can Be Obtained  
At Bonneville Blue Print, Boise Idaho

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

**RECEIVED**  
AUG 21 1991

Department of Water Resources

**A. GENERAL INFORMATION**

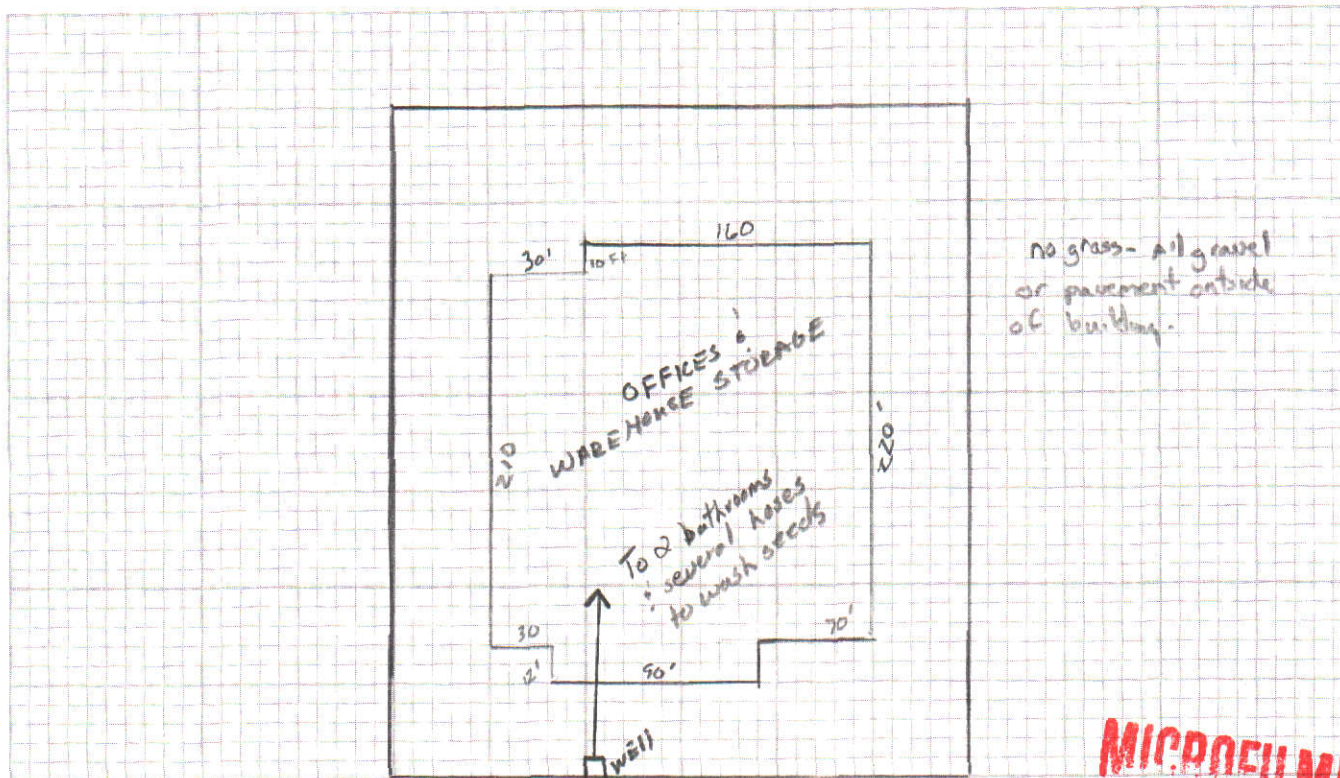
1. Owner: Pioneer Hi-bred International INC. Permit No. 63-11155  
Current Address: 9178 Lakeshore Dr. Nampa, IDAHO 83686 Phone No. 467-3314  
2. Accompanied by: Bob Villa EXAM. DATE: 7-31-91  
Address: same Phone No. same  
Relationship to Permit Holder: employee  
3. Source: \_\_\_\_\_ tributary to \_\_\_\_\_

**B. OVERLAP REVIEW**

1. Other water rights with same place of use: 63-02805 Trees (no problems cost) ☐ Copies Attached  
2. Other water rights with same point of diversion: same ☐ Copies Attached ☐ Copies of Field Exam's Attached

**C. SYSTEM DESCRIPTION**

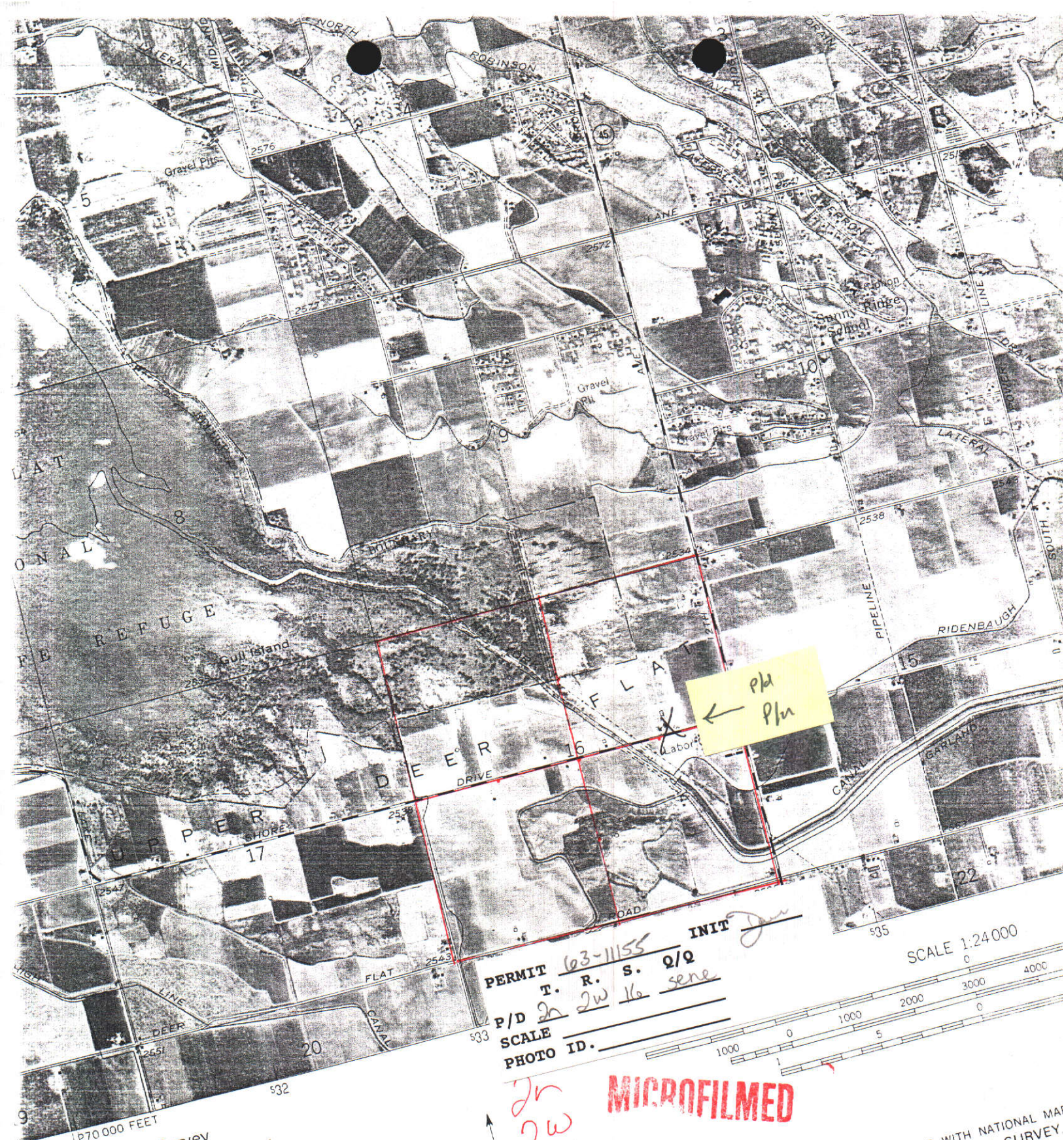
1. **Diversion System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



Scale: 1" = \_\_\_\_\_

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).

**MICROFILMED**  
AUG 21 1992



pk  
Pln

PERMIT 63-11155 INIT *Jan*  
T. R. S. Q/Q  
P/D 2n 2w 16 sene  
SCALE  
PHOTO ID.

SCALE 1:24000

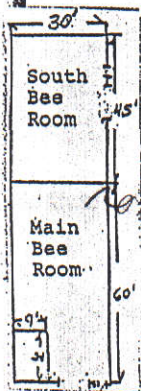
**MICROFILMED**

**AUG 21 1992**

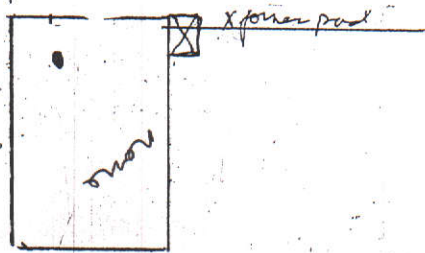
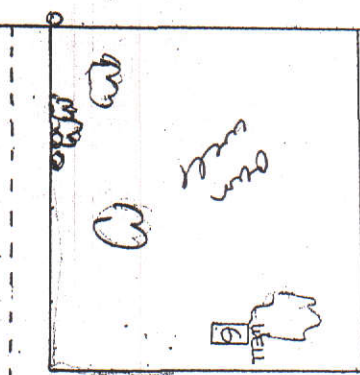
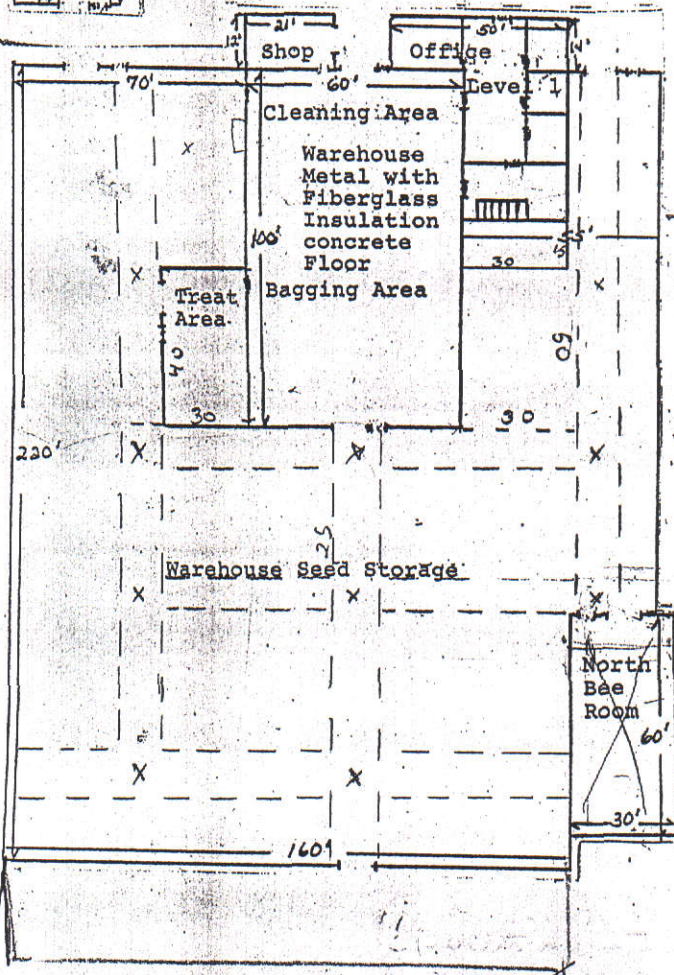
THIS MAP COMPLIES WITH NATIONAL MAP  
FOR SALE BY U.S. GEOLOGICAL SURVEY

Copies Of These Maps  
At Bonneville Blue

by the Geological Survey  
ograph prepared from 1:80,000-scale aerial  
ns taken July 8, 1981  
n and 10,000-foot grid ticks: Idaho  
ite system, west zone  
erse Mercator)  
eter Universal Transverse Mercator grid, zone 11  
North American Datum  
ace on the predicted North American Datum 1983 move  
projection lines 16 meters north and 78 meters east  
by dashed corner ticks  
by optical scanning  
occur use the



*Asphalt*



SHED

CEMENT  
BLOCK  
BLD. 9

METAL  
BLD.  
8

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

*3/2/92*

*none*

*none*

*2*

63-11155



Pioneer Hi-bred as seen from well location  
facing north. Lines run north into this building.  
Offices in south side of building warehouse in  
north side.



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21 1992

Well location, southside of building.  
well clearly 12" or more above ground.

63-11155



hot water heater  
unit, used for  
offices. located  
at south west  
corner of the  
building.

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AUG 21 1992

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 63-11155

Priority: March 1, 1990

Maximum Diversion Rate: 0.04 CFS  
Maximum Diversion Volume: 0.6 AF

This is to certify, that PIONEER HI-BRED INTERNATIONAL INC  
9178 LAKESHORE DR  
NAMPA ID 83686

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated March 1, 1990; and has submitted Proof of Beneficial Use on August 3, 1990. An examination indicates that the works have a diversion capacity of .070 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                 | 0.6 AF               |

LOCATION OF POINT(S) OF DIVERSION:

SENE , Sec. 16, Township 02N, Range 02W  
CANYON County

PLACE OF USE: COMMERCIAL  
TWN RGE SEC

02N 02W 16 SENE

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. Commercial use is for offices and warehouse.

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, 1992.

Acting for  R. Keith Higginson, Director

**RECORDED**

AUG 21 1992

State of Idaho  
Department of Water Resources

# Permit To Appropriate Water

NO. 63-11155

Proposed Priority: March 1, 1990 Maximum Diversion Rate: 0.04 CFS  
This is to certify, that PIONEER HI-BRED INTERNATIONAL INC.  
9178 LAKESHORE DR.  
NAMPA, ID 83686

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 |
|------------|----------------|----------|

LOCATION OF POINT(S) OF DIVERSION: SENE Sec. 16, Township 02N, Range 02W  
CANYON County

PLACE OF USE: COMMERCIAL

TWN RGE SEC

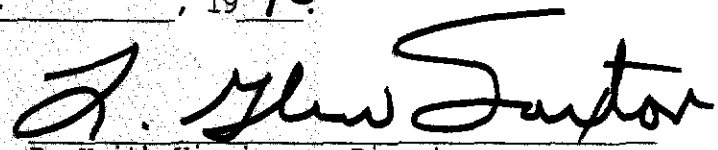
02N 02W 16 SENE

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before July 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.

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

1<sup>st</sup> day of June, 19 90

*for*   
R. Keith Higginson, Director

**MICROFILMED**

JUN 21 1990

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name: PIONEER HI-BRED INT., INC. 208-467-3314  
Address: 9178 LAKESHORE DR.  
NAMPA, ID 83686
2. Source: GROUNDWATER Trib. to:
3. Location of Point of Diversion: SENE Sec. 16, Township 02N, Range 02W  
CANYON County
4. Water will be used for the following purposes:

| Purpose    | From  | To    | CFS   | (or) | AF |
|------------|-------|-------|-------|------|----|
| COMMERCIAL | 01/01 | 12/31 | 0.040 |      |    |
5. Total quantity appropriated is:  
0.040 CFS (and/or) AF
6. Proposed diverting works:
  - a. Description of ditches, flumes, pumps, headgates, etc.  
65' DEEP, 6" CASING, SUB. PUMP, PIPED TO COMM. USE
  - b. 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.
  - c. Proposed well diameter is 6 inches; proposed depth of well is 65  
feet.
  - d. 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:  
COMM. USE
9. Place of Use: COMMERCIAL  
  
TWN RGE SEC  
02N 02W 16 SENE
10. Describe any other water rights used for the same purposes.  
NONE

MICROFILMED

JUN 21 1990

11. a. Who owns the property at the point of diversion?  
APPLICANT  
b. Who owns the land to be irrigated or place of use?  
APPLICANT  
c. If the property is owned by a person other than the applicant,  
describe the arrangement enabling the applicant to make this filing.

12. Remarks:

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.

Pioneer Hi-Bred International, Inc.

By: Jerry L. Chicoine

Applicant

Jerry L. Chicoine, Sr. V.P. & CFO

Received by JH Date 3-1-90 Time 12:00 Preliminary check by JS

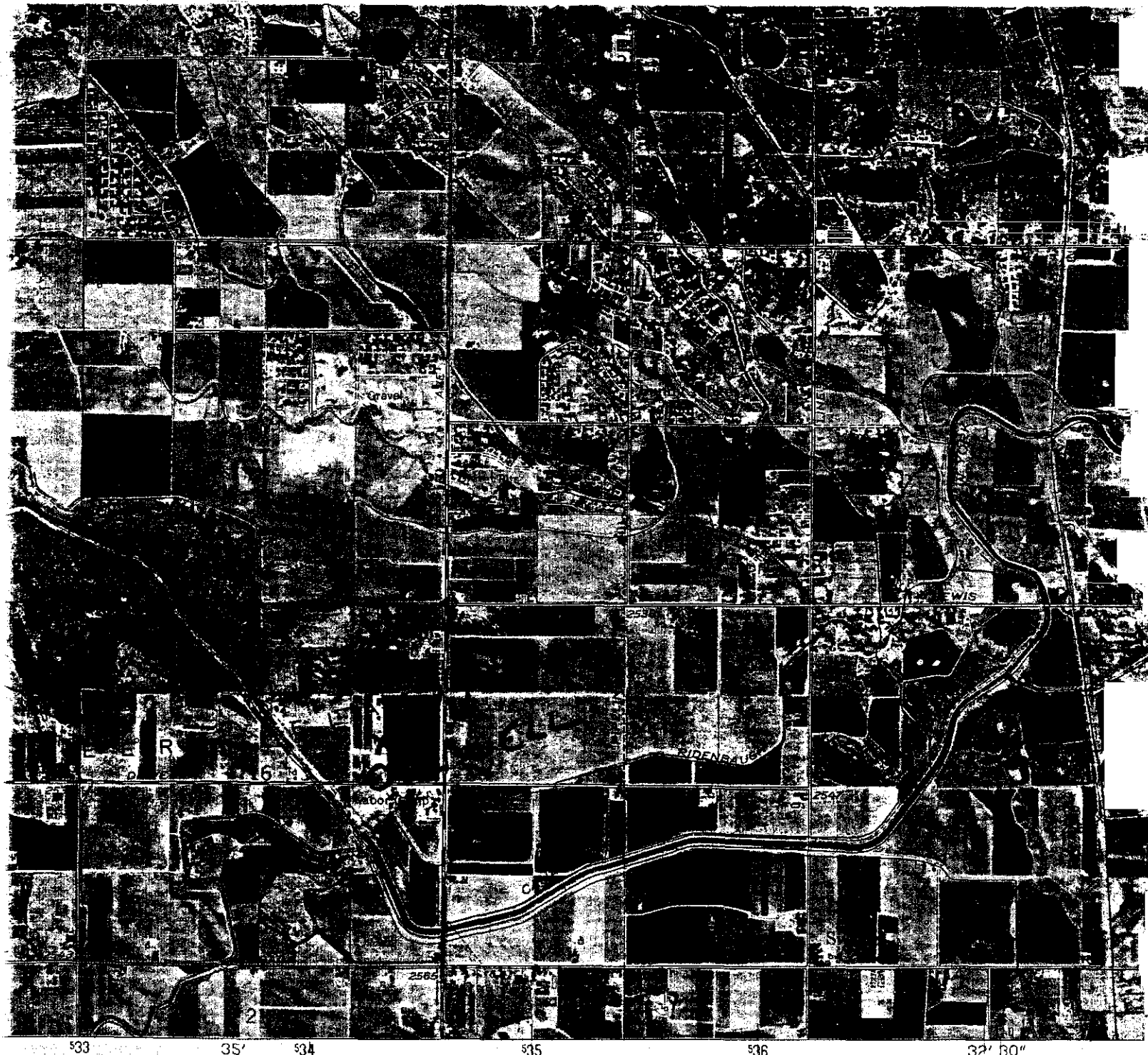
Fee \$ 30<sup>00</sup> Receipted by JH # WFO10013 Date 3-1-90

Publication prepared by GG Date 3/14/90 Published in Press-Tribune

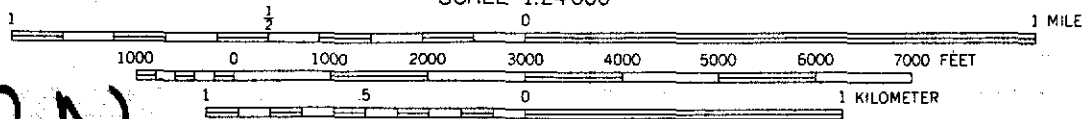
Publication approved st Date 3/21 & 3/28/90  
5-14-90

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JUN 21 1990



SCALE 1:24 000



NORTH

22N  
23W  
16

63-11155

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THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS  
FOR SALE BY U. S. GEOLOGICAL SURVEY, MENLO PARK, CALIF. 94025

JUN 21 1990

Copies Of These Maps Can Be Obtained  
Bonneville Blue Print Boise Idaho

OFFICERS AND DIRECTORS OF PIONEER HI-BRED INTERNATIONAL, INC.

DECEMBER 13, 1989

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President & CEO

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Des Moines, Iowa 50309

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Senior Vice President

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Dr. Owen J. Newlin  
Senior Vice President

" "

Dr. Donald J. Duvick  
Senior Vice President-  
Research

" "

Jerry L. Chicoine  
Senior Vice President &  
CFO

" "

Edward T. Shonsey  
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1160 Brussels, Belgium

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Dwight G. Dollison  
Treasurer

" "

**MICROFILMED**

JUN 21 1990

**DIRECTORS**

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Fred Weitz

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9721 Executive Center Dr., #202  
St. Petersburg, FL. 33702Nat'l Assoc of Crim. Defense Lawyers  
1110 Vermont Ave. N.W., #1150  
Washington, D.C. 20005The Weitz Corporation  
800 Second Ave.  
Des Moines, Iowa 50309**MICROFILMED**

JUN 21 1990

NOTICE OF APPLICATION FOR WATER RIGHT  
The following application(s) have been filed to appropriate the public waters of the State of Idaho:

DIVENS, HANL  
DIVENS, EDITH  
16299 OASIS RD.  
CALDWELL, ID 83605  
Source: GROUNDWATER  
Diversion Pt:  
Use: IRRIGATION  
Date Filed: 2/20/1990  
In: T05N R03W S05

63-11150

LOT 2 (NENWNE)

Sec 5 T 05N R 03W

Total Diversion: (.040 CFS)

1.5 ACRES TOTAL

63-11155

PIONEER DRIED INT. INC.  
9178 LAKESHORE DR.  
NAMPA, ID 83606  
Source: GROUNDWATER  
Diversion Pt:  
Use: COMMERCIAL  
Date Filed: 3/1/1990  
In: T02N R02W S16

SENE

Sec 16 T 02N R 02W

Total Diversion: (.040 CFS)

GAMBUSIO, JOSEPH M.  
GAMBUSIO, KATHLEEN C.  
12349 GALLOWAY  
MIDDLETON, ID 83644  
Source: GROUNDWATER  
Diversion Pt:  
Use: IRRIGATION  
Use: STOCKWATER  
Use: DOMESTIC  
Date Filed: 2/23/1990  
In: T05N R03W S25

63-11156

NWNE

Sec 25 T 05N R 03W

Total Diversion: (.150 CFS)  
(.020 CFS)  
(.040 CFS)  
(.200 CFS)

5.0 ACRES TOTAL

63-11158

CHANCE, BEN  
18403 MIDDLETON RD.  
NAMPA, ID 83687  
Source: GROUNDWATER  
Diversion Pt:  
Use: IRRIGATION  
Date Filed: 2/09/1990  
In: T04N R02W S31

SESENE

Sec 31 T 04N R 02W

Total Diversion: (.120 CFS)

4.0 ACRES TOTAL

63-11160

JOHNSON, E. RANDALL  
JOHNSON, BETTY L.  
720 FLETCHER DR.  
NAMPA, ID 83696  
Source: GROUNDWATER  
Diversion Pt:  
Use: COMMERCIAL  
Date Filed: 2/26/1990  
In: T02N R02W S35

NWNE

Sec 35 T 02N R 02W

Total Diversion: (.040 CFS)

WAMI, DENNIS J.  
WAMI, EVELYN K.  
16272 LAKE AVE.  
NAMPA, ID 83651  
Source: GROUNDWATER  
Diversion Pt:  
Use: IRRIGATION  
Use: DOMESTIC  
Date Filed: 2/27/1990  
In: T03N R03W S12

63-11174

NWSW

Sec 12 T 03N R 03W

Total Diversion: (.130 CFS)  
(.020 CFS)  
(.150 CFS)

6.5 ACRES TOTAL

63-11187

THARRINGTON, CHARLES A.  
THARRINGTON, MARCIETA JOY  
22368 LOWER PLEASANT RIDGE RD.  
CALDWELL, ID 83605  
Source: GROUNDWATER  
Diversion Pt:

NESW

Sec 19 T 04N R 04W

LOT 3 (NWSW)

LOT 4 (SWSW)

SESW

NESE

NESE

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August 4, 1992

PIONEER HI-BRED INTERNATIONAL INC  
9178 LAKESHORE DR  
NAMPA ID 83686

RE: WATER RIGHT NO. 63-11155

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 # 63-11155

Date 7-28-92  
28

|               | 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>.04 cfs (COMM)</u>                                                  |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Disagree with Theoretical? _____                                       |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Limited by Capacity? <u>.07 cfs</u>                                    |
| TOTAL VOLUME  |                                     |                                     | Rate/ac _____ AFA Irr. Season _____                                    |
|               |                                     |                                     | Standard Irr. Season _____                                             |
|               |                                     |                                     | Season Recommended _____                                               |
|               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Disagree with Examiner's Calculations? _____                           |
|               |                                     |                                     | <u>30 x 15 x 6 x 52 / 325,850 = .43 / Allow .6 cfs</u>                 |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Limited by Flow? _____                                                 |
| 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | Multiple P/Ds in 1/4 1/4? _____                                        |
|               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Non-Irr. Uses <u>COMM/offices + warehouse</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 _____ DATES/MISC _____                                |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | W/Master Control _____ <input checked="" type="checkbox"/> Water Dist. |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Overlap _____ <input checked="" type="checkbox"/> App Rec'd            |
|               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Water Quality _____ <input checked="" type="checkbox"/> Exam Made      |

## COMMENTS/MEMOS NEEDED:

Volume 30 employees / 15 gpd / 6 days wk.  
Allow .6 cfs = Int. DOM / Employees + fixtures  
No special identified uses in warehouse

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

WR0749NP  
No. L63-11155

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                | PIONEER HI-BRED INTERNATIONAL INC<br>9178 LAKESHORE DR<br>NAMPA ID 83686<br>(208) 467-3314 | 03/01/1990       | COMMERCIAL | 01-01 12-31           | 0.04 CFS          | 0.6 AFA             |
| TOTAL DIVERSION: |                                                                                            |                  |            |                       | 0.04 CFS          | 0.6 AFA             |

Water Source: GROUNDWATER

Tributary to:

Stage: LICENSE

Point(s) of Diversion Capacity: 0.07 CFS

Point(s) of Diversion: T02N R02W S16 SE NE

Place of use Legal Description for: COMMERCIAL

|   |   |   |   | NE |    |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    |   |
|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| T | R | S | : | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | : |
|   |   |   |   | C  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |
|   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |

Pou County: CANYON

Other Water Rights Listing Overlapping Place(s) of use:  
63-02805

Remarks: Commercial use is for offices and warehouse.

|        |                 |            |                    |            |
|--------|-----------------|------------|--------------------|------------|
| Dates: | App. Received:  | 03/01/1990 | Priority Date:     | 03/01/1990 |
|        | Proof Due Date: | 07/01/1991 | Proof Made Date:   | 08/03/1990 |
|        | Exam Made Date: | 07/31/1991 | Exam Sent to S.O.: | 08/21/1991 |
|        | Licensed Date:  |            |                    |            |

Misc: Water District Number: Field Exam Fee: N (Not Required)

Audit: 07/28/92 SKAGGS

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

Staff Analysis Sheet  
for  
Beneficial Use Field Report

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

- ☒ Blank Field Report Form
- ☒ Copy of Permit
- ☒ Copies of any Amendments/Orders with Conditions of Approval
- ☒ Well Inspection Form (If Needed)
- ☒ Aerial Photo Required? ☒ yes ☒ no If yes: ☐ copy attached
- ☒ SRBA Attachment A Submitted to Adjudication Section
- SRBA Claim Check Received \_\_\_\_\_ (initial & date)
- ☐ N/A ☐ Applicable, See Attachment A \_\_\_\_\_
- ☒ Copy of U.S.G.S. Quad
- ☒ Check for Government Lots. If so, make a copy of government plat
- ☒ Check of P/D index Dave 7-8-91 (initial & date)
- Overlap ☒ yes ☐ no If yes: ☐ copy of exam(s) attached?
- Type of Overlap? ☐ Add acres or uses to existing system
- ☐ Increase rate of flow or volume
- ☐ Other: \_\_\_\_\_
- ☒ Check of P/D index Dave 7-8-91 (initial & date)
- Overlap? ☒ yes ☐ no If yes: ☐ copy of water right(s) attached?
- Type of Overlap? ☐ Increase rate of flow or volume
- ☐ Add P/D's
- ☐ Increase number of acres within tracts
- ☐ Other: \_\_\_\_\_
- ☒ Scheduling Letter Sent? Dave 7-9-91 (initial & date)
- ☒ Appointment Made and Telephone Conversation Memo Attached

B. After Conducting the Exam, the File Contains:

- ☒ Fully Completed and Signed Field Report Form
- ☒ Photographs of Point of Diversion and Place of Use
- ☒ Copy of SRBA Claim Verification Sheet / ☐ Original Returned to Adjudication Section

C. Review and Processing:

- Exam Completed Dave 809-91 (signature of examiner & date)
- Exam Reviewed by Senior Water Resource Agent lw 8/14/91 (initial & date)
- Exam Reviewed by Manager of Regional Office Dave 8/15/91 (initial & date)
- Exam Sent to State Office 8/21/91 st (initial & date)

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

**RECEIVED**  
AUG 21 1991

Department of Water Resources

**A. GENERAL INFORMATION**

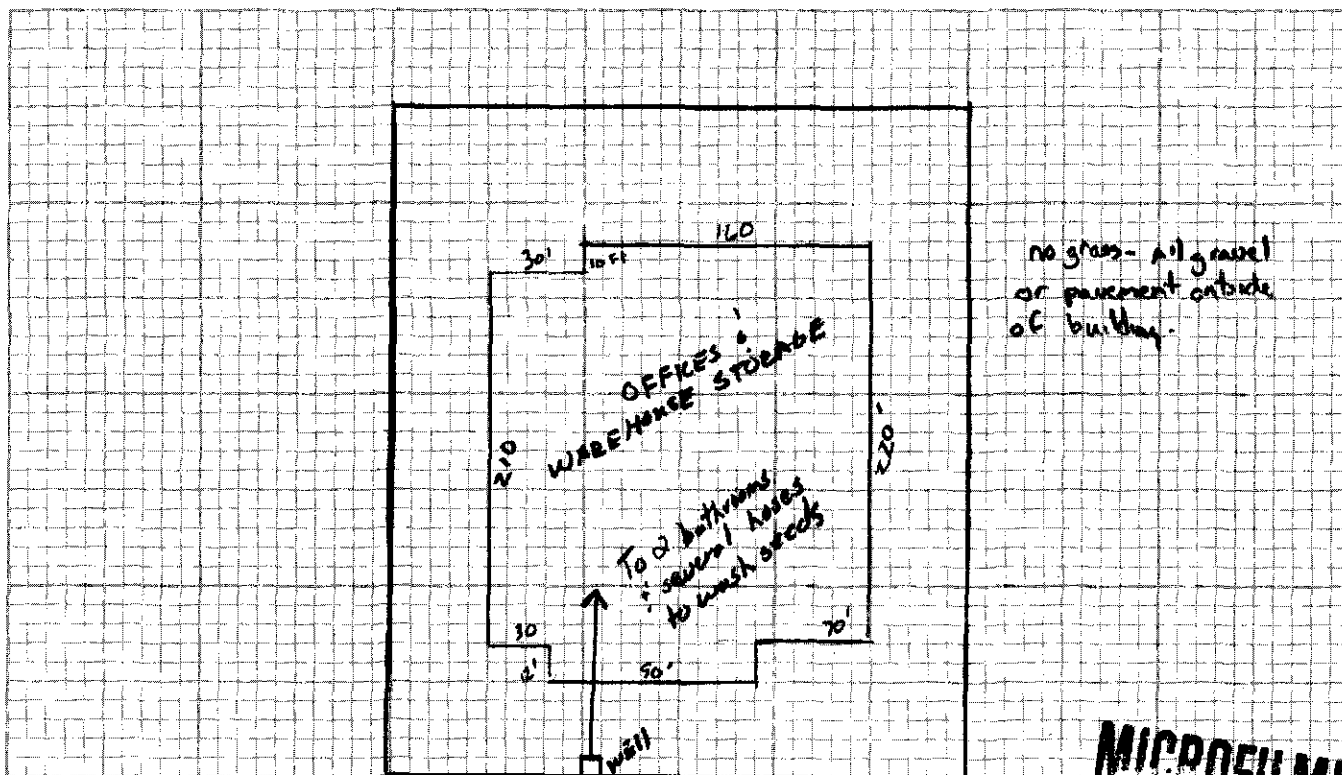
1. Owner: Pioneer Hi-bred International INC. Permit No. 63-11155  
Current Address: 9178 Lakeshore Dr. Nampa, IDAHO 83686 Phone No. 467-3314  
2. Accompanied by: Bob Villa EXAM. DATE: 7-31-91  
Address: same Phone No. same  
Relationship to Permit Holder: employee  
3. Source: \_\_\_\_\_ tributary to \_\_\_\_\_

**B. OVERLAP REVIEW**

1. Other water rights with same place of use: 63-02805 Ties (no problem east) ☐ Copies Attached  
2. Other water rights with same point of diversion: same ☐ 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" = \_\_\_\_\_

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).

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**System Description (continued)**

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

This system uses a 65ft deep well that has a static <sup>depth to water</sup> of 5' for commercial uses. The Pioneer 6 inch well is the pump to pump water through a 6" line to both houses & various commercial use. There is a spigot to perform daily activities. The pressure is 50 psi. The Co. is requesting .04 cfs, there is no irrigation usage.

☐ See Remarks on page 4 for continuation

4. SUBMERSIBLE

| Well or Diversion Identification No.* | Motor Make | Hp | Motor Serial No. | Pump Make | Pump Serial No. or Discharge Size |
|---------------------------------------|------------|----|------------------|-----------|-----------------------------------|
|                                       | -NA-       | 1  | -NA-             | -NA-      | -NA-                              |
|                                       |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |

\*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 |
|------------|------------|-----|-----|-----|------|------|------|--------|---------------------------------|
|            |            |     | SE  | NE  | 16   | 2N   | 2W   | CANYON | Grids/Verification              |
|            |            |     |     |     |      |      |      |        |                                 |
|            |            |     |     |     |      |      |      |        |                                 |
|            |            |     |     |     |      |      |      |        |                                 |

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 |        |
| 2N   | 2W   | 16   |        |        |        | C      |        |        |        |        |        |        |        |        |        |        |        |        | —      |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

NOT RECORDED

AUG 21 1992

Do not use this space

# D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

| Measurement Equipment | Type | Make | Model No. | Serial No. | Size | Calib. Date |
|-----------------------|------|------|-----------|------------|------|-------------|
| NONE                  |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |

2. Measurements:

Theoretical:  $1 \text{ hp} \times 8.5 \times .70 \text{ eff} = \frac{6.16}{91} = .07 \text{ cfs}$   
 $45 \text{ dyn} + (2.3 \times 20)$

# E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

Commercial; 30 employees

2. Alternate Method for Checking Purposes:

Theoretical .07 cfs  
Total Output

Commercial { 2 bath, 3 sinks, 2 hose outlets  
.04 is sufficient (see remarks)

# 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)

-NA-

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

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

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

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

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

# G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

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

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

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

2. Volume Calculations for Other Uses:

Commercial .04 x 1.9835 x 365 = 29 AFA

Rule of Thumb  $2 \text{ hrs/day} \times 365 \times .04 \text{ cfs} = 1.75 \text{ AFA}$   
SR 12%

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AUG 21 1992

## H. REMARKS AND OVERLAP REVIEW ANALYSIS

There are no ditch rights of conflicts with existing system

## I. RECOMMENDATIONS

### 1. Recommended Amounts

| Beneficial Use | Period of Use |       | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) |
|----------------|---------------|-------|------------------------------|--------------------------|
|                | From          | To    |                              |                          |
| Commercial     | 1-1           | 12-31 | .04 cfs                      | ca 1.75 afa              |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
| Totals:        |               |       | .04 cfs                      | ca 1.75 afa              |

### 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 DAVID GRAY

Signature [Signature]

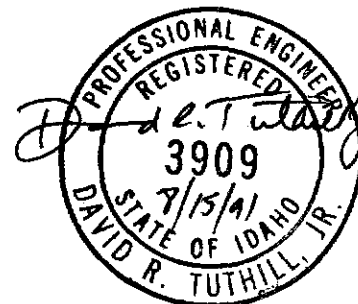
Certification Date 7-31-91

Field Report Preparation Date 8-9-91

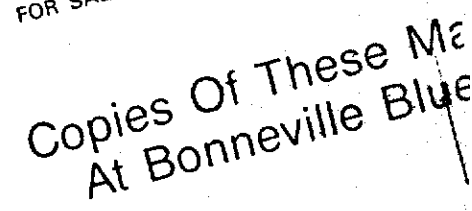
lw 8/14/91

CONSULTANT SEAL

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



REPRODUCED  
AUG 21 1992



1270 000 FEET

by the Geological Survey

ograph prepared from 1:80,000-scale aerial

ns taken July 8, 1981

n and 10,000-foot grid ticks: Idaho

ite system, west zone

erse Mercator)

meter Universal Mercator grid, zone 11

North American Datum

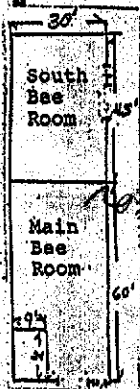
ace on the predicted North American Datum 1983 move

projection lines 16 meters north and 78 meters east

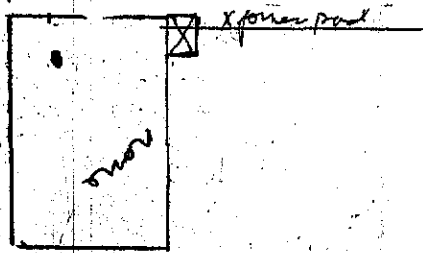
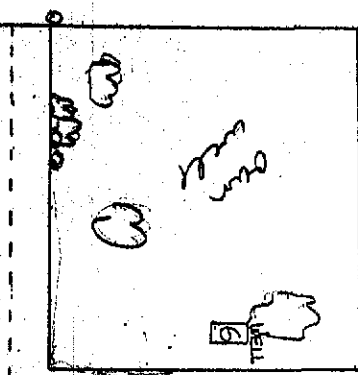
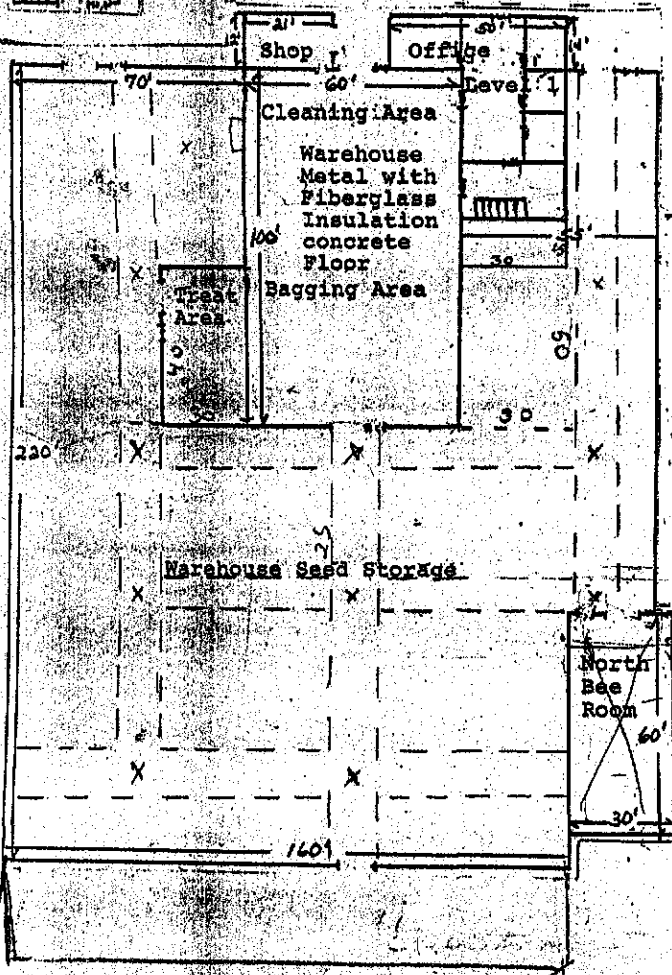
by dashed corner ticks

tical scanning

occur use the



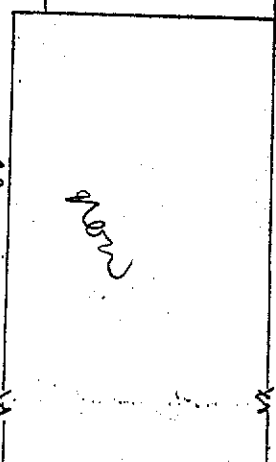
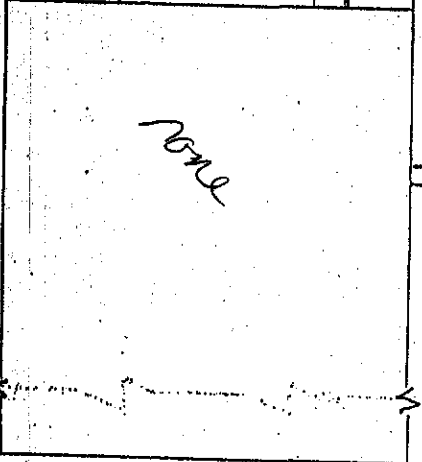
*well*  
*Asphalt*



4  
SHED

CEMENT  
BLOCK  
BLD. 9

METAL  
BLD.  
8

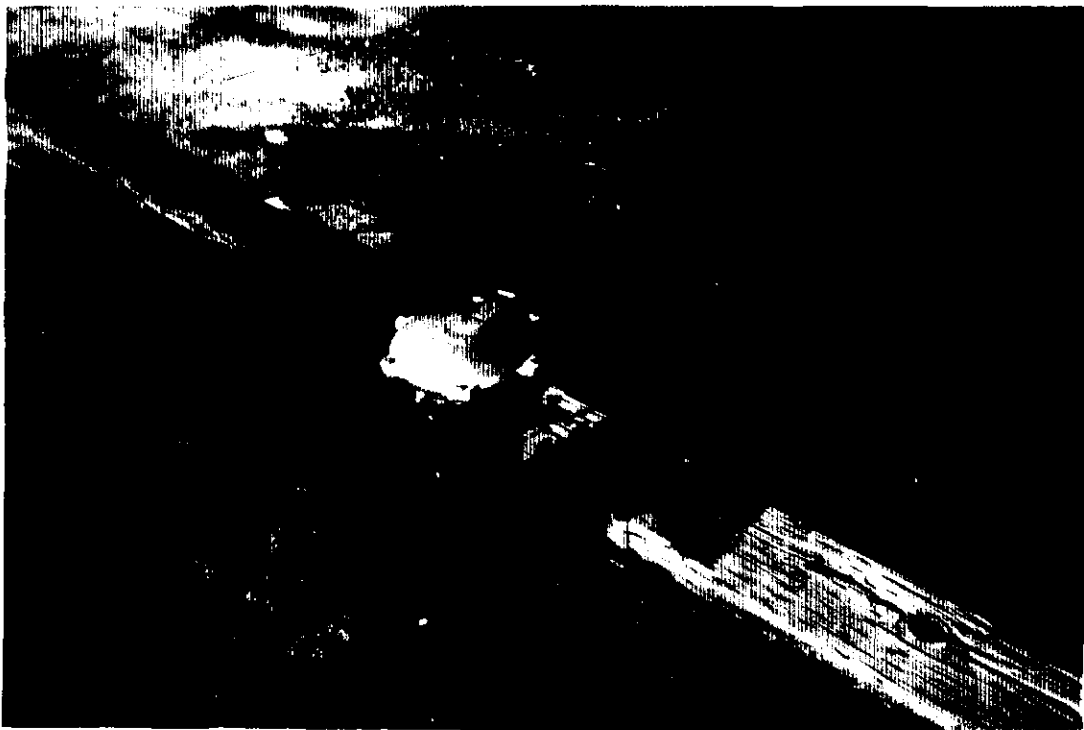


MICROFILMED  
AUG 21 1992

63-11155



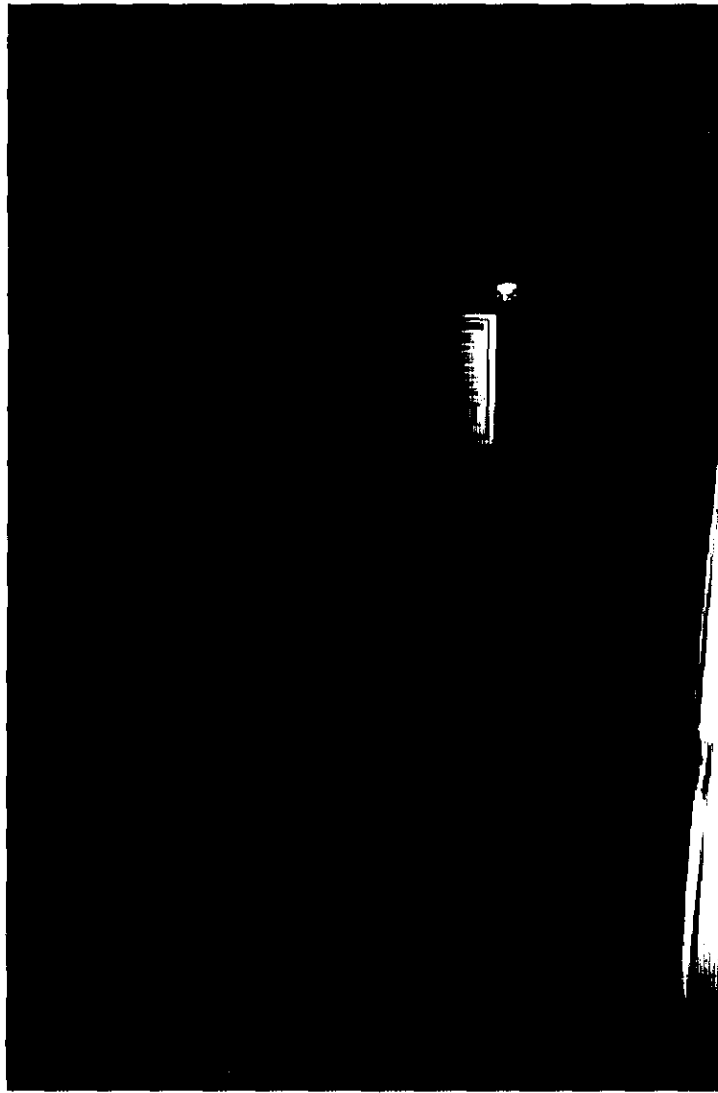
Pioneer Hi-bred as seen from well location  
facing north. Lines run north into this building.  
Offices in south side of building warehouse in  
north side.



Well location, southside of building.  
well clearly 12" or more above ground.

REFILMED  
21 1992

63-11155



Hot water heater  
unit, used for  
offices. located  
at south west  
corner of the  
building.

MICROFILMED  
AUG 21 1992

December 7, 1990

PIONEER HI-BRED INTERNATIONAL INC.  
9178 LAKESHORE DR.  
NAMPA, ID 83686

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 63-11155

Dear Permit Holder:

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

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

Sincerely,

Rita Fleck  
Secretary/Records Manager

c: IDWR - Region

**MICROFILMED**

DEC 18 1990

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 63-11155

Date: 11-30-90

General Considerations:

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

Source of Water:

- ☐ Surface water  
☒ Groundwater  
\_\_\_\_\_ 1. well log in file  
\_\_\_\_\_ 2. drilling permit  
\_\_\_\_\_ A. amount of drilling fee paid for proposed uses

Extent of Use and Rate of Diversion:

- ☒ Rate of diversion appropriate for uses  
☒ N/A Is rate or volume and fee appropriate?  
\_\_\_\_\_ Has permit holder indicated when water was first put to a beneficial use?

Measuring Device:

- ☒ Is a measuring device or access port required?  
\_\_\_\_\_ Has one been installed?  
\_\_\_\_\_ Waiver or modification of measuring device requested

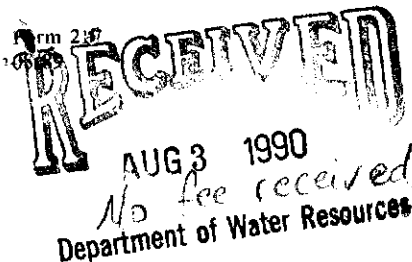
Remarks:

*Proof acceptable*

N/A Priority Calculation:

|                     |       |         |
|---------------------|-------|---------|
| Date proof received | _____ | _____   |
| Date proof due      | _____ | - _____ |
| No. of days late    | _____ | = _____ |
| Priority date       | _____ | + _____ |
| NEW PRIORITY DATE   | _____ | = _____ |

*SB*  
SEND FILES TO DATA ENTRY AND THEN TO MICROFILM



For Office Use Only

Amt. of Fee \$

Date

Receipt No.

Received by

*N/A*

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources will consider this form as a statement that the permit holder(s) has/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. 63-11155 Telephone No. 208-467-3314

Name(s) of Permit Holder(s): Pioneer Hi-Bred International, Inc.

Post Office Address: 9178 Lakeshore Dr.

Source of Water: Nampa, Idaho 83686

If ground water, well driller's name: Ed Hubler Date drilled: 9/25/86

Extent of Use:  
Domestic 1 (No. of households) Irrigation \_\_\_\_\_ (No. of acres)  
Stockwater \_\_\_\_\_ (No. and type of stock) Other \_\_\_\_\_

Total rate and/or volume for which proof is submitted 0.040 cfs per acre/feet

Show date water was first diverted and beneficially used under this permit: January 1, 1990

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

Measuring device: Required? Yes X No Installed? Yes X No

OR

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

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

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

Danelle Chandler

208-467-3314

Name

Telephone No.

9178 Lakeshore Dr., Nampa, Idaho

83686

Address

**MICROFILMED**

**DEC 18 1990**

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.

BY: Dwight G. Dollison, Treasurer of Pioneer Hi-Bred International, Inc.

7/26/90  
Date

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

S T A T E   O F   I D A H O

DEPARTMENT OF WATER RESOURCES

-----

Statehouse  
Boise, Idaho 83720  
(208) 327-7900  
June 4, 1990

PIONEER HI-BRED INTERNATIONAL INC.  
9178 LAKESHORE DR.  
NAMPA, ID 83686

PERMIT APPROVAL NOTICE

RE: PERMIT NO.      P63-11155

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.

You should be aware that the groundwater you propose to divert is located within a drainage basin where surface waters are regulated during the months of low flow. It is possible that diversion of groundwater may have an adverse impact on these surface water flows. Information available to us at this time does not warrant refusing to issue permits in your area, but we do caution that diversions of groundwater are not allowed to deplete flows available for surface water users with earlier priority dates. Siting your well as far from surface sources as possible and casing out upper water producing zones may reduce the potential of interference.

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

**INDEXED**

JUN 21 1990

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**

JUN 14 1990

Form No. 202a.  
3/89

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPROPRIATION APPLICATION ANALYSIS SHEET

INITIAL REVIEW BY: DL DATE: 3-12-90 APPLICATION: 63-11155

REQUIRED INFORMATION

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

Gov't. Lots:  
N/A P/D  
N/A 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:  
☐ ☒ Diversion within interim protected river area  
☐ ☒ Send dam safety information:  
☐ ☒ Send power requirement letter:  
☐ ☒ Send fish farm requirement letter:  
☐ ☒ Power residency affidavit:  
☐ ☒ Power efficiency form:  
☐ ☒ Within trust water boundary: (If yes, attach Trust Water Supplementary Analysis Sheet.)  
☐ ☒ Diversion greater than 5 cfs or 500 af: (If yes, attach Large Diversion supplementary analysis sheet.)  
☐ ☒ \*REQUEST ADDITIONAL INFORMATION FROM THE APPLICANT

☒ ☐ DATE REQUESTED: \_\_\_\_\_  
☐ ☐ Additional information on reverse side:

RECEIVED  
MAY 18 1990

Department of Water Resources

PROCESSING

APPLICATION NO. 63-11155

YES NO

☒ ☐ In form for advertising:

☒ ☐ Statewide advertising:

☒ ☐ Fee amount, receipt number and date recorded on application:

SEND COPIES TO

YES NO

☒ ☐ I.D. Health and Welfare

☒ ☐ I.D. Fish and Game

☒ ☐ I.D. Lands

☒ ☐ Adjudication Bureau

YES NO

☒ ☐ U.S. BLM

☒ ☐ U.S. Forest Svc.

☒ ☐ Water Dist. # \_\_\_\_\_

☒ ☐ Other \_\_\_\_\_

FINAL REGIONAL PROCESSING REVIEW

YES NO

☒ ☐ Affidavit of publication received:

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

☒ ☐ Publication dates and paper recorded on application:

☒ ☐ Protests received. Final date for protest April 9, 1990

☒ ☐ Protest dates, resolution of protest recorded on application:

☒ ☐ Recommendations attached: Approve, DNR

☒ ☐ Measuring device required:

☒ ☐ Measuring port required:

☒ ☐ Water delivered by water master? District # 63-P05

☒ ☐ Special conditions of approval or cover letter: \_\_\_\_\_

☒ See below for additional information

Recommended Date or Priority 3/1/1990 ☒

Recommended by: DNR Date 5/16/1990

STATE OFFICE REVIEW

P05, P23

P16

416

See below for additional information. By Kew Date 5-23-90

ADDITIONAL INFORMATION

Other WR Same legal land description, same source, different purpose

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
WELL DRILLER'S REPORTUSE TYPEWRITER OR  
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.

| <b>1. WELL OWNER</b><br>Name <u>Steven Seal</u><br>Address <u>Nampa 1st</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | <b>7. WATER LEVEL</b><br>Static water level <u>3</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature <u>OF</u> Quality _____<br><small>Describe artesian or temperature zones below</small>                                                                                                                                |                   |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|-----------------|-------------------|-----------------|-----------------|----------------|--------------|--------------|------------|------------|-----------------------------------------------------------------------|--------------|------------|------------|--------------|-------------------|------------|------------|-----------|-----------|-------------------|--------------------|------------|------------|--------------------|------------|------------|--------------------|------------|------------|--|--|
| <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 abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | <b>8. WELL TEST DATA</b><br><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>607</u></td><td></td><td><u>1/2</u></td></tr></tbody></table>                                                                                                                                                                                           |                   | Discharge G.P.M. | Pumping Level   | Hours Pumped      | <u>607</u>      |                 | <u>1/2</u>     |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Pumping Level   | Hours Pumped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| <u>607</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 | <u>1/2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (Specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Bore<br/>Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th rowspan="2">Water<br/>Yes No</th></tr><tr><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>4</u></td><td><u>0</u></td><td><u>10</u></td><td><u>Overburden</u></td><td><u>X</u></td></tr><tr><td><u>8</u></td><td><u>10</u></td><td><u>30</u></td><td><u>Loose Rock</u></td><td><u>X</u></td></tr><tr><td></td><td><u>30</u></td><td><u>65</u></td><td><u>Loose Rock</u></td><td><u>X</u></td></tr></tbody></table> |                   | Bore<br>Diam.    | Depth           |                   | Material        | Water<br>Yes No | From           | To           | <u>4</u>     | <u>0</u>   | <u>10</u>  | <u>Overburden</u>                                                     | <u>X</u>     | <u>8</u>   | <u>10</u>  | <u>30</u>    | <u>Loose Rock</u> | <u>X</u>   |            | <u>30</u> | <u>65</u> | <u>Loose Rock</u> | <u>X</u>           |            |            |                    |            |            |                    |            |            |  |  |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Depth           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Material          |                  | Water<br>Yes No |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | From            | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| <u>4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>0</u>        | <u>10</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Overburden</u> | <u>X</u>         |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>10</u>       | <u>30</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Loose Rock</u> | <u>X</u>         |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>30</u>       | <u>65</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Loose Rock</u> | <u>X</u>         |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>250</u> inches</td><td><u>6</u> inches</td><td><u>2</u> feet</td><td><u>30</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><br>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br><table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><br>Well 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 depth <u>30'</u> Material used in seal: <input checked="" type="checkbox"/> Cement grout<br><input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mud <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Seal, pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld _____<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ |                 | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Diameter          | From             | To              | <u>250</u> inches | <u>6</u> inches | <u>2</u> feet   | <u>30</u> feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches                                                          | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches      | _____ feet | _____ feet | Number    | From      | To                | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet | _____ feet |  |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Diameter        | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | To                |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>6</u> inches | <u>2</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>30</u> feet    |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ inches    | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____ feet        |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ inches    | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____ feet        |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ inches    | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____ feet        |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | From            | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____ feet      | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____ feet      | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____ feet      | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><table border="1"><tr><td>N</td><td></td><td></td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td></td><td></td><td></td></tr><tr><td>S</td><td></td><td></td></tr></table><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>Canyon</u><br><u>SW 1/4 NE 1/4 Sec. 16, T. 2 N, R. 24 E, W.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                  | W               |                   | E               |                 |                |              | S            |            |            | <b>10. Work started</b> <u>7/25/86</u> <b>finished</b> <u>9/25/86</u> |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
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| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |
| <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Firm Name <u>He's Drilling</u> Firm No. <u>197</u><br>Address <u>Caldwell, ID</u> Date <u>9/24/86</u><br>Signed by (Firm Official) <u>Ed Hobbler</u><br>and _____<br>(Operator) <u>Same</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                  |                 |                   |                 |                 |                |              |              |            |            |                                                                       |              |            |            |              |                   |            |            |           |           |                   |                    |            |            |                    |            |            |                    |            |            |  |  |

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

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Source: GROUNDWATER

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

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In: T02N R02W S16 SENE

JUN 21 1990

