

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of applicant G. Paul or Carl R. Willie Phone 766-4573  
Post office address P.O. Box 73, Malad, Id, 83252
2. Source of water supply Groundwater which is a tributary of \_\_\_\_\_
3. Location of point of diversion is \_\_\_\_\_  $\frac{1}{4}$  of NE  $\frac{1}{4}$  of NW  $\frac{1}{4}$ , Govt. Lot \_\_\_\_\_  
Sec. 28 Township 14S Range 36E B.M. Oneida County; additional  
points of diversion if any: \_\_\_\_\_
4. Water will be used for the following purposes:  
Amount 0.42 for Irrigation purposes from 4/1 to 11/1 (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) 0.42 and/or (b) \_\_\_\_\_  
cubic feet per second acre feet per annum
6. Proposed diverting works:
  - a. Description of ditches, flumes, pumps, headgates, etc. Well pump mainline to laterals with sprinklers
  - 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 10 inches; proposed depth of well is 150 feet.
  - d. Is ground water with a temperature of greater than 90°F being sought? NO
7. Time required for the completion of the works and application of the water to the proposed beneficial use is 2 years (minimum 1 year).

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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 |        |
| 14S | 36E   | 28   |     | 2   |     |     | 19  |     |     |     |     |     |     |     |     |     |     |     | 21     |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |

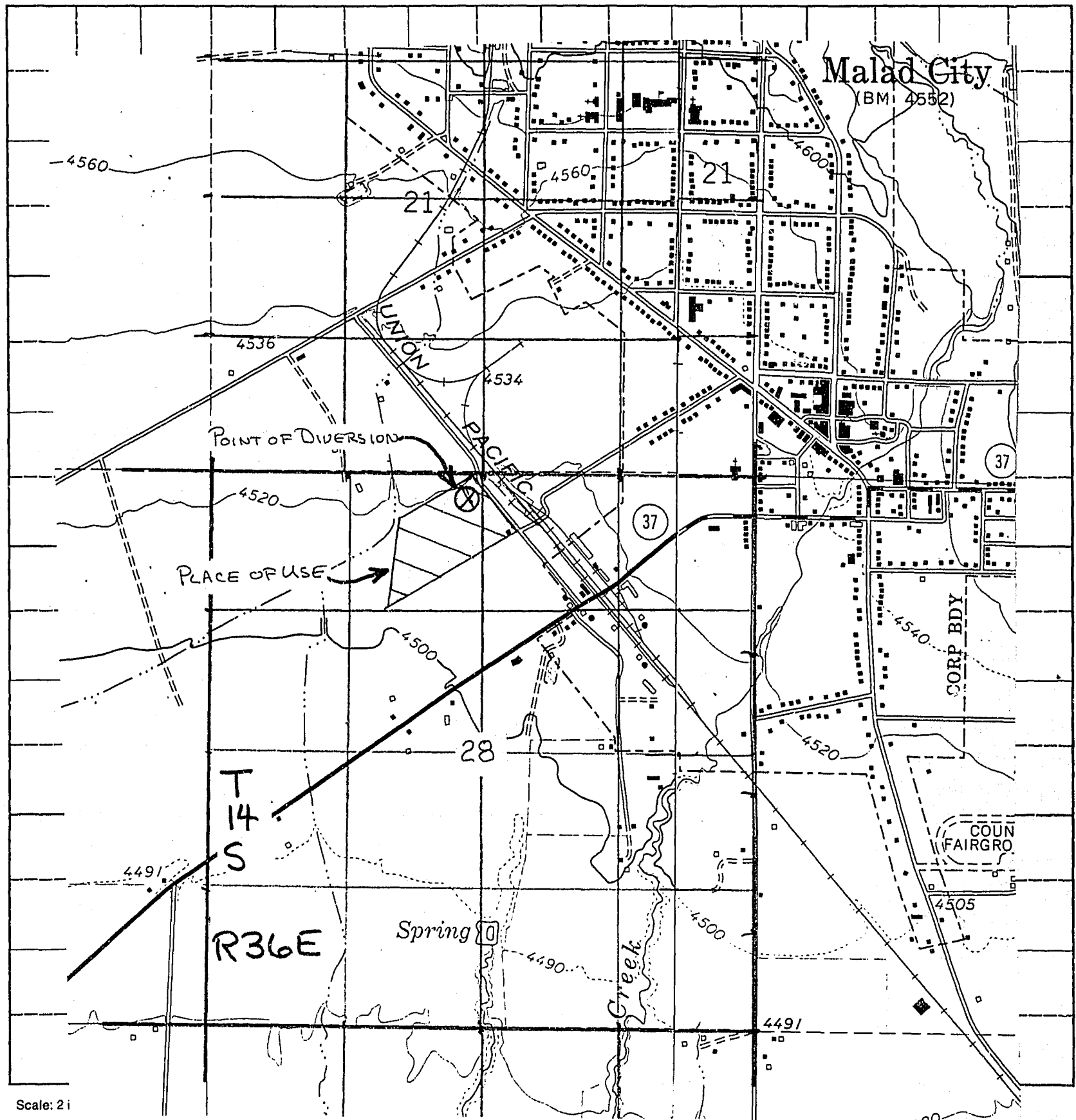
Total number of acres to be irrigated 21

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

- Who owns the property at the point of diversion? Applicant
- Who owns the land to be irrigated or place of use? "
- If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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



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.

*Carl R. Wilke*  
(Applicant)

Received by Kaw Date 7-11-91 Time 1423 hrs Preliminary check by \_\_\_\_\_  
Fee \$ 45<sup>00</sup> Receipted by Kaw # E016319 Date 11 July 1991  
Publication prepared by LB Date 8-18-91 ~~7-29-91~~ Published in Idaho Enterprise  
Publication approved QW Date 9-19-91

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

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

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

- a. SUBJECT TO ALL PRIOR WATER RIGHTS.
- b. Proof of construction of works and application of water to beneficial use shall be submitted on or before \_\_\_\_\_, 19 \_\_\_\_.
- c. The rate of diversion, if water is to be used for irrigation under this permit, when combined with all other water rights for the same land shall not exceed 0.02 cubic feet per second for each acre of land.
- d. The water right acquired under this permit if for hydropower purposes shall be junior and subordinate to all rights to the use of water, other than hydropower, within the State of Idaho that are initiated later in time than the priority of this permit and shall not give rise to any right or claim against any future rights to the use of water, other than hydropower, within the State of Idaho initiated later in time than the priority of this permit.
- e. Other:

15-7130

No 1354

## AFFIDAVIT OF PUBLICATION

RECEIVED

SEP 9 1991

STATE OF IDAHO, }

ss.

County of Oneida }

Department of Water Resources  
Eastern District OfficeSandra Strub

being duly sworn,  
deposes and says: That she is the secretary of THE IDAHO ENTERPRISE, a weekly newspaper published at Malad, in the County of Oneida and State of Idaho; that said paper has been and is in general circulation in the county aforesaid, and in the vicinity of Malad; that the advertisement, a copy of which is attached hereto, was published in said newspaper once a week for 2 consecutive weeks in the regular and entire issue of said paper during the period of time of publication, and was published in the newspaper proper and not a supplement; that said paper has been established and regularly published for more than seventy-eight consecutive weeks prior to the date of first publication of said advertisement.

Such notice was published in the issue beginning with

August 1, 19 91, and ending  
with the issue of August 8, 19 91

Sandra StrubFee \$ 31.91Subscribed and sworn to before me this 4th dayof September, 19 91Susan J. Wittman

Notary Public Residing at Malad, Idaho

My Commission Expires 2-9, 19 94NOTICE OF APPLICATION FOR  
WATER RIGHTS

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

WILLIE, G. PAUL

WILLIE, Carl R.

P.O. Box 73

Malad, Id 83252

Source: GROUNDWATER

Diversion Pt: NENW

Sec 28 T 14S R 36E

Use: IRRIGATION:

(.420 CFS)

Total Diversion:

(.420 CFS)

Date Filed: 7/11/1991

In: T14S R36E S28 NWNE NENW

21.0 ACRES TOTAL

The permit(s) will be subject to all  
prior water rights. Protests must be  
filed with the Director, Department of  
Water Resources, Eastern Region, 150  
Shoup Avenue, Suite 15, Idaho Falls,  
Idaho 83402 on or before August 19,  
1991.

R. Keith Higginson, Director

8-1-8 T2  
No. 1354

State of Idaho  
Department of Water Resources

## Permit To Appropriate Water

NO. 15-07130

Proposed Priority: July 11, 1991 Maximum Diversion Rate: 0.42 CFS

This is to certify, that G PAUL WILLIE  
CARL R WILLIE  
PO BOX 73  
MALAD ID 83252

has applied for a permit to appropriate water from: GROUNDWATER  
and a permit is APPROVED for development of water as follows:

| <u>BENEFICIAL USE</u> | <u>PERIOD OF USE</u> | <u>RATE OF DIVERSION</u> |
|-----------------------|----------------------|--------------------------|
| IRRIGATION            | 04/01 to 11/01       | 0.42 CFS                 |

LOCATION OF POINT(S) OF DIVERSION: NENW Sec. 28, Township 14S, Range 36E  
ONEIDA County

PLACE OF USE: IRRIGATION

| <u>TWN</u> | <u>RGE</u> | <u>SEC</u> | <u>ACRES</u> | <u>ACRES</u> | <u>ACRES</u> | <u>TOTAL</u> |
|------------|------------|------------|--------------|--------------|--------------|--------------|
| 14S        | 36E        | 28         | NWNE 2       | NENW 19      |              | 21           |

Total number of acres irrigated: 21

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before October 1, 1993.
2. Subject to all prior water rights.
3. Project construction shall commence within one year from the date of permit issuance and shall proceed diligently to completion unless it can be shown to the satisfaction of the Director of the Department of Water Resources that delays were due to circumstances over which permit holder had no control.
4. Prior to the diversion of water under this right a flow measurement port or other device as specified by the Department shall be installed to provide for the installation of measuring equipment and the determination of the rate of diversion by the Department.
5. Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
6. The rate of diversion of water for irrigation under this right and all other water rights on the same land shall not exceed 0.02 cubic feet per second for each acre of land.

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

8<sup>th</sup> day of November, 1991.

for R. Keith Higginson, Director

The permit(s) will be subject to all prior water rights. Protests must be filed with the Director, Dept. of Water Resources, Eastern Region, 150 Shoup Avenue, Suite 15, Idaho Falls, Idaho 83402 on or before AUGUST 19, 1991.

R. KEITH HIGGINSON, Director

Published 8/ 1/1991 & 8/ 8/1991

15-07130

WILLIE, G. PAUL  
WILLIE, CARL R.  
P.O. BOX 73  
MALAD, ID 83252

Source: GROUNDWATER

Diversion Pt:            NENW        Sec 28 T 14S R 36E

Use: IRRIGATION            ( .420 CFS)  
                              Total Diversion: ( .420 CFS)

Date Filed: 7/11/ 1991

In: T14S R36E S28            NWNE            NENW

21.0 ACRES TOTAL

NOTICE OF APPLICATION FOR WATER RIGHT

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

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
Eastern Region  
150 Shoup Ave., Suite 15

---

Idaho Falls, Idaho 83402  
(208) 525-7161

JULY 24, 1991

THE IDAHO ENTERPRISE  
P.O. BOX 205  
MALAD CITY, ID 83252

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 AUGUST 19, 1991.

Yours truly,

Rita Bodell  
Secretary

Encl.



State of Idaho  
DEPARTMENT OF WATER RESOURCES

150 Shoup Ave., Suite 15, Idaho Falls, Idaho 83402 - (208) 525-7161

EASTERN REGION

CECIL D. ANDRUS  
GOVERNOR  
R. KEITH HIGGINSON  
DIRECTOR

25-Jul-1991

G PAUL OR CARL WILLIE  
PO BOX 73  
MALAD ID 83252

RE: Application No. 15-7130

Dear Water Right Applicant:

The Department of Water Resources acknowledges receipt of your water right permit. This office is currently in the process of advertising the application in Idaho Enterprise on August 1 & 8, 1991. The advertisement will be published for two consecutive weeks, and 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.

Sincerely,

*Harold W. Jones*  
HAROLD W. JONES  
Water Rights Supervisor

HWJ/rb

# APPLICATION FOR PERMIT REVIEW

Application #: 15-7130 Reviewer: Pam Skaggs *CS*  
 Date: 9-30-91

✓ Existing:  
     ✓ No Complete in 1 year - 26A-P17  
     Yes P16  
         Proof not submitted - P16  
         Proof submitted - N/A  
 ✓ Groundwater:  
     ✓ GT. 0.2 cfs - 01G-P03, 01C-P03 (existing well)  
     LT. 0.2 cfs - N/A  
 ✓ Drilling Permit:  
     Approved w/permit - P99  
     Not included - 046-P23 (All GW, even existing wells)  
 ✓ Location:  
     Water Districts - WD No. \_\_\_\_\_  
         Surface water - 005, 005-01H-P01 (LT.2 w/pump)  
                             005-01J-P08 (GT.2)  
         Groundwater - P05  
     Irrigation Districts - 023  
     Canal Co. Areas - 023  
     Drainage Districts - 024  
     Boise Front (63) - 058 (Groundwater)  
     ✓ Swan Falls Flag - \_\_\_\_\_ (1, Blank or Other)  
     Trust - 051-052-053-P74 (Consumptive Uses)  
     Non Trust - 048-049  
 River Basins:  
     (Surface Water) Water District Control Condition &....  
     Boise (63) - 05A & 11E  
     Payette (65) - 047-P04, 059-P71  
     Snake (01, 02 & 03) - 11A-P04(01), 061-P07(02/03 No W.D.Cond.)  
 Use:  
     Fish Propagation - 06A, 09E-P10 & 010 (WQ/Choose One),  
                             042(req.), 002-P06(MD), 07A(Spec.),  
                             044(Policy 5G)  
     Power - \_\_\_\_\_ Use Power Review  
     Mining - 06A or 010, 09E-P10 & 054(req.)  
     Storage - 18A-for multiple measuring devices(In WD),  
                             18B-P09(Size)  
         Rec. & Aesthetic - 027(Non-Consumptive)  
         Domestic - 021(restricted areas)  
 Ownership:  
     Non land owner - 004  
 Protested:  
     Agreement - 020  
 ✓ Beneficial Use Due Date: - 10-01-1993  
 Other Conditions Recommended \_\_\_\_\_



State of Idaho  
**DEPARTMENT OF WATER RESOURCES**

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

CECIL D. ANDRUS  
GOVERNOR

R. KEITH HIGGINSON  
DIRECTOR

November 14, 1991

G PAUL WILLIE  
CARL R WILLIE  
PO BOX 73  
MALAD ID 83252

PERMIT APPROVAL NOTICE

RE: PERMIT NO. 15-07130

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.

As a permit owner you must commence the excavation or construction of the diverting works within one year of the date the permit was issued, and you must proceed diligently until the project is completed. The date shown under Condition No. 1 is the date when the project must be completed. You will receive a "Proof Due Notice" from this Department approximately 60 days prior to the completion date requiring you to file either a Proof of Beneficial Use form stating that the project has been completed or file a Request for an Extension of Time in which to file the proof statement.

Be sure to note the special condition requiring you to install a measuring device. Enclosed, for your reference, is a list of measuring device options.

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.

Sincerely,

PAMELA SKAGGS  
Technical Records Specialist

Form 204  
11-91

RECEIVED  
SEP 20 1993  
Department of Water Resources

For Office Use Only  
\$15 Fee Recalpted by fw  
Date 9-20-93  
Receipt No. C 028612

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

**REQUEST FOR EXTENSION OF TIME**

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

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

Permit No. 15-07130

Name(s) of Permit Holder: Carl R & Y Paul Melhe

Mailing Address: P.O. Box 73, Malad, Idaho 83252

Date Proof is Due October 1, 1993 Telephone No. 766-4573

Describe what work has been completed toward the development of this water right:  
(This must be filled out! If no work has been completed, show "none".)

Well has been drilled, casing is in,  
design is completed, pump purchased,  
mainline pipe and riser are on site,

Costing \$ 13000

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

Power company has had personnel  
problems and has not yet installed  
the power source

Permit holder(s) request an extension to December 1, 1993

FEE: \$15.00

(Signature)\*

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

ACTION OF THE DEPARTMENT OF WATER RESOURCES

IT IS HEREBY ORDERED that the above request for extension of time be APPROVED  
and the time within which to submit proof of beneficial use is  
extended to October 1, 1994.

Signed this 21<sup>st</sup> day September, 19 93

J. Shu Saylor  
Chief, Water Allocation Bureau

July 31, 1993

G PAUL WILLIE  
CARL R WILLIE  
PO BOX 73  
MALAD ID 83252

PROOF DUE NOTICE

RE: PERMIT NO. 15-07130

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 October 1, 1993. (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.

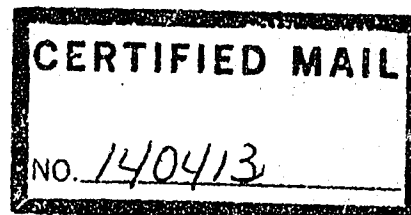
If you have not fully completed your project, and you or a previous owner of this permit have not received a prior extension of time, you may request an extension of time if the delay is for reasonable cause as provided in Section 42-204, Idaho Code. If you have been prevented from proceeding by a governmental 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,

Karen L. Gustafson  
Secretary/Records Manager

Enclosures





State of Idaho  
DEPARTMENT OF WATER RESOURCES

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

CECIL D. ANDRUS  
GOVERNOR

R. KEITH HIGGINSON  
DIRECTOR

September 21, 1993

G Paul & Carl R Willie  
PO Box 73  
Malad, ID 83252

Re: Permit No. 15-07130

Dear Permit Holder:

Enclosed is a copy of the approved request for extension of time. The time within which to submit proof of beneficial use is extended to October 1, 1994. Please note that the department has granted this extension based on due diligence. It is important that you work diligently toward the completion of this project during the construction period allowed since the department will not be able to grant additional extensions based on due diligence.

If you have any questions or if I can be of any further assistance, please feel free to contact this office.

Sincerely,

Karen L. Gustafson  
Secretary/Records Manager

Enclosure

C: IDWR-Regional Office

RECEIVED

JUL 13 1994

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

FOR OFFICE USE ONLY  
Amt. of Fee \$: 100.00  
Receipt No. 6031436  
Receipt By: RT  
Date Received: 6-12-94

## PROOF OF BENEFICIAL USE

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

1. Permit No. 15-07130 Telephone No. (208) 766-4573
2. Name(s) of Permit Holder(s): G. Paul + Carl R. Hillie
3. Mailing Address: P.O. Box 73  
17 North Depot Road, Malad, Idaho 83252
4. Source of Water: Groundwater If GROUNDWATER (well), Date Drilled: mo. Nov / yr. 93
  - a. Well Driller: Gardner Drilling Drilling Permit Number: 15-92E-0026-P15-7130
  - b. **OPTIONAL:**  
Pump Horsepower: 10 Pressure (psi): \_\_\_\_\_ Dynamic pumping level (ft): \_\_\_\_\_
5. Use(s) (as authorized by the water right permit):  
Domestic (No. of households): \_\_\_\_\_ Stockwater (No. and type of stock): \_\_\_\_\_  
Irrigation (No. of acres): 21 Other: \_\_\_\_\_
6. Total rate of diversion and/or volume for which proof is submitted: 0.42 cfs OR \_\_\_\_\_ acre feet
7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly)  
(This question is not optional. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)  

|                               |                                          |                          |
|-------------------------------|------------------------------------------|--------------------------|
| <b>Measuring Device:</b>      | Is a measuring device required?          | Yes _____ or No <u>X</u> |
|                               | Has the measuring device been installed? | Yes _____ or No _____    |
| <b>Flow Measurement Port:</b> | Is a flow measurement port required?     | Yes <u>X</u> or No _____ |
|                               | Has the measurement port been installed? | Yes _____ or No _____    |
8. Fee Enclosed: \$ N/A (See Fee Schedule on back of the instructions for filing proof of beneficial use)
9. Person to contact to accompany the Department representative during field examination of the water system.  
Name: Carl R. Hillie Telephone Number: (208) 766-4573  
Address: 17 North Depot Road, Malad, Idaho 83252
10. The information given on this form is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the State of Idaho.  
Signature of permit holder: Carl R. Hillie Date: June 29, 1994  
(include your title, if on behalf of company or organization)

BEFORE THE DEPARTMENT OF WATER RESOURCES  
OF THE STATE OF IDAHO

IN THE MATTER OF PERMIT NO. 15-07130 )  
IN THE NAME OF G. PAUL AND CARL R. WILLIE )  
ORDER OF  
REINSTATEMENT

WHEREAS, the Department issued the above-captioned permit with the condition that proof of construction of works and application of water to beneficial use (proof of beneficial use) be submitted on or before October 1, 1994; and

WHEREAS, the permit holder submitted proof on July 13, 1994, without the required \$100.00 license examination fee; and,

WHEREAS, the Department requested on August 1, 1994, that the permit holder submit the required \$100.00 license exam fee within thirty (30) days of receipt of the letter; and,

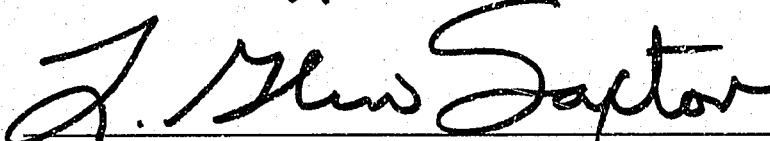
WHEREAS, the Department notified the permit holder on October 4, 1994, that the permit had lapsed for failure to submit the required license exam fee; and,

WHEREAS, Section 42-218a of the Idaho Code provides that a permit may be reinstated upon a showing of reasonable cause within sixty days of the date of the notice of lapsing; and,

WHEREAS, the permit holder has provided a reasonable showing why the permit should be reinstated by the license exam fee of \$100.00 on October 12, 1994;

IT IS, THEREFORE, HEREBY ORDERED that Permit No. 15-07130 be REINSTATED with an advance in priority to July 22, 1991.

Dated this 20<sup>th</sup> day of October, 1994.



L. GLEN SAXTON  
Chief, Water Allocation Bureau

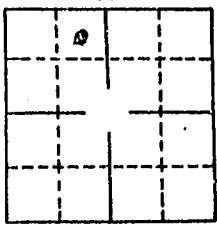
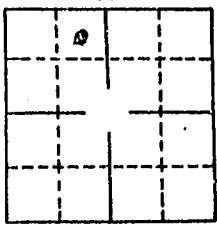
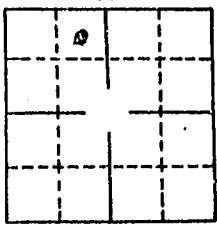
Department of Water Resources

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

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**USE TYPEWRITER OR  
BALLPOINT PEN  
RECEIVEDState 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.

JUL 15 1993

Department of Water Resources

| <b>1. WELL OWNER</b><br>Name <u>Paul Willie</u><br>Address <u>17 Depot Blvd Malad 746-4573</u><br>Owner's Permit No. <u>15-92E-026</u><br><u>15-7130</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     | <b>7. WATER LEVEL</b><br>Static water level <u>57</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow <u>0</u><br>Artesian closed-in pressure <u>0</u> p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature <u>C</u> °F. Quality <u>good</u><br><i>Describe artesian or temperature zones below.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                     |                                     |                                                                                     |            |                   |                 |               |                 |              |              |            |            |              |                                                                     |            |                                     |              |              |            |                   |        |                                     |          |                        |                |                |                                     |                |                |                         |                |                  |  |                                     |          |           |           |               |                                     |  |  |           |           |                  |  |                                     |  |           |            |               |                                     |  |  |            |            |                   |  |  |
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-----------------------------------|--|--|------------|------------|-------------------|--|--|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>300</u></td><td><u>85</u></td><td><u>3</u></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | Discharge G.P.M.                    | Pumping Level                       | Hours Pumped                                                                        | <u>300</u> | <u>85</u>         | <u>3</u>        |               |                 |              |              |            |            |              |                                                                     |            |                                     |              |              |            |                   |        |                                     |          |                        |                |                |                                     |                |                |                         |                |                  |  |                                     |          |           |           |               |                                     |  |  |           |           |                  |  |                                     |  |           |            |               |                                     |  |  |            |            |                   |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <u>300</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>3. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Bore<br/>Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td><u>12</u></td><td><u>0</u></td><td><u>12</u></td><td><u>TOP SOIL</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>12</u></td><td><u>34</u></td><td><u>White clay</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>8</u></td><td><u>34</u></td><td><u>55</u></td><td><u>gravel</u></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td><u>8</u></td><td><u>55</u></td><td><u>65</u></td><td><u>Blue clay</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>8</u></td><td><u>65</u></td><td><u>75</u></td><td><u>gravel</u></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><td><u>75</u></td><td><u>95</u></td><td><u>Blue clay</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>95</u></td><td><u>118</u></td><td><u>Gravel</u></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><td><u>118</u></td><td><u>137</u></td><td><u>White clay</u></td><td></td><td></td></tr></tbody></table> |                   | Bore<br>Diam.                       | Depth                               |                                                                                     | Material   | Water             |                 | From          | To              | Yes          | No           | <u>12</u>  | <u>0</u>   | <u>12</u>    | <u>TOP SOIL</u>                                                     |            | <input checked="" type="checkbox"/> |              | <u>12</u>    | <u>34</u>  | <u>White clay</u> |        | <input checked="" type="checkbox"/> | <u>8</u> | <u>34</u>              | <u>55</u>      | <u>gravel</u>  | <input checked="" type="checkbox"/> |                | <u>8</u>       | <u>55</u>               | <u>65</u>      | <u>Blue clay</u> |  | <input checked="" type="checkbox"/> | <u>8</u> | <u>65</u> | <u>75</u> | <u>gravel</u> | <input checked="" type="checkbox"/> |  |  | <u>75</u> | <u>95</u> | <u>Blue clay</u> |  | <input checked="" type="checkbox"/> |  | <u>95</u> | <u>118</u> | <u>Gravel</u> | <input checked="" type="checkbox"/> |  |  | <u>118</u> | <u>137</u> | <u>White clay</u> |  |  |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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              | <input checked="" type="checkbox"/> |                                                                                     |            |                   |                 |               |                 |              |              |            |            |              |                                                                     |            |                                     |              |              |            |                   |        |                                     |          |                        |                |                |                                     |                |                |                         |                |                  |  |                                     |          |           |           |               |                                     |  |  |           |           |                  |  |                                     |  |           |            |               |       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              | <input checked="" type="checkbox"/> |                                                                                     |            |                   |                 |               |                 |              |              |            |            |              |                                                                     |            |                                     |              |              |            |                   |        |                                     |          |                        |                |                |                                     |                |                |                         |                |                  |  |                                     |          |           |           |               |                                     |  |  |           |           |                  |  |                                     |  |           |            |               |       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| <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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              | <input checked="" type="checkbox"/> |                                                                                     |            |                   |                 |               |                 |              |              |            |            |              |                                                                     |            |                                     |              |              |            |                   |        |                                     |          |                        |                |                |                                     |                |                |                         |                |                  |  |                                     |          |           |           |               |                                     |  |  |           |           |                  |  |                                     |  |           |            |               |       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type="checkbox"/> |                                     |                                                                                     |            |                   |                 |               |                 |              |              |            |            |              |                                                                     |            |                                     |              |              |            |                   |        |                                     |          |                        |                |                |                                     |                |                |                         |                |                  |  |                                     |          |           |           |               |                                     |  |  |           |           |                  |  |                                     |  |           |            |               |   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              | <input checked="" type="checkbox"/> |                                                                                     |            |                   |                 |               |                 |              |              |            |            |              |                                                                     |            |                                     |              |              |            |                   |        |                                     |          |                        |                |                |                                     |                |                |                         |                |                  |  |                                     |          |           |           |               |                                     |  |  |           |           |                  |  |                                     |  |           |            |               |       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type="checkbox"/> |                                     |                                                                                     |            |                   |                 |               |                 |              |              |            |            |              |                                                                     |            |                                     |              |              |            |                   |        |                                     |          |                        |                |                |                                     |                |                |                         |                |                  |  |                                     |          |           |           |               |                                     |  |  |           |           |                  |  |                                     |  |           |            |               |   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              |                                     |                                                                                     |            |                   |                 |               |                 |              |              |            |            |              |                                                                     |            |                                     |              |              |            |                   |        |                                     |          |                        |                |                |                                     |                |                |                         |                |                  |  |                                     |          |           |           |               |                                     |  |  |           |           |                  |  |                                     |  |           |            |               |       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| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | <div style="text-align: center;"><b>RECEIVED</b><br/><br/>JUN 30 1993<br/><br/>Department of Water Resources<br/>Eastern District Office</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                     |                                     |                                                                                     |            |                   |                 |               |                 |              |              |            |            |              |                                                                     |            |                                     |              |              |            |                   |        |                                     |          |                        |                |                |                                     |                |                |                         |                |                  |  |                                     |          |           |           |               |                                     |  |  |           |           |                  |  |                                     |  |           |            |               |                                     |  |  |            |            |                   |  |  |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>250</u> inches</td><td><u>8</u> inches</td><td><u>0</u> feet</td><td><u>120</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input checked="" type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation <u>3/8</u> inches by <u>3</u> inches<br><table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>80</u> perforations</td><td><u>45</u> feet</td><td><u>55</u> feet</td></tr><tr><td><u>80</u> perforations</td><td><u>65</u> feet</td><td><u>75</u> feet</td></tr><tr><td><u>124</u> perforations</td><td><u>95</u> feet</td><td><u>118</u> feet</td></tr></tbody></table><br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>18</u> Material used in seal: <input checked="" type="checkbox"/> Cement grout<br><input type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld _____<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | Thickness                           | Diameter                            | From                                                                                | To         | <u>250</u> inches | <u>8</u> inches | <u>0</u> feet | <u>120</u> feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches                                                        | _____ feet | _____ feet                          | _____ inches | _____ inches | _____ feet | _____ feet        | Number | From                                | To       | <u>80</u> perforations | <u>45</u> feet | <u>55</u> feet | <u>80</u> perforations              | <u>65</u> feet | <u>75</u> feet | <u>124</u> perforations | <u>95</u> feet | <u>118</u> feet  |  |                                     |          |           |           |               |                                     |  |  |           |           |                  |  |                                     |  |           |            |               |                                     |  |  |            |            |                   |  |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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              | <u>120</u> feet                     |                                                                                     |            |                   |                 |               |                 |              |              |            |            |              |                                                                     |            |                                     |              |              |            |                   |        |                                     |          |                        |                |                |                                     |                |                |                         |                |                  |  |                                     |          |           |           |               |                                     |  |  |           |           |                  |  |                                     |  |           |            |               |       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| <u>80</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <u>80</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <u>124</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                              |  |  |            |            |                   |  |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location <u>must</u> agree with written location.<br><table border="1"><tr><td>N</td><td></td><td></td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td>S</td><td></td><td></td></tr></table><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>Oneida</u><br><u>NE 1/4 NW 1/4 Sec. 28, T. 14 N R. 36 E W.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                     | W                                   |  | E          |                   |                 |               |                 |              |              | S          |            |              | <b>10.</b><br>Work started <u>11-10-92</u> finished <u>11-22-92</u> |            |                                     |              |              |            |                   |        |                                     |          |                        |                |                |                                     |                |                |                         |                |                  |  |                                     |          |           |           |               |                                     |  |  |           |           |                  |  |                                     |  |           |            |               |                                     |  |  |            |            |                   |  |  |
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                              |  |  |            |            |                   |  |  |
| <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Firm Name <u>Gardner Drilling</u> Firm No. <u>454</u><br>Address <u>151 South main</u> Date <u>3-1-93</u><br>Signed by (Firm Official) <u>Colt Gardner</u><br>and<br>(Operator) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                     |  |  |            |            |                   |  |  |

August 1, 1994

G. Paul & Carl L. Willie  
17 North Depot Rd.  
P.O. Box 73  
Malad, ID 83252

RE: Permit No. 15-07130

Dear Permit Holder :

Returned is a copy of the Proof of Beneficial Use form submitted to this office in connection with the above referenced permit. Unfortunately, it can not be accepted as filed.

The proof indicates the total rate of diversion of water to be 0.42 cfs from a ground water (well) source. The license exam fee for a rate of 0.42 cfs is \$100.00. A license examination fee was not submitted with the proof.

Please return the copy of the proof along with a license examination fee of \$100.00 within thirty (30) days of receipt of this letter. Please address any correspondence directly to me.

If you have any questions or if I can be of any assistance, please feel free to contact me at (208)327-7953.

Sincerely,

JULIE L. YARBROUGH  
Senior Secretary

Enclosure



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

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

CECIL D. ANDRUS  
GOVERNOR

R. KEITH HIGGINSON  
DIRECTOR

October 4, 1994

G. Paul & Carl L. Willie  
17 North Depot Rd.  
P.O. Box 73  
Malad, ID 83252

LAPSE NOTICE

RE: Permit No. 15-07130

Dear Permit Holder:

On August 1, 1994, the Department of Water Resources (Department) sent you a letter informing you of the need to submit a \$100.00 license examination fee before the Department could accept your proof of beneficial use form you submitted July 13, 1994, for the above referenced permit. You were given thirty (30) days to provide the Department with the additional information. To this date the Department has not received the requested information.

You are hereby notified that under the provisions of Section 42-218a of the Idaho Code, the above referenced permit has **lapsed**. No further construction or additional development is authorized under this permit unless it is reinstated.

The permit can only be reinstated if you submit an acceptable Proof of Beneficial Use or an acceptable Request for Extension of Time showing reasonable cause for the delay. Either the completed Proof of Beneficial Use Submittal including the examination fee, or a completed field examination report; or the extension request form together with the \$50.00 fee, must be received by this department within **sixty (60) days** of the date of mailing of this lapse notice or the permit will no longer be of any force or effect.

If you have any questions or concerns, please do not hesitate to contact the Department.

Sincerely,

L. GLEN SAXTON, Chief  
Water Allocation Bureau

CERTIFICATION OF MAILING

I hereby certify that on 10/4/94  
a copy/an original of this document was  
deposited in the United States mail,  
postage prepaid addressed to the  
individual(s) named above.

RECEIVED

OCT 11 1994

Department of Water Resources

17 North Depot Road  
Malad, Idaho 83252  
October 8, 1994

Dear Sir;

Attached herewith please find my copy of Proof of Beneficial Use form for Permit No. 15-07130 and my check in the amount of \$100 to cover the license examination fee required.

As you will note the Form No. 217 was received in your office in June which is when I finally got the well operable. At the time I submitted the Form I didn't realize that a fee was required. I guess I thought ground well water was not included as surface water whcih I arrumed to be from rivers or stream sources.

But then in July I received the Form back informing me I needed to attach \$100 and return. At this point I told my wife to take care of it before the due date and I placed it on the pile.

Until I received your letter of October 4 (yesterday--October 7) the matter slipped my mind in the workload of getting summer work done, and my wife's memory was just as negligent.

I have used the well this crop season (since June) and just last week harvested the barley crop. In fact, the combine is still in the field.

I called on the phone Friday when I got your letter but I could not contact Mr. Saxton. The secretary I talked to told me he would call me but not until Tuesday next. For that reason I am writing this letter and attaching the fee. I have not completed the Request for Extension of Time Form because in view of the circumstances I am not sure if it is still needed. May I hear from you in the near future so that I do not miss any more due dates. If I need to submit another form of any kind, please let me know.

Sincerely,

*Carl R. Willie*

Carl R. Willie

17 North Depot Road  
Malad, Idaho 83252



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

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

CECIL D. ANDRUS  
GOVERNOR

R. KEITH HIGGINSON  
DIRECTOR

October 19, 1994

G PAUL AND CARL R WILLIE  
P O BOX 73  
17 N DEPOT RD  
MALAD ID 83252

PROOF ACKNOWLEDGEMENT LETTER

RE: PERMIT NO. 15-07130

Dear Permit Holder:

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced water right permit.

Enclosed is an order reinstating your permit since the proof was received after the proof due date. Please note that the priority date has been advanced to July 22, 1991.

The next step in the process of developing a water right is for the department to conduct a field examination to determine and confirm the use being made of the water.

If you have questions concerning this matter, please feel free to contact the EASTERN Regional Office in Idaho Falls, at (208) 525-7161.

Sincerely,

JULIE L. YARBROUGH  
Senior Secretary

Enclosure

c: IDWR - Region