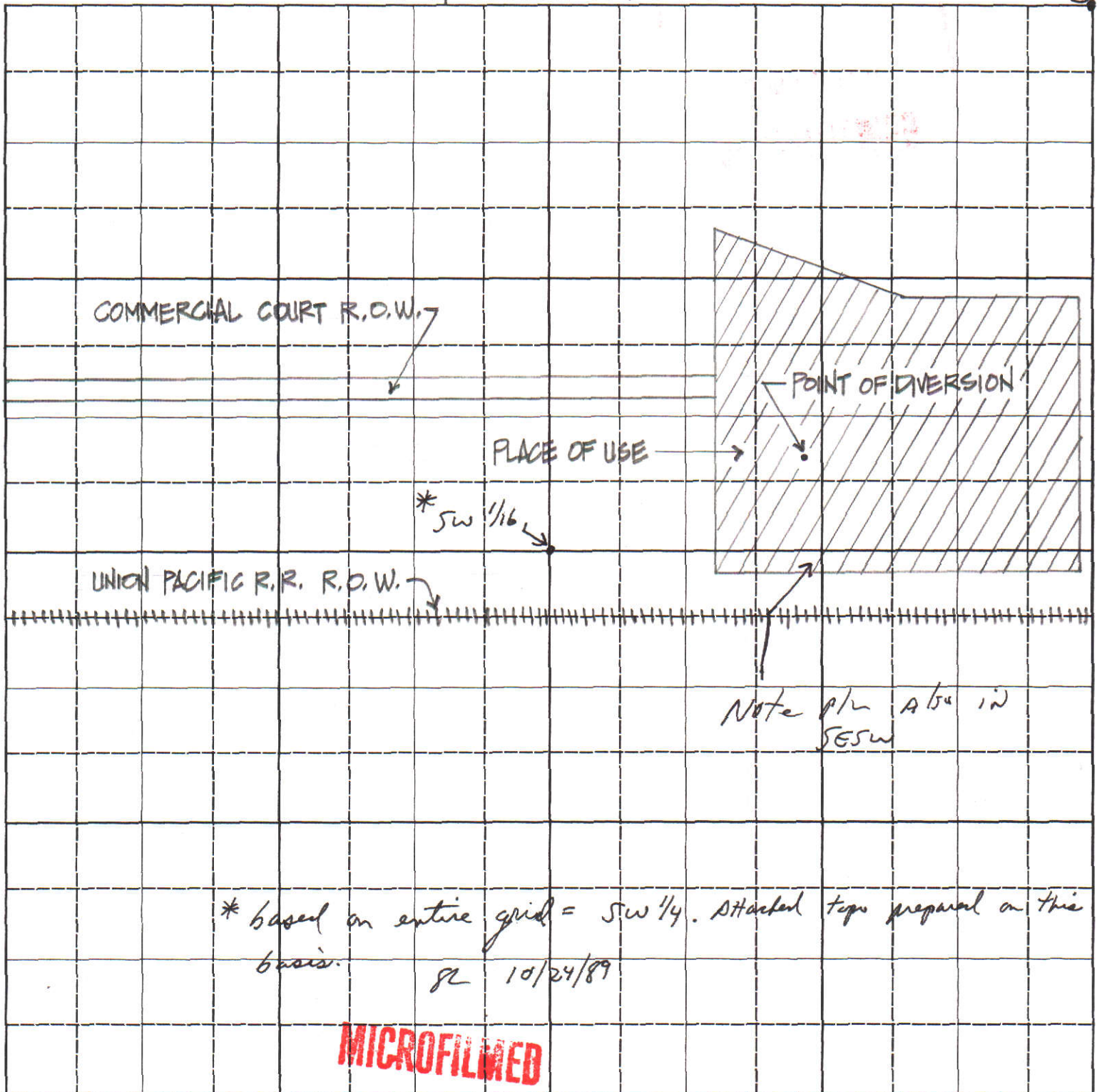


JUN 05 1990

13. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number. S.W. 1/4 SECTION 9, T. 3N, R. 1E \* CS



Scale: 2 inches equal 1 mile.

JUN 05 1990

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.

ALBERTSON'S, INC.

By:

*Thomas F. Saldin*

SENIOR VICE-PRESIDENT



State of Idaho  
Department of Water Resources  
**Permit To Appropriate Water**

NO. 63-11042

Proposed Priority: August 25, 1989

Maximum Diversion Rate:

0.14 CFS

This is to certify, that **ALBERTSONS INC.**  
250 PARKCENTER BLVD.  
P.O. BOX 20  
BOISE, ID 83726

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> |
|-----------------------|----------------------|--------------------------|
| IRRIGATION            | 04/15 to 10/15       | 0.02 CFS                 |
| DOMESTIC              | 01/01 to 12/31       | 0.12 CFS                 |
|                       | Totals               | 0.14 CFS                 |

LOCATION OF POINT(S) OF DIVERSION: SWNESW Sec. 9, Township 03N, Range 01E  
ADA County

PLACE OF USE: IRRIGATION

| <u>TWN</u> | <u>RGE</u> | <u>SEC</u> | <u>ACRES</u> | <u>ACRES</u> | <u>ACRES</u> | <u>TOTAL</u> |
|------------|------------|------------|--------------|--------------|--------------|--------------|
| 03N        | 01E        | 9          | NESW 1       |              |              | 1            |

PLACE OF USE: DOMESTIC

| <u>TWN</u> | <u>RGE</u> | <u>SEC</u> |
|------------|------------|------------|
| 03N        | 01E        | 9          |

NESW                      SESW

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before January 1, 1991.
2. Subject to all prior water rights.
3. Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
4. The rate of diversion of water for irrigation under this permit and all other water rights on the same land shall not exceed 0.02 cubic feet per second for each acre of land.
5. Domestic use is for drinking water, restrooms and commercial warehouse maintenance.

**MICROFILMED**

JUN 05 1990

State of Idaho  
Department of Water Resources

# Permit To Appropriate Water

NO. 63-11042

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

27<sup>th</sup> day of December, 1989.

*R. Keith Higginson*  
for R. Keith Higginson, Director



**MICROFILMED**

JUN 05 1990

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of applicant Albertson's, Inc. Phone 208/385-6200

Post office address P. O. Box 20, 250 Parkcenter Blvd., Boise, ID 83726

2. Source of water supply ground water which is a tributary of N/A

3. Location of point of diversion is SW  $\frac{1}{4}$  of NE  $\frac{1}{4}$  of SW  $\frac{1}{4}$ , Govt. Lot \_\_\_\_\_

Sec. 9 Township 3N Range 1E B.M. Ada County; additional

points of diversion if any: \_\_\_\_\_

4. Water will be used for the following purposes:

Amount .12cfs for domestic purposes from Jan. 1 to Dec. 31 (both dates inclusive)  
(cfs or acre-feet per annum)

Amount .02cfs for irrigation purposes from Apr. 15 to Oct. 15 (both dates inclusive)  
(cfs or acre-feet per annum)

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

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

5. Total quantity to be appropriated is (a) .14cfs and/or (b) N/A  
cubic feet per second acre feet per annum

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. The diverting works consist of  
a well and pump system. The pump/motor assembly is a 3 H.P. submersible  
type rated for 55 GPM. Well construction includes a 6" steel casing  
to a depth of approximately 90 feet.

b. Height of storage dam N/A 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 N/A 6 inches; proposed depth of well is 90 feet. *from item 6a*

d. Is ground water with a temperature of greater than 90°F being sought? No

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

N/A 1 years (minimum 1 year). (Existing)

MICROFILMED

JUN 05 1990

8. Description of proposed uses (if irrigation only, go to item 9):

- Hydropower; show total feet of head and proposed capacity in KW. \_\_\_\_\_
- Stockwatering; list number and kind of livestock. \_\_\_\_\_
- Municipal; show name of municipality. \_\_\_\_\_
- Domestic; show number of households. \_\_\_\_\_
- Other; describe fully. The domestic use from item 4 consists of supplying domestic fixture plumbing and drinking water along with commercial warehouse maintenance and housekeeping water.

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of the use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

| TWP | RANGE | SEC. | NE¼ |     |     |     | NW¼ |     |     |     | SW¼ |     |     |     | SE¼ |     |     |     | TOTALS |
|-----|-------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
|     |       |      | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ |        |
| 3N  | 1E    | 9    |     |     |     |     |     |     |     |     | 1   |     |     |     |     |     |     |     | one    |
| 3N  | 1E    | 9    |     |     |     |     |     |     |     |     | D   |     | D   |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
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|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |

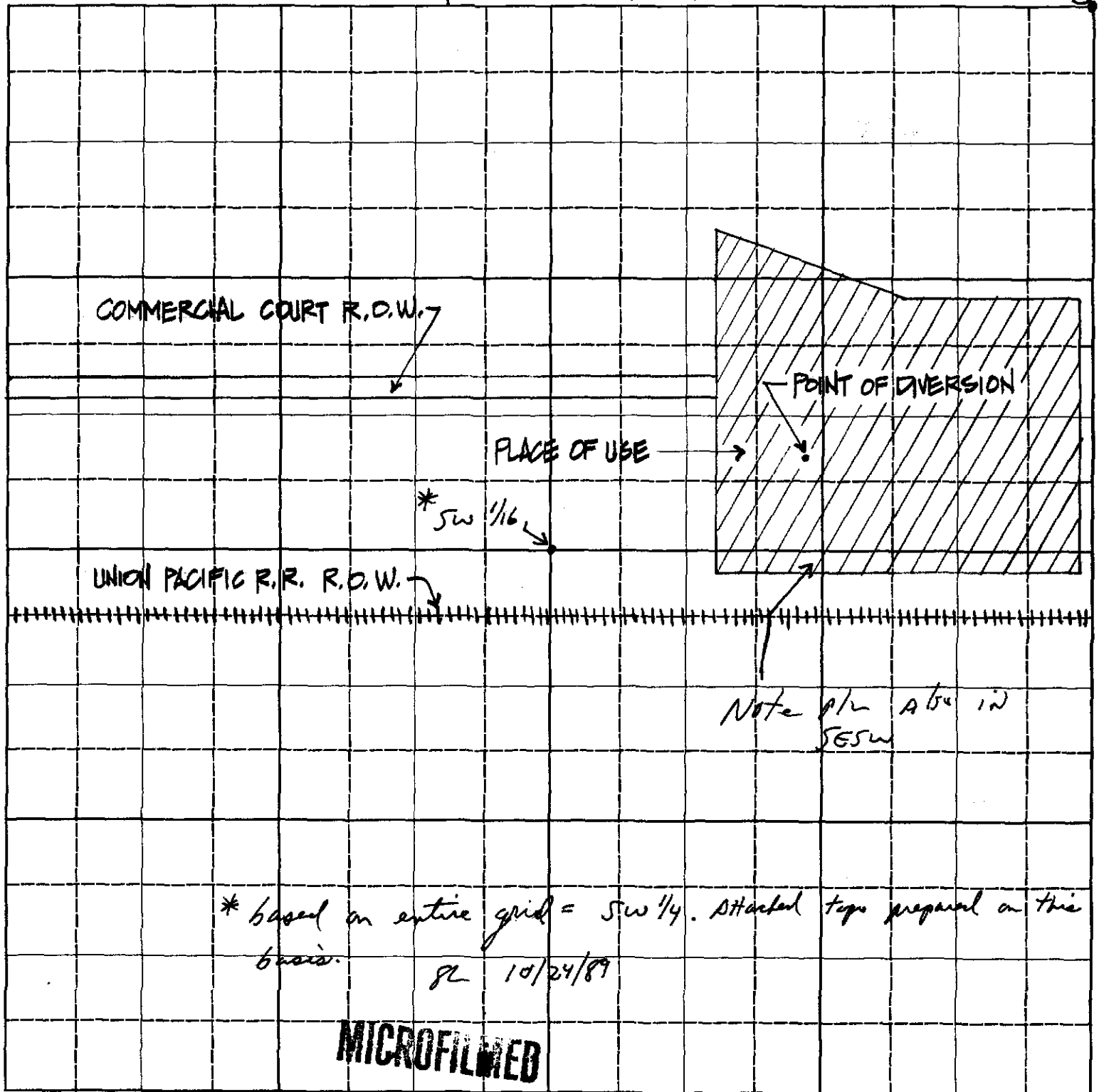
Total number of acres to be irrigated one

- Describe any other water rights used for the same purposes as described above. N/A 63-11041 is different well for same irrigation and probably same domestic.
- Who owns the property at the point of diversion? Albertson's, Inc.
  - Who owns the land to be irrigated or place of use? Albertson's, Inc.
  - If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing. N/A
- Remarks: The well was drilled in September, 1980, for Albertson's, Inc. Sundries Center by W. E. Stevens & Sons. A Well Driller's Report was certified October 2, 1980 by the driller.

\* added per information in files 63-11041 & 63-11042; also per topog & appl. maps. 8L 10/24/89  
Also see 10/24 note on 8/29/89 conv. memo.

JUN 05 1990

13. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number. S.W. 1/4 SECTION 9, T. 3N, R. 1E \* C5



Scale: 2 inches equal 1 mile.

JUN 05 1990

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.

ALBERTSON'S, INC.

By:

*Thomas F. Aldin*

SENIOR VICE-PRESIDENT

Received by Yls. Date 8/25/89 Time 11:00am Preliminary check by RL  
Fee \$ 30.00 Receipted by JH # W0005008 Date 8-25-89  
Publication prepared by GG Date 10-25-89 Published in ID Statesman  
Publication approved st Date 11-20-89 11/2 & 11/9/89

### ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No. \_\_\_\_\_ and said application is hereby \_\_\_\_\_.

1. Approval of said application is subject to the following limitations and conditions:

a. SUBJECT TO ALL PRIOR WATER RIGHTS.

b. Proof of construction of works and application of water to beneficial use shall be submitted on or before \_\_\_\_\_, 19 \_\_\_\_.

c. The rate of diversion, if water is to be used for irrigation under this permit, when combined with all other water rights for the same land shall not exceed 0.02 cubic feet per second for each acre of land.

d. The water right acquired under this permit if for hydropower purposes shall be junior and subordinate to all rights to the use of water, other than hydropower, within the State of Idaho that are initiated later in time than the priority of this permit and shall not give rise to any right or claim against any future rights to the use of water, other than hydropower, within the State of Idaho initiated later in time than the priority of this permit.

e. Other:

**MICROFILMED**  
JUN 05 1990

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

**GEOLOGICAL SURVEY**

March 3, 1894

No 9017 1015  
5.9

2771 III NE (EAGLE)

551000m E

552 2.5 MI S. 20 & 26 553 20' 554 555

EAGLE HY

5

4

3

FAIRVIEW

Cloverdale CLOVERDALE MEMORIAL PARK

Trailers Park

Flume Trailer Park

NESW →

P/L FOR R/L 3 Rights

SETTLERS

COMMERCIAL STREET BM 2627

p/d 63-11040

Beatty p/d 63-11041

UNION

T3N

BM 2622

FRANKLIN

BM 2652

DRIVE

WILSON

FRUIT

KDSH Radio Towers

16

R/C

Creek

OVERLAND

2650

2658

2650

2680

2698

Radio Range Tower

CRAWFORD

22

21 LEVEE CANAL

20 RIDENBAUGH

MCDONALD

BM

2697

2699

2693

2690

2680

2700

2720

FEEDER

Siphon

27

LATERAL

TERMILE

Five Mile

Reproduced JUN 05 1990

GEOLOGICAL SURVEY

No 9011 1015 5.9

2771 III NE (EAGLE)

FILMED JUN 05 1990

Handwritten annotations on the map include:

- NESW
- SESW
- R16
- R17
- R18
- R19
- R20
- R21
- R22
- R23
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- R26
- R27
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- R98
- R99
- R100

GEOLOGICAL SURVEY

No 9011 1015 5.9

2771 III NE (EAGLE)

FILMED JUN 05 1990

Handwritten annotations on the map include:

- NESW
- SESW
- R16
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- R99
- R100

[illegible]

**GEOLOGICAL SURVEY**

Scale: 551000m E

Handwritten notes:

- No 9017 1015
- 5.9
- 2771 III NE (EAGLE)
- EAGLE HY
- FAIRVIEW
- CLOVERDALE
- PARK
- Flume
- Trailer Park
- NESW
- P/L FOR R/L 3 Rights
- p/d 63-11040
- Beatty p/d 63-11041
- T3N
- p/d 63-11042
- KDSH Radio Towers
- RIDGE
- Creek
- OVERLAND
- Radio Range Tower
- CRAWFORD
- FEEDER
- Siphon
- FIVE MILE
- TERMILE

Stamp: REPRODUCED JUN 05 1990

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

**GEOLOGICAL SURVEY**

Scale: 551000m E

Section Numbers: 5, 8, 16, 20, 21, 22, 27

Handwritten Annotations:

- NESW (with arrow pointing down)
- SESW (with arrow pointing up)
- R/C (in section 16)
- PLU FOR R/L (near Beatty)
- 3 Rights (near Beatty)
- T3N (in section 10)

Blacked-Out Area: A large rectangle covering sections 16, 21, and 22.

Stamp: FILMED JUN 05 1990

Map Labels:

- Fairview
- Cloverdale
- Beatty
- Flume
- Canal
- Levee
- Creek
- Overland
- Radio Range Tower
- Feeder
- Siphon
- Five Mile
- McDonald
- Ridenbaugh
- Lateral
- Terminal
- Union
- Franklin
- Wilson
- Fruit
- Crawford
- Eagle Hy
- B.M. 2627
- B.M. 2652
- B.M. 2656
- B.M. 2697
- B.M. 2698
- B.M. 2699
- B.M. 2729
- B.M. 2730
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- B.M. 2752
- B.M. 2753
- B.M. 2754
- B.M. 2755
- B.M. 2756
- B.M. 2757
- B.M. 2758
- B.M. 2759
- B.M. 2760
- B.M. 2761
- B.M. 2762
- B.M. 2763
- B.M. 2764
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- B.M. 2769
- B.M. 2770
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- B.M. 2772
- B.M. 2773
- B.M. 2774
- B.M. 2775
- B.M. 2776
- B.M. 2777
- B.M. 2778
- B.M. 2779
- B.M. 2780
- B.M. 2781
- B.M. 2782
- B.M. 2783
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- B.M. 2793
- B.M. 2794
- B.M. 2795
- B.M. 2796
- B.M. 2797
- B.M. 2798
- B.M. 2799
- B.M. 2800

OFFICERS OF ALBERTSON'S, INC.

P. O. Box 20  
250 Parkcenter Blvd.  
Boise, Idaho 83726

J. A. Albertson  
Warren E. McCain

Gary G. Michael

John B. Carley  
W. L. Jordan

Robert G. Miller

Michael F. Reuling

Thomas E. Brother  
Alec R. Gloth  
Wendell E. Hornecker

C. Clinton Joyce

A. Craig Olson  
Carl W. Pennington

Marvin W. Robertson

Gerald R. Rudd  
Thomas R. Saldin

Ronald D. Walk

Chairman of the Exec. Committee  
Chairman of the Board and Chief  
Exec. Officer

Vice Chairman and Chief Financial  
and Corporate Development Officer  
President

Exec. Vice President, Retail  
Operations

Exec. Vice President, Retail  
Operations

Exec. Vice President, Store  
Development

Group Vice President, Distribution

Sr. Vice President, Store Planning

Sr. Vice President, Design &  
Construction

Sr. Vice President, Management  
Information Systems

Group Vice President, Finance

Sr. Vice President & Regional  
Manager

Sr. Vice President, Corporate  
Merchandising

Sr. Vice President, Human Resources

Sr. Vice President and General  
Counsel

Sr. Vice President & Regional  
Manager

WILSON

JUN 05 1990

NOV 17 1989  
Department of Water Resources  
Western Regional Office

**Statesman**  
P.O. BOX 40, BOISE, IDAHO 83707

**LEGAL ADVERTISING INVOICE**

Amount Due

14880

|                                                           |             |                                                                                                                                                                                                                                                                    |                                    |
|-----------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Account Name<br>Idaho<br>Water Resources - Western Region |             | Account Number<br>47628                                                                                                                                                                                                                                            |                                    |
| Address<br>2735 Airport Way                               |             | City/State<br>Boise, Idaho                                                                                                                                                                                                                                         | Zip<br>83705                       |
| Ordered By<br>Keith Higginson                             | P.O. Number | Rate<br>tt                                                                                                                                                                                                                                                         | Run Dates<br>1989<br>November 2, 9 |
| Identification<br>Notice for Application for Water Right  |             | 63-11035<br>Buffi, Glenn A.<br>7633 Hidden Valley Dr.<br>Boise, ID 83709<br>Source: Groundwater<br>Diversification Pt: SWSESW Sec 3 T<br>02N R 01E<br>Use: Irrigation (.042 CFS)<br>Date Filed: 9/20/1989<br>In: T02N R01E S03 SESW<br>1.4 Acres Total<br>63-11041 |                                    |

Real Inches

Legal Number

4005

Number of Affidavits  
Requested

1

**NOTICE OF APPLICATION  
FOR WATER RIGHT**

The following application(s) have  
been filed to appropriate the public  
waters of the State of Idaho:  
63-10979

Davis, Jerry  
Davis, Linda M.  
6001 Robinson Rd.  
Kuna, ID 83634  
Source: Groundwater  
Diversification Pt: SWNE Sec 7 T 01N R  
01W  
Diversification Pt: Lot 3 (NWSW) Sec 7  
T 01N R 01W  
Diversification Pt: NWSE Sec 7 T 01N R  
01W  
Use: Irrigation (2.000 CFS)  
Date Filed: 9/14/1989  
In: T01N R01W S06 NESE NWSE  
SWSE SESE  
In: T01N R01W S07 NENE NWNE  
SWNE SENE  
In: T01N R01W S07 NESW Lot 3  
(NWSW) Lot 4 (SWSW) SESW  
In: T01N R01W S07 NESE NWSE  
SWSE SESE  
In: T01N R01W S18 NENE NWNE  
SWNE  
630.0 Acres Total  
63-11018

Edwards, Stephen  
4461 E. Victory  
Meridian, ID 83642  
Source: Unnamed Stream  
Tributary: Ninemile Creek  
Diversification Pt: NWNENE Sec 28 T  
03N R 01E  
Use: Irrigation (.080 CFS)  
Date Filed: 8/24/1989  
In: T03N R01E S28 NENE  
4.0 Acres Total  
Carlson, Gerard J.  
4503 Riva Ridge Dr.  
Boise, ID 83709  
Source: Groundwater  
Diversification Pt: SESESW Sec 27 T  
03N R 01E  
Use: Irrigation (.040 CFS)  
Date Filed: 9/05/1989  
In: T03N R01E S27 SESW  
1.0 Acres Total  
63-11034

Boise Water Corp.  
P.O. Box 7488  
Boise, ID 83707  
Source: Groundwater  
Diversification Pt: NWNW Sec 32 T  
R 02E  
Use: Municipal (2.790 CFS)  
Date Filed: 10/12/1989

Debb  
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Idaho Statesman  
Ada County, Stat  
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Statesman in cor  
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Albertson Inc.  
P.O. Box 20  
250 ParkCenter Blvd.  
Boise, ID 83726  
Source: Groundwater  
Diversification Pt: SENESW Sec 9 T  
03N R 01E  
Use: Irrigation (.020 CFS)  
Use: Industrial (.065 CFS)  
Use: Domestic (.065 CFS)  
Date Filed: 8/25/1989  
In: T03N R01E S09 NESW SESW  
1.0 Acres Total  
63-11042

Albertsons Inc.  
P.O. Box 20  
250 ParkCenter Blvd.  
Boise, ID 83726  
Source: Groundwater  
Diversification Pt: SWNESW Sec 9 T  
03N R 01E  
Use: Irrigation (.020 CFS)  
Use: Domestic (.120 CFS)  
Date Filed: 8/25/1989  
In: T03N R01E S09 NESW SESW  
1.0 Acres Total  
63-11048

ParkCenter Pointe Owners Assn.  
P.O. Box 1486  
Boise, ID 83701  
Source: Groundwater  
Diversification Pt: NESE Sec 14 T 03N  
R 02E  
Diversification Pt: Lot 10 (NWSE) Sec  
14 T 03N R 02E  
Use: Irrigation (.120 CFS)  
Date Filed: 10/10/1989  
In: T03N R02E S14 Lot 10 (NESE)  
Lot 10 (NWSE)  
6.0 Acres Total  
63-11050

Chapman, Sheri L.  
2889 Cobbleway  
Meridian, ID 83642  
Source: Groundwater  
Diversification Pt: SWSW Sec 24 T 03N  
R 01W  
Use: Irrigation (.030 CFS)  
Use: Domestic (.040 CFS)  
Date Filed: 10/10/1989  
In: T03N R01W S24 SWSW  
1.0 Acres Total

The permit(s) will be subject to  
all prior water rights. Protests must  
be filed with the Director, Dept. of  
Water Resources, Western Region,  
2735 Airport Way, Boise, Idaho  
83705 on or before NOVEMBER 20,  
1989.

R. KEITH HIGGINSON  
Director  
Pub. Nov. 2, 9, 1989

being duly  
il Clerk of The  
ublished at Boise,  
circulation therein  
and uninterruptedly  
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**MICROFILMED**

JUN 05 1990

4005

May 2, 1990

ALBERTSONS INC.  
250 PARKCENTER BLVD.  
P.O. BOX 20  
BOISE, ID 83726

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 63-11042

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

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JUN 05 1990

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 63-11042

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

General Considerations:

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

Source of Water:

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

Extent of Use and Rate of Diversion:

5 Rate of diversion appropriate for uses  
5 Is rate or volume and fee appropriate?  
5 Has permit holder indicated when water was first put to a beneficial use?

Measuring Device:

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

Remarks:

*Proof acceptable*

18

Priority Calculation:

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

SEND FILES TO DATA ENTRY AND THEN TO MICROFILM

02/89

**RECEIVED**

FEB 23 1990

## STATE OF IDAHO

## DEPARTMENT OF WATER RESOURCES

## PROOF OF BENEFICIAL USE

For Office Use Only

Amt. of Fee \$ 50.00Date 2/23/90Receipt No. 0014905Received by C. WONG

Department of Water Resources

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. 63-11042Telephone No. (208) 385-6200Name(s) of Permit Holder(s): Albertson's, Inc.Post Office Address: P. O. Box 20, Boise, ID 83726Source of Water: groundwaterIf ground water, well driller's name: W. E. Stevens & Sons Date drilled: 9/18/80

Extent of Use:

Domestic see other (No. of households) N/AIrrigation one (1) (No. of acres)

Stockwater N/A (No. and type of stock) Other domestic use for drinking, restroom facilities and maintenance for warehouse employing 260 people max. w/approximately 110 people maximum at any given time.

Total rate and/or volume for which proof is submitted .14 cfs                      acre/feetShow date water was first diverted and beneficially used under this permit: 9/26/80

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

Measuring device: Required? Yes No Installed? Yes No

OR

Flow Measurement Port: Required? Yes No Installed? Yes NoFee Enclosed: \$ 50.00 (See License Examination Fee Schedule)

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

Dale Nixon, Warehouse Operations Manager208-888-3011

Name

Telephone No.

N. Eagle Road, P. O. Box 7924, Boise, ID 83707

Address

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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.

February 20, 1989

Date

By: Thomas L. Alden

Sr. Vice President

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



February 22, 1990

Department of Water Resources  
Statehouse  
Boise, ID 83720

Re: Albertson's #8710 Sundries Center  
Permit Nos. P63-11041 and P63-11042

Ladies and Gentlemen:

Enclosed are Proof of Beneficial Use forms which have been completed by Albertson's, Inc. with regard to the above referenced Permit numbers. Also enclosed is Albertson's check #585101 in the amount of \$100 representing the \$50 fee due for each Permit. We would appreciate your scheduling the field examination with Dale Nixon as soon as possible. Thank you for your assistance.

Very truly yours,

ALBERTSON'S, INC.

Wanda Tschirgi  
Legal Assistant

Enc.

**RECEIVED**

FEB 23 1990

Depart

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JUN 05 1990

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

---

Statehouse  
Boise, Idaho 83720  
(208) 327-7900  
December 28, 1989

ALBERTSONS INC.  
250 PARKCENTER BLVD.  
P.O. BOX 20  
BOISE, ID 83726

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

RE: PERMIT NO.      P63-11042

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.

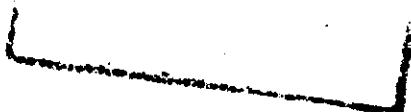
You should be aware that the groundwater you propose to divert is located within a drainage basin where surface waters are regulated during the months of low flow. It is possible that diversion of groundwater may have an adverse impact on these surface water flows. Information available to us at this 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

**MICROFILMED**

JUN 05 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 05 1990

Form No. 202a.  
3/89

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPROPRIATION APPLICATION ANALYSIS SHEET

INITIAL REVIEW BY: SL DATE: 10/24/84 APPLICATION: 63-11042

REQUIRED INFORMATION

Name: (If applicant is a corporation or partnership, names and addresses for the director, officers, and other partners must be included.) *attached to appl.*  
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: Gov't. Lots: N P/D  
Nature of proposed use: (Include description of use) N P/U  
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:

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:

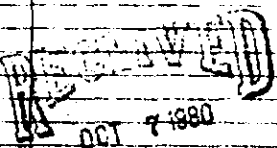
RECEIVED  
NOV 21 1984  
Department of Water Resources



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.

Re: 63-11042

JL  
10/24/89

| <b>1. WELL OWNER</b><br>Name <u>Albertson's Sundries Center</u><br>Address <u>250 Park Centre Blvd. Boise 83726</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | <b>7. WATER LEVEL</b><br>Static water level <u>4</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 _____ OF. Quality _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                  |               |              |          |       |   |      |    |     |    |   |   |   |         |  |   |   |   |   |                 |  |   |   |   |    |                     |   |  |   |    |    |                                       |   |  |    |    |    |                                       |   |  |    |    |  |                                  |   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------|---------------|--------------|----------|-------|---|------|----|-----|----|---|---|---|---------|--|---|---|---|---|-----------------|--|---|---|---|----|---------------------|---|--|---|----|----|---------------------------------------|---|--|----|----|----|---------------------------------------|---|--|----|----|--|----------------------------------|---|--|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | <b>8. WELL TEST DATA</b><br><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Baller <input type="checkbox"/> Air <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                  |               |              |          |       |   |      |    |     |    |   |   |   |         |  |   |   |   |   |                 |  |   |   |   |    |                     |   |  |   |    |    |                                       |   |  |    |    |    |                                       |   |  |    |    |  |                                  |   |  |
| <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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td>55</td><td>55</td><td>1</td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       | Discharge G.P.M. | Pumping Level | Hours Pumped | 55       | 55    | 1 |      |    |     |    |   |   |   |         |  |   |   |   |   |                 |  |   |   |   |    |                     |   |  |   |    |    |                                       |   |  |    |    |    |                                       |   |  |    |    |  |                                  |   |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Pumping Level | Hours Pumped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                  |               |              |          |       |   |      |    |     |    |   |   |   |         |  |   |   |   |   |                 |  |   |   |   |    |                     |   |  |   |    |    |                                       |   |  |    |    |    |                                       |   |  |    |    |  |                                  |   |  |
| 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 55            | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                  |               |              |          |       |   |      |    |     |    |   |   |   |         |  |   |   |   |   |                 |  |   |   |   |    |                     |   |  |   |    |    |                                       |   |  |    |    |    |                                       |   |  |    |    |  |                                  |   |  |
| <b>4. METHOD DRILLED</b><br><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>0</td><td>2</td><td>6</td><td>topsoil</td><td></td><td>X</td></tr><tr><td>2</td><td>6</td><td>8</td><td>cemented gravel</td><td></td><td>X</td></tr><tr><td>6</td><td>8</td><td>38</td><td>loose sand &amp; gravel</td><td>X</td><td></td></tr><tr><td>6</td><td>38</td><td>78</td><td>cemented sand &amp; gravel (some seepage)</td><td>X</td><td></td></tr><tr><td>38</td><td>78</td><td>91</td><td>streaks of cemented sand &amp; brown clay</td><td>X</td><td></td></tr><tr><td>78</td><td>91</td><td></td><td>fine to coarse sand &amp; pea gravel</td><td>X</td><td></td></tr></tbody></table> |                                       | Hole Diam.       | Depth         |              | Material | Water |   | From | To | Yes | No | 0 | 2 | 6 | topsoil |  | X | 2 | 6 | 8 | cemented gravel |  | X | 6 | 8 | 38 | loose sand & gravel | X |  | 6 | 38 | 78 | cemented sand & gravel (some seepage) | X |  | 38 | 78 | 91 | streaks of cemented sand & brown clay | X |  | 78 | 91 |  | fine to coarse sand & pea gravel | X |  |
| Hole Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Depth         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Material                              |                  | Water         |              |          |       |   |      |    |     |    |   |   |   |         |  |   |   |   |   |                 |  |   |   |   |    |                     |   |  |   |    |    |                                       |   |  |    |    |    |                                       |   |  |    |    |  |                                  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | From          | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       | Yes              | No            |              |          |       |   |      |    |     |    |   |   |   |         |  |   |   |   |   |                 |  |   |   |   |    |                     |   |  |   |    |    |                                       |   |  |    |    |    |                                       |   |  |    |    |  |                                  |   |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2             | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | topsoil                               |                  | X             |              |          |       |   |      |    |     |    |   |   |   |         |  |   |   |   |   |                 |  |   |   |   |    |                     |   |  |   |    |    |                                       |   |  |    |    |    |                                       |   |  |    |    |  |                                  |   |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6             | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | cemented gravel                       |                  | X             |              |          |       |   |      |    |     |    |   |   |   |         |  |   |   |   |   |                 |  |   |   |   |    |                     |   |  |   |    |    |                                       |   |  |    |    |    |                                       |   |  |    |    |  |                                  |   |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8             | 38                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | loose sand & gravel                   | X                |               |              |          |       |   |      |    |     |    |   |   |   |         |  |   |   |   |   |                 |  |   |   |   |    |                     |   |  |   |    |    |                                       |   |  |    |    |    |                                       |   |  |    |    |  |                                  |   |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 38            | 78                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | cemented sand & gravel (some seepage) | X                |               |              |          |       |   |      |    |     |    |   |   |   |         |  |   |   |   |   |                 |  |   |   |   |    |                     |   |  |   |    |    |                                       |   |  |    |    |    |                                       |   |  |    |    |  |                                  |   |  |
| 38                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 78            | 91                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | streaks of cemented sand & brown clay | X                |               |              |          |       |   |      |    |     |    |   |   |   |         |  |   |   |   |   |                 |  |   |   |   |    |                     |   |  |   |    |    |                                       |   |  |    |    |    |                                       |   |  |    |    |  |                                  |   |  |
| 78                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 91            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | fine to coarse sand & pea gravel      | X                |               |              |          |       |   |      |    |     |    |   |   |   |         |  |   |   |   |   |                 |  |   |   |   |    |                     |   |  |   |    |    |                                       |   |  |    |    |    |                                       |   |  |    |    |  |                                  |   |  |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br>Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet<br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br>Number _____ From _____ To _____<br>perforations _____ feet _____ feet<br>perforations _____ feet _____ feet<br>perforations _____ feet _____ feet<br>Well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Manufacturer's name <u>Johnson</u><br>Type <u>stainless steel</u> Model No. <u>405</u><br>Diameter <u>5</u> Slot size <u>30</u> Set from <u>80 1/4</u> feet to <u>91</u> feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>22</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Puddling clay <input type="checkbox"/> Well cuttings<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ |               | <div style="text-align: center;"><br/><b>MICROFILMED</b><br/>JUN 05 1990</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                  |               |              |          |       |   |      |    |     |    |   |   |   |         |  |   |   |   |   |                 |  |   |   |   |    |                     |   |  |   |    |    |                                       |   |  |    |    |    |                                       |   |  |    |    |  |                                  |   |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br>N corner Franklin & Eagle Rd.<br>Subdivision Name _____<br>W E<br>S<br>County <u>Ada</u><br>Lot No. _____ Block No. _____<br>City <u>Boise</u> Sec. <u>9</u> T. <u>3</u> N. <u>1</u> E. <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | <b>11. DRILLER'S CERTIFICATION</b><br>(We certify that all minimum well construction standards were complied with at the time the rig was removed.)<br>Firm Name <u>W.E. Stevens &amp; Son</u> No. <u>153</u><br>Address <u>3709 Hawthorne Drive</u> <u>82280</u><br>Signed by (Firm Official) <u>[Signature]</u><br>and (Operator) <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                  |               |              |          |       |   |      |    |     |    |   |   |   |         |  |   |   |   |   |                 |  |   |   |   |    |                     |   |  |   |    |    |                                       |   |  |    |    |    |                                       |   |  |    |    |  |                                  |   |  |

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

## CONVERSATION MEMORANDUM

DATE 8/29/89FILE 63- 11040NAME OF PARTY Wanda Tschigi 385-621463- 11041EMPLOYEE Stan Lott63- 11042RE: Dibertsons wells & applications.

- 1) Called Wanda to discuss possibilities of combining these 3 appls. into 1 appl. to save time & money etc. She indicated that the company wants to keep them as 3 rights.
- 2) All 3 wells in place prior to 7/87 so no drilling permits required.
- 3) Development time = 1 yr. in each appl. since existing systems.
- 4) OK to use topo map & appl. map interpretation to determine pld, pln locations.

10/24/89

Irrig. 1 ac. - assume all is NESW although total pln is E 1/2 SW 1/4. Allow field exam to determine extent & location of irrigation.

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JUN 05 1990



August 23, 1989

RECEIVED  
AUG 25 1989

Idaho Department of Water Resources  
Western Region  
2735 Airport Way  
Boise, ID 83705

Department of Water Resources  
Western Regional Office

Re: Albertson's #8710  
Sundries Center  
Boise, Idaho

Ladies and Gentlemen:

Enclosed are three Application for Permit forms which have been completed and signed by Albertson's, Inc. with regard to ground water diversion at our above referenced location. Also enclosed are Albertson's checks #580731 for \$30, #580730 for \$65, and #580732 for \$30 for the respective fees. We would appreciate your processing the applications. Thank you for your assistance. If I can answer any questions, or if you need additional information, please call me directly at 208-385-6214.

Very truly yours,

ALBERTSON'S, INC.,

*Wanda Tschirgi*

Wanda Tschirgi  
Legal Assistant

Enc.

cc: Tom Saldin  
Paul Rowan  
Chris Carley  
Scott Edens

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JUN 05 1990



Albertsons®

Re: 63-11040  
63-11041  
63-11042

63-11042

ALBERTSONS INC.  
P.O. BOX 20  
250 PARKCENTER BLVD.  
BOISE, ID 83726

Source: GROUNDWATER

Diversion Pt: SWNESW Sec 9 T 03N R 01E

Use: IRRIGATION ( .020 CFS)  
DOMESTIC ( .120 CFS)

Date Filed: 8/25/1989

In: T03N R01E S09 NESW SESW

1.0 ACRES TOTAL

**MICROFILMED**

JUN 05 1990