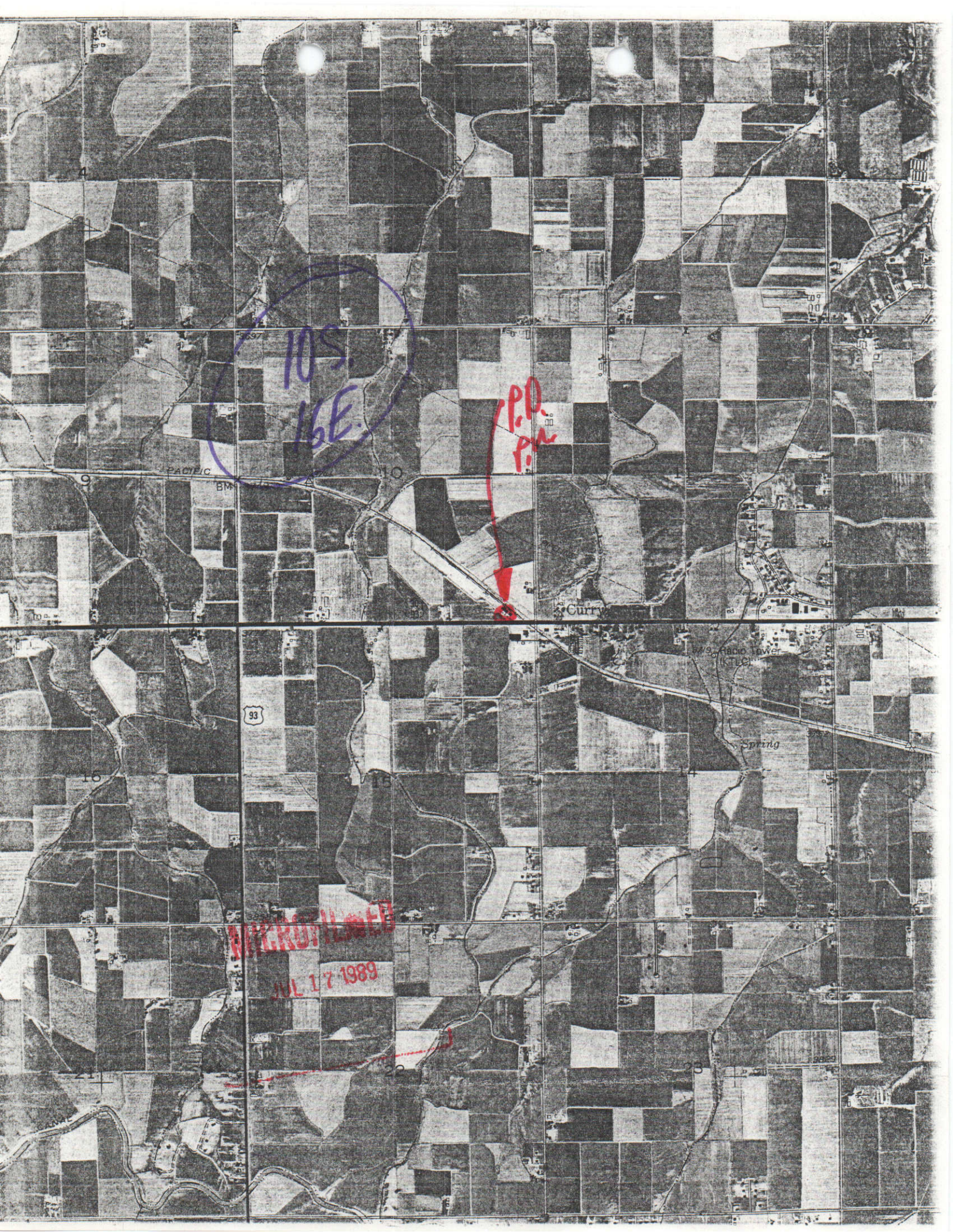




10S.  
16E.

P.D.  
P.A.

MICROFILMED  
JUL 17 1989

PACIFIC

Curry

Radio Tower  
(KTLN)

Spring

1989

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

**A. GENERAL INFORMATION**

Permit No. 47-8149

1. Owner: Gene, Doug & Greg Hull  
Current Address: Rt. #2 Filer ID 83328

Phone No. 734-6459

2. Accompanied by: Greg Hull EXAM. DATE: 8/24/89

Address: Same Phone No. Same

Relationship to Permit Holder: Same

3. Source: Groundwater tributary to \_\_\_\_\_

**B. OVERLAP REVIEW**

1. Other water rights with same place of use: None

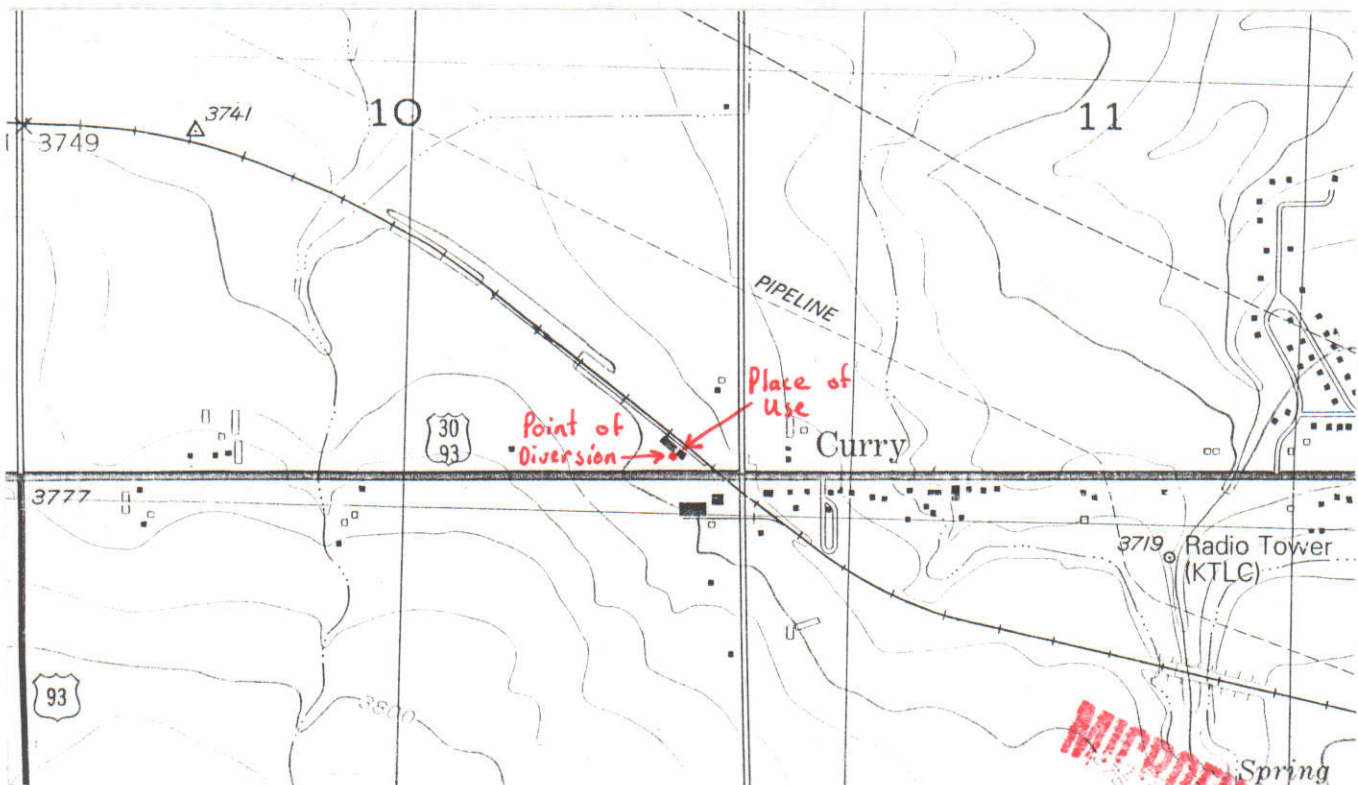
☐ Copies Attached

2. Other water rights with same point of diversion: None

☐ Copies Attached ☐ Copies of Field Exam's Attached

**C. SYSTEM DESCRIPTION**

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



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

2. ☒ Copy of U.S.G.S. Quadrangle Attached  
Showing location(s) of point(s) of diversion and  
place(s) of use (required).

☐ Aerial Photo Attached  
(required for irrigation of 10 acres or more)

☒ Photo of Diversion and System Attached  
(required for all but single household domestic groundwater, and stockwater.)

**MICROFILMED**  
**JUN 1 1 1992**



P.D.  
Looking  
SE



P.U.



P.U.



REPROFILMED  
JUN 11 1992

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 47-08149

Priority: November 17, 1988

Maximum Diversion Rate: 0.02 CFS  
Maximum Diversion Volume: 0.6 AF

This is to certify, that GREG HULL  
DOUG HULL  
GENE HULL

RT 2

FILER ID 83328

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated November 17, 1988; and has submitted Proof of Beneficial Use on June 9, 1989. An examination indicates that the works have a diversion capacity of .020 cfs of water from a GROUNDWATER source, and a water right has been established as follows:

| <u>BENEFICIAL USE</u> | <u>PERIOD OF USE</u> | <u>RATE OF DIVERSION</u> | <u>ANNUAL VOLUME</u> |
|-----------------------|----------------------|--------------------------|----------------------|
| COMMERCIAL            | 01/01 to 12/31       | 0.02 CFS                 | 0.6 AF               |

LOCATION OF POINT(S) OF DIVERSION:

SESE , Sec. 10, Township 10S, Range 16E  
TWIN FALLS County

PLACE OF USE: COMMERCIAL  
TWN RGE SEC

10S 16E 10 SESE

CONDITIONS/REMARKS:

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to more accurately describe the beneficial use or to implement accepted standards of diversion and use efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
5. The issuance of this right in no way grants any right-of-way or easement across the land of another.
6. Commercial use is for a bean warehouse.

MICROFILMED

JUN 11 1992

State of Idaho  
Department of Water Resources

**WATER RIGHT LICENSE**

WATER RIGHT NO. 47-08149

This license is issued pursuant to the provisions of Section 42-219, Idaho Code.  
Witness the seal and signature of the Director, affixed at Boise, this 28<sup>TH</sup>  
day of MAY, 1992.

Acting for *Ron C. Young*  
R. Keith Higginson, Director

JUN 11 1992

RECEIVED

NOV 17 1988

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

Ident. No. 47-09149

Department of Water Resources  
Southern Region Office

Appropriate the public waters of the State of Idaho  
Gene Hull, or Greg Hull or Doug Hull

APPROVED

1. Name of applicant \_\_\_\_\_ Phone (208) 734-6459

Post office address Rt. 2, Filer, ID 83328

2. Source of water supply Ground water which is a tributary of \_\_\_\_\_

3. Location of point of diversion is SE 1/4 of SE 1/4 of SE 1/4, Govt. Lot \_\_\_\_\_

Sec. 10 Township 10S Range 16E B.M. Twin Falls County; additional

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

4. Water will be used for the following purposes:

Amount .04 for Commercial 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) .04 cubic feet per second and/or (b) \_\_\_\_\_ acre feet per annum

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. \_\_\_\_\_

Existing 100' well and pump

b. Height of storage dam \_\_\_\_\_ feet; active reservoir capacity \_\_\_\_\_ acre-feet; total

reservoir capacity \_\_\_\_\_ acre-feet; period of year when water will be diverted to storage:

\_\_\_\_\_ to \_\_\_\_\_ inclusive.

c. Proposed well diameter is \_\_\_\_\_ inches; proposed depth of well is \_\_\_\_\_ feet.

d. Is ground water with a temperature \_\_\_\_\_ other than 90°F being sought? No

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

1 YR years (minimum 1 year).

NOTIFIED

NOV 17 1988

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. C/ Domestic uses At Bean Warehouse

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 |        |
| 10S | 16E   | 10   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | C   |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |

Total number of acres to be irrigated \_\_\_\_\_

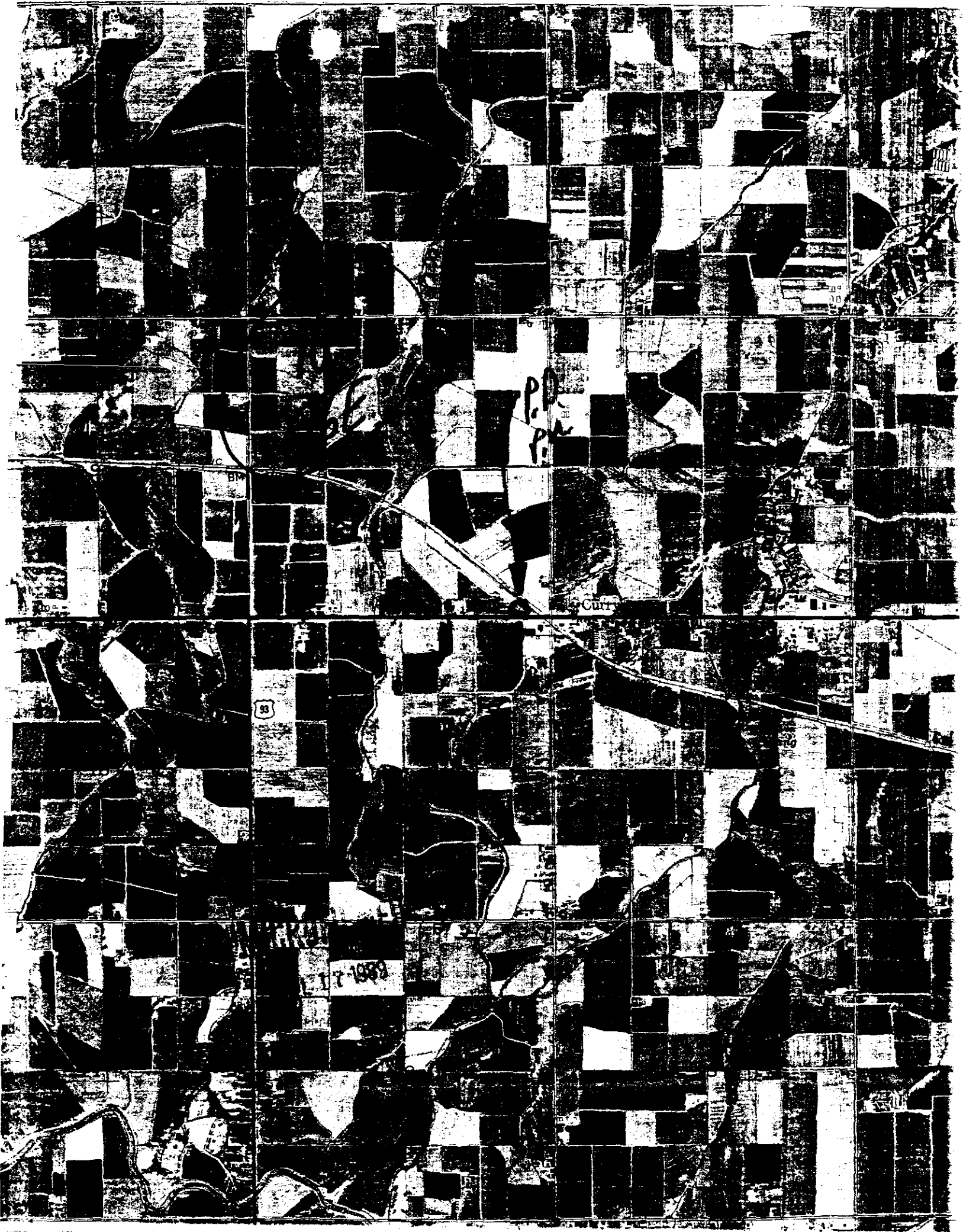
10. Describe any other water rights used for the same purposes as described above. None

- Who owns the property at the point of diversion? Union Pacific Railroad
- Who owns the land to be irrigated or place of use? SAME
- If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing. 100 year lease of Property by Applicant for Railroad siding access.

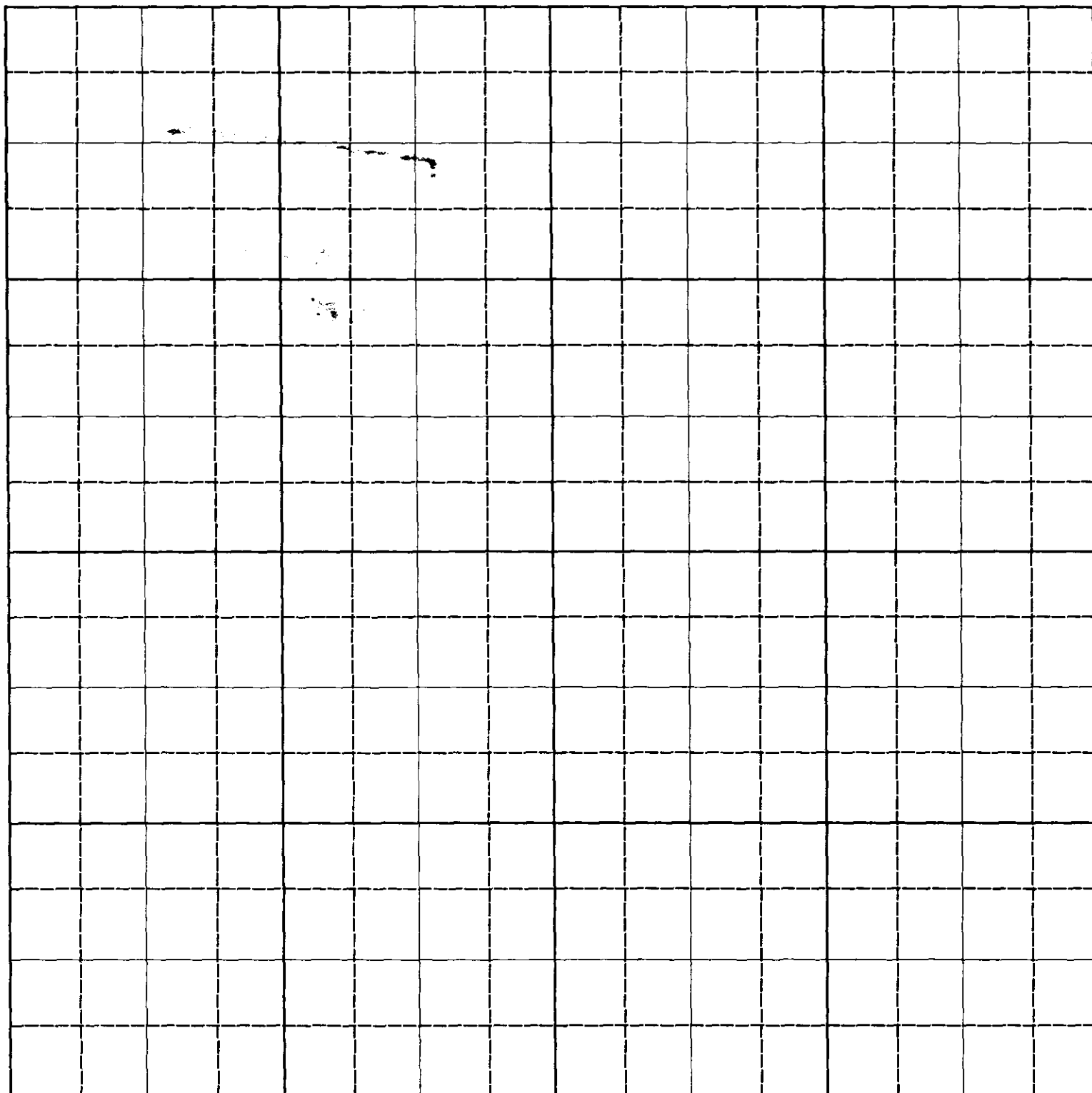
12. Remarks: Use Began in June 1, 1978.

**MICROFILMED**

JUL 17 1983



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



Scale: 2 inches equal 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.

  
(Applicant)

Proposed Priority 11/17/88  
Received by SCC Date 11/17/88 Time 8:30 AM Preliminary check by DRS  
Fee \$ 30.00 Receipted by SCC # 5003863 Date 11/17/88  
Publication prepared by LG Date 2/8/89 Published in Times News  
Publication approved M. Baldwin Date 3/14/89

### 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. 47-8149, and said application is hereby APPROVED.

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 June 1, 19 90.
- 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: Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.  
The issuance of this permit in no way grants any right-of-way or easement across the land of another.

Witness my hand this 30<sup>th</sup> day of May, 1989.

**MICROFILMED**

**JUL 17 1989**

*[Signature]*

NOTICE OF APPLICATION FOR WATER RIGHT

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

47-08146  
NEWLIN, MARIE  
446 E. Spring Creek Dr.  
Bountiful, UT 84010  
Source: Waste Water  
Tributary: Sinks  
Diversion Pt: NESESW  
Sec 12 T 10S R 14E  
Use: Irrigation (.150 cfs)  
Date Filed: 11/15/1988  
In: T10S R14E S14E  
5.0 acres total

47-08147  
TRIPLE O FARMS  
Rt. 2 Box 5128  
Twin Falls, ID 83301  
Source: Groundwater  
Diversion Pt: NWNWSE  
Sec 2 T 11S R 17E  
Use: Commercial (.670 cfs)  
Date Filed: 11/15/1988  
In: T11S R17E S02  
NWSE

47-08148  
TWIN FALLS CONSTRUCTION INC.  
P.O. Box 325  
Twin Falls, ID 83303  
Source: Groundwater  
Diversion Pt: NENE Sec  
22 T 10S R 17E  
Use: Commercial (.310 cfs)  
Date Filed: 11/16/1988  
In: T10S R17E S22 NENE

47-08149  
HULL, GREG  
HULL, DOUG  
HULL, GENE  
Rt. 2  
Filer, ID 83328  
Source: Groundwater  
Diversion Pt: SESESE  
Sec 10 T 10S R 16E  
Use: Commercial (.040 cfs)  
Date Filed: 11/17/1988  
In: T10S R16E S10 SESE

47-08150  
POOLER, RICHARD L.  
POOLER, MARCELLA  
Rt. 3 Box 6362  
Twin Falls, ID 83301  
Source: Groundwater  
Diversion Pt: SESENE  
Sec 1 T 10S R 17E  
Use: Irrigation (.090 cfs)  
Commercial (.100 cfs)  
Date Filed: 11/16/1988  
In: T10S R17E S01 SENE  
3.0 Acres Total

The permit(s) will be subject to all prior water rights. Protests must be filed with the Director, Dept. of Water Resources, Southern Region, 2148 4th Avenue East, Twin Falls, Idaho 83301 on or before March 20, 1989.  
R. Keith Higginson  
Director  
PUBLISH: Thursday, March 2, and 9, 1989.

Affidavit of Publication

Nº 19581

STATE OF IDAHO.

COUNTY OF TWIN FALLS

ss.

I, Linda Capps McSwire being first duly sworn upon oath, depose and say that I am Bureau 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 March 2, 1989, and ending with the issue dated March 9, 1989.

STATE OF IDAHO

COUNTY OF

On this 9 day of March in the year of 1989, before me, a Notary Public, personally appeared Linda Capps McSwire 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.

Debra R. Jettman  
Notary Public for Idaho

Residing at Twin Falls County

My commission expires: 5/19/94

i, effective February 16, at Sunday, and the Twin such newspapers prior to county continuously and onths, and said TIMES-paper except Saturday, ication under said name

Thursday of each week der of any court of com- will be published; and and in each issue there- published.

9 day of

County of Twin Falls, in Falls, Idaho

MAILED  
JUL 17 1989

May 28, 1992

GREG HULL  
DOUG HULL  
GENE HULL  
RT 2  
FILER ID 83328

RE: WATER RIGHT NO. 47-08149

Dear Water Right Holder(s):

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

Sincerely,

PAMELA SKAGGS  
Water Resource Agent

PS:cz

Enclosure

RECEIVED  
JUN 11 1992

April 30, 1992

GREG HULL  
DOUG HULL  
GENE HULL  
RT 2  
FILER ID 83328

RE: WATER RIGHT NO. 47-08149

Dear Water Right Holder(s):

Enclosed is a draft copy of the license proposed to be issued on the above referenced water right.

This right is currently being reviewed by this office for licensing. The enclosed preliminary copy is subject to change upon further administrative review.

We ask that you review the proposed license and if you do not concur with the information, please let us know within 10 days.

Sincerely,

SHARLA CURTIS  
Water Resource Agent

SC:clh

Enclosure

MINNEAPOLIS  
JUN 1 1 1992

WR0749NP  
No. L47-08149

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

DATE: 04/28/92  
PAGE: 1

| OWNER<br>CODE | NAME & ADDRESS | PRIORITY<br>DATE | WATER USE  | USE PERIOD<br>FROM TO | DIVERSION<br>RATE | DIVERSION<br>VOLUME |
|---------------|----------------|------------------|------------|-----------------------|-------------------|---------------------|
| C             | GREG HULL      | 11/17/1988       | COMMERCIAL | 01-01 12-31           | 0.02 CFS          | 0.6 AFA             |
| C             | DOUG HULL      |                  |            |                       |                   |                     |
| C             | GENE HULL      |                  |            |                       |                   |                     |
|               | RT 2           |                  |            |                       |                   |                     |
|               | FILER ID 83328 |                  |            |                       |                   |                     |
|               | (208) 734-6459 |                  |            |                       |                   |                     |
|               |                |                  |            | TOTAL DIVERSION:      | 0.02 CFS          | 0.6 AFA             |

Water Source: GROUNDWATER

Tributary to:

Stage: LICENSE

Point(s) of Diversion Capacity: 0.02 CFS

Point(s) of Diversion: T10S R16E S10 SE SE

Place of use Legal Description for: COMMERCIAL

|     |     |    |   | NE |    |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    |   |
|-----|-----|----|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| T   | R   | S  | : | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | : |
| 10S | 16E | 10 | : |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | : |

Pou County: TWIN FALLS

Other Water Rights Listing Overlapping Place(s) of use:  
47-04058

Conditions of Approval:

- 004 - The issuance of this right in no way grants any right-of-way or
- easement across the land of another.

Remarks: Commercial use is for a bean warehouse.

|        |                 |            |                    |            |
|--------|-----------------|------------|--------------------|------------|
| Dates: | App. Received:  | 11/17/1988 | Priority Date:     | 11/17/1988 |
|        | Proof Due Date: | 06/01/1990 | Proof Made Date:   | 06/09/1989 |
|        | Exam Made Date: | 08/24/1989 | Exam Sent to S.O.: | 12/13/1991 |
|        | Licensed Date:  |            |                    |            |

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

Audit: 04/28/92 SKAGGS

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

**A. GENERAL INFORMATION**

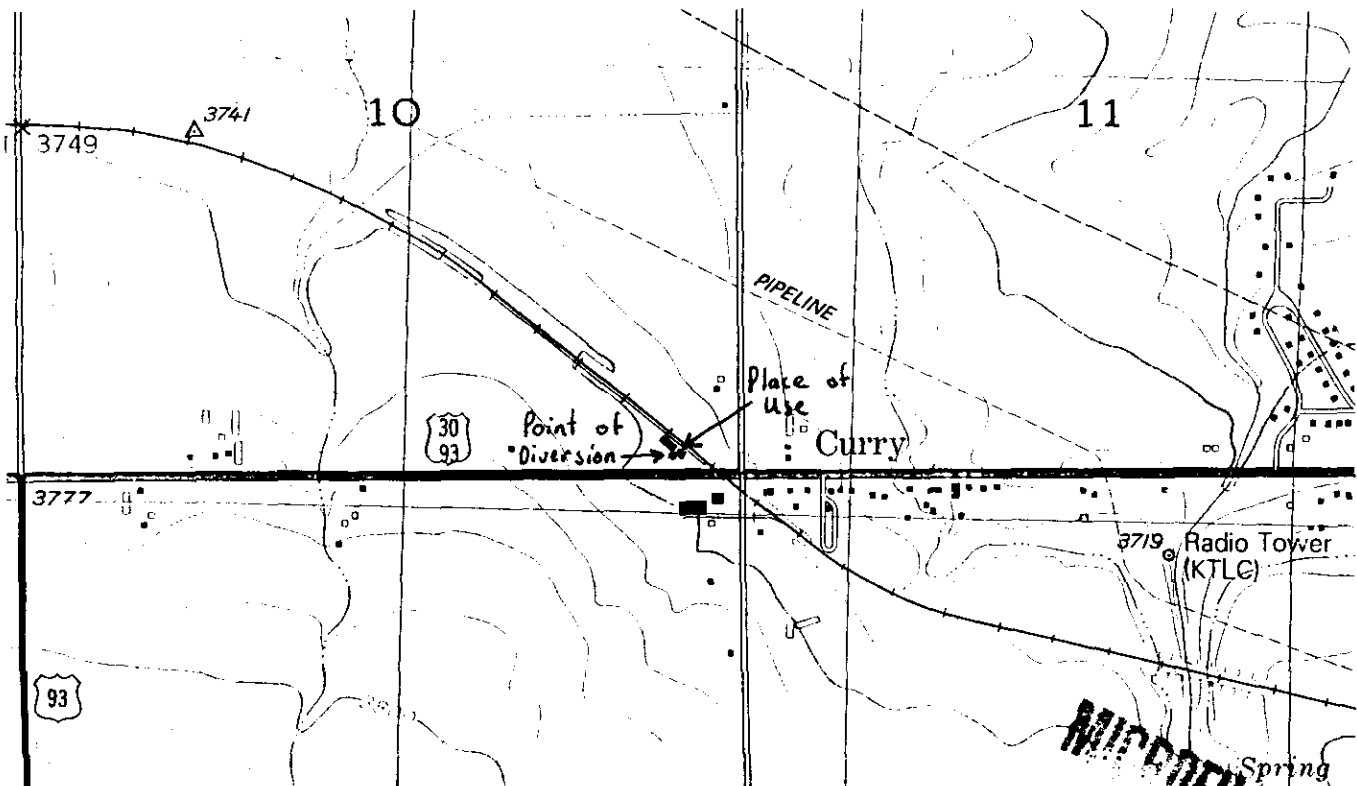
Permit No. 47-8149  
Phone No. 734-6459  
1. Owner: Gene, Doug & Greg Hull  
Current Address: Rt. #2 Filer ID 83328  
2. Accompanied by: Greg Hull EXAM. DATE: 8/24/89  
Address: Same Phone No. Same  
Relationship to Permit Holder: Same  
3. Source: Groundwater tributary to \_\_\_\_\_

**B. OVERLAP REVIEW**

1. Other water rights with same place of use: None  
\_\_\_\_\_  
☐ Copies Attached  
2. Other water rights with same point of diversion: None  
\_\_\_\_\_  
☐ Copies Attached ☐ Copies of Field Exam's Attached

**C. SYSTEM DESCRIPTION**

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



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

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

**RECORDED**  
**JUN 11 1992**

**System Description (continued)**

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

*Water is pumped from the well to 15 gal. pressure tank and then to one drinking fountain + two bathrooms.*

☐ See Remarks on page 4 for continuation

4.

| Well or Diversion Identification No.* | Motor Make | Hp  | Motor Serial No. | Pump Make | Pump Serial No. or Discharge Size |
|---------------------------------------|------------|-----|------------------|-----------|-----------------------------------|
|                                       |            | 1/2 | M4C02P-20        | Sta-Rite  | 8P4C02P-34                        |
|                                       |            |     |                  |           |                                   |
|                                       |            |     |                  |           |                                   |
|                                       |            |     |                  |           |                                   |

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

5. **Point(s) of Diversion:**

| Ident. No. | Gov't. Lot | 1/4 | 1/4 | 1/4 | Sec. | Twp. | Rge. | County     | Method of Determination/Remarks |
|------------|------------|-----|-----|-----|------|------|------|------------|---------------------------------|
|            |            | SE  | SE  | SE  | 10   | 10S  | 16E  | Twin Falls | Quadrangle                      |
|            |            |     |     |     |      |      |      |            |                                 |
|            |            |     |     |     |      |      |      |            |                                 |
|            |            |     |     |     |      |      |      |            |                                 |

6. **Place(s) of Use:**

Indicate Method of Determination Quadrangle

| Twp. | Rge. | Sec. | NE1/4 |       |       |       | NW1/4 |       |       |       | SW1/4 |       |       |       | SE1/4 |       |       |       | Totals |
|------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
|      |      |      | NE1/4 | NW1/4 | SW1/4 | SE1/4 | NE1/4 | NW1/4 | SW1/4 | SE1/4 | NE1/4 | NW1/4 | SW1/4 | SE1/4 | NE1/4 | NW1/4 | SW1/4 | SE1/4 |        |
| 10S  | 16E  | 10   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | C     |        |
|      |      |      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |        |
|      |      |      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |        |
|      |      |      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |        |
|      |      |      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |        |
|      |      |      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |        |
|      |      |      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |        |
|      |      |      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |        |
|      |      |      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |        |

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MICROFILMED  
JUN 11 1992

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#### D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

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

2. Measurements:

An accurate measurement could not be taken

#### E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

2. Alternate Method for Checking Purposes:

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

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

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

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

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

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

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

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

#### G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

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

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

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

2. Volume Calculations for Other Uses:

1 Domestic use @ .6 afa  
(No Irrigation)

MINNEAPOLIS  
JUN 11 1992

## This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## 1. Recommended Amounts

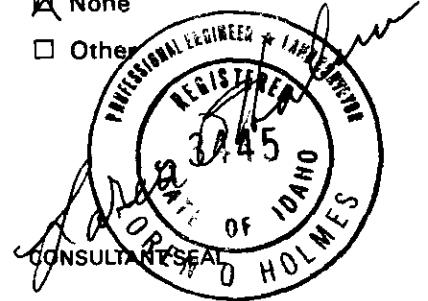
| Beneficial Use | Period of Use |         | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) |
|----------------|---------------|---------|------------------------------|--------------------------|
|                | From          | To      |                              |                          |
| Commercial     | 1/1           | 12/31   | 0.04                         | 0.6                      |
|                |               |         |                              |                          |
|                |               |         |                              |                          |
|                |               |         |                              |                          |
|                |               | Totals: | 0.04                         | 0.6                      |

☐ Change P.D. as reflected above      ☐ Add P.D. as reflected above

☐ Change P.U. as reflected above      ☐ Add P.U. as reflected above

☒ None☐ Other

Field Examiner's Name Russ Lewins  
Signature Russell J Lewins  
Certification Date 4/10/21  
Field Report Preparation Date 8/26/89



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

MICROFILMED  
 JUN 11 1990

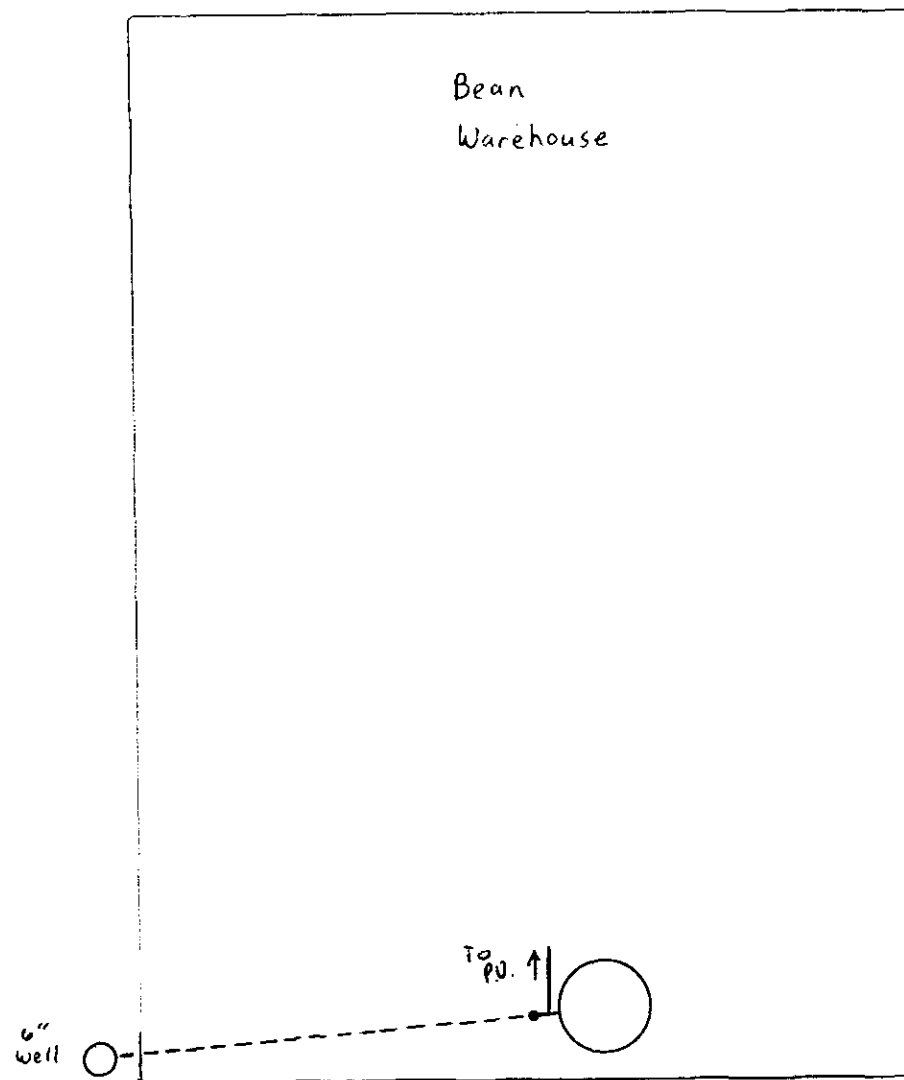


P.D  
Looking  
SE

P.U.

P.U.

2661  
JUN 11 1992



MICROFILMED  
JUN 11 1992

**POOR QUALITY**

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

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

USE TYPEWRITER OR  
BALLPOINT PEN

| <p><b>1. WELL OWNER</b></p> <p>Name: <u>Gene Hull</u></p> <p>Address: <u>Box 926 TF</u></p> <p>Owner's Permit No. _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>7. WATER LEVEL</b></p> <p>Static water level <u>44 1/2</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artisan closed in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature <u>55</u> OF. Quality _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                    |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
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| <p><b>2. NATURE OF WORK</b></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input checked="" type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning) _____</p> <p><u>Replaced contaminated well</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>8. WELL TEST DATA</b></p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>25 gpm</u></td> <td><u>2 1/2</u></td> <td><u>1 1/2</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Discharge G.P.M. | Pumping Level      | Hours Pumped    | <u>25 gpm</u>       | <u>2 1/2</u>    | <u>1 1/2</u>  |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Hours Pumped     |                    |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| <u>25 gpm</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>2 1/2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>1 1/2</u>     |                    |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                    |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                    |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| <p><b>3. PROPOSED USE</b></p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>9. LITHOLOGIC LOG</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole<br/>Depth</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th rowspan="2">Water<br/>Yes No</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>6</td> <td>surf</td> <td> </td> </tr> <tr> <td>6</td> <td>6</td> <td>14</td> <td>gray sand</td> <td> </td> </tr> <tr> <td>14</td> <td>14</td> <td>15 1/2</td> <td>clay</td> <td> </td> </tr> <tr> <td>15 1/2</td> <td>15 1/2</td> <td>33</td> <td>Reddish brown</td> <td> </td> </tr> <tr> <td>33</td> <td>33</td> <td>42</td> <td>grayish brown sand</td> <td> </td> </tr> <tr> <td>42</td> <td>42</td> <td>43</td> <td>NO RETURN</td> <td> </td> </tr> <tr> <td>43</td> <td>43</td> <td>47</td> <td>Brown lava</td> <td> </td> </tr> <tr> <td>47</td> <td>47</td> <td>115</td> <td>Blackish lava</td> <td> </td> </tr> <tr> <td>115</td> <td>115</td> <td>123</td> <td>Brown lava</td> <td> </td> </tr> <tr> <td>123</td> <td>123</td> <td>130</td> <td>under sand</td> <td> </td> </tr> <tr> <td>130</td> <td>130</td> <td>140</td> <td>Black lava</td> <td> </td> </tr> <tr> <td>140</td> <td>140</td> <td>150</td> <td>Brown + Red lava</td> <td> </td> </tr> </tbody> </table> | Hole<br>Depth    | Depth              |                 | Material            | Water<br>Yes No | From          | To             | 0 | 0 | 6 | surf |                                       | 6 | 6 | 14 | gray sand |  | 14 | 14 | 15 1/2                                                                                                                                                                                                                                                                                                                                                                                           | clay |  | 15 1/2 | 15 1/2 | 33 | Reddish brown |  | 33 | 33 | 42 | grayish brown sand |  | 42 | 42 | 43 | NO RETURN |  | 43 | 43 | 47 | Brown lava |  | 47 | 47 | 115 | Blackish lava |  | 115 | 115 | 123 | Brown lava |  | 123 | 123 | 130 | under sand |  | 130 | 130 | 140 | Black lava |  | 140 | 140 | 150 | Brown + Red lava |  |
| Hole<br>Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | Material           | Water<br>Yes No |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
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| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6                | surf               |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 14               | gray sand          |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15 1/2           | clay               |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| 15 1/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 15 1/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 33               | Reddish brown      |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| 33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 42               | grayish brown sand |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| 42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 43               | NO RETURN          |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| 43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 47               | Brown lava         |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 115              | Blackish lava      |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| 115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 123              | Brown lava         |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| 123                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 123                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 130              | under sand         |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| 130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 140              | Black lava         |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| 140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 150              | Brown + Red lava   |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| <p><b>4. METHOD DRILLED</b></p> <p><input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>10. MIDDLED</b></p> <p><b>JUN 1 1 1992</b></p> <p>APR 24 1981</p> <p>Department of Water Resources</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                    |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| <p><b>5. WELL CONSTRUCTION</b></p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>1 1/2</u> inches</td> <td><u>6</u> inches</td> <td><u>1</u> feet</td> <td><u>43</u> feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <p>Number _____ From _____ To _____</p> <p>_____ perforations _____ feet _____ feet</p> <p>_____ perforations _____ feet _____ feet</p> <p>_____ perforations _____ feet _____ feet</p> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>94</u> Material used in seal: <input checked="" type="checkbox"/> Cement grout</p> <p><input type="checkbox"/> Fuddling clay <input type="checkbox"/> Well cuttings</p> <p>Sealing procedure used: <input type="checkbox"/> Sherry pit <input type="checkbox"/> Temp. surface casing</p> <p><input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port _____</p> | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Diameter         | From               | To              | <u>1 1/2</u> inches | <u>6</u> inches | <u>1</u> feet | <u>43</u> feet |   |   |   |      |                                       |   |   |    |           |  |    |    | <p><b>11. DRILLERS CERTIFICATION</b></p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Wilkes Water &amp; Gas</u> Firm No. <u>15</u></p> <p>Address <u>644 River</u> Date <u>2-2-81</u></p> <p>Signed by (Firm Official) <u>Eugene H. Wilkes</u></p> <p>and<br/>(Operator) <u>Frederick B. Wilkes</u></p> |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Diameter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | From             | To                 |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| <u>1 1/2</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>6</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>1</u> feet    | <u>43</u> feet     |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                    |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                    |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                    |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| <p><b>6. LOCATION OF WELL</b></p> <p>Sketch map location must agree with written location.</p> <p style="text-align: center;">N</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">A</td> <td style="width:25%;"> </td> <td style="width:25%;"> </td> <td style="width:25%;"> </td> </tr> <tr> <td>W</td> <td> </td> <td> </td> <td>E</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County <u>TWIN FALLS</u></p> <p><u>NW 1/4 NW 1/4 Sec 16 T. 16 N. R. 16 E.</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                    |                 | W                   |                 |               | E              |   |   |   |      | <p><b>12. ADDITIONAL COMMENTS</b></p> |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                    |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | E                  |                 |                     |                 |               |                |   |   |   |      |                                       |   |   |    |           |  |    |    |                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |        |        |    |               |  |    |    |    |                    |  |    |    |    |           |  |    |    |    |            |  |    |    |     |               |  |     |     |     |            |  |     |     |     |            |  |     |     |     |            |  |     |     |     |                  |  |
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13-Jul-1989

Gene, Doug, or Greg Hull  
Rt 2  
Filer, Idaho 83328

Re; Permit No. 47-08149

Dear Gene, Doug, or Greg,

We acknowledge receipt of the affidavit submitted as proof of beneficial use for the above referenced permit.

Before a license can be issued, a field examination must be made by a representative of this Department. We cannot tell just when this examination will be made, but our examiner will try to contact you at the time he makes the examination so that you may show him the system.

Field examinations must be done while the system is in operation. For this reason we concentrate on irrigation permits during the summer months and do examinations on permits for other uses during the non-irrigating months.

If you have any questions regarding the field examination, please contact our office.

Very truly yours,

Lloyd Payne  
Clerk

Encl:

**MICROFILMED**

JUN 11 1992

03/86

For Office Use Only

Fee Received AADate 1/1Receipt # 1Receipt by 1/1Reviewed by 1/1Sent to region 1/1**RECEIVED**

JUN 09 1989

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

## PROOF OF BENEFICIAL USE

Department of Water Resources

no \$ enclosed KSH

The Idaho Department of Water Resources will consider this form as a statement that the permit holder(s) has 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. 47-08149Name(s) of Permit Holder: GENE HULL OR DOUG HULL or GREG HULLPost Office Address: ROUTE 2 FILER, IDAHO 83328Telephone No. 734-6459Source of Water: Groundwater

Extent of Use:

Domestic                      (number of households) Stockwater                      (number and type of stock)Irrigation                      (acres) Other/Remark Commercial - OfficeTotal rate and/or volume for which proof is submitted .04 cfs                      acre-feetShow the date water was first diverted and beneficially used under this permit: June 1980Measuring Device: Required? Yes X No  
Installed? Yes X NoFee enclosed \$ None Required  
(See License Examination Fee Schedule)Flow Measurement Port: Required? Yes X No  
Installed? Yes X No

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

GREG HULL

(Name)

734-6459

(Telephone Number)

MICROFILMED, IDAHO 83328

(Address)

The above information is a 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.

6/7/89 GREG HULL  
Date Signature of Permit Holder (and title, if appropriate)

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) 334-7900  
May 30, 1989

GREG HULL  
DOUG HULL  
GENE HULL  
RT. 2  
FILER, ID 83328

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

RE: PERMIT NO.        47-08149

Dear Permit Holder:

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

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

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

Sincerely,

GARY SPACKMAN, Supervisor  
Water Right Permits Section

GS: SC  
Enclosures

**MICROFILMED**

JUL 17 1989



State of Idaho

# DEPARTMENT OF WATER RESOURCES

Southern Region, 2148 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3578

CECIL D. ANDRUS  
Governor

24-Feb-1989

R. KEITH HIGGINSON  
Director

Gene, Greg, or Doug Hull  
Rt. 2  
Filer, ID 83328

Re: Application for Permit No. 47-08149

Dear Applicant (s):

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 will be advertising the application in the Times News on 3/2 & 3/9/89. 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,

Douglas Jones, E. I. T.  
Water Resources Engineer

DJ:MB

RECEIVED

JUL 17 1989

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
Southern Region  
2148 4th Avenue East  
Twin Falls, ID 83301  
(208)734-3578

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FEBRUARY 24, 1989

TIMES NEWS  
P.O. BOX 548  
TWIN FALLS, ID 83303-548

Gentlemen:

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

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

Please send the affidavit of publication and publication billing to this office before MARCH 20, 1989.

Yours truly,

Mary Baldwin  
Secretary/Office Coordinator

Enclosure

MICROFILMED

JUL 17 1989

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NOTICE OF APPLICATION FOR WATER RIGHT

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

MINUTEMAN

JUL 17 1989

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47-08149

HULL, GREG  
HULL, DOUG  
HULL, GENE  
RT. 2  
FILER, ID 83328

Source: GROUNDWATER

Diversion Pt: SESESE Sec 10 T 10S R 16E

Use: COMMERCIAL ( .040 CFS)

Date Filed: 11/17/1988

In: T10S R16E S10 SESE

**MICROFILMED**

JUL 17 1989

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The permit(s) will be subject to all prior water rights. Protests must be filled with the Director, Dept. of Water Resources, Southern Region, 2148 4th Avenue East, Twin Falls, Idaho 83301 on or before MARCH 20, 1989.

R. KEITH HIGGINSON, Director

Published 3/02/1989 & 3/09/1989

**MICROFILMED**

JUL 17 1989