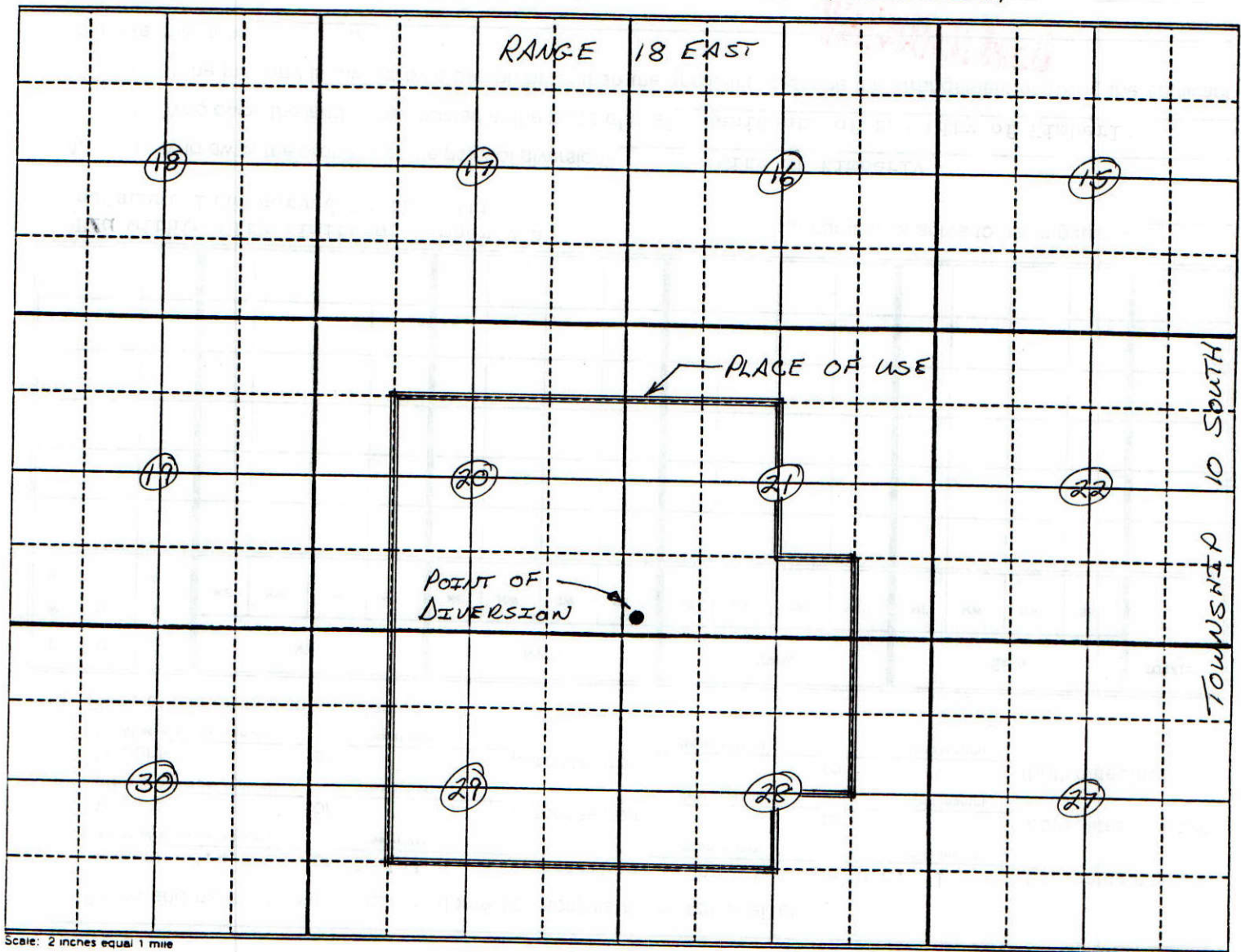


Complete the following map by showing land and point of diversion as proposed by this amendment.
 Show 1/4 1/4, section, township, range and ditches. (the smallest subdivision represents 40 acres)



I hereby request approval of this change subject to the fact that no one will be injured by the change, and that the change will be made at my own risk.

Signed this 29th day of November, 19 95.

Jim Salomon, Mayor
 Permit Holder

ACTION OF THE DEPARTMENT OF WATER RESOURCES

Preliminary check by AS Publication prepared by MB Date 1/26/96
 Published in Green News Publication dates 2/8 & 2/15/96

I, _____, of the Department of Water Resources hereby

APR 29 1996

Witness my hand this _____ day of _____, 19 _____.

SIGNATURE

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

- a. Hydropower; show total feet of head and proposed capacity in KW. _____
- b. Stockwatering; list number and kind of livestock. _____
- c. Municipal; show name of municipality. City of Kimberly
- d. Domestic; show number of households. _____
- e. Other; describe fully. _____

* JS 11-3-94 Per telecon w/ JUA Engineers

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. 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	
10S	18E	20	-	-	M	M	-	-	-	M	M	-	-	M	M	M	M	M	
* 10S	18E	21	-	-	-	-	-	-	M	M	M	M	M	M	-	-	M	-	
10S	18E	28	-	M	M	-	M	M	M	M	M	M	-	-	-	-	-	-	
10S	18E	29	M	M	M	M	M	-	-	M	M	-	-	-	M	M	-	-	

* A/U Within City Limits of Kimberly & adjacent land served by the city Total number of acres to be irrigated _____

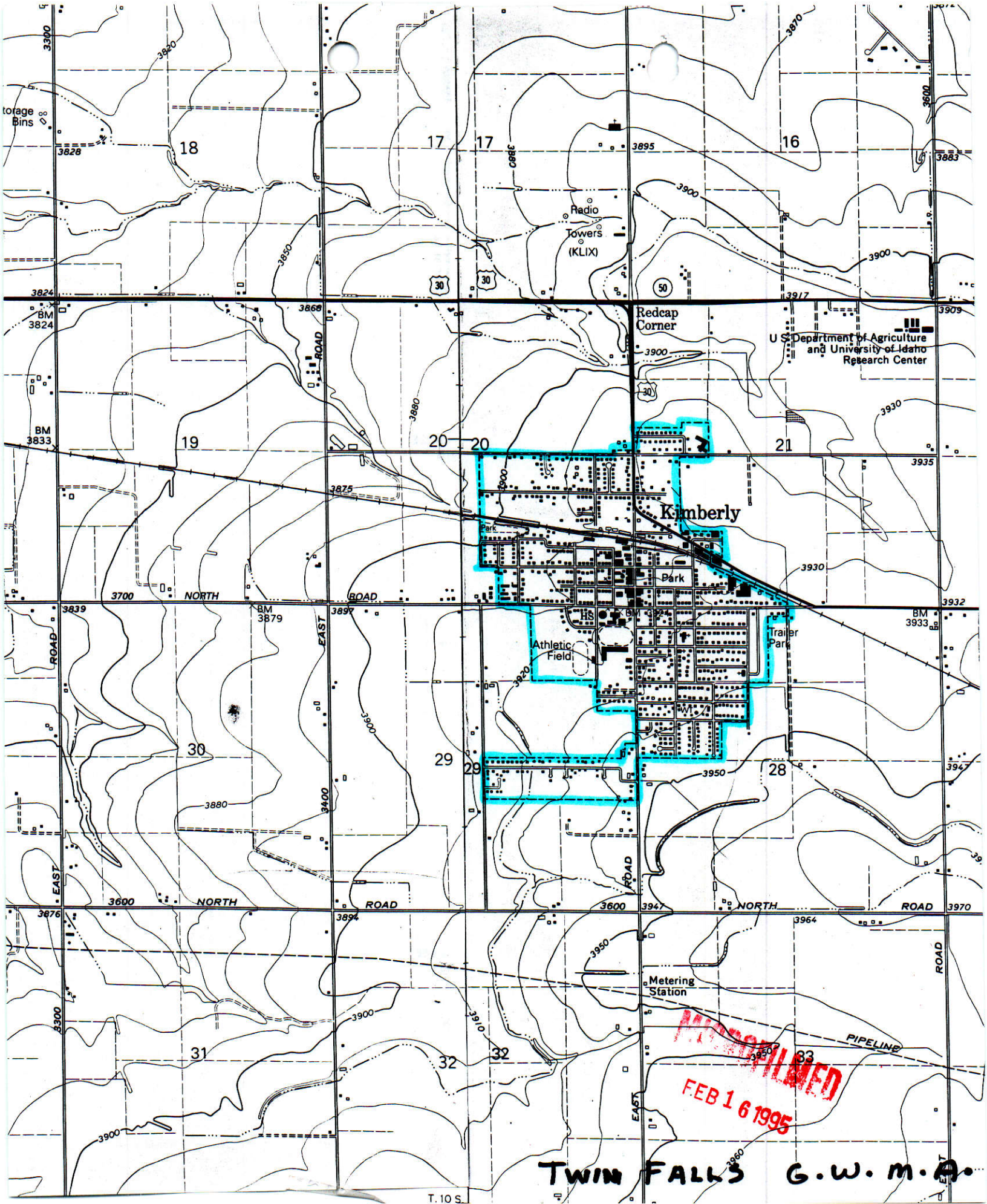
10. Describe any other water rights used for the same purposes as described above. 47-08320, 08091, 07649, 07306, 04460

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

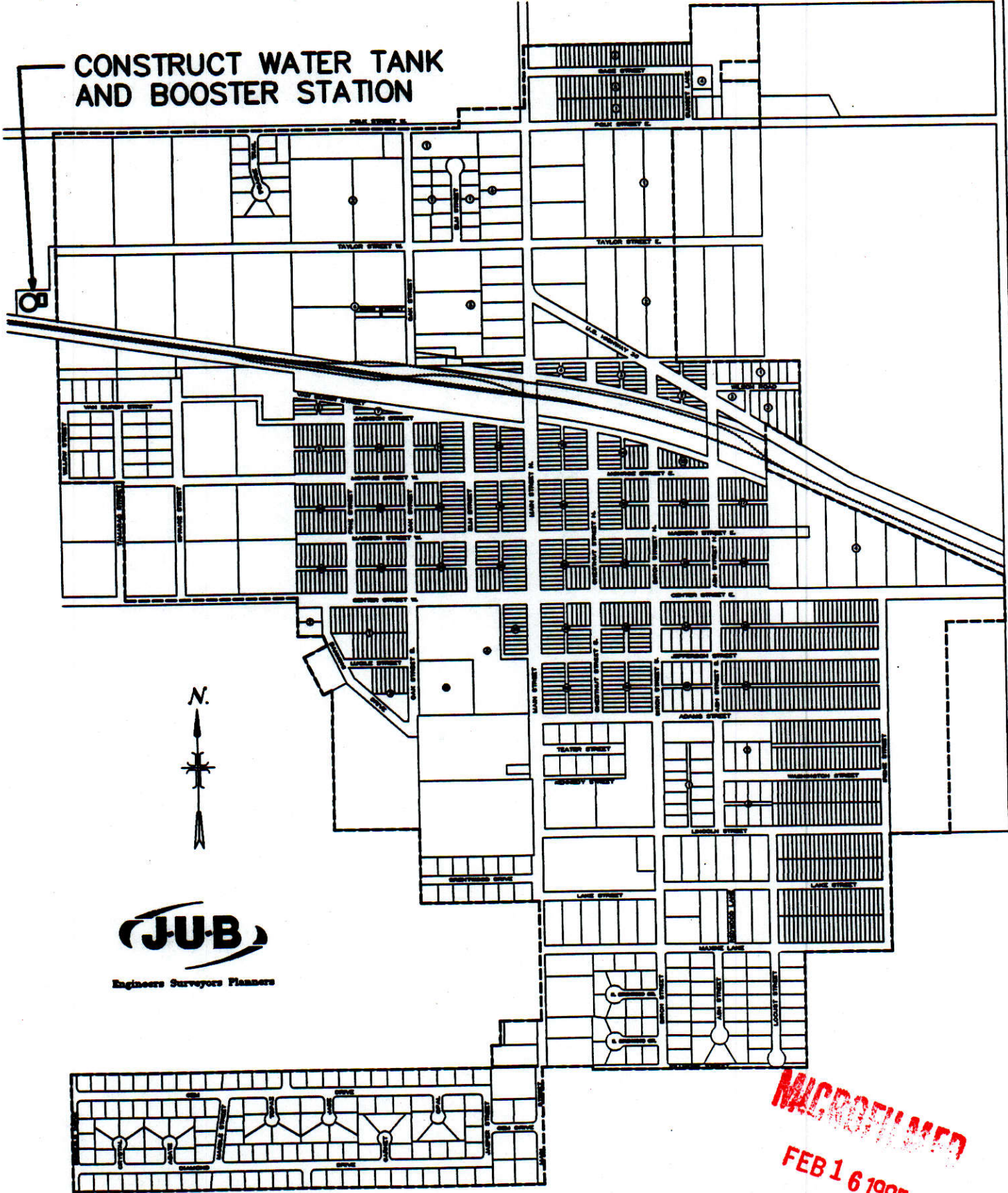
12. Remarks: * This well & storage tank will be added to the existing city water system.
No additional parks, ball fields, etc. are proposed under this application.

MICROFILMED

FEB 16 1995



CONSTRUCT WATER TANK
AND BOOSTER STATION



MICROFILMED
FEB 16 1995

CITY OF KIMBERLY
1994 WATER SYSTEM IMPROVEMENT PROJECT
MAP OF PROPOSED PHASE II IMPROVEMENTS

PLOT SCALE: 1=700

47-08377

RECEIVED

SEP 12 1997

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Department of Water Resources
Southern Region

PROOF OF BENEFICIAL USE

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

1. Permit No. 47-08377 Telephone No. 208-423-4151
2. Name(s) of Permit Holder(s): City of Kimberly
3. Mailing Address: P. O. Box Z Kimberly, ID 83341
4. Source of Water: Ground Water If GROUNDWATER (well), Date Drilled: mo. 7 / yr. 96
 - a. Well Driller: Elsing Drilling & Pump Co. Drilling Permit Number: 47 - 95 - S - 0108
-000
 - b. **OPTIONAL:**
Pump Horsepower: _____ Pressure (psi): _____ Dynamic pumping level (ft): _____
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): _____ Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: Municipal
6. Total rate of diversion and/or volume for which proof is submitted: 3.4 cfs OR _____ acre feet
7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly)
(This question is not optional. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)

Measuring Device:	Is a measuring device required?	Yes <u>X</u> or No _____
	Has the measuring device been installed?	Yes <u>X</u> or No _____
Flow Measurement Port:	Is a flow measurement port required?	Yes _____ or No <u>X</u>
	Has the measurement port been installed?	Yes _____ or No <u>X</u>
8. Fee Enclosed: \$ 175 (See Fee Schedule on back of the instructions for filing proof of beneficial use)
9. Person to contact to accompany the Department representative during field examination of the water system.
Name: Rob Wright, PWS Telephone Number: 208-423-4151
Address: P. O. Box Z Kimberly, ID 83341
10. The information given on this form 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.

Signature of permit holder: [Signature] Mayor Date: 9-9-97
(include your title, if on behalf of company or organization)

00179007

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

AMENDMENT OF PERMIT
PERMIT NO. 47-08377

This is to certify, that CITY OF KIMBERLY
PO BOX 2
KIMBERLY ID 83341

has requested a change to the above captioned water right(s). This change in water right(s) is authorized pursuant to the provisions of Section 42-211, Idaho Code. The approved amendment of permit is described as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>
MUNICIPAL	01/01 to 12/31	3.40 CFS

SOURCE

GROUNDWATER

Priority: 10/31/1994

LOCATION OF POINT(S) OF DIVERSION:

SWSW , Sec. 21, Township 10S, Range 18E
TWIN FALLS County

PLACE OF USE: See Remarks

CONDITIONS OF APPROVAL AND REMARKS

1. After specific notification by the department, the right holder shall install a suitable measuring device or shall enter into an agreement with the department to determine the amount of water diverted from power records and shall annually report the information to the department.
2. The issuance of this right does not grant any right-of-way or easement across the land of another.
3. Place of use is within city limits of Kimberly and surrounding service area.
4. The domestic use authorized under this permit shall not exceed 13,000 gallons per day per dwelling in accordance with Section 42-111, Idaho Code.
5. Irrigation of large projects such as parks, golf courses, or sports activities fields is not authorized under this permit.
6. The point of diversion is located within the Twin Falls Groundwater Management Area and use of water with a temperature greater than 85 degrees Fahrenheit is not authorized under this permit.

Witness my hand this 1st day of April, 1996.

RECORDED

[Signature]
Chief, Water Alloc. Bureau

APR 29 1996

10/93

RECEIVED

 Receipt No. SD18692
 Received By J. E. Stanton
 Date 11-29-75

NOV 28 1995

 STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES

APPLICATION FOR AMENDMENT OF A PERMIT

 Department of Water Resources
 Southern Region

#50 Fee

 Applicant City of Kimberly Phone 423-4151
 Address P. O. Box Z, Kimberly, ID 83341

 I am the owner and holder of Permit to Appropriate the Public Waters of the State of Idaho No. 47-08377, and request that the permit and permit map be amended and/or changed as follows:

 Purpose of Amendment: X Change point of diversion Add point of diversion
 Change place of use Change nature of use Change period of use Other

 1. Point of diversion: SW 1/4 SW 1/4 SW 1/4, Section 21, Township 10S, Range 18E, B.M.,
 County of Twin Falls. Other points of diversion

2. Period and nature of use: (irrigation, domestic, stockwatering, industrial, etc.)

 Amount 3.4 for Municipal purposes from Jan. 1 to Dec. 31 (both dates inclusive)
(cfs or acre feet per annum) (water use) (Begin month) (End month)

 Amount for purposes from to (both dates inclusive)
(cfs or acre feet per annum) (water use) (Begin month) (End month)

 Amount for purposes from to (both dates inclusive)
(cfs or acre feet per annum) (water use) (Begin month) (End month)

3. Place of use or land to be irrigated: *

T w p	R g e	S e c	NE 1/4				NW 1/4				SW 1/4				SE 1/4				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

 *Pu within City Limits of Kimberly and adjacent land served by the City

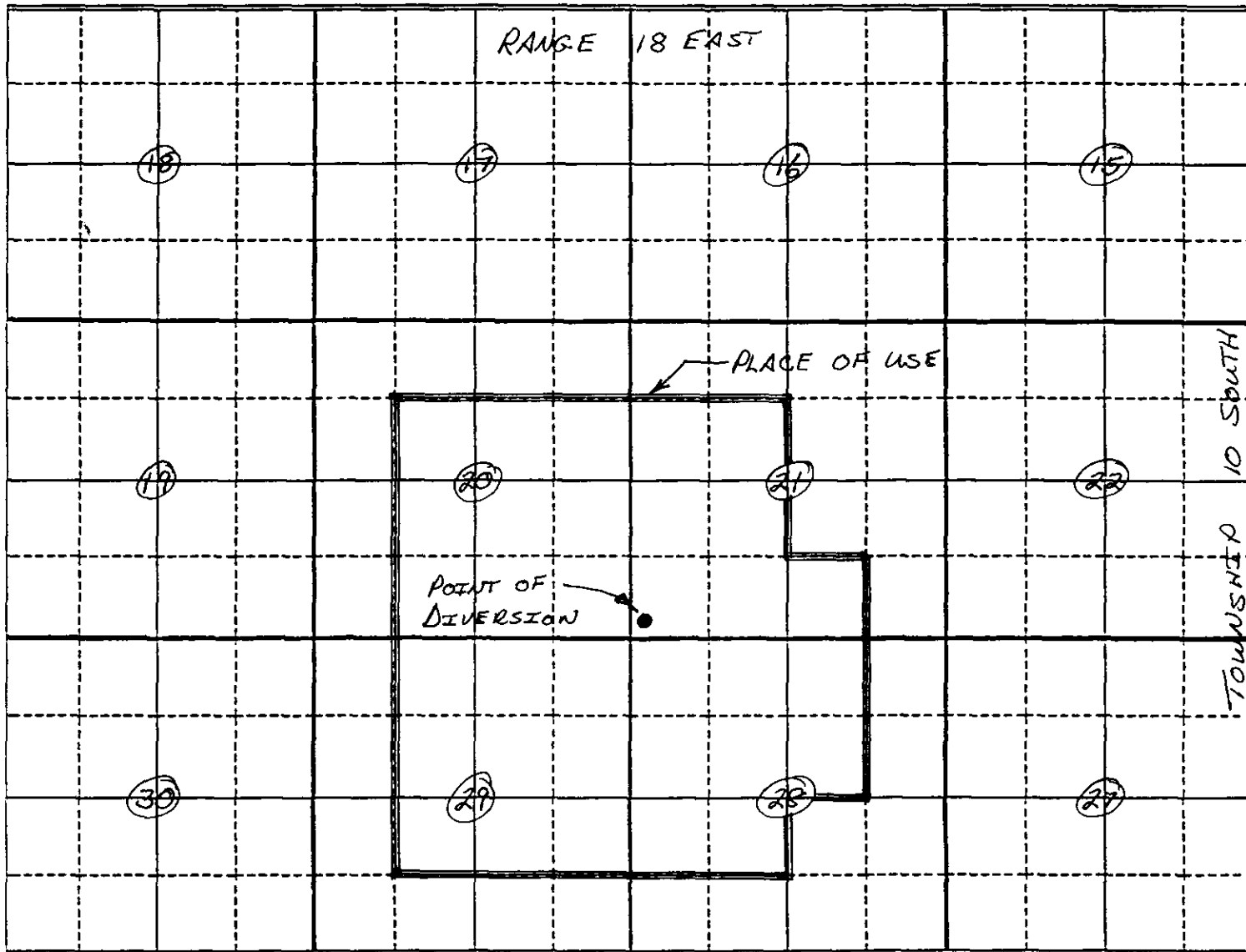
 Total number of acres to be irrigated =

4. a. Who owns the property at the point of diversion? City of Kimberly
- b. Who owns the land to be irrigated at the place of use? Residents of the City of Kimberly
- c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: N/A

APR 28 1996

Complete the following map by showing land and point of diversion as proposed by this amendment.

Show 1/4 1/4, section, township, range and ditches. (the smallest subdivision represents 40 acres)



Scale: 2 inches equal 1 mile

I hereby request approval of this change subject to the fact that no one will be injured by the change, and that the change will be made at my own risk.

Signed this 29th day of November, 1995.

Jim Larsson, Mayor
Permit Holder

ACTION OF THE DEPARTMENT OF WATER RESOURCES

Preliminary check by PS Publication prepared by MB Date 1/26/96
Published in Times News Publication dates 2/8 & 2/15/96

I, _____, of the Department of Water Resources hereby

APR 28 1996

Witness my hand this _____ day of _____, 19____.

SIGNATURE

For Office Use Only
\$50 Fee Received by Ja
Date 11-30-95
Receipt No. 501869a

RECEIVED

NOV 2 - 1995

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

DEC 01 1995

Department of Water Resources
Southern Region

REQUEST FOR EXTENSION OF TIME
TO PROVIDE ADDITIONAL TIME IN WHICH TO SUBMIT PROOF OF
BENEFICIAL USE FOR A WATER RIGHT PERMIT

The Idaho Department of Water Resources will consider this form as a request that the permit holder(s) be granted an additional period of time under the provisions of Section 42-204, Idaho Code in which to complete development of a water right.

Permit No. 47-08377

RECEIVED

DEC 07 1995

Name(s) of Permit Holder: City of Kimberly

Mailing Address: P. O. Box Z, Kimberly, ID 83341

Department of Water Resources

Date Proof is Due: January 1, 1996

Telephone No. 423-4151

Describe what work has been completed toward the development of this water right:

(This must be filled out! If no work has been completed, show "none".)

The first well drilled under this permit did not have sufficient water to develop. A second test well has been drilled and test pumped. Water quality samples have been submitted for analysis

Costing \$ 16,000.00

The permit holder(s) has been unable to complete the remainder of the work for the following reasons:

Time lost in drilling a "dry" well and then in finding a Public Works

Licensed driller with time to drill the second well has delayed the project.

The City is currently preparing documents for bids to develop the second well.

Permit holder(s) request an extension to January 1, 19 98.

FEE: \$50.00

(Signature)

*If other than permit holder, Power of Attorney must be supplied.

ACTION OF THE DEPARTMENT OF WATER RESOURCES

IT IS HEREBY ORDERED that the above request for extension of time be APPROVED and the time within which to submit proof of beneficial use is extended to January 1, 1998.

Signed this

8th

day of

December

1995

DEC 11 1995

Chief, Water Allocation Bureau

State of Idaho
Department of Water Resources
Permit To Appropriate Water

NO. 47-08377

Proposed Priority: October 31, 1994 Maximum Diversion Rate: 3.40 CFS

This is to certify, that CITY OF KIMBERLY
PO BOX 2
KIMBERLY ID 83341

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>
MUNICIPAL	01/01 to 12/31	3.40 CFS

LOCATION OF POINT(S) OF DIVERSION: SENESW , Sec. 20, Township 10S, Range 18E
TWIN FALLS County

PLACE OF USE: See Remarks

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before January 1, 1996.
2. Subject to all prior water rights.
3. After specific notification by the department, the right holder shall install a suitable measuring device or shall enter into an agreement with the department to determine the amount of water diverted from power records and shall annually report the information to the department.
4. The issuance of this right in no way grants any right-of-way or easement across the land of another.
5. Place of use is within city limits of Kimberly and surrounding service area.
6. The domestic use authorized under this permit shall not exceed 13,000 gallons per day per dwelling in accordance with Section 42-111, Idaho Code.
7. Irrigation of large projects such as parks, golf courses, or sports activities fields is not authorized under this permit.
8. The point of diversion is located within the Twin Falls Groundwater Management Area and use of water with a temperature greater than 85 degrees Fahrenheit is not authorized under this permit.

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

13th day of January, 1995.

RECORDED

FEB 16 1995

[Signature]
for R. Keith Higginson, Director

NOV 03 1994

Form 20
10/92 Department of Water Resources
Southern Region Office

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

Ident. No. 47-08377

JAN 9 1995

Department of Water Resources

1. Name of applicant City of Kimberly Phone 423-4151
Post office address P. O. Box Z, Kimberly, Idaho 83341
2. Source of water supply groundwater which is a tributary of N/A
3. Location of point of diversion is SE $\frac{1}{4}$ of NE $\frac{1}{4}$ of SW $\frac{1}{4}$, Govt. Lot _____
Sec. 20 Township 10S Range 18E B.M. Twin Falls County; additional
points of diversion if any: _____
4. Water will be used for the following purposes:
Amount 3.4 for municipal purposes from Jan. 1 to Dec. 31 (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)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
5. Total quantity to be appropriated is (a) 3.4 and/or (b) _____
cubic feet per second acre feet per annum
6. Proposed diverting works:
a. Description of ditches, flumes, pumps, headgates, etc. well with vertical turbine pump,
600,000-gallon storage tank

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 16 inches; proposed depth of well is 800 feet.
d. Is ground water with a temperature of greater than 85°F being sought? No
e. If well is already drilled, when? N/A; Drilling firm _____
Well was drilled for (well owner) _____
7. Time required for the completion of the works and application of the water to be proposed beneficial use is
one years (minimum 1 year).

FEB 16 1995

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

- a. Hydropower; show total feet of head and proposed capacity in KW. _____
- b. Stockwatering; list number and kind of livestock. _____
- c. Municipal; show name of municipality. City of Kimberly
- d. Domestic; show number of households. _____
- e. Other; describe fully. _____

** JS 11-3-94 Per telecon w/JUA Engineers*

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. 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	
10S	18E	20			M	M				M	M			M	M	M	M	M	
* 10S	18E	21							M	M	M	M	M				M		
10S	18E	28		M	M		M	M	M	M	M	M							
10S	18E	29	M	M	M	M	M			M	M				M	M			

** P/U Within City Limits of Kimberly & adjacent land served by the city*

Total number of acres to be irrigated _____

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

47-08320, 08091, 07649, 07306, 04460

11. a. Who owns the property at the point of diversion? City of Kimberly

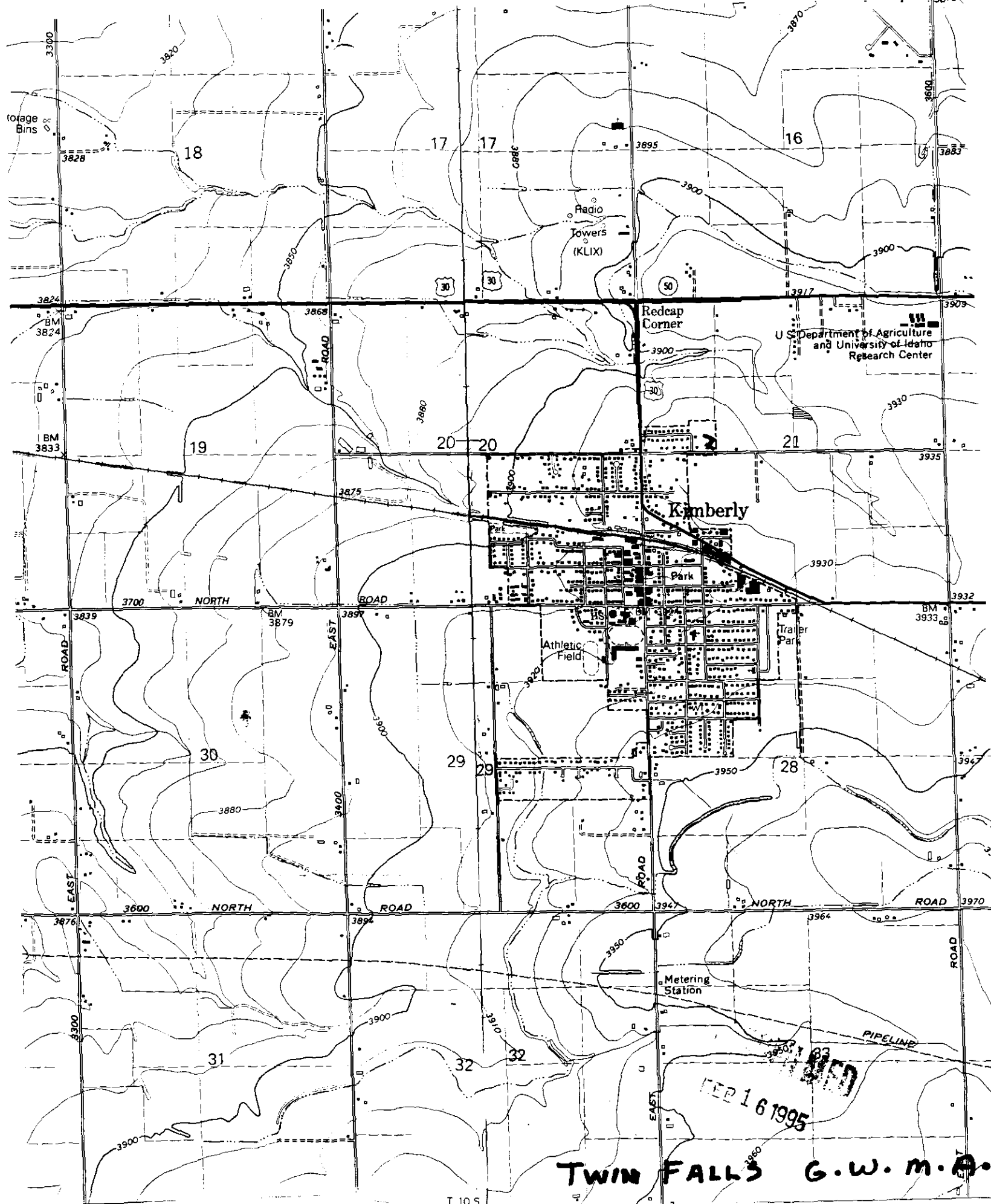
b. Who owns the land to be irrigated or place of use? Residents of City of Kimberly

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

12. Remarks: ** This well & storage tank will be added to the existing city water system.*
No additional parks, ball fields, etc. are proposed under this application.

RECORDED

FEB 16 1995



Storage
Bins

Radio
Towers
(KLIX)

U.S. Department of Agriculture
and University of Idaho
Research Center

Redcap
Corner

Kimberly

Park

Athletic
Field

Trailer
Park

Metering
Station

PIPELINE

FEB 16 1995

TWIN FALLS G.W.M.A.

T. 10 S.

[illegible]**Engineers Surveyors Planners**

RECEIVED
FEB 16 1995

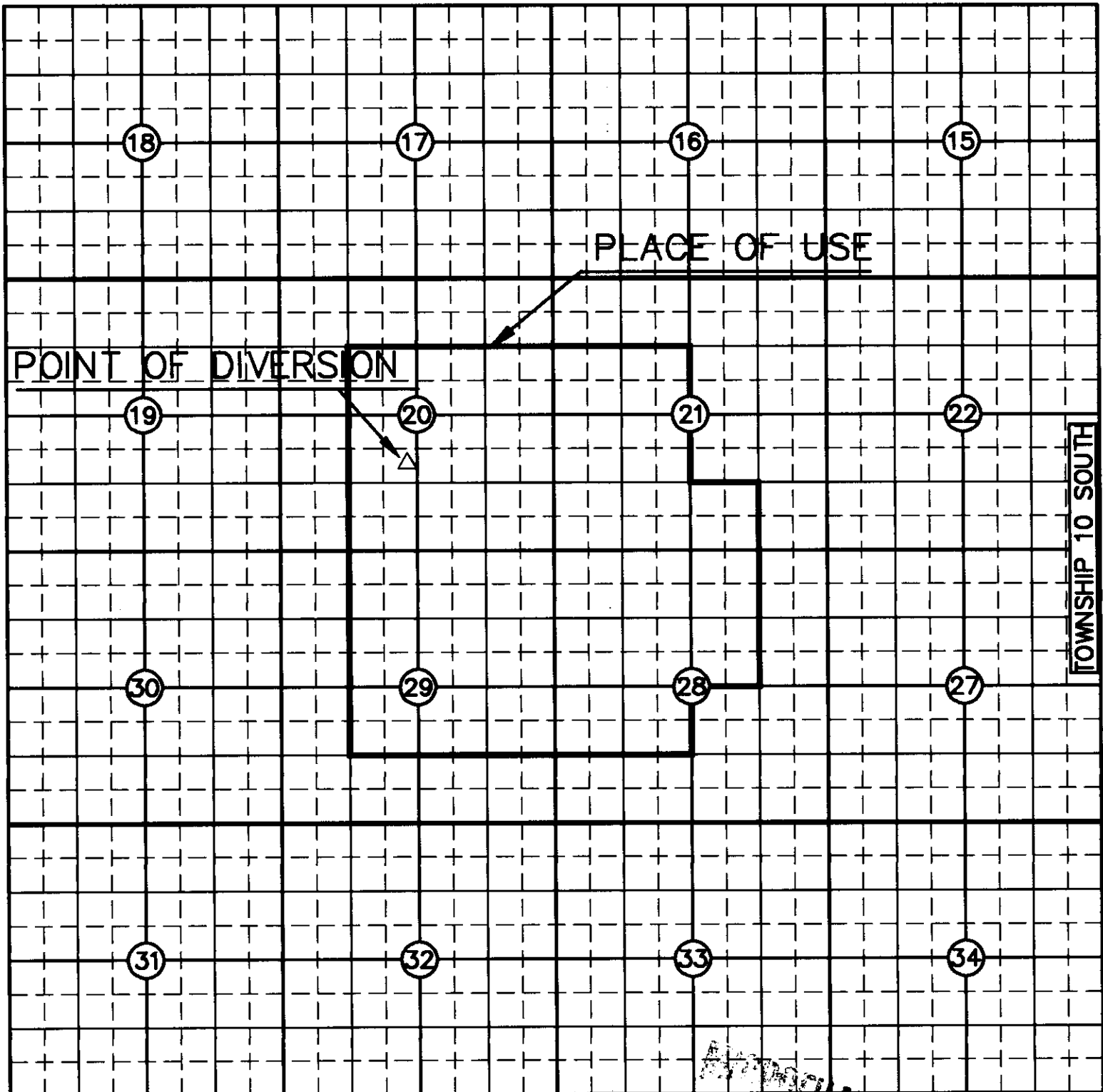
CITY OF KIMBERLY
1994 WATER SYSTEM IMPROVEMENT PROJECT
MAP OF PROPOSED PHASE II IMPROVEMENTS

PLOT SCALE: 1=700

47-08377

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

RANGE 18 EAST



Scale: 2 inches equals 1 mile

BE IT KNOWN that the undersigned hereby makes application for permit to appropriate the public waters of the State of Idaho as herein set forth.

George A. McAdam
Mayor (Applicant)

47-08377

SEE ATTACHED TOWNSHIP/RANGE MAP

APPROVED
FEB 16 1995

(Applicant)

Received by JC Date 10/31/94 Time 11:15 am Preliminary check by JF Stanton
Fee \$ 160 Receipted by DJ # 5012513 Date 11/1/94
Publication prepared by MB Date 11/17/94 Published in Times News
Publication approved MBaldwin Date 1/5/95

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:

RECEIVED

FEB 16 1995

**ANALYSIS SHEET
FOR
PROOF OF BENEFICIAL USE**

Permit No. 47-08377 Reviewed by [Signature] Date 9-19-97

GENERAL CONSIDERATIONS

yes Name same as permit?
yes Address same as permit?
yes Proof timely received?
If not, complete calculation below.

TYPES OF USE

Municipal

Correct Uses? yes

SOURCE OF WATER

 Surface water source

✓ Ground water source

yes Drilling permit required?

no Copy in the file? Drilling Permit No. 47-95-50108-000

200- Amount paid for permit

yes Correct?

no Well log in the file?

LICENSE EXAMINATION FEE

yes Required?

175- Amount Submitted

yes Correct?

MEASURING DEVICE

yes Required?

yes Installed?

 Waiver requested?

PRIORITY CALCULATION

Date proof received	<u> </u>
Date proof due	<u> </u>
No. of days late	<u> </u>
Priority Date	<u> </u>
New Priority Date	<u> </u>

DEFICIENCIES OR ACTION ITEMS

Proof acceptable

DATA ENTRY

New Address X Proof Made 9-12-97



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, P.O. BOX 83720, Boise, Idaho 83720-0098

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

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

September 19, 1997

City of Kimberly
PO Box Z
Kimberly ID 83341

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 47-08377

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.

Please be advised that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office.

If you have questions concerning the field examination, please contact the department's SOUTHERN Regional Office in Twin Falls at (208) 736-3033.

Sincerely,

JULIE L. YARBROUGH

Senior Secretary, Water Allocation Bureau

C: IDWR - Regional Office

REC'D - MED
SEP 20 1997



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

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

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

APRIL 1, 1996

CITY OF KIMBERLY
PO BOX Z
KIMBERLY, ID 83341

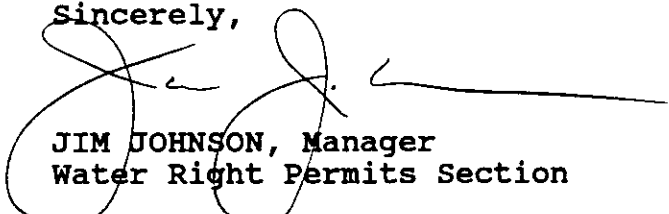
RE: Permit No. 47-08377

Dear Water Right Holder(s):

Enclosed is a copy of your approved Amendment of Permit submitted in connection with the above referenced permit.

If you have any questions concerning this document, please contact me at (208) 327-7946.

Sincerely,


JIM JOHNSON, Manager
Water Right Permits Section

JJ:rl

Enclosure

RECORDED

APR 29 1996

AMENDMENT OF PERMIT REVIEW

Review Date 3/27/96

PERMIT NO. 47-08377 NAME City of Kimberly

TYPE: B = AMENDED E = CHANGE N/U I = CHANGE P/D & P/U
C = CHANGE P/D F = CHANGE Per/U J = ADD P/D & CHANGE P/U
D = ADD P/D G = OTHER
H = CHANGE P/D & + P/D

AREA OF CONCERN: _____ Mor TF GWMA Trust/Non-trust

PROOF OF B/U RECEIVED? Yes No Due < 6 months? Yes No

GROUNDWATER:

Drilling Permit No. 47-95-S-0108-801

Drilled yes - orig a test well, drilled 10/18/95

log rec'd 10/27/95

\$3500*

Swan Falls Flag C

Conditions of Approval: 01M, 004, 046 - well drilled

Remarks/Comments Same special cond. from permit

* Cond limits to 13,000 gpd, fee is sufficient

JA

WR0749NP
No. B47-08377

IDAHO DEPARTMENT OF WATER RESOURCES
WATER RIGHT PROFILE REPORT

DATE: 03/27/96
PAGE: 1

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	CITY OF KIMBERLY PO BOX 2 KIMBERLY ID 83341 (208) 423-4151	10/31/1994	MUNICIPAL	01/01 12/31	3.400 CFS	
TOTAL DIVERSION:					3.400 CFS	

Water Source: GROUNDWATER

Tributary to:

Stage: PERMIT

Point(s) of Diversion:

T10S R18E S21

SWSW

TWIN FALLS County

Pau County:

Conditions of Approval:

- 01M - After specific notification by the department, the right holder
 - shall install a suitable measuring device or shall enter into an
 - agreement with the department to determine the amount of water
 - diverted from power records and shall annually report the
 - information to the department.
- 004 - The issuance of this right does not grant any right-of-way
 - or easement across the land of another.
- ~~040~~ - Right holder shall comply with the drilling permit
 - requirements of Section 42-235, Idaho Code.

well drilled 10/95 - log submitted

Remarks:

Place of use is within city limits of Kimberly and surrounding service area.

The domestic use authorized under this permit shall not exceed 13,000 gallons per day per dwelling in accordance with Section 42-111, Idaho Code.

Irrigation of large projects such as parks, golf courses, or sports activities fields is not authorized under this permit.

The point of diversion is located within the Twin Falls Groundwater Management Area and use of water with a temperature greater than 85 degrees Fahrenheit is not authorized under this permit.

Dates: App. Received: 10/31/1994 Priority Date: 10/31/1994
Proof Due Date: 01/01/1998 Proof Made Date:
Exam Made Date: Exam Sent to S.O.:
Licensed Date:

Misc: Water District Number: Field Exam Fee:

Comments: Date: 12/01/1995 User-ID: SCURTIS Subject: Extension of Time Received
Extension of Time Received

Date: 03/27/1996 User-ID: SCURTIS Subject: AMENDMENT OF PERMIT
An application for amendment of permit was filed on 11/29/95
to change the point of diversion under this right.

WR0749NP
No. B47-08377

IDAHO DEPARTMENT OF WATER RESOURCES
WATER RIGHT PROFILE REPORT

DATE: 03/27/96
PAGE: 2

Audit: 01/26/96 MBALDWIN 03/27/96 SCURTIS

State of Idaho
Department of Water Resources

AMENDMENT ANALYSIS SHEET

INITIAL REVIEW BY: C SKINNER

Right Number 47-08377

Applicant City of Kimberly

Purpose of Amendment: ☒ Change point of diversion. ☐ Add diversion point(s).

☐ Increase amount. ☐ Change place of use. ☐ Other _____

CHECK:

- ☒ Description of amended point(s) of diversion.
- ☒ Amount, nature and period of use. If increased, delay date of priority.
- ☒ Description of amended places of use. If expanded, delay date of priority.
- ☒ Ownership of point of diversion and place of use.
- ☐ Stream index information (reverse).
- ☒ Map.
- ☒ Signature (must be permit holder).
- ☒ Fee.
- ☒ Existing water rights from the same source, amended place of use.
- ☒ Right number(s) 47-04459, 47-04460, 47-07306, 47-07649, 47-08320, 47-08091
- ☒ Yes ☐ No Should amendment be advertised?
- ☐ Yes ☒ No Should date of priority be delayed? If yes, to what date? _____

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received.
- ☒ Amendment published correctly.
- ☒ Protests processed. None
- ☒ Approve.
- ☐ Deny.

Conditions Same conditions as original
permit.

By AD Date 3/1/96

STATE OFFICE PROCESSING:

- ☐ Amendment correct and complete. By _____ Date _____
- ☐ Approved copy sent to applicant and to Region. By _____ Date _____

POINT OF DIVERSION AND STREAM INDEX INFORMATION

TRACT SEC TWP RGE gov't rediv. REACH
lot (R)

IDAHO STREAM CODE INDEX

TRACT SEC TWP RGE gov't rediv. REACH
lot (R)

IDAHO STREAM CODE INDEX

TRACT SEC TWP RGE gov't rediv. REACH
lot (R)

IDAHO STREAM CODE INDEX

TRACT SEC TWP RGE gov't rediv. REACH
lot (R)

IDAHO STREAM CODE INDEX

TRACT SEC TWP RGE gov't rediv. REACH
lot (R)

IDAHO STREAM CODE INDEX

NOTICE OF
AMENDMENT TO A
WATER PERMIT

Notice is hereby given that the CITY OF KIMBERLY, PO BOX 2; KIMBERLY ID 83341 has applied to the Department of Water Resources to change the point of diversion for a water permit.

PERMIT NO. 47-08377 diverted from groundwater for municipal use (3.40 cfs) within the city limits has a priority date of 10/31/94.

PROPOSED CHANGES:

A point of diversion to be located within SW1/4SW1/4SW1/4, S21, T10S, R18E; Twin Falls County.

Any protest against approval of the change must be filed with the Director, Idaho Department of Water Resources, 222 Shoshone Street East, Twin Falls, ID 83301 together with a protest fee of \$25.00 on or before February 26, 1996. The protestant must also send a copy of the protest to the applicant.

Karl J. Dreher, Director

Published in the Times
News on 2/8 & 2/15/96.

Affidavit of Publication

STATE OF IDAHO
COUNTY OF TWIN FALLS } SS.

No 27930

I, Terida Capps McSwine being first duly sworn upon oath, depose and say that I am Principal Clerk of the TIMES-NEWS, published daily, at Twin Falls, Idaho, and do solemnly swear that a copy of the notice of advertisement, as per clipping attached, was published in the regular and entire issue of said newspaper, and not in any supplement thereof, for Two consecutive weeks, commencing with the issue dated February 8, 1996, and ending with the issue dated February 15, 1996.

And I do further certify that said newspaper is a consolidation, effective February 16, 1942, of the Idaho Evening Times, published theretofore daily except Sunday, and the Twin Falls News, published theretofore daily except Monday, both of which newspapers prior to consolidation had been published under said names in said city and county continuously and uninterruptedly during a period of more than twelve consecutive months, and said TIMES-NEWS, since such consolidation, has been published as a daily newspaper except Saturday, until July 31, 1978, at which time said newspaper began daily publication under said name in said city and county continuously and uninterruptedly.

And I further certify that pursuant to Section 60-108 Idaho Code, Thursday of each week has been designated as the day on which legal notice by law or by order of any court of competent jurisdiction within the state of Idaho, to be published weekly, will be published; and that at the head of the editorial column of said combined newspapers, and in each issue thereof, Thursday is announced as the day on which said legal notices will be published.

STATE OF IDAHO
COUNTY OF TWIN FALLS

On this 23 day of Feb. in the year of 1996, before me,

a Notary Public, personally appeared Terida Capps McSwine, known or identified to me to be the person whose name subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledged to me that he executed the same.

Ineva R. Feltman
Notary Public for Idaho

Residing at Twin Falls, Idaho.

My commission expires: 5/19/2000

OK
MB
2/29/96

RETURN POSTAGE GUARANTEED

THE TIMES NEWS LEGAL
132 3RD AVE W
TWIN FALLS, ID 83303

INVOICE NO.		CLASS	BILLING DATE	
49011		0050	01/30/96	
INDEXING TERM				
<i>Amendment</i>				
Water Right No. (47-08377)				
START DATE		TELEPHONE NO.	ORDER NO.	
01/30/96		736-3033	49011	
LINES/WORDS	TIMES	RATE	NET AMOUNT	GROSS AMOUNT
	1	LGL	0.00	OK MB
FLAT CHARGE			35.66	2/29/96
PAY THIS AMOUNT ▶			35.66	~~42.79~~

PO# 10431
CLASSIFIED ADVERTISING INVOICE

RETURN THIS PORTION WITH YOUR REMITTANCE

35.66 ~~42.79~~
Ad # 49011

DEPT WATER RESOURCES
222 SHOSHONE EAST
TWIN FALLS
ID 83301

Gross due after ~~02/19/96~~

VISA/MASTERCARD PAYMENT OPTION ON BACK

RECEIVED
FEB 29 1996

**NOTICE OF
AMENDMENT TO A
WATER PERMIT**

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Karl J. Dreher, Director

Published in the Times
News on 2/8 & 2/15/96.

APR 29 1996

NOTICE OF AMENDMENT TO A WATER PERMIT

Notice is hereby given that the CITY OF KIMBERLY, PO BOX Z; KIMBERLY ID 83341 has applied to the Department of Water Resources to change the point of diversion for a water permit.

PERMIT NO. 47-08377 diverted from groundwater for municipal use (3.40 cfs) within the city limits has a priority date of October 31, 1994.

PROPOSED CHANGES:

A point of diversion to be located within SW1/4SW1/4SW1/4, S21, T10S, R18E; Twin Falls County.

Any protest against approval of the change must be filed with the Director, Idaho Department of Water Resources, 222 Shoshone Street East, Twin Falls, ID 83301 together with a protest fee of \$25.00 on or before February 26, 1996. The protestant must also send a copy of the protest to the applicant.

Karl J. Dreher, Director

Published in the Times News on 2/8 & 2/15/96.

RECEIVED

MAR 2 1996



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 222 Shoshone St. East, Twin Falls, Idaho 83301-6105 (208) 736-3033
Fax (208) 736-3037

PHILIP E. BATT
Governor

KARL J. DREHER
Director

January 26, 1996

MAYOR JIM SORENSEN
CITY OF KIMBERLY
PO BOX 2
KIMBERLY ID 83341

Re: Application for Amendment of Permit No. 47-08377

Dear Mayor Sorensen:

The Department of Water Resources acknowledges receipt of the Application for Amendment of Permit as referenced above.

This office will be advertising the application in the Times News on 2/8 & 2/15/96. A period of ten days following the second publication will be allowed for the submittal of protests.

If the application is protested you will be sent a copy of the protest. The protest must be resolved before the application is approved or denied. If the protest is not resolved voluntarily, this Department will conduct a conference and/or hearing on the matter.

If the application is not protested, it will be forwarded to our State Office in about five weeks. State office personnel will conduct a complete review prior to final processing of the application and will notify you of the outcome of this review.

Please feel free to contact this office if you have any questions regarding this procedure.

Sincerely yours,

Corey Skinner, E.I.T.
Safety of Dams Engineer

cs:mb

ANALYSIS SHEET FOR EXTENSION OF TIME

Permit No. 47-08377 Reviewed by QJ Date 12-8-95

BASIC INFORMATION

11-29-95 Date stamp received
yes Extension received timely
yes Fee received and receipted
yes Name and signature same as permit
no Address Change

BASIS FOR EXTENSION REQUEST

yes Has adequate work been completed to demonstrate due diligence?

_____ Has the permit been involved in litigation?
Is supporting documentation needed to complete the file? _____ Requested? _____

_____ Is delay by a government agency?
Is supporting documentation needed to complete the file? _____ Requested? _____

_____ Is the project more than 25,000 acre feet for irrigation or 10,000 acre feet for a reservoir?

ACTION TAKEN

*Recommend extend to Jan. 1, 1998,
on basis of due diligence*

PRIORITY CALCULATION

Date extension received	_____	=	_____
Proof due date	_____	=	_____
Number of days late	_____	=	_____
Priority date	_____	=	_____
New Priority Date	_____	=	_____

DATA ENTRY

New Address X _____

Change Proof Due Date 1-1-98

Change Priority Date X _____



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

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

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

December 8, 1995

City of Kimberly
P.O. Box Z
Kimberly, ID 83341

RE: Permit No. 47-08377

Dear Permit Holder:

Enclosed is a copy of the approved request for extension of time. The time within which to submit proof of beneficial use is extended to **January 1, 1998**. Please note that the department has granted this extension based on **due diligence**. It is important that you work diligently toward the completion of this project during the construction period allowed since the department **will not** be able to grant additional extensions based on due diligence.

If you have any questions or if I can be of any assistance, please feel free to contact me at (208)327-7900.

Sincerely,

JULIE L. YARBROUGH
Senior Secretary

Enclosure

C: IDWR - Regional Office

RECEIVED
DEC 11 1995



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

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

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

December 1, 1995

City of Kimberly
P.O. Box Z
Kimberly, ID 83341

RE: Permit No. 47-08377

Dear Mr. Campbell:

I am returning the Request for Extension of Time submitted in connection with the above referenced water right permit. Before the department can accept the request, it must be signed by the permit holder or a representative on the correct line.

Please sign the extension on the line hi-lighted and return as soon as possible so the department can proceed with the review process.

If you have any questions, please feel free to contact me at (208) 327-7953.

Sincerely,

JULIE L. YARBROUGH
Senior Secretary

Enclosure

MICROFILMED

DEC 11 1995

October 31, 1995

CITY OF KIMBERLY
PO BOX Z
KIMBERLY ID 83341

PROOF DUE NOTICE

RE: PERMIT NO. 47-08377

Dear Permit Holder:

One of the conditions of approval of the above referenced water permit was that proof of the extent of your beneficial use must be submitted to this office on or before January 1, 1996. (See last page of your approved permit or your last approved extension request.) Enclosed is a form which when accompanied by the license examination fee or a complete field examination report prepared by a certified water right examiner may be used to submit the required proof.

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

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

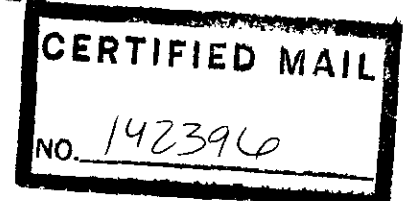
SINCERELY,

JULIE L. YARBROUGH
Senior Secretary

Enclosures

MICROFILMED

OCT 1 1995



IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTRECEIVED
Use Typewriter
or
Ball Point Pen

MAR 03 1995

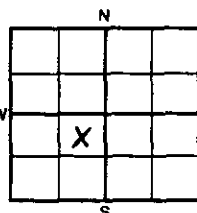
1. DRILLING PERMIT NO. 47 - 95 - S - 0005 - 000
Other IDWR No. 47-08377

2. OWNER:

Name City of Kimberly
Address Box 2
City Kimberly State ID Zip 83341

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Twp. 10 North ☐ or South ☒
Rge. 18 East ☒ or West ☐
Sec. 20 1/4 NE 1/4 SW 1/4
Gov't Lot County Win Falls

Address of Well Site _____

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

☐ Domestic ☒ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Hole plug	0	30	46 S	Poured
Overbore to				
seal depth				

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____Was drive shoe seal tested? Y ☐ N ☒ How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
20"	+1	30	.250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

125 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____11. WELL TESTS: Department of Water Resources
☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time

Water Temp. Department of Water Resources

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
26"	0	3	Topsoil		X
	3	29	Gray basalt		X
	29	30	Gray basalt, fractured		X
19"	30	34	Gray basalt, fractured		X
	34	37	Tan clay		X
	37	40	Fractured gray basalt		X
	40	59	Gray basalt		X
	59	66	Soft gray basalt		X
	66	78	Gray basalt		X
	78	84	Brown basalt		X
	84	92	Gray basalt		X
	92	98	Brown basalt, cinders		X
	98	123	Fractured gray basalt, lost circulation		X
	123	170	Gray basalt		X
	170	177	Fractured gray basalt	X	
	177	196	Soft gray basalt	X	
	196	200	Tan clay		X
	200	217	Soft gray basalt	X	
	217	263	Soft gray basalt & cinders	X	
	263	385	Gray basalt		X
	385	403	Soft basalt, cinders & water		X
			talc	X	
	403	496	Gray basalt		X
	496	503	Fractured basalt	X	
	503	541	Gray basalt		X
	541	595	Soft fractured basalt	X	
	595	658	Solid gray basalt		X
	658	669	Reddish brown basalt	X	
	669	705	Solid brown basalt & talc		X
	705	762	Gray basalt		X
	762	804	Reddish brown basalt		X
			Cont. on next log		

Completed Depth _____ (Measurable)

Date: Started 1-30-95 Completed 2-16-95

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name _____ Drilling Firm No. 31

Firm Official _____ Date 3-2-95

and _____ Date 3-2-95

Supervisor or Operator _____ Date 3-2-95

(Sign once if Firm Official & Operator)

1. DRILLING PERMIT NO. 47 - 95 - S - 0005 - 000
Other IDWR No. 47-08377

2. OWNER:

2. OWNER:
Name City of Kimberly
Address Box 2
City Kimberly State ID Zip 83341

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 10 North ☐ or South ☒
 Rge. 18 East ☒ or West ☐
 Sec. 20 1/4 NE 1/4 SW 1/4
 Gov't Lot _____ County Twin Falls

Address of Well Site _____

(Give at least name of road + Distance to Road or Landmark)

Lt. Blk. Sub. Name

4. PROPOSED USE:

☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK

☐ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☐ Air Rotary ☐ Cable ☐ Other_____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) _____

Was drive shoe seal tested? Y ☐ N ☐ How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

Completed Depth 830 ft. (Measurable)

Date: Started 1-30-95 Completed 2-16-95

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Elsing Drilling DEC 11 1995 Firm No. 31

Firm Official Arnold Elsing Date 3-2-95

and
Supervisor or Operator Clayton H. Hanks Date 3-2-95

(Sign once if Firm Official & Operator)



State of Idaho
DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000
Phone: (208) 327-7900 FAX: (208) 327-7866

PHILIP E. BATT
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

January 13, 1995

CITY OF KIMBERLY
PO BOX Z
KIMBERLY ID 83341

PERMIT APPROVAL NOTICE

RE: PERMIT NO. 47-08377

Dear Permit Holder:

Enclosed is a copy of your approved application for permit. Please be sure to thoroughly review the "CONDITIONS/REMARKS:" listing on the permit.

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

Sincerely,

A handwritten signature in cursive script that reads "Shelley W. Keen".

Shelley W. Keen
Water Rights Supervisor

SK:rl

Enclosures

RECEIVED
FEB 16 1995

APPLICATION FOR PERMIT
STATE OFFICE REVIEW
by Cindy Zimmerman

No.: 47-8377 Name: City of Kimberly Date: 1/10/95
Correct Fee? ✓ Receipt #: 5017513 Priority: 10/31/94

AREA OF CONCERN? - No/Yes ESRP Mor TE GWMA Trust/Non-trust
PROTESTED: - 020(Prehearing agreement)/W19(See Order)

SYSTEM COMPLETED:
Yes - NA (proof filed)
1 year/no proof - P16
+1 year - 26A-P17

GROUNDWATER: DIM
+ 0.2 cfs <FLO-CH> - ~~01K~~ (new), 01K (existing), No MD
- 0.2 cfs - No MD <FLOW CHART>

Drilling Permit:
Included w/permit - Permit No. 47-94-S-0183-000, P99
Existing well - NA (pre 7/1/87)
No WD permit? - 046-46A(Irr)-46B-P23 (post 7/1/87)

SURFACE WATER:
Not in WD - 01K (+.2 w/pump), No MD <FLOW CHART>
Water District(~~dem~~) - WD No. <SEE MAP & LISTING>
*Surface water - 005 (req) 01J-P08 (-.2 w/pump) <FLOW CHART>
(doesn't sink) or 01H-P01 (+.2) <FLOW CHART>; No MD
GW irr. in WD - P05 (new well)

RIVER BASINS (*Surface water):
Snake R(01/02/03) - 11A-P04 (01), 061-P07 (02/03 No WD Cond.), NA
Boise R(63) - 05A (if WD), 11E (non-domestic use), NA
Payette R(65) - 064(consump. use), 047-P04(Payette Lake), NA

USE:
Domestic (surface) - 021(Boise R + L Peak), 064(Payette R), NA
Fish Propagation - 07A-042 (req) & 010/06A/09E(WQ)-P10
044 (N 1000 Spr)
Irrigation - 03A/057, 803(if GW use SW 1st)(+5A PU comp), NA
Mining - 054 (req) & 06A/010/09E-P10
Power - 08A-17K-025-027(req); 01F(MD)-P19; 09E(WQ)-P10;
+25 cfs-P18; 17G(FERC) or 17M(FERC); 18B-P09
Storage(✓ 3 compo.) - 18A(multi MD in WD), 18B-P09 (+10' dam), NA

LOCATION:
Boise Front (63) - 058 (-85° GW temp only)
Drainage Districts - 024 (region recommend)
Flood Control Dist. - 063 (region recommend)
In-stream - 030 (stream channel alteration)
Irr Dist/Canal Co. - 023 (Twin Falls area)
Swan Falls Flag - C <SEE CONDITION CODE CHART>
Trust - 051-052-053-P74 (Consumptive Uses), NA
Non Trust <1> - 048-049 (Consumptive Uses), NA

OWNERSHIP:
Non land owner - 004 (PD/PU) residents

OTHER CONDITIONS:
REMARKS: - ① P/U w/in City limits of Kimberly & surrounding service area.
② W04 ③ W21 ④ W08

BENEFICIAL USE DUE: - 1-1-1996
COMMENTS: - ① P/U ownership

City of Kimberl

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY J. E. Stanton DATE 11-3, 1994
APPLICATION NO. 47-08377

RECEIVED
JAN 9 1995
Department of Water Resources

REQUIRED INFORMATION

- ☒ Name (If applicant is a corporation or partnership, names must be provided for the director, officers, & other partners.)
☒ Address
☒ Source (see USGS quad for names of water sources)
☒ Point of diversion (10 Acres for spring, lot & block descriptions for subdivisions, local name, flow &/or volume.)
☒ County
☒ Quantity (flow &/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 signator is required)
☒ Fee
☒ Yes ☐ No* In form to receipt
- ++++PROPOSED PRIORITY DATE
10-31, 1994

ADDITIONAL INFORMATION

- ☒ Overlapping place of use(Describe source & relationship to present application on the back.
☐ Overlapping point of diversion.
☐ Yes ☒ No Field check required
Field check by _____
☐ Yes ☐ No Field report attached
☐ Yes ☒ No Critical Ground water area
☐ Yes ☒ No Groundwater management area
☐ Yes ☒ No Send Dam safety information
☐ Yes ☒ No Send power requirement letter
☐ Yes ☒ No Send fish farm requirement letter
☐ Yes ☒ No Power residency affidavit.
☐ Yes ☒ No Power efficiency form
☒ Yes ☐ No Within trustwater boundary(If yes, attach trustwater supplementary analysis sheet.
☐ Yes ☒ No Diversion greater than 5 cfs or 500 acre ft. (If yes, attach large diversion supplementary analysis sheet.

See reverse side for additional information.

* REQUEST THE FOLLOWING ADDITIONAL INFORMATION FROM THE APPLICANT: _____

Date Requested _____, 19____

PROCESSING ☒ Yes ☐ No In form for Advertising
☐ Yes ☒ No No Statewide Advertising
☒ Yes ☐ No Fee amount, receipt date & No. recorded on app.

SEND COPIES TO: ☐ Idaho Dept of Health & Welfare ☐ USDI BLM
☐ Idaho Dept of Fish & Game ☐ USFS
☐ Idaho Dept of Lands ☐ Water Dist.
☐ Adjudication Bureau Unit ☐ Other _____

FINAL REGIONAL PROCESSING REVIEW

☒ Yes ☐ No Affidavit of publication received.
☒ Yes ☐ No Application published correctly. If not, record action taken. _____

☒ Yes ☐ No Publication dates and paper, recorded on App.
☐ Yes ☒ No Protests received
Final date for Protest _____
N/A ☐ Yes ☐ No Protests, dates, resolution of protest, recorded on app.
☐ Yes ☐ No Recommendations attached
☒ Yes ☐ No Measuring device required
☐ Yes ☐ No Access port required
☐ Yes ☒ No Will water be delivered by watermaster? If yes, what dist. _____
☒ Yes ☐ No Special conditions of approval or cover letter below. _____

See below for additional information ☒
Date of priority recommended 10/31, 19 94
By ADM Date 1/6, 19 95

STATE OFFICE REVIEW

See below for additional information
By _____ Date _____, 19 _____

ADDITIONAL INFORMATION:

~~1. Limit use to multiple domestic type uses as service area and specifically not be affected large tracts of land.~~
(2) Meas. device requirement.
(3) Drilling permit requirement.
(1) Limit use for municipal use to domestic use which individually are consistent with 42-111 definitions. Specifically restrict use such that large tracts of irrigation such as parks, ball fields, ect are not allowed. Allow use for fire protection.

LOCAL PUBLIC INTEREST

Comments recieved from:

____ City	____ Idaho Fish & Game	____ Irrigation Dist.
____ County	____ Idaho Health & welfare	____ Canal Company
____ Reservations	____ Div. of Enviromental Quality	____ Other_____

PROJECT IMPACTS/IMPLICATIONS REPORT

COMMENTS:

DATE _____, 19____

NOTICE OF APPLICATION FOR WATER PERMIT

The following applications have been filed to appropriate the public waters of the State of Idaho:

47-08376

JOSEPH & / OR FLORENCE SERINO
2327 E 4000 N
FILER ID 33328

Source: groundwater

Diversion Pt: NWNENW, S9, T10S, R16E; Twin Falls County.

Use: Domestic (0.04 cfs) from 1/1 to 12/31

Date Filed: 10/7/1994

In: NENW, S9, T10S, R16E

47-08377

CITY OF KIMBERLY
PO BOX 2
KIMBERLY ID 83341

Source: groundwater

Diversion Pt: SENESW, S20, T10S, R18E; Twin Falls County.

Use: Municipal (3.4 cfs) from 1/1 to 12/31

Date Filed: 10/31/1994

In: Within city limits and adjacent land served by the city.

The permit will be subject to all prior water rights. Any protest must be filed with the Director, Dept. of Water Resources, Southern Region, 222 Shoshone Street East, Twin Falls, ID 83301 together with a protest fee of \$25.00 on or before December 19, 1994. The protestant must also send a copy of the protest to the applicant.

R. Keith Higginson,
Director

Published in Times News on 12/1 & 12/8/94.

Affidavit of Publication

STATE OF IDAHO
COUNTY OF TWIN FALLS } SS.

RECEIVED

No 26630

JAN 04 1995

I, Link Capps McBrien being first duly sworn upon oath, depose and say that I am Print Clerk of the TIMES-NEWS, published daily, at Twin Falls, Idaho, and do solemnly swear that a copy of the newspaper, as per clipping attached, was published in the regular and entire issue of said newspaper, and not in any supplement thereof, for Two consecutive Weeks, commencing with the issue dated December 1, 1994, and ending with the issue dated December 8, 1994.

And I do further certify that said newspaper is a consolidation, effective February 16, 1942, of the Idaho Evening Times, published theretofore daily except Sunday, and the Twin Falls News, published theretofore daily except Monday, both of which newspapers prior to consolidation had been published under said names in said city and county continuously and uninterruptedly during a period of more than twelve consecutive months, and said TIMES-NEWS, since such consolidation, has been published as a daily newspaper except Saturday, until July 31, 1978, at which time said newspaper began daily publication under said name in said city and county continuously and uninterruptedly.

And I further certify that pursuant to Section 60-108 Idaho Code, Thursday of each week has been designated as the day on which legal notice by law or by order of any court of competent jurisdiction within the state of Idaho, to be published weekly, will be published; and that at the head of the editorial column of said combined newspapers, and in each issue thereof, Thursday is announced as the day on which said legal notices will be published.

STATE OF IDAHO
COUNTY OF TWIN FALLS

On this 28 day of December in the year of 1994, before me,

a Notary Public, personally appeared Link Capps McBrien, known or identified to me to be the person whose name subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledged to me that he executed the same.

Drewa R. Feltman
Notary Public for Idaho

Residing at Twin Falls, Idaho.

My commission expires: 5/19/2000

OK MB
1/5/95

CLASSIFIED ADVERTISING INVOICE
 TWIN FALLS TIMES NEWS
 132 3RD ST W.
 P. O. BOX 548
 TWIN FALLS ID 83303

Forwarding & address correction requested

INVOICE NO.		CLASS		BILLING DATE	
26630		343		12/28/94	
INDEXING TERM					
#47-08376.47-8377 <i>OK</i> <i>12/15/95</i>					
START DATE		TELEPHONE NO.			
12/01/94		736-3033			
LINES/WORDS	TIMES	RATE	NET AMOUNT	GROSS AMOUNT	
82	2		59.04	59.04	
AFFIDAVI			2.00	2.00	
PAY THIS AMOUNT ▶			61.04	61.04	
GROSS AMT DUE AFTER 01/12					

RECEIVED

JAN 04 1995

RETURN THIS PORTION WITH YOUR REMITTANCE

Southern Region Office

26630

6104

THIS SPACE FOR ADDRESS ONLY

IDAHO WATER RESOURCES

222 SHOSHONE ST E
 TWIN FALLS

ID
 83301

FEB 16 1995

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Date Filed: 10/7/1994

In: NENW, S9, T10S,
R16E

47-08377

**CITY OF KIMBERLY
PO BOX Z
KIMBERLY ID 83341**

Source: groundwater

Diversion Pt: SENESW,
S20, T10S, R18E; Twin
Falls County.

Use: Municipal (3.4 cfs)
from 1/1 to 12/31

Date Filed: 10/31/1994

In: Within city limits and
adjacent land served by
the city.

The permit will be subject
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Shoshone Street East,
Twin Falls, ID 83301
together with a protest fee
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December 19, 1994. The
protestant must also send

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applicant.

R. Keith Higginson,
Director

Published in Times News on
12/1 & 12/8/94.

RECEIVED

FEB 16 1995



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 222 Shoshone St. East, Twin Falls, Idaho 83301 (208) 736-3033

CECIL D. ANDRUS
Governor

November 17, 1994

R. KEITH HIGGINSON
Director

TIMES NEWS
PO BOX 548
TWIN FALLS ID 83301

Gentlemen:

Enclosed you will find a legal notice which we wish to have published in your newspaper. We have inserted the required publication dates. If time allows, please submit a galley proof for review before publication.

We have attempted to submit this legal as camera ready. Please call me at your earliest convenience and prior to your staff re-typing the legal if it does not meet your specifications so I can possibly make adjustments.

After sending us a galley proof, proceed with the publication on the dates we have inserted, assuming the notice is correct. If we have any corrections, we will notify you before the first publication. If you cannot publish the notice on the proposed dates, please contact us immediately.

In order to receive payment, an affidavit of publication must be submitted to the Department along with the publication bill.

Very truly yours,

Mary Baldwin
Sr. Secretary

Enclosure

FEB 16 1995

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R. Keith Higginson, Director

Published in Times News on 12/1 & 12/8/94.

FEB 16 1995



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 222 Shoshone St. East, Twin Falls, Idaho 83301 (208) 736-3033

CECIL D. ANDRUS
Governor

November 17, 1994

R. KEITH HIGGINSON
Director

MAYOR GEORGE A MCADAMS
CITY OF KIMBERLY
PO BOX Z
KIMBERLY ID 83341

Re: Application for Permit No. 47-08377

Dear Mr. Mc Adams:

The Department of Water Resources acknowledges receipt of your water right application for permit. The application has been assigned the above referenced identification number. Please refer to this number in all further correspondence.

This office has scheduled advertising the application in the Times News for 12/1 & 12/8/94. A period of ten days following the second publication will be allowed for the submittal of protests.

If the application is protested you will be sent a copy of the protest. The protest must be resolved before the application is approved or denied. If the protest is not resolved voluntarily, this Department will conduct a conference and/or hearing on the matter.

If the application is not protested, it will be forwarded to our State Office in about five weeks. State office personnel will conduct a complete review prior to final processing of the application and will notify you of the outcome of this review. When a permit is issued, you will be sent a copy. A typical processing time for an unprotested application is about eight weeks.

Please feel free to contact this office if you have any questions regarding this procedure.

Very truly yours,

James E. Stanton
Sr. Water Resource Agent

JS:MB

FEB 16 1995

MEMORANDUM

TO: App for permit in name of City of Kimberly

FROM: Douglas Jones

DATE: 11/1/44

RE: Issues

- ① Need to verify city boundaries. Application identifies land that may be out of city limits per quad map.
- ② Must ascertain whether app. can be processed in drought moratorium (92 order) by requesting specific usage intentions.

Attached are lists of rights & claims for City of Kimberly. Drill Permit # 47-94-S-0183-000 has been ~~issued~~ issued for test well, log submitted. Test well is small diameter, app. proposes larger one.

RECEIVED
FEB 16 1945

47-08377

WD5805NP
(00-5805)

DEPARTMENT OF WATER RESOURCES
WELL DRILLING PERMIT/LOG INDEX

DATE: 01/10/95
PAGE: 1

PERMIT NUMBER	OWNER CODE	NAME & ADDRESS	TWP	RGE	SEC	TRACT	LOT	COUNTY
47-94-S-0183-000	0	CITY OF KIMBERLY MUNICIPAL BUILDING KIMBERLY, ID 83341 (208) 423-4151	10S	18E	20	NE SW		TWIN FALLS

Subdivision Location and Description:

Subdivision Name:

Well Site Address: END OF TAYLOR STREET

City, State: KIMBERLY, ID

Lot(s):

Block(s):

Geographic Location:

Accuracy Code:

Lat: : : N

Long: : : W

Proposed Use of Well: Test

Proposed Casing Diameter: 6 In.
Anticipated Bottom Temp: 85F or less

Proposed Depth: 500 Ft.

Driller License No: 0031

Firm Name: ELSING DRILLING & PUMP CO INC
Official: ARNOLD ELSING

Permit Status: Permit

Verbal Issued Date:
Verbal Issued Time:
Received Date: 9 /22/1994
Approved Date: 9 /22/1994
Proposed Start Date: 9 /22/1994
Extension Date:
Extension Expiration:

Receipt No.	Receipt Date	Fee
S017404	9 /22/1994	\$ 35.00

Specific Conditions: THE DRILLER AND THE CITY OF KIMBERLY WERE INFORMED THAT THE DRILLING PERMIT IS LEGAL W/OUT A WATER RIGHT NUMBER CONTINGENT UPON COMPLETION OF TEST WELL THAT THE CITY ENGINEER OR MAINTAINENCE SUPERVISOR BRING ALL PERTINATE INFO AS TO THE STATUS OF PROPOSED WELL CONSTRUCTION TO FACILITATE ISSUANCE OF A NEW WATER RIGHT OR THE TRANSFER OF A WATER RIGHT. ALSO, THE DRILLER WAS INFORMED OF ABANDONMENT REQUIREMENTS OF TEST WELL IF NEEDED. 09-22-1994

Permit Remarks: NORMALLY THIS WOULD BE A DIFFERENT SUFFIX BUT REGION HAS ISSUED AS 000 SO WILL REMAIN.

Conditions of Approval: This drilling permit is valid for two (2) months from the approval date for the start of construction and is valid for one (1) year from the approval date for completion of the well unless an extension has been granted.

This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare which may be required prior to construction of this well. The local Health Department should be contacted for septic tank/drainfield locations. Domestic wells must not be drilled closer than 100' from any drainfield and 50' from any septic tank.

The well shall be constructed by a driller currently licensed in the state of Idaho who must maintain a copy of the drilling permit at the drilling site.

Approval of this drilling permit does not authorize trespass on the land of another party.

APPROVED
FEB 16 1995

=====

WELL DRILLING PERMIT/LOG INDEX: Permit No. 47-94-S-0183-000 (cont'd)

Conditions of Approval: This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.

This drilling permit does not represent a right to divert and use the water of the State of Idaho.

If the bottom hole temperature of 85 Degrees F (29.44 oC) or greater is encountered, well construction shall cease and the well driller and the well owner shall contact the Department immediately.

RECEIVED
FEB 16 1995

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

Drilling Permit No: 47-94-S-0183-000

Water Right No:
Injection Permit No:

Nature of Work: NEW WELL

Construction Method: AIR ROTARY

Casing Diameter: 8 In.
Depth of Casing: 18 Ft.
Total Depth: 595 Ft.
Screen Installed? No

Static Water Level: 125 Ft.
Temperature: F.
Production Rate: GPM

Actual Start Date: 9 /22/1994
Well Finish Date: 9 /26/1994
Log Received Date: 9 /27/1994
Certification Date: 9 /26/1994
Field Inspection Date:

Inspector:

Well Log Remarks: