

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

SECTION 13, TOWNSHIP 30 NORTH, RANGE 3 EAST

14 13

IDAHO COUNTY, IDAHO

Location of  
spring and watering  
trough

NE 1/4  
SW 1/4

SEP 25 1989

**MICROFILMED**

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.

*Sam Donaldson*  
(Applicant)

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

**RECEIVED**  
JUN 24 1991

Department of Water Resources

**A. GENERAL INFORMATION**

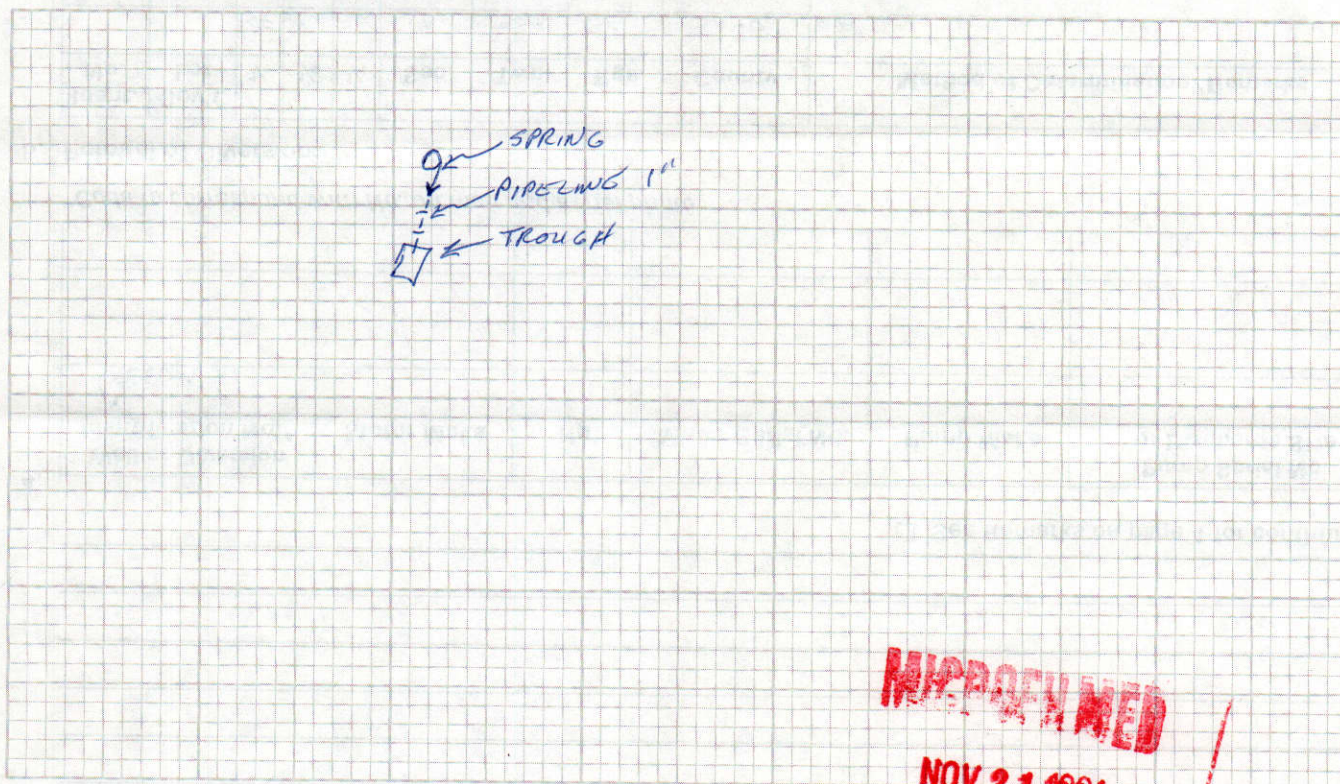
Permit No. 85-07533  
1. Owner: Mike Donaldson or Pam Donaldson Phone No. 743-6846  
Current Address: P.O. Box 1222, Lewiston, ID 83501  
2. Accompanied by: NONE EXAM. DATE: 9/27/90  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Relationship to Permit Holder: \_\_\_\_\_  
3. Source: Spring tributary to S. Fork Clearwater River

**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**

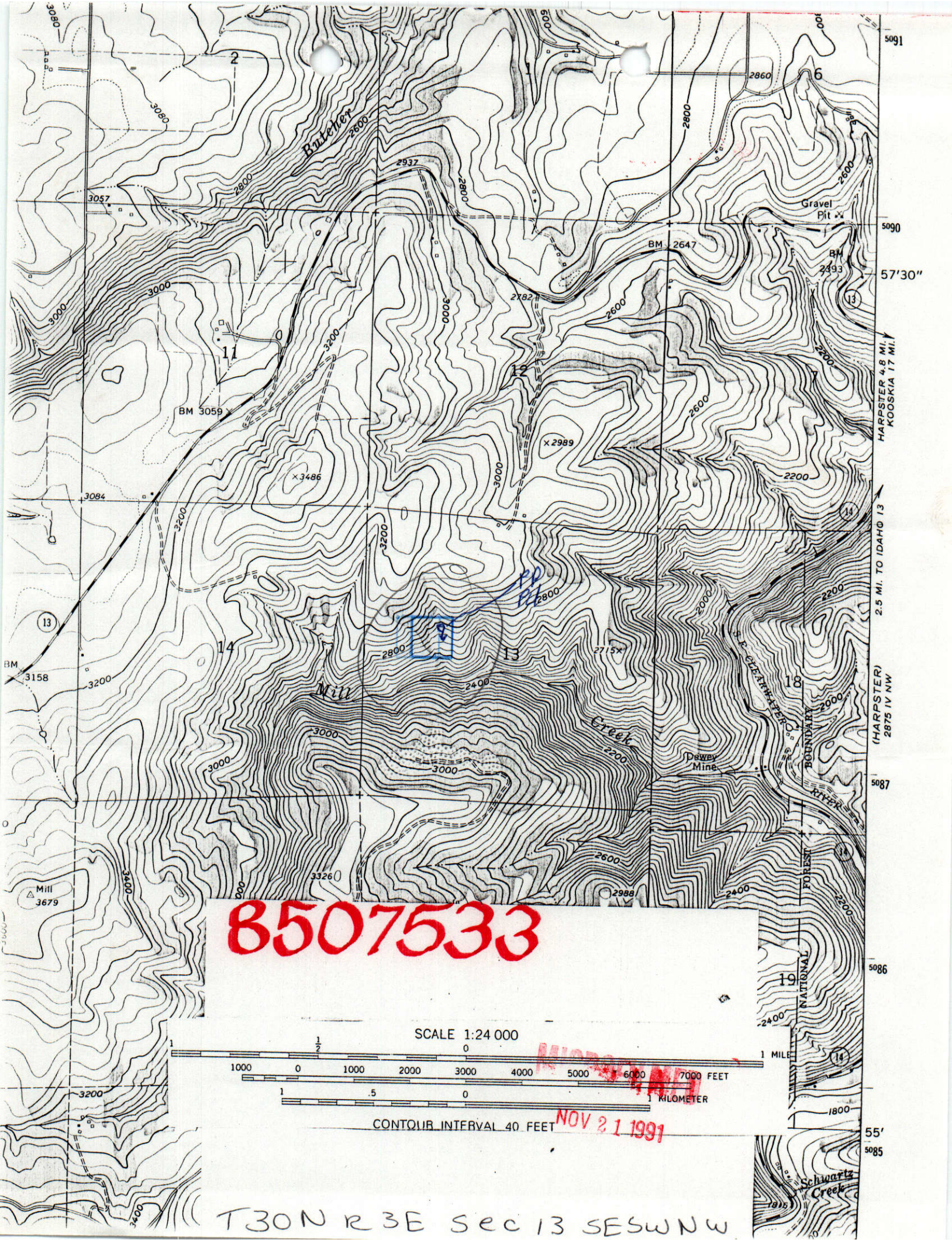
1. **Diversion System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



Scale: 1" = N.T.S.

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).

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NOV 21 1991



8507533

SCALE 1:24 000

1000 0 1000 2000 3000 4000 5000 6000 7000 FEET

1 .5 0 1 KILOMETER

CONTOUR INTERVAL 40 FEET

NOV 21 1991

T30N R3E sec 13 SESWNW

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 85-07533

Priority: May 1, 1989

Maximum Diversion Rate: 0.05 CFS  
Maximum Diversion Volume:<sup>1</sup> 2.8 AF

This is to certify, that MIKE DONALDSON  
PAM DONALDSON

P.O. BOX 1222

LEWISTON ID 83501

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated May 1, 1989; and has submitted Proof of Beneficial Use on June 22, 1990. An examination indicates that the works have a diversion capacity of .050 cfs of water from:

SPRING tributary to CLEARWATER RIVER, SOUTH FORK

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> |
|-----------------------|----------------------|--------------------------|----------------------|
| STOCKWATER            | 01/01 to 12/31       | 0.05 CFS                 | 2.8 AF               |

LOCATION OF POINT(S) OF DIVERSION: SESWNW , Sec. 13, Township 30N, Range 03E  
IDAHO County

PLACE OF USE: STOCKWATER  
TWN RGE SEC

30N 03E 13 SWNW

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. Stockwater use is for 210 range cattle. These cattle are also watered under Rights 85-7534 and 85-7535; the combined annual volume of water under the three rights shall not exceed 2.8 afa.

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NOV 21 1991

State of Idaho  
Department of Water Resources

**WATER RIGHT LICENSE**

WATER RIGHT NO. 85-07533

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 4<sup>th</sup>  
day of NOVEMBER, 19 91.

Acting for

  
R. Keith Higginson, Director

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NOV 21 1991

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

Ident. No. 85-1533

APPROVED

To appropriate the public waters of the State of Idaho

1. Name of applicant Mike Donaldson or Pam Donaldson Phone 208-743-6846  
Post office address Post Office Box 1222, Lewiston, Idaho 83501
2. Source of water supply Spring which is a tributary of South Fork of Clearwater River
3. Location of point of diversion is SE  $\frac{1}{4}$  of SW  $\frac{1}{4}$  of NW  $\frac{1}{4}$ , Govt. Lot \_\_\_\_\_  
Sec. 13 Township 30 N Range 3 E B.M. Idaho County; additional  
points of diversion if any: \_\_\_\_\_
4. Water will be used for the following purposes:  
Amount .07 for stockwater purposes from 4-1 to 10-31 (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) .07 and/or (b) \_\_\_\_\_  
cubic feet per second acre feet per annum
6. Proposed diverting works:
  - a. Description of ditches, flumes, pumps, headgates, etc. developed spring - cleaned out,  
boxed in, piped to watering trough for cattle.
  - 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 of greater than 90°F being sought? \_\_\_\_\_
7. Time required for the completion of the works and application of the water to the proposed beneficial use is  
1 years (minimum 1 year).

MICROFILMED

SEP 25 1989

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

- a. Hydropower; show total feet of head and proposed capacity in KW. \_\_\_\_\_
- b. Stockwatering; list number and kind of livestock. 210 beef cattle
- c. Municipal; show name of municipality. \_\_\_\_\_
- d. Domestic; show number of households. \_\_\_\_\_
- e. Other; describe fully. \_\_\_\_\_

9. Description of place of use:

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

| TWP | RANGE | SEC. | NE¼ |     |     |     | NW¼ |     |     |     | SW¼ |     |     |     | SE¼ |     |     |     | TOTALS |
|-----|-------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
|     |       |      | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ |        |
| 30N | 3E    | 13   |     |     |     |     |     |     | S   |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |

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

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

Two other springs situate in Section 12, T 30 N, Range 3 E for cattle

11. a. Who owns the property at the point of diversion? Mike Donaldson or Pam Donaldson

b. Who owns the land to be irrigated or place of use? Mike Donaldson or Pam Donaldson

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

12. Remarks: \_\_\_\_\_

SEP 23 1985

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

SECTION 13, TOWNSHIP 30 NORTH, RANGE 3 EAST

|                                              |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|
| 14 13                                        |  |  |  |  |  |  |  |  |  |  |  | IDAHO COUNTY, IDAHO |  |  |  |  |  |  |  |  |  |  |  |
| Location of<br>spring and watering<br>trough |  |  |  |  |  |  |  |  |  |  |  | NW 1/4 NE 1/4       |  |  |  |  |  |  |  |  |  |  |  |
|                                              |  |  |  |  |  |  |  |  |  |  |  | SW 1/4 SE 1/4       |  |  |  |  |  |  |  |  |  |  |  |
| <b>MICROFILMED</b>                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
|                                              |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
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|                                              |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
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|                                              |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| SEP 25 1989                                  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |

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.

*Sam Donaldson*  
(Applicant)

Proposed Priority 5/1/89

Received by pm Date 5/1/89 Time 3:00 PM Preliminary check by JK

Fee \$ 30.00 Received by AB # N-2824 Date 05/29/89  
5/17+24/89

Publication prepared by pm Date 5/10/89 Published in A. C. 1989

Publication approved pm Date 6/7/89

### 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. 85-7533, 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 July 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:

Witness my hand this 15<sup>th</sup> day of June, 1989.

J. Shaw Saylor

RECEIVED

SEP 40 1989

**NOTICE OF APPLICATION  
FOR WATER RIGHT**

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

82-07187

U.S. DEPT. OF INTERIOR  
BUREAU OF LAND MANAGEMENT  
IDAHO STATE OFFICE  
3380 AMERICANA TERRACE  
BOISE, ID 83706

Source: CLEARWATER RIVER,  
SOUTH FORK Tributary:  
CLEARWATER RIVER  
Diversion Pt: NWSESE Sec 29 T 29N R  
08E SWSESE Sec 29 T 29N R 08E  
Use: FISH PROPAGATION (5,000 CFS)  
Date Filed: 4/24/1989  
In: T29N R08E S29 NESE SESE:

84-07251

PAUL, CARL W.  
HCR 11 BOX 55  
KAMIAH, ID 83536  
Source: GROUNDWATER  
Diversion Pt: NWSW Sec 20 T 34N R  
04E  
Use: IRRIGATION (.130 CFS)  
Date Filed: 4/13/1989  
In: T34N R04E S20 NWSW  
12.5 ACRES TOTAL.

85-07533

DONALDSON, MIKE  
DONALDSON, PAM  
P.O. BOX 1222  
LEWISTON, ID 83501  
Source: SPRING Tributary:  
CLEARWATER RIVER, SOUTH FORK  
Diversion Pt: SESWNW Sec 13 T 30N  
R03E  
Use: STOCKWATER (.070 CFS)  
Date Filed: 5/01/1989  
In: T30N R03E S13 SWNW.

85-07534

DONALDSON, MIKE  
DONALDSON, PAM  
P.O. BOX 1222  
LEWISTON, ID 83501  
Source: SPRING Tributary:  
CLEARWATER RIVER, SOUTH FORK  
Diversion Pt: SWNESE Sec 12 T30N R  
03E  
Use: STOCKWATER (.070 CFS)  
Date Filed: 5/01/1989  
In: T30N R03E S12 NESE.

85-07535

DONALDSON, MIKE  
DONALDSON, PAM  
P.O. BOX 1222  
LEWISTON, ID 83501  
Source: SPRING Tributary:  
CLEARWATER RIVER, SOUTH FORK  
Diversion Pt: NWSNW Sec 12 T 30N  
R 03E  
Use: STOCKWATER (.070 CFS)  
Date Filed: 5/01/1989  
In: T30N R03E S12 SENW.

For additional information concerning  
the property location, call the Northern  
Regional Office at 765-4639.  
The permit(s) will be subject to all prior  
water rights. Protests must be filed with  
the Director, Dept. of Water Resources,  
Northern Region, 1910 Northwest Blvd.,  
Suite 210, Coeur d'Alene, Idaho 83814  
on or before JUNE 5, 1989.

R. KEITH HIGGINSON, Director  
Published 5/17/1989 & 5/24/1989

M17-24

**AFFIDAVIT OF PUBLICATION**

STATE OF IDAHO

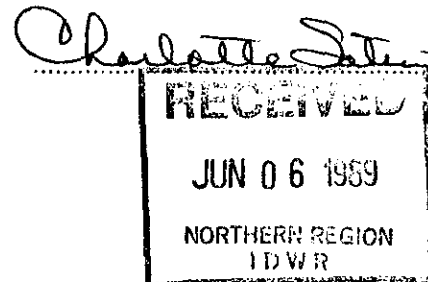
County of Idaho - ss.

Charlotte Sotin

....., being  
first duly sworn, says she is the Bookkeeper  
of the  
IDAHO COUNTY FREE PRESS, a weekly newspaper published  
and issued weekly at Grangeville, Idaho county, State of Idaho,  
and is of general circulation in said county and state, that the  
said notice, of which the one hereto attached is a true copy, was  
published in said paper for .....two..... weeks, being published  
.....two..... times, the first publication being on the  
.....17th..... day of May....., 1989  
and the last publication on the.....24th..... day of  
.....May....., 1989....; that the said notice was  
published in the newspaper proper and not a supplement; that  
said newspaper has been continuously and uninterruptedly  
published in said county during a period of seventy-eight  
consecutive weeks prior to the publication of said notice or  
advertisement.

STATE OF IDAHO )

COUNTY OF )



On this.....24th..... day of May.....in the year  
of.....1989....., before me, a Notary Public, personally  
appeared Charlotte Sotin....., 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.

**MICROFILMED**

SEP 22 1989

Notary Public for Idaho

Residing at Grangeville, Idaho

My commission expires: 9/10/92

November 5, 1991

MIKE DONALDSON  
PAM DONALDSON  
P.O. BOX 1222  
LEWISTON ID 83501

RE: WATER RIGHT NO. 85-07533

Dear Water Right Holder(s):

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

Sincerely,

SHARLA CURTIS  
Technical Records Specialist

SC:blm

Enclosure

**MICROFILMED**

NOV 21 1991

# LICENSE REVIEW CHECKLIST

Permit No. 85-7533

Name/Address change?        ok ☒

Priority date Advance? yes        no ☒  
Memo to advance         
Order to reinstate needed? yes        no ☒

Total cfs Limited by fee N/A (stock)  
Limited by capacity       

Total volume Limited by flow         
Chart checked for AF rate/ac N/A

Capacity Actual measurement checked         
Theoretical checked         
If greater than permit, check for other rts       

Source Changed? yes        no ☒  
If so, is memo needed to clarify?       

P/D Verify with map ☒ permit ☒  
More than one per  $\frac{1}{4}$ ? Remember remark         
Check p/d overlap       

Uses Check irrigation period of use w/ chart       

P/U Verify with map ☒ permit ☒  
> 5 acres irrigated, run overlap       

Remarks More than one p/d in  $\frac{1}{4}$          
Description of non-irrig uses ☒  
Special overlap condition       

## Conditions -

Measuring device         
W.Master control         
Overlap         
Water quality         
Other       

## Dates/Misc. -

Water Dist         
App Rec'd         
Proof Rec'd       

## CHECK FOR ADJ. CLAIM

Needed according to proof filed         
Filed - needs amended         
Add'l fee required         
Not filed         
Not needed ☒ proof made 6/22/90

## Comments/Changes to Examiner's Recommendations:

       **RECEIVED**       

License        10-day        30-day         
Back of field report signed?        **NOV 21 1991**  
Reviewer S. Curtis Date 7/9/91 Review time 5 min.

*180*

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

**RECEIVED**  
JUN 24 1991  
Department of Water Resources

**A. GENERAL INFORMATION**

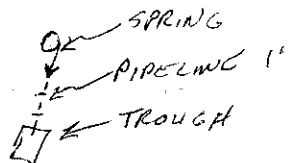
Permit No. 85-07533  
1. Owner: Mike Donaldson or Pam Donaldson Phone No. 743-6846  
Current Address: P.O. Box 1222, Lewiston, ID 83501  
2. Accompanied by: NONE EXAM. DATE: 9/27/90  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Relationship to Permit Holder: \_\_\_\_\_  
3. Source: Spring tributary to S. Fork Clearwater River

**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" = NTS

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

**RECEIVED**  
NOV 21 1991

**System Description (continued)**

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

DEVELOPED SPRING WITH GRAVITY <sup>1"</sup> PIPELINE TO TROUGH

☐ 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 |
|---------------------------------------|------------|----|------------------|-----------|-----------------------------------|
| GRAVITY                               |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |

\*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  | SW  | NW  | 13   | 30N  | 3E   | IDaho  | MAP                             |
|            |            |     |     |     |      |      |      |        |                                 |
|            |            |     |     |     |      |      |      |        |                                 |
|            |            |     |     |     |      |      |      |        |                                 |

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

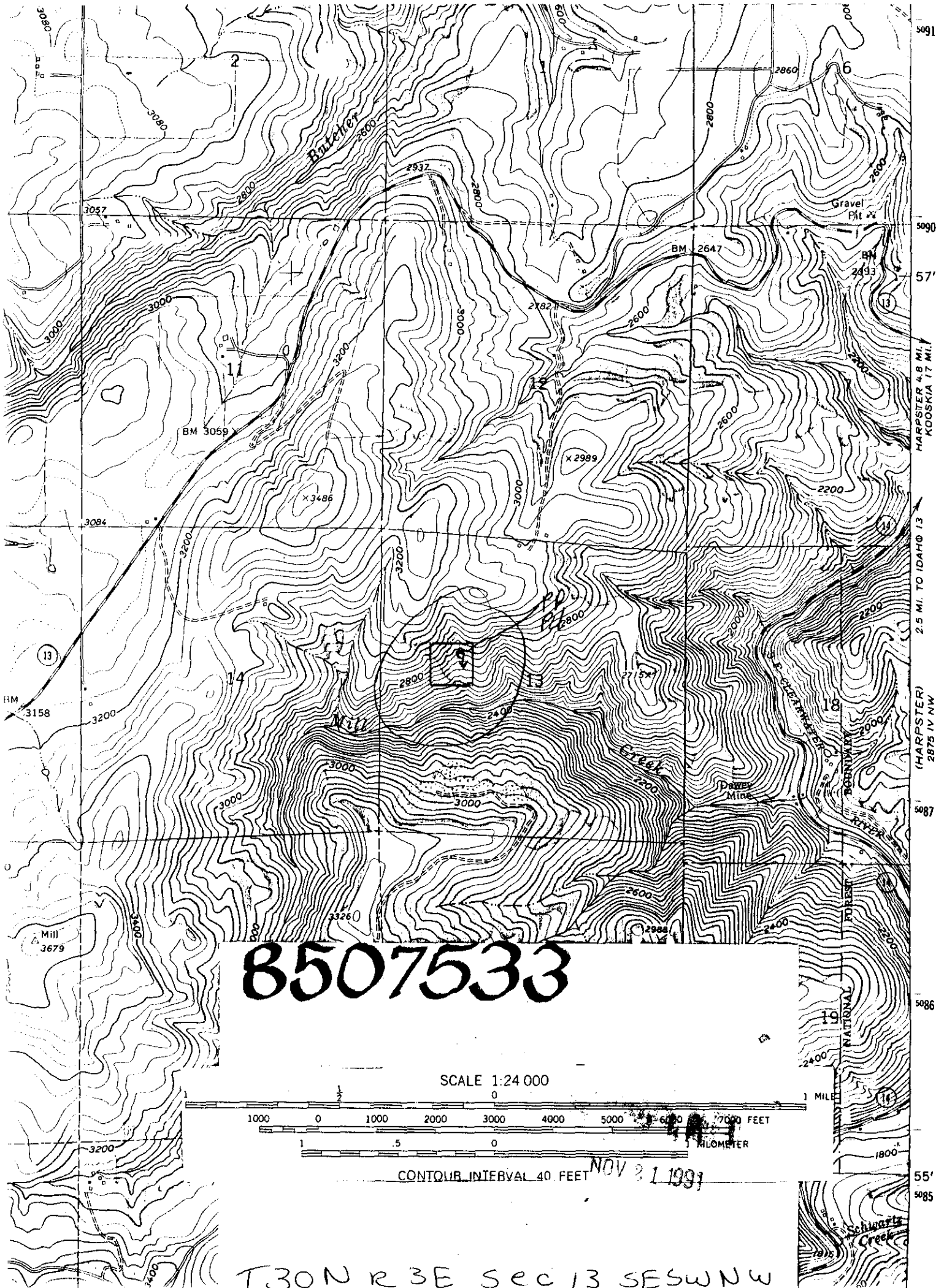
Indicate Method of Determination MAP

| Twp. | Rge. | Sec. | NE 1/4 |        |        |        | NW 1/4 |        |        |        | SW 1/4 |        |        |        | SE 1/4 |        |        |        | Totals |
|------|------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|      |      |      | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 |        |
| 30N  | 3E   | 13   |        |        |        |        |        |        | 5      |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
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|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

RECEIVED

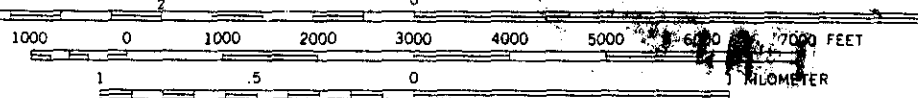
NOV 21 1991

Do not use this space



8507533

SCALE 1:24 000



CONTOUR INTERVAL 40 FEET

NOV 21 1991

T30N R3E Sec 13 SESWNW

Do not use this space

#### D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

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

2. Measurements:

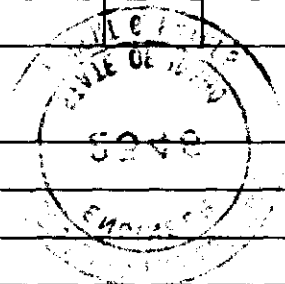
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



#### E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

816 STOCK 0.07

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 Ampsx .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:

NOV 21 1988

210 STOCK 4.1

## H. REMARKS AND OVERLAP REVIEW ANALYSIS

THIS SPRING WAS DRY AT TIME OF EXAM. DEEPENING OF <sup>SPRING</sup> STREAM WAS UNDER WAY.

## I. RECOMMENDATIONS

### 1. Recommended Amounts

| Beneficial Use | Period of Use |       | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) |
|----------------|---------------|-------|------------------------------|--------------------------|
|                | From          | To    |                              |                          |
| STOCK          | 1-1           | 12-31 | 0.07                         | 4.1                      |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
| Totals:        |               |       | 0.07                         | 4.1                      |

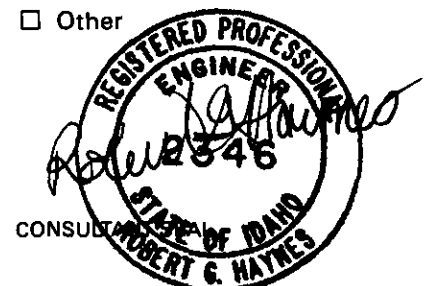
### 2. Recommended Amendments

- ☐ 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

## J. AUTHENTICATION

Field Examiner's Name Tom D. King  
Signature Tom D. King  
Certification Date 4/16/90  
Field Report Preparation Date 4/27/90



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

RECEIVED

NOV 21 1991

WHITE - State Auditor  
 YELLOW - Remittance Advice  
 PINK - State Auditor then Agency  
 GOLDENROD - Agency Copy

## EXPENDITURE VOUCHER

AUDITOR USE

STATE OF IDAHO  
 Office of State Auditor

AGENCY USE

|          |
|----------|
| 2664     |
| Date     |
| 09/05/90 |
| Code     |
| 193002   |

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

AGENCY NAME: DEPT. OF WATER RESOURCES

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

PAY

TO

LITTLE LAND AND LIVESTOCK  
 PO BOX 205  
 EMMETT, ID 83617

## CHECK ONE:

( 1 ) MISCELLANEOUS EXPENDITURE

( ) STATE CONTRACT

( ) PURCHASE ORDER

( ) MISCELLANEOUS ENCUMBRANCE REQUISITION

PAYMENT: ( ) PARTIAL ( ) FINAL

Encumbrance Reference No.

| LINE No. | PROGRAM   | FUND | ACCT. |     | DESCRIPTION                                                                                                    | LINE AMOUNT | AGENCY USE |
|----------|-----------|------|-------|-----|----------------------------------------------------------------------------------------------------------------|-------------|------------|
|          |           |      | Maj   | Min |                                                                                                                |             |            |
| 1        | 05 20 122 | 1238 | 8831  |     | REFUNDS<br>PER RITA FLECK<br>WR #65-13166/65-13173<br>65-13175/65-13209<br>65-12167/65-13174<br>8/29/90 250.00 | 250.00      |            |
| TOTAL    |           |      |       |     |                                                                                                                | 250.00      |            |

MICROFILMED

SEP 24 1990

NOTE: Final payment must be accompanied by a receiving copy

TO STATE AUDITOR

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

## AUDITOR'S CERTIFICATE

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

Date

Head of Agency or Institution

State Auditor



State of Idaho  
**DEPARTMENT OF WATER RESOURCES**

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 - (208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

August 29, 1990

Mike or Pam Donaldson  
P. O. Box 1222  
Lewiston, ID 83501

Dear Mr. and Mrs. Donaldson:

Re: Permit No. 85-7533, 85-7534 and 85-7535

On June 22, 1990, the Department received the proof of beneficial use forms for the above-referenced permits along with a license examination fee of \$50 each, total \$150. For stockwater uses, no fee is required. The department will refund the fees.

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

If you have any questions, please contact me.

Sincerely,

RITA I. FLECK  
Secretary/Records Manager

c: N. Region  
Acct. Sec.

**MICROFILMED**

SEP 24 1990

MEMORANDUM

DATE: August 29, 1990

TO: FISCAL SECTION

FROM: Nina Shields or Rita Fleck

RE: REFUND - Permit Nos. 85-7533, 85-7534 and 85-7535

Please prepare a refund of \$150.00 (receipt No. C017423). Attached is a copy of a letter which explains why the refund is necessary.

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

Attachments: letter  
receipt

**MICROFILMED**

SEP 24 1990

Law Offices of  
Keeton, Tait and Petrie

P. O. DRAWER E  
312 MILLER STREET  
Lewiston, Idaho

83501

Paul C. Keeton  
John Reid Tait  
Gordon W. Petrie

14 May 1990

AREA CODE 208  
743-8231

- Ms. Rita Fleck  
Secretary/Records Manager
- Department of Water Resources  
1301 North Orchard Street  
Statehouse Mail  
Boise, ID 83720

**RECEIVED**  
JUN 22 1990

Department of Water Resources

Re: Mike Donaldson and Pam Donaldson

Permit Nos. 85-07533, 85-07534 abd 85-07535

\_\_\_\_ Please sign and return the enclosed. \_\_\_\_ Please call for an appointment.

\_\_\_\_ Please record and return to the above address. \_\_\_\_ Please call.

XXX Please file the enclosed: Proof of Beneficial Use for above permits.

\_\_\_\_ Enclosed for your convenience.

Enclosures: Check in the amount of \$150 for examination fee.

**MICROFILMED**

NOTE:

SEP 24 1990

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 05-7535

Date: 8-10-90

General Considerations:

- ☒ Name same as permit  
☒ Signature the same as permit holder  
☒ Address change NO If yes, prepare a data entry  
☒ Proof received timely  
☐ Reinstated

Source of Water:

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

Extent of Use and Rate of Diversion:

- ☒ Rate of diversion appropriate for uses  
NO Is rate or volume and fee appropriate?  
☒ Has permit holder indicated when water was first put to a beneficial use?

Measuring Device:

- NO Is a measuring device or access port required?  
☒ Has one been installed?  
☒ Waiver or modification of measuring device requested

Remarks:

*no fee for stockwater need refund*

Priority Calculation:

Date proof received

Date proof due

No. of days late

Priority date

NEW PRIORITY DATE

|            |   |
|------------|---|
| <u>N/A</u> |   |
|            | - |
|            | = |
|            | + |
|            | = |

SEND FILES TO DATA ENTRY AND THEN TO MICROFILM

**RECEIVED**

JUN 22 1990

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
PROOF OF BENEFICIAL USE

Department of Water Resources

For Office Use Only  
Amt. of Fee \$ 50.00  
Date 6/25/90  
Receipt No. CD17423  
Received by Carping  
Refund

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

Permit No. 85-07533 Telephone No. 208-743-6846

Name(s) of Permit Holder(s): Mike Donaldson or Pam Donaldson

Post Office Address: Post Office Box 1222, Lewiston, Idaho 83501

Source of Water: Spring which is tributary of South Fork of Clearwater River

If ground water, well driller's name: \_\_\_\_\_ Date drilled: \_\_\_\_\_

## Extent of Use:

Domestic \_\_\_\_\_ (No. of households)

Irrigation \_\_\_\_\_ (No. of acres)

Stockwater XXX (No. and type of stock)  
210 head of beef cattle

Other \_\_\_\_\_

Total rate and/or volume for which proof is submitted .07 cfs \_\_\_\_\_ acre/feet

Show date water was first diverted and beneficially used under this permit: May 1, 1989

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

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

OR

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

Fee Enclosed: \$ 50.00 (See License Examination Fee Schedule)

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

Pam Donaldson

208-743-6846

Name

Telephone No.

Post Office Box 1222, Lewiston, Idaho 83501

Address

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

**MICROFILMED**

SEP 24 1990

6/18/90  
Date

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

138712  
April 30, 1990

MIKE DONALDSON  
PAM DONALDSON  
P.O. BOX 1222  
LEWISTON, ID 83501

PROOF DUE NOTICE

RE: PERMIT NO. 85-07533

Dear Permit Holder:

One of the conditions of approval of the above referenced water permit was that proof of the extent of your beneficial use must be submitted to this office on or before July 1, 1990.

(See last page of your approved permit or your last approved extension request.) Enclosed is a form which when accompanied by the license examination fee or a complete field examination report prepared by a certified water right examiner may be used to submit the required proof.

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

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

SINCERELY,

Rita Fleck  
Secretary/Records Manager

Enclosures

**MICROFILMED**

SEP 24 1990



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

-----

Statehouse  
Boise, Idaho 83720  
(208) 334-7900  
June 16, 1989

MIKE DONALDSON  
PAM DONALDSON  
P.O. BOX 1222  
LEWISTON, ID 83501

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

RE: PERMIT NO.        85-07533

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.

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**  
SEP 23 1989

Form No. 202a.  
4/87

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPROPRIATION APPLICATION ANALYSIS SHEET

INITIAL REVIEW BY: J. King DATE: 5/2/89 APPLICATION: 85-7533

REQUIRED INFORMATION

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

ADDITIONAL INFORMATION

- | YES                                                                                                    | NO                       |
|--------------------------------------------------------------------------------------------------------|--------------------------|
| <input checked="" type="checkbox"/>                                                                    | <input type="checkbox"/> |
| Overlapping place of use: (Describe source & relationship to present application on the back.)         |                          |
| <input checked="" type="checkbox"/>                                                                    | <input type="checkbox"/> |
| Overlapping point of diversion:                                                                        |                          |
| <input checked="" type="checkbox"/>                                                                    | <input type="checkbox"/> |
| Field check required: Field check by: _____                                                            |                          |
| <input checked="" type="checkbox"/>                                                                    | <input type="checkbox"/> |
| Field report attached:                                                                                 |                          |
| <input checked="" type="checkbox"/>                                                                    | <input type="checkbox"/> |
| Critical groundwater area:                                                                             |                          |
| <input checked="" type="checkbox"/>                                                                    | <input type="checkbox"/> |
| Groundwater management area:                                                                           |                          |
| <input checked="" type="checkbox"/>                                                                    | <input type="checkbox"/> |
| Send dam safety information:                                                                           |                          |
| <input checked="" type="checkbox"/>                                                                    | <input type="checkbox"/> |
| Send power requirement letter:                                                                         |                          |
| <input checked="" type="checkbox"/>                                                                    | <input type="checkbox"/> |
| Send fish farm requirement letter:                                                                     |                          |
| <input checked="" type="checkbox"/>                                                                    | <input type="checkbox"/> |
| Power residency affidavit:                                                                             |                          |
| <input checked="" type="checkbox"/>                                                                    | <input type="checkbox"/> |
| Power efficiency form:                                                                                 |                          |
| <input checked="" type="checkbox"/>                                                                    | <input type="checkbox"/> |
| Within trust water boundry: (If yes, attach Trust Water Supplementary Analysis Sheet.)                 |                          |
| <input checked="" type="checkbox"/>                                                                    | <input type="checkbox"/> |
| Diversion greater than 5 cfs or 500 af: (If yes, attach Large Diversion supplementary analysis sheet.) |                          |
| <input checked="" type="checkbox"/>                                                                    | <input type="checkbox"/> |
| *REQUEST ADDITIONAL INFORMATION FROM THE APPLICANT                                                     |                          |

RECEIVED  
JUN 12 1989

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

Department of Water Resources

## PROCESSING

YES NO

☒ ☐ In form for advertising:  
☐ ☒ Statewide advertising:  
☒ ☐ Fee amount, receipt number and date recorded on application:

**SEND COPIES TO**

YES NO

\_\_\_\_\_ I.D. Health and Welfare  
 \_\_\_\_\_ I.D. Fish and Game  
 \_\_\_\_\_ I.D. Lands  
 \_\_\_\_\_ Adjudication Bureau

YES NO

\_\_\_\_\_ U.S. BLM  
 \_\_\_\_\_ U.S. Forest Svc.  
 \_\_\_\_\_ Water District # \_\_\_\_\_  
 \_\_\_\_\_ Other \_\_\_\_\_

## FINAL REGIONAL PROCESSING REVIEW

**YES/ NO**

☒ — Affidavit of publication received:  
☒ — Application published correctly: If not, record action taken.

✓ Publication dates and paper recorded on application: \_\_\_\_\_  
 ✓ Protests received, Final date for protest 6/5/89  
 ✓ Protests, dates, resolution of protest recorded on application: \_\_\_\_\_  
 ✓ Recommendations attached: \_\_\_\_\_  
 ✓ Measuring device required: \_\_\_\_\_  
 ✓ Measuring port required: \_\_\_\_\_  
 ✓ Water delivered by water master? District # \_\_\_\_\_  
 ✓ Special conditions of approval or cover letter: (see additional info. below)  
 ✓ See Below For Additional Information ✓

Recommended Date of Priority 5/1/89 ✓  
Recommended by: [Signature] Date 6/9/89

**STATE OFFICE REVIEW**

See below for additional information. By KW Date 6/14/89

### ADDITIONAL INFORMATION

Overlap Review Conducted      yes      no (If no, explain) \_\_\_\_\_

85-07533

DONALDSON, MIKE  
DONALDSON, PAM  
P.O. BOX 1222  
LEWISTON, ID 83501

Source: SPRING

Tributary: CLEARWATER RIVER, SOUTH FO

Diversion Pt: SESWNW Sec 13 T 30N R 03E

Use: STOCKWATER ( .070 CFS)

Date Filed: 5/01/1989

In: T30N R03E S13 SWNW

**Microfilm**

SEP 25 1989