

Identification No. 17 7030  
Application No. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF WATER ADMINISTRATION

**APPLICATION FOR PERMIT**

**APPROVED**

To Appropriate the Public Waters of the State of Idaho  
(TYPE OR PRINT IN INK)

1. Name of applicant IPSEN BROS.  
post office address Malad, Idaho 83252 PH: 766-2674
2. Source of water supply ground water which is a tributary of - - -
3. a. Location of point of diversion is NE  $\frac{1}{4}$  of NE  $\frac{1}{4}$  of Section 29 Township 16S  
Range 31E B.M. Oneida County; additional points of diversion if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
b. If water is not consumed, it will be discharged into \_\_\_\_\_ at a point in \_\_\_\_\_  $\frac{1}{4}$   
of \_\_\_\_\_  $\frac{1}{4}$  of Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ B.M. \_\_\_\_\_
4. Water will be used for the following purposes:  
Amount 7.20 for Irrigation purpose from Apr. 15 to Oct. 15 (both dates inclusive)  
(cfs or ~~acre feet per annum~~)  
Amount 0.04 for Domestic purpose from Jan. 1 to Dec. 31 (both dates inclusive)  
(cfs or ~~acre feet per annum~~)  
Amount 0.05 for Stockwater purpose from Jan. 1 to Dec. 31 (both dates inclusive)  
(cfs or ~~acre feet per annum~~)
5. Total quantity to be appropriated:  
a. 7.29 cubic feet per second and/or  
b. \_\_\_\_\_ acre feet per annum.
6. Proposed diverting works:  
a. Description of ditches, flumes, pumps, headgates, etc. Well, pump and sprinkler system.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
b. Height of storage dam \_\_\_\_\_ feet, active reservoir capacity \_\_\_\_\_ acre feet; total reservoir  
capacity \_\_\_\_\_ acre feet, materials used in storage dam: \_\_\_\_\_  
Period of year during which storage will occur \_\_\_\_\_ to \_\_\_\_\_ inclusive.  
(Mo. Day) (Mo. Day)  
c. Proposed well diameter is 20 inches; proposed depth of well is 300 feet.
7. a. Time required for the completion of the works and application of the water to the proposed beneficial use  
is 5 years.  
b. Estimated construction cost is \$ 19,000.00.
8. Description of proposed uses:  
a. If water is **not** for irrigation:  
(1) Give the place of use of water: NE  $\frac{1}{4}$  of NE  $\frac{1}{4}$  of Section 29 Township 16S  
Range 31E B.M. \_\_\_\_\_  
(2) Amount of power to be generated: \_\_\_\_\_ hp under \_\_\_\_\_ feet of head.  
(3) List number of each kind of livestock to be watered 200 head cattle, 3 horses  
\_\_\_\_\_  
(4) Name of municipality to be served \_\_\_\_\_, or number of families to be  
supplied with domestic water one.  
(5) If water is to be used for other purposes describe: Water will be used for domestic  
and stockwatering purposes.  
\_\_\_\_\_  
\_\_\_\_\_

17 7030

17 7050

b. If water is for irrigation, indicate acreage in each subdivision in the tabulation below:

| TWP. | RANGE | 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 |        |
| 16S  | 31E   | 29   | 40     | 40     | 40     | 40     | 40     |        |        | 40     | 40      |        |        |        | 40      | 40      |        |        | 360    |
|      |       |      |        |        |        |        |        |        |        |        | (Lot 3) |        |        |        | (Lot 1) | (Lot 2) |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |         |        |        |        |         |         |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |         |        |        |        |         |         |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |         |        |        |        |         |         |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |         |        |        |        |         |         |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |         |        |        |        |         |         |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |         |        |        |        |         |         |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |         |        |        |        |         |         |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |         |        |        |        |         |         |        |        |        |

Total number of acres to be irrigated 360

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

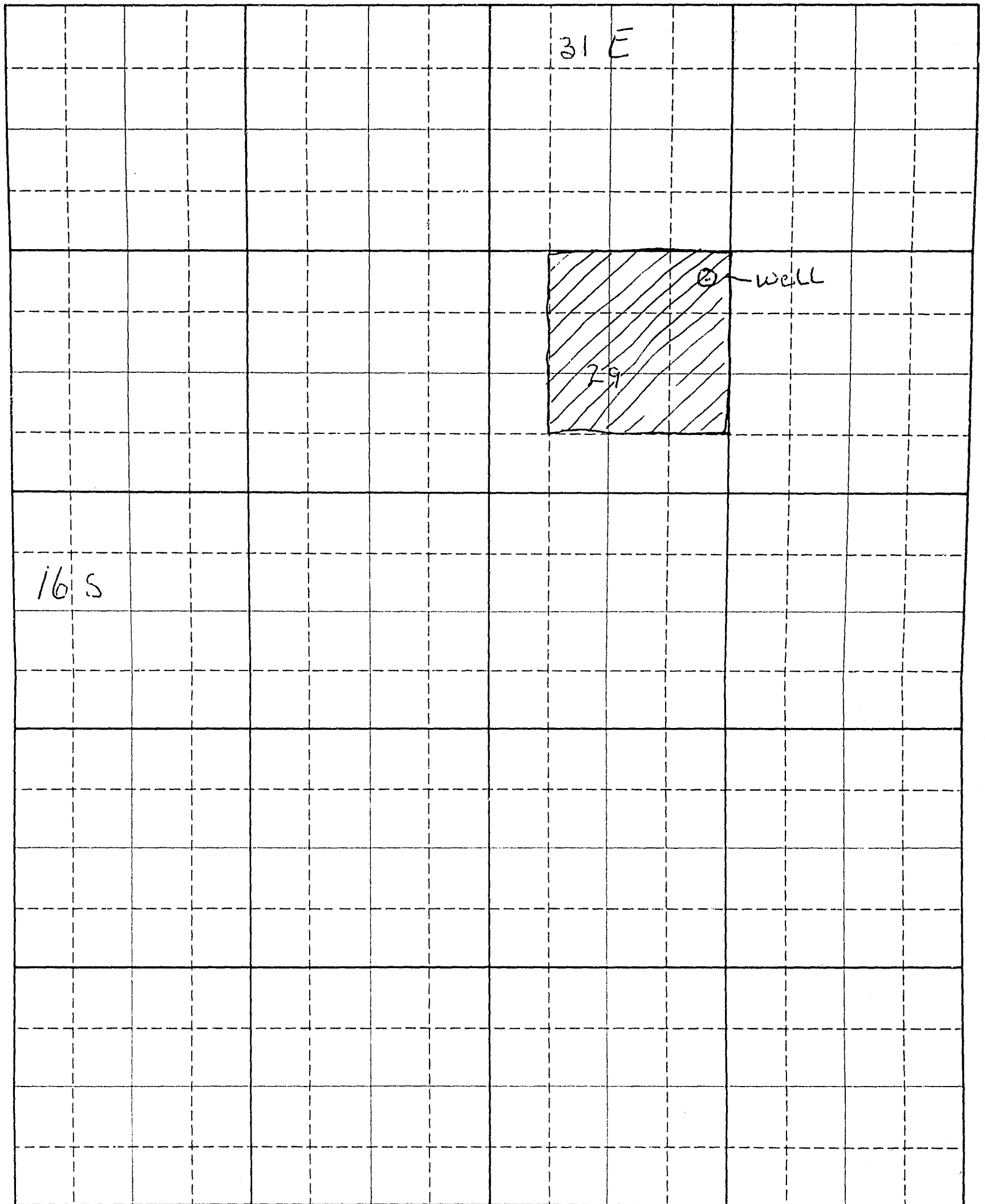
9. a. Who owns the property at the point of diversion Ipsen Bros.

b. Who owns the land to be irrigated or place of use Ipsen Bros.

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

10. Remarks

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



Scale: 2 inches equal 1 mile

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

Sydney Olsen a Partner  
(Applicant)

17 7030

17 7030

Proposed Priority 4-16-1974

Received by MB Date 4-9-74 Time 10:45 A  
Preliminary check by UR Fee \$ 95.00  
Receipted by MB Date 4-16-74 # 12840  
Publication prepared by MB Date 4-18-74  
Published in The Idaho Enterprise  
Publication dates April 25 & May 2, 1974  
Publication approved CP Date 5/23/74  
Priority reduced to \_\_\_\_\_ Reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Protests filed by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Copies of protests forwarded by \_\_\_\_\_  
Hearing held by \_\_\_\_\_ Date \_\_\_\_\_  
Recommended for approval denial by RC WDF

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER ADMINISTRATION

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No. 17-7030, 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 May 1, 19 79.
- c. Other: A measuring device of a type approved by this Department shall be permanently installed and maintained as part of the diverting works.

2. Denial of said application is for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness my hand this 20 day of May, 19 74.

R. Karl Hjo  
Director

DEPARTMENT OF WATER ADMINISTRATION  
- STAFF ANALYSIS -

| Item | Initial           | Date           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------|-------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1)  | <u>RD</u>         | <u>4/14/74</u> | Application No. <u>IPSEN</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| (2)  |                   |                | <input checked="" type="checkbox"/> Source<br><input checked="" type="checkbox"/> Point of Diversion<br><input checked="" type="checkbox"/> County<br><input checked="" type="checkbox"/> Quantity of Water and Period of Use<br><input checked="" type="checkbox"/> Description of Diverting Works<br><input checked="" type="checkbox"/> Time Required for B/U of water<br><input checked="" type="checkbox"/> Place of Use or Acres Irrigated<br><input checked="" type="checkbox"/> Map<br><input checked="" type="checkbox"/> Signature<br><input checked="" type="checkbox"/> Fee |
| (3)  | <u>ll</u>         | <u>ll</u>      | In form to receipt <u>YES</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|      | <u>ll</u>         | <u>ll</u>      | Send Copies to:<br><input type="checkbox"/> Idaho State Health Department<br><input checked="" type="checkbox"/> Idaho Fish and Game Department<br><input type="checkbox"/> Bureau of Land Management                                                                                                                                                                                                                                                                                                                                                                                   |
| (4)  | <u>ll</u>         | <u>ll</u>      | <input type="checkbox"/> Request Special Use Permit from U.S.F.S.<br><input checked="" type="checkbox"/> Request Easement from B.L.M.<br><input type="checkbox"/> Request Information from Applicant                                                                                                                                                                                                                                                                                                                                                                                    |
| (5)  | <u>ll</u>         | <u>ll</u>      | In form for advertising <u>YES</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (6)  | <u>ll</u>         | <u>ll</u>      | Located within Water District No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| (7)  | <u>ll</u>         | <u>ll</u>      | Critical groundwater area: yes _____ no <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (8)  | <u>ll</u>         | <u>ll</u>      | Groundwater levels:<br>_____ Decline (comment) _____<br>_____ Stable (comment) <u>NO OBS WELL IN AREA</u><br>_____ Increasing (comment) _____                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| (9)  | <u>ll</u>         | <u>ll</u>      | Comments: <u>NO PLAT ABSTRACT SHOW</u><br><u>NON CONFLICT</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| (10) | <u>CB</u>         | <u>5/23/74</u> | Affidavit of Publication received (date) <u>May 3, 1974</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (11) | <u>MB</u>         | <u>5/13/74</u> | Final date for protests <u>May 13, 1974</u><br>Protests received: yes _____ no <u>x</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| (12) | <u>"</u>          | <u>"</u>       | Date and Place of hearing <u>NA</u><br>Decision reached at hearing <u>NA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| (13) | <u>RD</u>         | <u>5/13/74</u> | All requested information received from agencies or applicant<br>yes _____ no _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (14) | <u>"</u>          | <u>"</u>       | Action recommended:<br><input checked="" type="checkbox"/> Approve <span style="float: right;">Priority <u>4/16/74</u></span><br><input type="checkbox"/> Deny <span style="float: right;">Reason for Reduction <u>NO FEE</u></span><br><input checked="" type="checkbox"/> Measuring device required<br><input type="checkbox"/> See attached sheet for additional conditions of approval<br><input type="checkbox"/> No additional conditions for approval                                                                                                                            |
| (15) | District <u>E</u> | By <u>RD</u>   | Date <u>5/13/74</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

RECEIVED  
MAY 8 1974

WATER ADMINISTRATION  
Area Office

**NOTICE OF APPLICATION  
FOR WATER PERMIT**

Notice is hereby given that Ipsen Bros., Malad, Idaho, has on 4-16-74 submitted Application No. 17-7030 for a permit to appropriate 7.29 cubic feet per second of water from a ground-water source by means of well and pump within NE $\frac{1}{4}$ NE $\frac{1}{4}$ , Sec. 29, T. 16S, R. 31E, B.M., Oneida County; to be used from Jan. 1 to Dec. 31 for domestic purposes for one family and stockwatering purposes for 200 cattle and 3 horses within the NE $\frac{1}{4}$ NE $\frac{1}{4}$ , Sec. 29, T. 16S, R. 31E; and for the irrigation of 360 acres within the NE $\frac{1}{4}$ , E $\frac{1}{2}$ NW $\frac{1}{4}$ , Lots 1, 2, & 3, T. 16S, R. 31E, B.M. from April 15 to Oct. 15.

If issued, this permit will be subject to all prior water rights. Protests against the granting of the permit must be filed with the Idaho Department of Water Administration, 1515 Lincoln Road, Idaho Falls, Idaho, 83401 on or before May 13, 1974.

**R. KEITH HIGGINSON**  
Director

Published in the Idaho Enterprise, Malad, Idaho on April 25 and May 2, 1974. *CD*

**AFFIDAVIT OF PUBLICATION**

State of Idaho  
County of Oneida, ss.

Norman Peck being first duly sworn on her oath, states: That she is clerk of the Idaho Enterprise, a newspaper of general circulation in Oneida County, Idaho published weekly at Malad, in said county, that said newspaper has been published in said county uninterruptedly and continuously for over seventy-eight consecutive weeks, prior to the first publication of the annexed notice or advertisement:

That said Idaho Enterprise was at all of the times of publication of said notice a newspaper of general circulation made up of at least four pages of at least five columns each, printed from type matter or stereotyped forms of at least seventeen and three fourths inches depth, and said newspaper during all of the times of publication aforesaid had more than 200 bonafide subscribers thereto living within the county of Oneida in which said newspaper was published at regular intervals not less frequently than once a week.

That the annexed notice was published per clipping attached in the regular and entire edition of said newspaper and not in any supplement thereof for 2 successive weekly issues thereof the date of the first publication being the 25 day of April, 1974 the date of the last publication being the 1 day of May, 1974

Norman Peck  
Subscribed and sworn to before me this 2 day of May, 1974

W. A. Maydon  
Notary Public, residing at Malad, Idaho

My Commission expires the 10 day of Oct, 1977

Costs:

37 lines at 23c per line first insertion \$ 8.51

..... lines tabulated at 34 $\frac{1}{2}$ c per line \$.....

15c per line each subsequent insertion \$ 5.55

TOTAL ..... \$ 14.06

(Rates for legal notices are fixed by Idaho law)

17 7030

April 9, 1974

Mr. Lyman Ipsen  
Malad,  
Idaho 83252

Dear Mr. Ipsen:

Enclosed please find your Application for Permit and also a retyped application. This application reflects the needed information in proper form to begin the processing of your request.

Please examine the retyped application for correctness, sign your name on page 3 indicating your position in the firm (partner, president, vice president, etc.), and return it to this office with the statutory filing fee of \$95.00 so processing can commence.

If you have any questions, please feel free to contact me at this office.

Very truly yours,

BILL RHOADS  
Water Resource Technician

BR:mb

Enclosures

17 7080

April 17, 1974

Re: Application for Permit No. 17-7030

Mr. Lyman Ipsen  
Ipsen Bros.  
Route #1  
Malad, ID 83252

Dear Mr. Ipsen:

Attached herewith is departmental receipt No. 12840 in the amount of \$95.00 for the above referenced application.

If we may be of assistance, please do not hesitate to contact us.

Very truly yours,

RONALD D. CARLSON  
Asst. to the District Engineer

RDC:mb

Attachment

17 7030

NOTICE OF APPLICATION FOR WATER PERMIT

Notice is hereby given that Ipsen Bros.,

Malad, Idaho

has on 4-16-74 submitted Application No. 17-7030

for a permit to appropriate 7.29 cubic feet per second acre feet per annum  
XXXXXXXXXXXXXXXXXXXX

of water from a ground-water source

by means of well and pump

within the NE $\frac{1}{4}$ NE $\frac{1}{4}$ , Sec. 29, T. 16S, R. 31E, B.M., Oneida County;

to be used from Jan. 1 to Dec. 31 for domestic purposes for one family and

stockwatering purposes for 200 cattle and 3 horses within the NE $\frac{1}{4}$ NE $\frac{1}{4}$ , Sec. 29,

T. 16S, R. 31E; and for the irrigation of 360 acres within the NE $\frac{1}{4}$ , E $\frac{1}{2}$ NE $\frac{1}{4}$ , Lots

within the  
XXXXXXXXXXXX 1, 2, & 3, T. 16S, R. 31E, B.M. from April 15 to Oct. 15.

If issued, this permit will be subject to all prior water rights. Protests against the granting of the permit must be filed with the Idaho Department of Water Administration, 1515 Lincoln Road, Idaho Falls, Idaho, 83401 on or before May 13, 1974.

R. KEITH HIGGINSON

Director

Published in the Idaho Enterprise, Malad, Idaho

on April 25 and May 2, 1974

OK  
CB  
CB-ke

17 7030

April 19, 1974

Re: Application for Permit No. 17-7030 IPSEN BROS.

Idaho Enterprise  
P.O. Box 205  
Malad, ID 83252

Gentlemen:

Enclosed you will find a legal notice which we wish to have published once a week for two consecutive weekly issues of your newspaper. We have inserted the publication dates allowing time for you to submit us a galley proof for review before publication.

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

An affidavit of publication must be submitted to the Department along with the publication bill.

Very truly yours,

NORMAN C. YOUNG  
District Engineer

Bill submitted 5/03/74 by 012

NCY:MB  
Enc: Legal Notice (1)

17 7030

**NOTICE OF APPLICATION**

**FOR WATER PERMIT**

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If issued, this permit will be subject to all prior water rights. Protests against the granting of the permit must be filed with the Idaho Department of Water Administration, 1515 Lincoln Road, Idaho Falls, Idaho, 83401 on or before May 13, 1974.

**R. KEITH HIGGINSON**

Director

Published in the Idaho Enterprise, Malad, Idaho on April 25 and May 2, 1974.

17-7030

May 22, 1974

Re: Permit No. 17-7030

Ipsen Bros.  
Malld,  
Idaho 83525

Gentlemen:

Enclosed is a copy of your approved Application for Permit No. 17-7030. We direct your attention to the conditions of approval as listed on the fourth page.

Be sure to note that a special condition requiring you to install and maintain a measuring device at your point of diversion has been placed upon your permit. We are enclosing a letter describing different types of measuring devices accepted by this office.

Sincerely,

BOBBY D. FLEENOR  
Assistant Director

BDF/bjg

Enclosures

17 7030

RECEIVED

17-7030

JUN 4 1979

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

Department of Water Resources

## REQUEST FOR EXTENSION OF TIME

To provide additional time in which to submit  
proof of beneficial use on a water right permit

Charles B. Taylor of 235 W. 3rd E. Tremonton Utah  
(Name) (Address) 841337  
State of Utah, deposes and says:

That he is the holder, or the duly authorized agent of the holder\*, of Permit to Appropriate the Public  
Waters of the State of Idaho No. 17-7030.

That under the terms and conditions of said permit, work thereunder was required to be completed on or  
before May 1, 1979.

That he has heretofore performed the following work described under said permit: We have  
cleared the land & seeded it & grass & are laying  
out the biggest sand dunes. We have fenced  
it & put in stock watering facilities & are  
now drilling a 20" diam. well & Costing \$ 45,000. approx.  
are to a depth of 480' and should be testing soon.

That he is unable to complete the remainder of the work within the required time for the following  
reasons, to-wit: We are presently drilling the irrigation  
well and if for any reason we are unsuccessful  
in obtaining sufficient water we may need the  
additional time to gather additional financing for the next well,  
and the necessary time to complete the drilled well system.

Wherefore, he asks that the Department of Water Resources extend the time for the completion of  
obligations under said permit to May 1, 1984, or for as long  
as you can extend the time. Thank you.

Charles B. Taylor  
(Signature)\*

## ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

IT IS HEREBY ORDERED that the above application for extension of time be APPROVED and the time  
within which to submit proof of beneficial use of water is extended to May 1, 1984.

IT IS FURTHER ORDERED that the permit be reinstated and the priority advanced to  
May 20, 1974, pursuant to Section 42-218a of the Idaho Code.

Signed this 19<sup>th</sup> day of June, 19 79.

L. Glen Saxton  
CHIEF, OPERATIONS BUREAU

\* IF OTHER THAN HOLDER, Power of Attorney must be supplied.

jan RECEIVED

JUN 11 1979

State of Idaho

Department of Water Resources

RECEIVED 750

JUN 24 1979

Department of Water Resources

ASSIGNMENT OF PERMIT

Department of Water Resources

I, Sydney Spren, hereby assign to Charles Taylor  
of Tremonton, Utah  
Address

CHECK ONE



All my right, title, and interest in and to Permit No. 17-7030  
to appropriate the public waters of the State of Idaho.



The following described portion of my right, title, and interest in and to Permit  
No. \_\_\_\_\_ to appropriate the public waters of the State of Idaho.

(Describe that portion of the permit being assigned by listing the acreage within  
each 40 acre subdivision, the point of diversion and the amount of water in cubic  
feet per second for direct diversion, or acre feet for storage)

Made this 21<sup>st</sup> day of May, 19 79.

Sydney Spren (Perry Spren)  
Permit Holder

Beth A. Spren  
Spouse of Permit Holder

State of Idaho )  
County of Emery ) ss.

On this 8<sup>th</sup> day of June, 19 79, personally  
appeared before me the signer(s) of the above instrument, who duly acknowledged to me  
that he (she) (they) executed the same.

seal

Laura E. Conrath  
Notary Public residing at  
Malad, Idaho

My commission expires:

6-15-79

an

BEFORE THE DEPARTMENT OF WATER RESOURCES  
OF THE  
STATE OF IDAHO

IN THE MATTER OF CHANGING THE MEASURING  
DEVICE REQUIREMENT FOR PERMIT NO. 17-7030

ORDER

WHEREAS, the above numbered permit was approved with the condition that a measuring device of a type approved by the Department be permanently installed and maintained as part of the diverting works; and,

WHEREAS, on July 1, 1978, the Department adopted a new water measurement condition which states: "An access port or other device as specified by the Department shall be installed by the permit holder to provide for the installation of measuring equipment and the determination of the rate of diversion by the Department"; and,

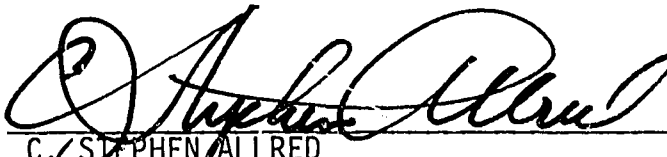
WHEREAS, the former condition required the permit holder to purchase and install a measuring device or hire a professional engineer to certify the rate of diversion; and,

WHEREAS, the measuring device condition effective July 1, 1978, requires less capital expenditure by the permit holder; and,

WHEREAS, to be equitable to holders of permits issued prior to July 1, 1978, the new condition should be retroactive;

NOW THEREFORE, it is hereby ordered that the condition of approval of this permit related to water measurement is hereby changed as follows: "The permit holder shall either install a measuring device or provide a certified measurement by a professional engineer or install an access port or other device as specified by the Department".

Dated this 18<sup>th</sup> day of August, 1978.

  
C. STEPHEN ALLRED  
Director



State of Idaho

**DEPARTMENT OF WATER RESOURCES**

STATE OFFICE, 373 W. Franklin Street, Boise, Idaho

JOHN V. EVANS  
Governor

C. STEPHEN ALLRED  
Director

Mailing address:  
Statehouse  
Boise, Idaho 83720  
(208) 384-2215

*Nov. 21, 1978*

Dear Wateruser:

The enclosed Order changes the measuring device condition of approval on your water right permit.

The changed condition should be less restrictive and provide more flexibility to you in the development of your water right system. The specifications related to the size and location of the access port will be available upon request from the Department, as soon as the Department's measuring equipment is obtained.

If you have questions regarding this matter, please contact this office or our regional offices.

Sincerely,

*L. Glen Saxton*

L. GLEN SAXTON  
Chief, Operations Bureau

LGS:JG:kw

Enclosure



State of Idaho  
**DEPARTMENT OF WATER RESOURCES**  
STATE OFFICE, 373 W. Franklin Street, Boise, Idaho

JOHN V. EVANS  
Governor

C. STEPHEN ALLRED  
Director

Mailing address:  
Statehouse  
Boise, Idaho 83720  
(208) 384-2215

CERTIFIED MAIL

100607

February 28, 1979  
Re: Permit No. 17-7030

Ipsen Bros.  
Malad, ID 83252

Gentlemen:

One of the conditions of approval of your water Permit No. 17-7030 (see last page of your approved permit) was that evidence of the extent of development be submitted as proof of application of water to beneficial use to this office on or before May 1, 1979. Enclosed is an affidavit form which must be used to submit the required proof of beneficial use.

If you have not fully completed your project, and you have not previously received an extension of time, you may request an extension of time provided the delay is for reasonable cause as indicated in Section 42-204, Idaho Code, amended. If you have been prevented from proceeding by a governmental agency or by litigation, more than one extension of time can be granted.

Either the beneficial use affidavit or a request for an extension of time must be received by this Department on or before the above mentioned date, otherwise, the permit will lapse and be of no further force or effect.

RITA FLECK  
Water Rights

Encl: Proof affidavit



State of Idaho  
**DEPARTMENT OF WATER RESOURCES**  
STATE OFFICE, 373 W. Franklin Street, Boise, Idaho

JOHN V. EVANS  
Governor

C. STEPHEN ALLRED  
Director

Mailing address:  
Statehouse  
Boise, Idaho 837  
(208) 384-2215

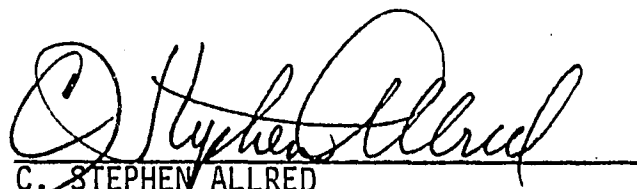
May 14, 1979

Ipsen Brothers  
Malad, ID 83252

Gentlemen:

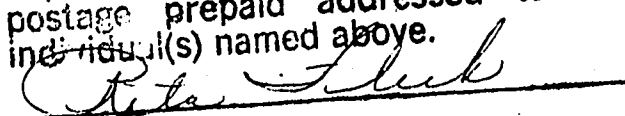
You are hereby notified that under the provisions of Section 42-218a of the Idaho Code, Permit No. 17-7030 has lapsed since you have not notified us that you have completed the project by the date required on your permit. You were provided forms for that purpose in our notice to you dated February 28, 1979.

Your permit cannot be reinstated unless you submit the proof of beneficial use affidavit, enclosed, or show other reasonable cause why the permit should be reinstated within 60 days from the date of this lapse notice.

  
C. STEPHEN ALLRED  
Director

CSA:jfr

Encl.

**CERTIFICATION OF MAILING**  
I hereby certify that on 5/15/79  
~~a copy~~ an original of this document was  
deposited in the United States mail,  
postage prepaid addressed to the  
individual(s) named above.  


# WARNING

CANCELLED OR LAPSED

This permit has been officially CANCELLED or LAPSED.

Ninety days following the date of official action this file will be DESTROYED.



STATEHOUSE, BOISE, IDAHO 83720  
DIAL DROUGHT (376-8448)  
JOHN V. EVANS — Governor, State of Idaho

To  
WATER  
RIGHTS

From CST

5/16/79

SUBJECT

Re: 17-7030

MESSAGE

Date

Lyman Ipson called to say that  
permit had been transferred to Charlie Taylor  
Tremonton, Utah — send assignment form  
to Ipson & send copy of proof due, proof

REPLY

Date

affidavit & other info to Taylor —

May 17, 1979

Lyman Ipsen  
Malad,  
Idaho 83252

Dear Mr. Ipsen:

Re: Permit No. 17-7030

Pursuant to your telephone conversation with C. Stephen Allred of May 16, 1979, enclosed is the assignment form you requested.

Also be assured that I have forwarded copies of the permit, forms, and correspondence to Mr. Charlie Taylor.

If you have further questions or need assistance, please contact us.

Sincerely,

RITA FLECK  
Sr. Secretary

Enc: 1

cc: Mr. Charlie Taylor

## CONVERSATION MEMORANDUM

DATE 5/23/79FILE 17-7030

NAME OF PARTY

Charlie Taylor

EMPLOYEE

Jan Grover

RE:

Extension of Time

Charlie Taylor called this day & stated they would be unable to submit proof of b/u as project will not be done & he will have Spenser Bros. submit app. for extension before 7/14/79 (last day for reinstatement). I mailed a form today.



State of Idaho

**DEPARTMENT OF WATER RESOURCES**

STATE OFFICE, 373 W. Franklin Street, Boise, Idaho

JOHN V. EVANS  
Governor

C. STEPHEN ALLRED  
Director

Mailing address:  
Statehouse  
Boise, Idaho 83720  
(208) 384-2215

June 5, 1979

Lyman Ispen  
Malad, Idaho 83252

RE: Permit No. 17-7030

Dear Mr. Ispen:

We received the assignment form for the above referenced permit.

However, the assignment was not notarized, therefore, we are returning it to you for the notary's seal and signature.

Please complete this assignment as soon as possible since Mr. Taylor must submit the forms to complete this permit by July 14, 1979, otherwise the permit will lapse permanently. We cannot accept these forms from Mr. Taylor until the permit is legally assigned to him.

If you have any questions, please contact us.

Sincerely,

JAN GROVER,  
Water Rights Supervisor

June 22, 1979

Charles B. Taylor  
235 North 3rd East  
Tremonton, UT 84337

Dear Mr. Taylor:

Re: Permit No. 17-7030

This office acknowledges receipt of the assignment conveying the above referenced permit to you. The assignment has been entered into the Department's records.

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 May 1, 1984. The priority date has been advanced to May 20, 1974 due to a late request for an extension of time.

If you have any questions concerning this, please contact us.

Sincerely,

JAN GROVER  
Water Rights Supervisor

JG:rf

Enc: 1

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

STATEHOUSE  
BOISE, IDAHO 83720  
(208) 334-4440  
CERTIFIED MAIL

Charles B. Taylor  
235 North 3rd East  
Tremonton, UT 84337

138473

PROOF DUE NOTICE

FEBRUARY 28, 1984

DEAR PERMIT HOLDER:

ONE OF THE CONDITIONS OF APPROVAL OF YOUR WATER PERMIT NO. 17-7030 WAS THAT PROOF OF THE EXTENT OF YOUR BENEFICIAL USE MUST BE SUBMITTED TO THIS OFFICE ON OR BEFORE MAY 01, 1984. (SEE LAST PAGE OF YOUR APPROVED PERMIT OR YOUR LAST APPROVED EXTENSION REQUEST). ENCLOSED IS A POSTCARD WHICH 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, MORE THAN ONE EXTENSION OF TIME CAN BE GRANTED. AN EXTENSION OF TIME REQUEST FORM IS ENCLOSED FOR YOUR CONVENIENCE.

EITHER THE BENEFICIAL USE POSTCARD OR A 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



State of Idaho  
**DEPARTMENT OF WATER RESOURCES**  
STATE OFFICE, 450 W. State Street, Boise, Idaho

JOHN V. EVANS  
Governor

A. KENNETH DUNN  
Director

Mailing address:  
Statehouse  
Boise, Idaho 83720  
(208) 334-4440

EXTENSION OF TIME

April 9, 1984

Charles R. Taylor  
c/o Taylor Farm Service  
West Main 257-5231  
Tremonton, UT 84337

PERMIT NO. 17-7030

We are in receipt of the \$15 extension fee for Extension(s) of Time to provide additional time in which to submit proof of beneficial use on a water right permit.

Your request for extension(s) of time is being reviewed by staff. You will be informed of our decision when review has been completed.

Enclosed is our receipt No. 33904

Roberta Garrett  
Records Supervisor

Enclosure

MEMORANDUM

DATE: April 24, 1984

TO: Ranae Sanders

FROM: Rita Fleck

RE: Refund for Request for Extension of Time -- Permit No. 17-7030

Attached are two copies of receipt No. 33904 and a copy of the letter returning the extension of time request on the above-referenced water right. Please refund the \$15.00 filing fee.

Thanks.

April 24, 1984

Charles R. Taylor  
235 N. 3rd E.  
Tremonton, UT 84337

Dear Mr. Taylor:

Re: Permit No. 17-7030

Enclosed is the Request for Extension of Time form submitted to this office on April 9, 1984. Please note that the Department cannot approve the request since the Idaho Code allows for only one extension of time based on the information provided. However, you may wish to file a new application for an additional period of time to develop supplemental water for irrigation.

Please be advised that the Department will return the filing fee of \$15.00 under separate cover.

Since the project is presently being used for irrigation. I suggest you complete and return the enclosed Statement of Beneficial Use postcard indicating the extent of use by May 15. Upon receipt of the postcard, I will contact the regional office to conduct a field inspection. Based on the field inspector's findings and recommendations, a water right license will be issued for the extent of use found.

If I can be of further assistance, please feel free to contact me.

Sincerely,

RITA I. FLECK  
Secretary/Records Manager

Enclosures

TAYLOR FARM SERVICE  
WEST MAIL  
TREMONTON, UTAH 84337  
PHONE 257-5231

RECEIVED  
MAY 3 1984

April 30, 1984

Rita I. Fleck  
Idaho Department of Water Resources  
State Office  
450 W. State St.  
Boise, Idaho 83720

Dear Ms. Fleck,

Concerning Permit No. 17-7030, The irrigation system is in place, as well as, the pump and motor. This piece of property is in the ASCS PIK program this year so we will not be turning on the power. If you will give me some notice at the above number I will arrange with the power company to turn this pump on so you can take flow reading. After we establish the present flow and prove up on this permit I will know how much supplemental water I will need to apply for on the new application. Would you please send me a new application. If there is a time limit for the new application, please indicate this when you send the application. Thank you.

Sincerely, *Thank you.*  
*Charles R. Taylor*  
Charles R. Taylor

CRT/htr

*Sent to  
Eastern  
for response  
J*



John Deere design,  
dependability  
and dealers  
make the difference

DEPARTMENT OF WATER RESOURCES

The Idaho Department of Water Resources will consider this card as a statement that the permit holder(s) has completed development to the extent shown below of permit No. 17-7030

Name(s) of Permit Holder: Charles H. Taylor

Post Office Address: P.O. Box 247

Cremont, Utah Tel. No. 801-257-5231

Source of Water: Underground well

Extent of Use: ☐ Domestic (number of households)  
☐ Stockwater (number and type of stock)  
☒ Irrigation 360 (acres)  
☐ Other Please bring a flowmeter so you can measure pump flow.

Measuring Device: Required? ☒ Yes ☐ No Installed? ☐ Yes ☐ No

Access Port: Required? ☒ Yes ☐ No Installed? ☐ Yes ☐ No

The above information is a true statement of the extent to which the above numbered permit has been developed.

4-30-84  
Date

Charles H. Taylor  
Signature of Permit Holder

RECEIVED  
MAY 3 1984



Department of Water Resources  
IDAHO DEPARTMENT OF WATER RESOURCES  
STATEHOUSE  
BOISE, IDAHO 83720

PLACE  
13 CENT  
STAMP  
HERE

State of Idaho  
Department of Water Resources  
**APPLICATION FOR AMENDMENT**  
(For Licensing Purposes)  
WATER RIGHT NO. 17-07030

RECEIVED  
SEP 24 2002  
Department of Water Resources

Date of Priority: ~~May 20~~ <sup>May 22</sup> 1974

Maximum Diversion Rate: 4.59 CFS  
Maximum Diversion Volume: 1,255.7 AF

Comes now CHARLES TAYLOR  
2108 W MAIN  
PO BOX 247  
TREMONTON UT 84337-0247

and represents to the Director of the Idaho Department of Water Resources that he is the owner and holder of Permit to Appropriate the Public Waters of the State of Idaho No. 17-07030, and requests that the permit be changed as follows:

Source: GROUND WATER

| BENEFICIAL USE | PERIOD OF USE  | RATE OF DIVERSION | ANNUAL VOLUME |
|----------------|----------------|-------------------|---------------|
| STOCKWATER     | 01/01 to 12/31 | 0.05 CFS          | 2.7 AF        |
| IRRIGATION     | 04/01 to 10/31 | 4.59 CFS          | 1,253.0 AF    |

**LOCATION OF POINT(S) OF DIVERSION:**

GROUND WATER SE1/4NW1/4 Sec. 29, Twp 16S, Rge 31E, B.M.  
ONEIDA County

**PLACE OF USE:** IRRIGATION

| Twp Rge Sec | NE   |      |      |      | NW   |      |      |      | SW   |     |    |    | SE   |    |      |    | Totals |
|-------------|------|------|------|------|------|------|------|------|------|-----|----|----|------|----|------|----|--------|
|             | NE   | NW   | SW   | SE   | NE   | NW   | SW   | SE   | NE   | NW  | SW | SE | NE   | NW | SW   | SE |        |
| 16S 31E 28  |      |      |      |      |      | 14.0 | 14.0 |      |      | 9.0 |    |    |      |    |      |    | 37.0   |
|             |      |      |      |      |      |      |      |      |      | L 4 |    |    |      |    |      |    |        |
| 16S 31E 29  | 40.0 | 40.0 | 40.0 | 40.0 | 40.0 |      |      | 40.0 | 27.0 |     |    |    | 27.0 |    | 27.0 |    | 321.0  |
|             |      |      |      |      |      |      |      |      | L 3  |     |    |    | L 2  |    | L 1  |    |        |

Total Acres: 358

Permit holder asserts that no one will be injured by such change and that such change will be made at permit holder's own risk. Signed this 30 day of September, 2002.

*Charles A. Taylor*  
(Signature)

Page 2

State of Idaho  
Department of Water Resources  
**APPLICATION FOR AMENDMENT**  
(For Licensing Purposes)  
WATER RIGHT NO. 17-07030

\*\*\*\*\*  
FOR DEPARTMENT USE ONLY

Preliminary check by SWK Fee \$50.00 Received by JM # 064786 Date 9/24/02

**ACTION OF THE DEPARTMENT OF WATER RESOURCES**

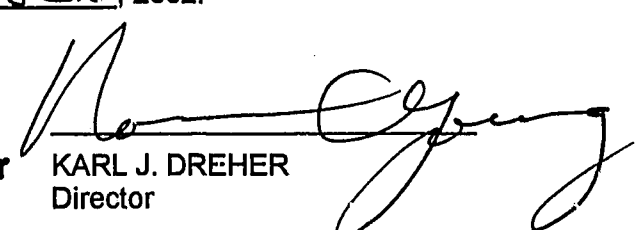
I, Karl J. Dreher, of the Department of Water Resources hereby approve the  
above Application for Amendment for Permit No. 17-07030 with the following:

**CONDITIONS OF APPROVAL**

1. This right when combined with all other rights shall provide no more than 0.02 cfs per acre nor more than 3.5 afa per acre at the field headgate for irrigation of the lands above.

Witness my hand this 30<sup>TH</sup> day of SEPTEMBER, 2002.

Acting for

  
KARL J. DREHER  
Director

State of Idaho  
Department of Water Resources  
**Water Right License**

WATER RIGHT NO. 17-07030

Priority: May 22, 1974

Maximum Diversion Rate: 4.59 CFS  
Maximum Diversion Volume: 1,255.7 AF

It is hereby certified that CHARLES TAYLOR  
2108 W MAIN  
PO BOX 247  
TREMONTON UT 84337-0247 has complied with the terms and  
conditions of the permit, issued pursuant to Application for Permit dated April 16, 1974; and has  
submitted Proof of Beneficial Use on May 3, 1984. An examination indicates that the works have a  
diversion capacity of 4.59 cfs of water from:

**SOURCE**

GROUND WATER

and a water right has been established as follows:

| <u>BENEFICIAL USE</u> | <u>PERIOD OF USE</u> | <u>DIVERSION RATE</u> | <u>ANNUAL<br/>DIVERSION VOLUME</u> |
|-----------------------|----------------------|-----------------------|------------------------------------|
| STOCKWATER            | 01/01 to 12/31       | 0.05 CFS              | 2.7 AF                             |
| IRRIGATION            | 04/01 to 10/31       | 4.59 CFS              | 1,253.0 AF                         |

**LOCATION OF POINT(S) OF DIVERSION:**

GROUND WATER SE $\frac{1}{4}$ NW $\frac{1}{4}$  Sec. 29, Twp 16S, Rge 31E, B.M. ONEIDA County

**PLACE OF USE:** IRRIGATION

| Twp Rge Sec | NE   |      |      |      | NW   |      |    |      | SW   |     |    |    | SE |      |     |      | Totals |       |
|-------------|------|------|------|------|------|------|----|------|------|-----|----|----|----|------|-----|------|--------|-------|
|             | NE   | NW   | SW   | SE   | NE   | NW   | SW | SE   | NE   | NW  | SW | SE | NE | NW   | SW  | SE   |        |       |
| 16S 31E 28  |      |      |      |      | 14.0 | 14.0 |    |      | 9.0  |     |    |    |    |      |     |      | 37.0   |       |
| 16S 31E 29  | 40.0 | 40.0 | 40.0 | 40.0 | 40.0 |      |    | 40.0 | 27.0 | L 3 |    |    |    | 27.0 | L 2 | 27.0 | L 1    | 321.0 |

Total Acres: 358

**CONDITIONS OF APPROVAL**

1. This right when combined with all other rights shall provide no more than 0.02 cfs per acre nor more than 3.5 afa per acre at the field headgate for irrigation of the lands above.

This license is issued pursuant to the provisions of Section 42-219, Idaho Code. The water right confirmed by this license is subject to all prior water rights and shall be used in accordance with Idaho law and applicable rules of the Department of Water Resources.

Signed and sealed this 30<sup>TH</sup> day of SEPTEMBER, 2000.

Acting for

KARL J. DREHER  
Director

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
Eastern Region

---

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

MAY 23, 1984

CHARLES M. TAYLOR  
P.O. BOX 247  
TREMONTON UT 84337

RE: Permit No. 17-7030

Dear Permit Holder:

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

Before a license can be issued, a field examination must be made by a representative of this department.

A condition of approval of your original permit required the installation of a measuring device which, according to the proof card submitted by you, has not been installed. A measuring device must be installed and operating at the time the field examination is made. If a measuring device is not installed your permit may be subject to cancellation.

A condition of approval of your original permit required the installation of an access port which, according to the proof card submitted by you, has not been installed. An access port must be installed prior to the time a field examination is made.

A field examiner will contact you to arrange to examine your system.

If you have any questions regarding the field examination, please contact this office by phone at 525-7161 or in person in the third floor State Office Building, 150 Shoup, Idaho Falls, Idaho.

Sincerely,  
s/HAROLD W. JONES  
Sr. Resource Agent



# STATE OF IDAHO

## DEPARTMENT OF WATER RESOURCES

EASTERN REGION

John V. Evans  
Governor

A. Kenneth Dunn  
Director

DEC 10 1986

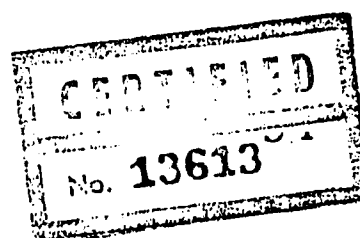
150 Shoup — Suite 15  
Idaho Falls, Idaho 83402  
(208) 525-7161

Department of Water Resources

17-7030  
TAYLOR, CHARLES  
TREMONTON, UT 83252

December 8, 1986

### EXAMINATION FEE NOTICE



Dear Permit Holder:

Department records show that proof of beneficial use has been submitted for the above-referenced permit, but that a field examination has not yet been conducted to determine the extent of beneficial use of the water for licensing purposes.

House Bill 671 (effective April 4, 1986) enacted by the 1986 Idaho Legislature requires the payment of a fee before this Department can conduct the field examination needed to issue a license confirming use of water under the permit. This letter is notification that the license examination fee is due within sixty (60) days of the date of this letter. The examination fee information sheet (enclosed) must be returned with the fee.

As an alternative to submitting the fee, the Department will accept a field examination report completed by a certified water right examiner from the private sector. If you choose to have the examination done by a certified water right examiner, you need not submit the license examination fee to the Department, but you must within sixty (60) days of the date of this letter return to the Department, the examination fee information sheet showing appropriate information together with a statement from the certified examiner to verify that you have retained a certified examiner to conduct the field examination. If you choose this alternative, a completed field examination report must be submitted within one year of the date of this letter. You cannot later change your decision to use this alternative and submit the fee needed for the Department to conduct the field examination, but you may change to another certified examiner.

Certified water right examiners are licensed engineers, geologists, or land surveyors certified by the Department to conduct water right examinations. The procedure for certifying examiners results from the recently enacted HB 671 and is being developed at this time. A listing of certified water right examiners will be available from this Department when examiners have been certified.

If your permitted use, in fact, has already been examined by the Department and you have not asked to have the examination repeated, the fee requirement is not applicable to your permit. If you believe this is the case, please contact the Department.

The license examination fee is to be based on the amount of water you indicate you have developed, as listed in item 6 on the examination fee information sheet. The amount of water on which the examination fee is based can be less than the permitted amount, if less water has been diverted and beneficially used. The licensed amount of water, however, will not exceed the amount you claim on the examination fee information sheet. The enclosed license examination fee schedule shows a listing of applicable fees.

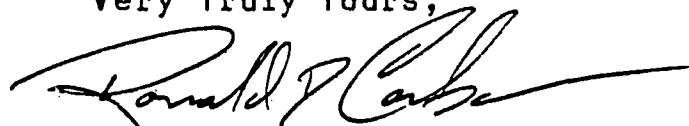
FAILURE TO SUBMIT WITHIN THE SIXTY (60) DAY PERIOD THE FEE OR THE STATEMENT THAT A CERTIFIED EXAMINER HAS BEEN RETAINED TO MAKE THE FIELD EXAMINATION WILL BE CAUSE TO ADVANCE THE PRIORITY OF THE PERMIT ONE DAY FOR EACH DAY THAT THE FEE SUBMITTAL IS LATE.

FAILURE TO SUBMIT THE FEE OR THE COMPLETED FIELD EXAMINATION REPORT WITHIN A YEAR WILL BE CAUSE TO CONSIDER THE PROOF OF BENEFICIAL USE TO BE INCOMPLETE AND TO LAPSE THE PERMIT.

The attached examination fee information sheet and the fee may be submitted to the following Department office:

Eastern Region  
Idaho Dept. of Water Resources  
150 Shoup Ave., Suite 15  
Idaho Falls, Idaho 83401  
Phone: 525-7161

Very Truly Yours,



Ronald D. Carlson  
Eastern Regional Manager

Enclosures

4/86

PLEASE FIND ENCLOSED PROOF OF USAGE (RAFF RIVER BILLS  
ON NO 360.7), CHECK FOR \$100.00 FOR EXAM FEE AND WE  
WOULD APPRECIATE WRITTEN APPROVAL  
OF THIS APPLICATION FROM YOUR OFFICE.

STATE OF IDAHO

THANK YOU

DEPARTMENT OF WATER RESOURCES

EXAMINATION FEE INFORMATION

For Office Use Only  
Fee Received 200.00  
Date 3-4-87  
Receipt # 41096  
Receipt by MM  
Sent to S.O. 4-3-87

RECEIVED

MAR 9 1987

1. Permit No. 17-7030

ONE OF THE FOLLOWING BOXES SHOULD BE MARKED TO DESIGNATE YOUR CHOICE: Eastern District Office

☐ I choose to have the department make the field examination of this permit; attached is the examination fee. (If the Department of Water Resources complete items 1 thru 8.)

2. Permit Holder: CHARLES R. TAYLOR3. Post Office Address: P.O. BOX 247 TREMONTON, UT 84337Telephone No. 801-257-3976 257-33604. Source of Water: DEEP WELL

5. Extent of Use:

Domestic \_\_\_\_\_ (No. of households) Stockwater \_\_\_\_\_ (No. and type of stock)

Irrigation 356.6 ACRES (acres) Other/Remark \_\_\_\_\_6. Total rate &/or volume for which proof is submitted 4.5 cfs \_\_\_\_\_ acre-feet

7. Show the date water was first diverted and beneficially used under this permit:

USED 7/31/79 TO 19828. Person to contact to accompany the department representative during the field examination: PLEASE CONTACT CHARLES TAYLOR AT ABOVE ADDRESS &

PHONE, HOWEVER, THIS LAND IS NOW IN THE CONSERVATION  
RESERVE PROGRAM UNTIL 1996. WE REQUEST DELAY FIELD  
EXAM UNTIL SUMMER OF 1996 AS SOON AS WE CAN RESUME

(Address)

(Telephone Number)

PRODUCTION

☐ I choose to have the field examination conducted by a certified water right examiner. Attached is a statement from \_\_\_\_\_ verifying that he has been retained to \_\_\_\_\_ (If this box is marked, complete items 1 thru 7.)

Date

3/25/87

Signature of Pe

Charles Taylor

if appropriate)

me

4/86

PLEASE FIND ENCLOSED PROOF OF USAGE (RAFF DIVER BILLS  
ON NO. 360.1), CHECK FOR \$100.00 FOR EXAM FEE, AND WE  
WOULD APPRECIATE WRITTEN APPROVAL  
OF THIS APPLICATION FROM YOUR OFFICE.

STATE OF IDAHO

THANK YOU

DEPARTMENT OF WATER RESOURCES

EXAMINATION FEE INFORMATION

For Office Use Only  
Fee Received 200  
Date 3-9-87  
Receipt # 411096  
Receipt by 1112  
Sent to S.O. 4-3-87

RECEIVED

MAR 9 1987

1. Permit No. 17-7030

ONE OF THE FOLLOWING BOXES SHOULD BE MARKED TO DESIGNATE YOUR CHOICE:

☐ I choose to have the department make the field examination of this permit; attached is the examination fee. (If the Department of Water Resources complete items 1 thru 8.)

2. Permit Holder: CHARLES R. TAYLOR3. Post Office Address: P.O. BOX 247 TREMONTON, UT 84337Telephone No. 801-257-3976 257-33604. Source of Water: DEEP WELL

5. Extent of Use:

Domestic \_\_\_\_\_ (No. of households) Stockwater \_\_\_\_\_ (No. and type of stock)

Irrigation 356.6 ACRES (acres) Other/Remark \_\_\_\_\_6. Total rate &/or volume for which proof is submitted 4.5 cfs \_\_\_\_\_ acre-feet

7. Show the date water was first diverted and beneficially used under this permit:

USED 7/31/79 TO 19828. Person to contact to accompany the department representative during the field examination: PLEASE CONTACT CHARLES TAYLOR AT ABOVE ADDRESS & PHONE. HOWEVER, THIS LAND IS NOW IN THE CONSERVATION

RESERVE PROGRAM UNTIL 1996. WE REQUEST DELAY FIELD EXAM UNTIL SUMMER OF 1996 AS SOON AS WE CAN RESUME  
(Name) (Address) (Telephone Number)

PRODUCTION!

☐ I choose to have the field examination conducted by a certified water right examiner. Attached is a statement from the certified examiner I have selected verifying that he has been retained to conduct the examination. (If this box is marked, complete items 1 thru 7.)

Date 3/25/87

Signature of Permit Holder (and title, if appropriate)

copy retained

**TAYLOR FARM SERVICE**

P. O. BOX 247  
WEST MAIN ON HIGHWAY 30-S  
TREMONTON, UTAH 84337  
801-257-5231

Department of Water Resources

Department of Water Resources  
Eastern District Office



LEADERSHIP  
YOU CAN  
COUNT ON

August 7, 1987

State of Idaho  
Department of Water Resources  
150 Shoup  
Suite 15  
Idaho Falls, Idaho 83402

Dear Sirs,

Please find enclosed an Assignment of Permit No. 177030 from Lyman Ipsen, Jr. to Charles R. Taylor, as well as, copies of recorded warranty deeds from the Ipsen's to Charles R. Taylor. Would you please transfer the Water application and send any correspondence concerning Permit No. 177030 to:

Charles R. Taylor  
P.O. Box 247  
Tremonton, Utah 84337-0247

Thank you.

Sincerely,

Harriet Ritter  
secretary for Charles R. Taylor



State of Idaho  
**DEPARTMENT OF WATER RESOURCES**  
STATE OFFICE, 450 W. State Street, Boise, Idaho

CECIL D. ANDRUS  
Governor

A. KENNETH DUNN  
Director

Mailing address:  
Statehouse  
Boise, Idaho 83720  
(208) 334-4440

August 25, 1987

RE: Water Right No. 17-7030

Charles R. Taylor  
Box 247  
Tremonton, UT 84337-0247

Dear Mr. Taylor:

Enclosed are the documents and correspondence received August 13, 1987. We find in reviewing the file that an assignment has already been received and you are shown as the current owner.

If you have any questions, please let us know.

Sincerely,

JIM JOHNSON  
Water Rights Supervisor

JJ:sc

Enclosures

Form 204-p  
6/82

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
COMMENCEMENT OF WORKS

Permit No. 17-7030  
Name(s) of Permit Holder(s): Charles R. Taylor  
Post Office Address: 235 N. 3rd East  
Tremonton, Utah 84337 Tel. No. 257-3360

☒ I hereby certify that construction of diversion works for the above referenced permit began on Oct 1979 (date). I understand that I must continue to develop the water system with due diligence to maintain a valid permit.

☐ I hereby certify that construction of diverting works on the above referenced project has not yet begun due to the following reason beyond my control\*:

\*Note: A financing difficulty is not an acceptable reason.

Dec 31, 1979 Date Charles R. Taylor Signature of Permit Holder

CHARLES E. TAYLOR  
235 N 300 E  
TREMONTON, UT 84337



RECEIVED



AUG 30 1982

Department of Water Resources

IDAHO DEPARTMENT OF WATER RESOURCES  
STATEHOUSE  
BOISE, IDAHO 83720

**MEMORANDUM**

**TO:** File

**FROM:** JIM JOHNSON

**RE:** Telephone Conversation with Harrett Ritter (801) 257-3976

**DATE:** January 27, 1992

Re: Permit 17-7030

=====

Mrs. Ritter called in reference to status of this permit. She had understood that a letter would be written by this Department to the State of Utah supporting that water had been developed under this permit which in turn would provide Utah officials needed documentation to allow Mr. Taylor permission to divert an equal amount of water in Utah in lieu of diversion in Idaho under this right.

I informed Mrs. Ritter that her father, Mr. Taylor, needed to provide us a detailed written summary of actual the development, with supporting documents, of water diverted and land irrigated under this permit before we would contact the state of Utah. This information was necessary because no field conformation has been conducted by the Department and cannot be conducted since the land has now been set aside under the CRP program.

MEMORANDUM

TO: FILE

FROM: JIM JOHNSON

RE: TELEPHONE CONVERSATION WITH CHARLES TAYLOR

DATE: March 23, 1992

=====

Mr. Taylor called in reference to permit no. 17-7030. Particularly, in reference to the affidavit that was faxed to the Department on 3/20/92.

In our conversation, Mr. Taylor reported that Ashton had gone bankrupt and that the irrigation company, John Law's Irrigation Supply, had repossessed one circle system, and side rolls.

Apparently the well produced poor water quality as it was high in salinity, which contributed to the reason for not activity trying to keep the land in production.

I explained to Mr. Taylor that more information was required and expressed concern that the right may be forfeited through non use because it appeared that it had not been used after 1982.

Mr. Taylor stated that he had put the land into CRP in 1985 or 1986.

I discussed with him the federal set a side provisions of Idaho Code 42-222.

I requested that he provide more specific information with supporting documentation.

Logan UT  
March 6, 1992

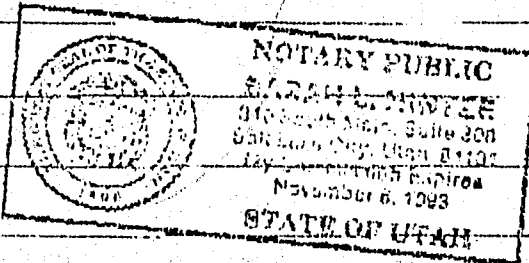
I Ashton Beckstead bought 360 ac of  
ground from Charles Taylor in  
Oneida county at Snowville. In  
the year 1979 we drilled a  
well and started water this  
ground we water every year  
for four years 1979, 1980, 1981,  
1982.

State of Utah

County of Cache

Ashton Beckstead

On this 6th day of March, 1992, before me Sarah Hintze, a notary public, personally  
appeared Ashton Beckstead, personally known to me to be the person whose name  
is subscribed to this instrument, and acknowledged that he executed the same.



Sarah Hintze

My Commission Expires: 11/6/93

SEND TO  
ATTN: Jim Johnson  
DEPT. OF WATER RESOURCES  
STATE HOUSE MAIL  
BOISE, IDAHO 83720  
208-327-7900  
FAX 208-327-7866

BOX ELDER

P-2 3-30

SCALE

Ex B

Conservation Plan  
Map showing char  
soil planted into  
vegetative cover crops  
for C R P acceptance

22/23  
27/26

T113

C52

356.6

IDAHO  
UTAH

T2136

U.S. DEPARTMENT OF AGRICULTURE  
SOIL CONSERVATION SERVICE

SCS-CPA-16  
2-81

CONSERVATION PLAN MAP

Owner Charles Taylor Operator Charles Taylor  
County Oneida State Idaho Date 10/86  
Approximate acres \_\_\_\_\_ Approximate scale 1" = 1000'  
Cooperating with Northern Utah Soil Conservation District  
Plan identification Snareville Photo number P-2 (1983)  
Assisted by V. Peterson USDA Soil Conservation Service

26  
35

DOWN

NOTE: Section 374 of the Agricultural Adjustment Act of 1938, as amended, authorizes collection of the following data. The data will be used to determine eligibility for assistance. Furnishing this data is voluntary; however, without it assistance cannot be provided. The data may be furnished to any agency responsible for enforcing the Act.

**SECTION I - FARM FIELD REPORT** (Note: Grey Shaded Area For County Office Use Only) (Section I Continued on Reverse)

Ex. 7  
95C5 Report  
of acreage of crops,  
land use, & cover  
use for years  
as then designated.

|                                                                                    |  |         |       |                         |  |      |  |                         |  |                                                                                                                                                                                                                                                                                                                 |  |
|------------------------------------------------------------------------------------|--|---------|-------|-------------------------|--|------|--|-------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 13. TOTAL OPERATOR REPORT                                                          |  | 356.6   | 256.6 |                         |  |      |  |                         |  | SECTION II - OPERATOR'S CERTIFICATION                                                                                                                                                                                                                                                                           |  |
| 14. TOTAL DETERMINED ACREAGE                                                       |  |         |       |                         |  |      |  |                         |  | I certify to the best of my knowledge and belief that the acreages of crops and lands used listed herein are true and correct. I understand that an inaccurate acreage report could result in a payment reduction or loss of program benefits and/or reduction in future allotments and quotas when applicable. |  |
| A. OPERATOR'S SIGNATURE                                                            |  | DATE    |       | B. OPERATOR'S SIGNATURE |  | DATE |  | C. OPERATOR'S SIGNATURE |  | DATE                                                                                                                                                                                                                                                                                                            |  |
|  |  | 3/12/86 |       |                         |  |      |  |                         |  |                                                                                                                                                                                                                                                                                                                 |  |



United States  
Department of  
Agriculture

Agricultural  
Stabilization and  
Conservation Service

Box Elder County ASCS Office  
85 South First East  
Tremonton, UT 84337

May 20, 1986

Mr. Charles Taylor  
Taylor Farm Service  
West Main  
Tremonton, UT 84337

Dear Mr. Taylor,

The County Committee reviewed your written appeal to approve your Conservation Reserve Program bid in their meeting on May 15, 1986. Your letter along with a letter from the ASCS office expressing their, the Committee's, feeling concerning your request has been forwarded to the Utah State ASC Committee. They expressed their knowledge of the erosion problem you have on this land and unanimously recommended that the practice for the farm be established as dry land and allow the contract to be approved.

Sincerely,

Mark H. Jensen,  
County Executive Director





United States  
Department of  
Agriculture

Agricultural  
Stabilization and  
Conservation Service

Box Elder County ASCS Office  
85 South First East  
Tremonton, UT 84337

May 20, 1986

United States Department of Agriculture  
Utah State ASCS Office

To: Utah State ASC Committee

Mr. Charles Taylor requested to sign a CRP contract for the first bid period in March. The ASCS-578 was completed and the land was classed as non-irrigated. The information was transmitted to SCS to determine the eligibility of the land. Being listed as non-irrigated, the land was classed as capability class 7 because of wind erosion which made it automatically eligible. Mr. Taylor made his bid on this basis. On closer examination of the history it was determined that the land had been irrigated in 1981 and 1982. It was then designated as ACR for 1983 and 1984 with payments being based on an irrigated yield. At that time the ASCS-578 was changed to show the land as irrigated.

A letter informing Mr. Taylor that his bid had been tentatively accepted pending the outcome of the final planning process to develop the Conservation Plan of Operations (CPO) was mailed on April 7, 1986. Mr. Taylor felt at that time he was basically in the CRP program.

When the ASCS-578 was returned to SCS to develop the CPO, they noticed the change from a non-irrigated status to an irrigated, thus changing the land classification to capability class 3. This determination made the land ineligible to be entered into the Conservation Reserve Program (CRP).

Mr. Taylor submitted the enclosed letter to the Committee requesting that the contract be approved.



The committee reviewed the written request and the file in their meeting on May 15, 1986

Chairperson Eliason lives in this area and is very familiar with the wind erosion problem. He said the fences are almost covered from the sand that has drifted. He also purchased 2 of the wheel lines off the farm and can verify that the farm has not been irrigated since 1982. Mr. Nelson also has first hand knowledge of the erosion problem on this farm.

The Committee unanimously agreed that this is one of the worst cases of soil erosion in the county and highly <sup>recommends</sup> that the practice for the farm be established as dry land and allow the contract to be approved.

David Eliason, Box Elder County ASC Chairperson  
by:

*Mark H. Jensen*  
Mark H Jensen, County Executive Director

Box Elder County A.S.C. Committee  
Tremonton, Utah 84337

May 10, 1986

Dear Sirs:

This letter is in reference to the CRP contract that was submitted, accepted, and subsequently turned down. These are the facts and history of this farm, which was sold in 1979 to Ashton Beckstead. Ashton plowed this 360 acre farm out of crested grass. He dug the irrigation well and purchased the sprinkler system, consisting of one rotary system and two side roll sprinklers, from a leasing company.

This particular farm has a very sandy soil. The Salt Lake Pipeline has two parallel, refined, underground pipelines going through this farm. These lines lay southeast by northwest, which also happens to be the direction of the strong wind patterns.

Ashton plowed this land out with a heavy offset disk and proceeded with each subsequent tillage operation with the same disk, to achieve a clean farming practice. This resulted in leaving the soil subject to bad wind erosion. Ashton farmed this land in the same manner in 1980, 1981, and 1982.

Ashton was not able to keep on farming as planned. Because of the rapid escalation of interest rates at that time, a long term farm loan he was expecting was not forthcoming. Ashton subsequently turned the farm back to me in the early part of 1983.

In 1983, I put this farm in the PIK program. I then used a cultiweeder for weeding this farm, which has two rows of duckfeet on the front, a rod weeder in the center, and three rows of spring tine harrows on the back. I used this tool, as I felt that leaving crop residue on top of the ground would help the wind erosion problem.

In 1984, we again had the farm in the PIK program and cultivated it in the summer to hold down the weed growth. In the fall of September 1984, we planted the entire 360 acres to alfalfa and caught a very good rain. This brought the alfalfa up for a fine stand. However before it could get big enough, we had two nights of very hard frost. This killed the entire stand, almost to a plant.

In the spring of 1983, 1984, and 1985, we had very hard winds. These winds caused some very hard erosion of blowing sand and soil, which was noticed by many people in the area. This happened even though I tried other tillage methods, because there just was not enough crop residue.

In 1985, I tried a different program. I let the weeds get rather high. We shallow disked the weeds, so as to about half cover them, to stop the erosion. Then in the fall of 1985, we took all the pressure of the disks on our drill so as to achieve a floating effect and not disturb the weed residue unnecessarily, or plant the crested wheat seed too deep. This apparently worked, as we did hold the soil down. However, the Salt Lake Pipeline decided they needed to lower their pipelines. Because of the wind erosion, these lines were being bared of a soil covering. This again is causing us some problems along the pipelines.

In the winter and spring of 1985 and 1986, the leasing company picked up the rotary sprinkler. They have dismantled the wheel lines and the underground line is to be removed. Consequently when the 1985 soil erosion program was offered, I signed it in at \$39.00 per acre and thought it was accepted. However in light of Ashtons farming in 1981 and 1982, it appeared to be ineligible.

I am asking that you please review this matter in light of the facts that I have just mentioned. This piece of land does appear to be highly erodible to spring runoff and especially to high winds. Since it was seeded to grass last fall, I had intended to lightly aerial spray the field with 24D if weeds were to bother us this summer. This would stop the weeds so as not to bother the cover. If necessary I would fly some additional grass seed, in the late summer of 1986, so as to insure a grass stand. I have not intended to mislead your office in any way. The land was irrigated the years I have shown, but it cannot be irrigated now. The sprinkler system has been removed and the field is so wind blown with big sand dunes, that I think farming it now is very impractical.

I would like to ask that you reinstate this erosion control contract for 10 years on this piece of land. Thank you very much for your kind consideration and review of this matter.

Sincerely,



Charles R. Taylor

CRT/dlg



United States  
Department of  
Agriculture

Agricultural  
Stabilization and  
Conservation Service

Box Elder County ASCS Office  
85 South First East  
Tremonton, UT 84337

June 26, 1986

Charles Taylor  
Taylor Farm Service  
East Main  
Tremonton, UT 84337

Dear Mr. Taylor,

You were notified in a letter dated May 20, 1986 of the County Committee's review of your request to reinstate your Conservation Reserve Program bid. As mentioned in the letter your request was forwarded along with a letter of recommendation to the Utah State Committee.

Our office received notification from the State office concurring with the County Committee that land included in your CRP bid should be classified as "non-irrigated" land for CRP purposes.

One requirement to this approval would be that you would refund any diversion payments you may have received through the Wheat-Feed Programs in 1983 and 1984.

If you agree to this stipulation please contact us and the Committee will then sign your CRP contract.

Sincerely,

*Paul Rhodes - Acting CED*

Mark H Jensen  
County Executive Director



ASCS-200 (2-25-77)

UNITED STATES GOVERNMENT

*Memorandum*

U. S. DEPARTMENT OF AGRICULTURE  
Agricultural Stabilization and Conservation Service

TO : Box Elder County ASCS Office

Date: June 3, 1986

In Reply Refer to: CRP

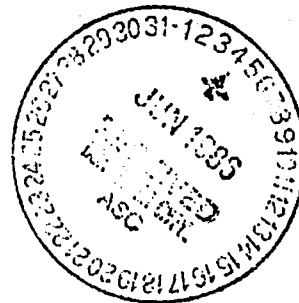
T

FROM : Lyle R. Cooley, State Executive Director

SUBJECT: Conservation Reserve Program - Interpretation of Land  
Eligibility - Charles Taylor Bid Contract

After reviewing the information in your memorandum, dated May 20, 1986, and Mr. Taylor's letter to you, dated May 10, 1986, we concur with the County Committee that the land bid by Mr. Taylor during the first signup period should be classified as "non-irrigated" land for CRP purposes.

*Lyle R Cooley*



# WIND EROSION WORKSHEET

FIELD REVIEW

Applicant: Charles Taylor ASCS - Farm No. Snowville  
 County: Port Elder Prepared by: V. Peterson  
 Date: 4/28/86 Field No. 104 (C) Factor 50 (I) Value\* 86  
 p. 24 of Wind Noble (1/84)

| Year                               | 1981                           | 1982 | 1983     | 1984 | 1985                           |     |
|------------------------------------|--------------------------------|------|----------|------|--------------------------------|-----|
| Crop Grown                         | SG                             | SG   | PIK      | PIK  | F                              |     |
| LCC / Soil Map Unit <sup>WEG</sup> | PEA                            |      |          |      |                                |     |
| Acres                              | 356.6                          |      |          |      |                                |     |
| Suitable for trees - Yes - no      | Y N                            | Y N  | Y N      | Y N  | Y N                            | Y N |
| T Value                            | 3                              | 3    | 3        | 3    | 3                              |     |
| Ridge Roughness = K                | 3 mls ridged<br>4 mls unridged |      | unridged |      | 3 mls ridged<br>9 mls unridged |     |
| Unsheltered Distance = L - Ft.     | 1950                           | 1950 | 1950     | 1950 | 1950                           |     |
| Vegetative Cover = V (SGE)         | 2900                           | 6000 | 2450     | 1700 | 700                            |     |
| Soil Loss - Wind - T/Ac/Yr.        | 0                              | 0    | 0        | 0    | 6.5 = 1.63                     |     |
|                                    | 0                              | 0    | 0        | 0    | 20.3 = 15.23                   |     |
| Rotation Ave - T/Ac/Yr.            | 0                              | 0    | 0        | 0    | 16.86                          |     |
| (Water) - T/Ac/Yr.                 | 0.16                           | 0.16 | 0.16     | 0.29 | 0.78                           |     |
| Total - T/Ac/Yr.                   | 0.2                            | 0.2  | 0.2      | 0.3  | 17.6                           |     |

\* Base I Value on the dominant soil map unit.

Wind erosion summary:

Ave. soil loss Sum of soil loss 1981 - 1985  
 tons/Ac./Yr. =  $\frac{18.5}{5} = 3.7$  Tons/Ac./Yr.  
 for field

Predominance test for field - include Wind or Wind and Water erosion if both present:

Percent of field Highly erodible cropland ac.  
 highly erodible =  $\frac{\text{Total acres in field}}{\text{Total acres in field}} \times 100 = \text{Percent}$

LCC summary  
 of acres Class I \_\_\_\_\_, II \_\_\_\_\_, III \_\_\_\_\_, IV \_\_\_\_\_, V \_\_\_\_\_, VI \_\_\_\_\_, VII \_\_\_\_\_, VIII \_\_\_\_\_

Tons/Ac./Yr for field = Water erosion summary + Wind erosion summary = \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

Field is : (circle one) - Eligible - Questionable - Ineligible

# WATER EROSION WORKSHEET - FIELD REVIEW -

Applicant: Charles Taylor ASCS - Farm No. Snodville  
 County: Port Clinton Prepared by: V. Peterson  
 Date: 4/28/86 Field No. Idaho Rainfall factor (R) = 25

|                               |                                      |               |               |               |               |               |               |               |               |               |
|-------------------------------|--------------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Soil Map Unit Symbol(s)       | POMPT - EDDLES COMPLEX               |               |               |               |               |               |               |               |               |               |
| Land Capability Class         | 2c, irrig<br>6c, dry                 |               |               |               |               |               |               |               |               |               |
| Acres                         | 356.6                                |               |               |               |               |               |               |               |               |               |
| Suitable for trees - Yes - No |                                      |               |               |               |               |               |               |               |               |               |
| T/K Value                     | 1981<br>3/.43                        | 1982<br>3/.43 | 1983<br>3/.43 | 1984<br>3/.43 | 1985<br>3/.43 | 1986<br>3/.43 | 1987<br>3/.43 | 1988<br>3/.43 | 1989<br>3/.43 | 1990<br>3/.43 |
| Slope Length - Ft.            | 200                                  | 100           | 200           | 100           | 200           | 100           | 200           | 100           | 200           | 100           |
| Slope Percent                 | 1                                    | 2             | 1             | 2             | 1             | 2             | 1             | 2             | 1             | 2             |
| LS Value                      | .16                                  | .20           | .16           | .20           | .16           | .20           | .16           | .20           | .16           | .20           |
| P Factor                      | 1.0                                  | 1.0           | 1.0           | 1.0           | 1.0           | 1.0           | 1.0           | 1.0           | 1.0           | 1.0           |
| C Value                       | Fall RDL<br>Ref. RDL date of 4/26/86 |               |               |               |               |               |               |               |               |               |
| Soil loss T/Ac/Yr (Water)     | 0.14                                 | 0.17          | 0.14          | 0.17          | 0.14          | 0.17          | 0.26          | 0.32          | 0.69          | 0.86          |

Water erosion summary:  $ave = 0.16 T/A/YR$   $ave = 0.16 T/A/YR$   $ave = 0.16 T/A/YR$   $ave = 0.29 T/A/YR$   $ave = 0.78 T/A/YR$

Ave. annual soil loss tons/Ac./Yr. = (Tons/Ac.)(Ac. each soil type or group of soils) 5YR AVE =  $\frac{1.55}{5} = 0.31 T/A/YR$  WATER  
 for field Total acres in field =                      Tons/Ac./Yr.

Predominance test for field - Use for Water erosion, if Wind and Water are both present use Wind Erosion Worksheet:

Percent of field Highly erodible cropland acres  
 highly erodible =                      X 100 =              Percent  
 Total acres in field

LCC summary of acres - Class I       , II       , III       , IV       , V       , VI       , VII       , VIII       

Field is: (circle one) - Eligible - Questionable - Ineligible

USE TYPEWRITER OR  
BALL POINT PEN

State of Idaho  
Department of Water Resources

## WELL DRILLER'S REPORT

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

| <b>1. WELL OWNER</b><br>Name <u>Ashton Beckstead</u><br>Address <u>Logan Utah</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       | <b>7. WATER LEVEL</b><br>Static water level _____ feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow <u>17</u><br>Temperature <u>11</u> ° F. Quality _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |            |       |  |          |       |  |      |    |     |    |                                                 |     |     |           |  |  |  |     |     |        |  |  |  |     |     |              |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |                     |  |  |  |     |     |      |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------|-------|--|----------|-------|--|------|----|-----|----|-------------------------------------------------|-----|-----|-----------|--|--|--|-----|-----|--------|--|--|--|-----|-----|--------------|--|--|--|-----|-----|-------------|--|--|--|-----|-----|------|--|--|--|-----|-----|-------------|--|--|--|-----|-----|-------------|--|--|--|-----|-----|------|--|--|--|-----|-----|-------------|--|--|--|-----|-----|------|--|--|--|-----|-----|-----------|--|--|--|-----|-----|----------------|--|--|--|-----|-----|-----------|--|--|--|-----|-----|---------------------|--|--|--|-----|-----|------|--|--|--|-----|-----|---------------|--|--|--|-----|-----|-----------|--|--|--|-----|-----|---------------|--|--|--|-----|-----|------|--|--|--|-----|-----|-----------|--|--|--|-----|-----|-----------|--|--|--|-----|-----|-----------|--|--|--|-----|-----|-----------|--|--|
| <b>2. NATI</b><br><input checked="" type="checkbox"/> Ne <u>E 5 Log</u><br><input type="checkbox"/> Ab <u>from iron well</u><br><u>driller.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other<br>Discharge G.P.M. Draw Down Hours Pumped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |            |       |  |          |       |  |      |    |     |    |                                                 |     |     |           |  |  |  |     |     |        |  |  |  |     |     |              |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |                     |  |  |  |     |     |      |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |
| <b>3. PROP</b><br><input type="checkbox"/> Don<br><input type="checkbox"/> Mun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | <b>9. LITHOLOGIC LOG</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |            |       |  |          |       |  |      |    |     |    |                                                 |     |     |           |  |  |  |     |     |        |  |  |  |     |     |              |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |                     |  |  |  |     |     |      |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |
| <b>4. METI</b><br><input checked="" type="checkbox"/> Ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       | <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td></td><td>130</td><td>175</td><td>gray clay</td><td></td><td></td></tr><tr><td></td><td>175</td><td>210</td><td>gravel</td><td></td><td></td></tr><tr><td></td><td>210</td><td>235</td><td>crumbly clay</td><td></td><td></td></tr><tr><td></td><td>235</td><td>318</td><td>sticky clay</td><td></td><td></td></tr><tr><td></td><td>318</td><td>325</td><td>rock</td><td></td><td></td></tr><tr><td></td><td>325</td><td>328</td><td>rock &amp; clay</td><td></td><td></td></tr><tr><td></td><td>328</td><td>335</td><td>clay &amp; rock</td><td></td><td></td></tr><tr><td></td><td>335</td><td>340</td><td>hard</td><td></td><td></td></tr><tr><td></td><td>340</td><td>345</td><td>clay &amp; rock</td><td></td><td></td></tr><tr><td></td><td>345</td><td>347</td><td>hard</td><td></td><td></td></tr><tr><td></td><td>347</td><td>365</td><td>soft rock</td><td></td><td></td></tr><tr><td></td><td>365</td><td>375</td><td>hard blue rock</td><td></td><td></td></tr><tr><td></td><td>375</td><td>392</td><td>hard rock</td><td></td><td></td></tr><tr><td></td><td>392</td><td>397</td><td>apparent sub ground</td><td></td><td></td></tr><tr><td></td><td>397</td><td>400</td><td>rock</td><td></td><td></td></tr><tr><td></td><td>400</td><td>410</td><td>clay &amp; gravel</td><td></td><td></td></tr><tr><td></td><td>410</td><td>415</td><td>hard rock</td><td></td><td></td></tr><tr><td></td><td>415</td><td>418</td><td>clay &amp; gravel</td><td></td><td></td></tr><tr><td></td><td>418</td><td>422</td><td>rock</td><td></td><td></td></tr><tr><td></td><td>422</td><td>440</td><td>hard rock</td><td></td><td></td></tr><tr><td></td><td>440</td><td>445</td><td>soft rock</td><td></td><td></td></tr><tr><td></td><td>445</td><td>460</td><td>blue rock</td><td></td><td></td></tr><tr><td></td><td>460</td><td>470</td><td>hard rock</td><td></td><td></td></tr></tbody></table> |                     | Hole Diam. | Depth |  | Material | Water |  | From | To | Yes | No |                                                 | 130 | 175 | gray clay |  |  |  | 175 | 210 | gravel |  |  |  | 210 | 235 | crumbly clay |  |  |  | 235 | 318 | sticky clay |  |  |  | 318 | 325 | rock |  |  |  | 325 | 328 | rock & clay |  |  |  | 328 | 335 | clay & rock |  |  |  | 335 | 340 | hard |  |  |  | 340 | 345 | clay & rock |  |  |  | 345 | 347 | hard |  |  |  | 347 | 365 | soft rock |  |  |  | 365 | 375 | hard blue rock |  |  |  | 375 | 392 | hard rock |  |  |  | 392 | 397 | apparent sub ground |  |  |  | 397 | 400 | rock |  |  |  | 400 | 410 | clay & gravel |  |  |  | 410 | 415 | hard rock |  |  |  | 415 | 418 | clay & gravel |  |  |  | 418 | 422 | rock |  |  |  | 422 | 440 | hard rock |  |  |  | 440 | 445 | soft rock |  |  |  | 445 | 460 | blue rock |  |  |  | 460 | 470 | hard rock |  |  |
| Hole Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Depth |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Material            |            | Water |  |          |       |  |      |    |     |    |                                                 |     |     |           |  |  |  |     |     |        |  |  |  |     |     |              |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |                     |  |  |  |     |     |      |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |
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| <b>5. WELL CONSTRUCTION</b><br>Diameter of hole <u>20</u> inches Total depth _____ feet<br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete<br>Thickness Diameter From To<br><u>30</u> inches <u>1/4</u> inches + <u>0</u> feet <u>318</u> feet<br><u>10</u> inches <u>1/4</u> inches <u>310</u> feet <u>470</u> feet<br>____ inches _____ inches _____ feet _____ feet<br>____ inches _____ inches _____ feet _____ feet<br>____ inches _____ inches _____ feet _____ feet<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 type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input checked="" type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br>Number From To<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>Well screen installed? <input 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 checked="" type="checkbox"/> No Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth _____ Material used in seal <input type="checkbox"/> Cement grout<br><input type="checkbox"/> Pudding clay <input type="checkbox"/> Well cuttings<br>Sealing procedure used <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temporary surface casing<br><input type="checkbox"/> Overbore to seal depth |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |            |       |  |          |       |  |      |    |     |    |                                                 |     |     |           |  |  |  |     |     |        |  |  |  |     |     |              |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |                     |  |  |  |     |     |      |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must 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>S</td><td></td><td></td></tr></table><br>County _____<br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>____ 1/4 Sec. _____, T. _____ N/S, R. _____ E/W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |            | W     |  | E        |       |  |      | S  |     |    | <b>10.</b><br>Work started _____ finished _____ |     |     |           |  |  |  |     |     |        |  |  |  |     |     |              |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |                     |  |  |  |     |     |      |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |            |       |  |          |       |  |      |    |     |    |                                                 |     |     |           |  |  |  |     |     |        |  |  |  |     |     |              |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |                     |  |  |  |     |     |      |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |
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| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |            |       |  |          |       |  |      |    |     |    |                                                 |     |     |           |  |  |  |     |     |        |  |  |  |     |     |              |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |                     |  |  |  |     |     |      |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |
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USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

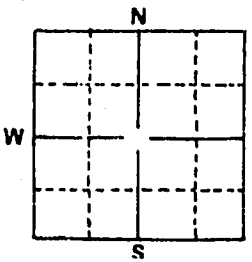
USE TYPEWRITER OR  
BALL POINT PEN

CRT 72-178  
well

State of Idaho  
Department of Water Resources

## WELL DRILLER'S REPORT

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

| <b>1. WELL OWNER</b><br>Name <u>Ashton Beckstead</u><br>Address <u>Logan Utah</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>7. WATER LEVEL</b><br>Static water level _____ feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow <u>17</u><br>Temperature <u>110</u> ° F. Quality _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                     |              |                  |                     |               |                 |                  |                     |                 |                 |     |     |           |  |  |  |     |     |        |  |  |  |        |      |              |  |  |  |     |     |            |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |                     |  |  |  |     |     |      |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |
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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 method of abandoning) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other<br><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Discharge G.P.M.</th><th>Draw Down</th><th>Hours Pumped</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Discharge G.P.M. | Draw Down           | Hours Pumped |                  |                     |               |                 |                  |                     |                 |                 |     |     |           |  |  |  |     |     |        |  |  |  |        |      |              |  |  |  |     |     |            |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |                     |  |  |  |     |     |      |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <b>3. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Other (specify type) _____<br><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>9. LITHOLOGIC LOG</b> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td> </td><td>130</td><td>175</td><td>gray clay</td><td> </td><td> </td></tr><tr><td> </td><td>175</td><td>210</td><td>gravel</td><td> </td><td> </td></tr><tr><td> </td><td>210</td><td>235</td><td>crumbly clay</td><td> </td><td> </td></tr><tr><td> </td><td>235</td><td>318</td><td>stiff clay</td><td> </td><td> </td></tr><tr><td> </td><td>318</td><td>325</td><td>rock</td><td> </td><td> </td></tr><tr><td> </td><td>325</td><td>328</td><td>rock &amp; clay</td><td> </td><td> </td></tr><tr><td> </td><td>328</td><td>335</td><td>clay &amp; rock</td><td> </td><td> </td></tr><tr><td> </td><td>335</td><td>340</td><td>hard</td><td> </td><td> </td></tr><tr><td> </td><td>340</td><td>345</td><td>clay &amp; rock</td><td> </td><td> </td></tr><tr><td> </td><td>345</td><td>347</td><td>hard</td><td> </td><td> </td></tr><tr><td> </td><td>347</td><td>355</td><td>softer rock</td><td> </td><td> </td></tr><tr><td> </td><td>355</td><td>375</td><td>hard blue rock</td><td> </td><td> </td></tr><tr><td> </td><td>375</td><td>392</td><td>hard rock</td><td> </td><td> </td></tr><tr><td> </td><td>392</td><td>397</td><td>apparent 1st gravel</td><td> </td><td> </td></tr><tr><td> </td><td>397</td><td>402</td><td>rock</td><td> </td><td> </td></tr><tr><td> </td><td>402</td><td>410</td><td>clay &amp; gravel</td><td> </td><td> </td></tr><tr><td> </td><td>410</td><td>415</td><td>hard rock</td><td> </td><td> </td></tr><tr><td> </td><td>415</td><td>418</td><td>clay &amp; gravel</td><td> </td><td> </td></tr><tr><td> </td><td>418</td><td>422</td><td>rock</td><td> </td><td> </td></tr><tr><td> </td><td>422</td><td>440</td><td>hard rock</td><td> </td><td> </td></tr><tr><td> </td><td>440</td><td>445</td><td>soft rock</td><td> </td><td> </td></tr><tr><td> </td><td>445</td><td>460</td><td>blue rock</td><td> </td><td> </td></tr><tr><td> </td><td>460</td><td>470</td><td>hard rock</td><td> </td><td> </td></tr></tbody></table> | Hole Diam.       | Depth               |              | Material         | Water               |               | From            | To               | Yes                 | No              |                 | 130 | 175 | gray clay |  |  |  | 175 | 210 | gravel |  |  |  | 210    | 235  | crumbly clay |  |  |  | 235 | 318 | stiff clay |  |  |  | 318 | 325 | rock |  |  |  | 325 | 328 | rock & clay |  |  |  | 328 | 335 | clay & rock |  |  |  | 335 | 340 | hard |  |  |  | 340 | 345 | clay & rock |  |  |  | 345 | 347 | hard |  |  |  | 347 | 355 | softer rock |  |  |  | 355 | 375 | hard blue rock |  |  |  | 375 | 392 | hard rock |  |  |  | 392 | 397 | apparent 1st gravel |  |  |  | 397 | 402 | rock |  |  |  | 402 | 410 | clay & gravel |  |  |  | 410 | 415 | hard rock |  |  |  | 415 | 418 | clay & gravel |  |  |  | 418 | 422 | rock |  |  |  | 422 | 440 | hard rock |  |  |  | 440 | 445 | soft rock |  |  |  | 445 | 460 | blue rock |  |  |  | 460 | 470 | hard rock |  |  |
| Hole Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>5. WELL CONSTRUCTION</b><br>Diameter of hole <u>20</u> inches Total depth _____ feet<br>Casing schedule: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete<br><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>30</u> inches</td><td><u>2 1/2</u> inches</td><td><u>0</u> feet</td><td><u>318</u> feet</td></tr><tr><td><u>10</u> inches</td><td><u>1 1/4</u> inches</td><td><u>318</u> feet</td><td><u>470</u> feet</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table><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 type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input checked="" type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </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><br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size of gravel _____<br>Placed from _____ feet to _____ feet<br><br>Surface seal depth _____ Material used in seal <input type="checkbox"/> Cement grout<br><input type="checkbox"/> Pudding clay <input type="checkbox"/> Well cuttings<br>Sealing procedure used <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temporary surface casing<br><input type="checkbox"/> Overbore to seal depth | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Diameter         | From                | To           | <u>30</u> inches | <u>2 1/2</u> inches | <u>0</u> feet | <u>318</u> feet | <u>10</u> inches | <u>1 1/4</u> inches | <u>318</u> feet | <u>470</u> feet |     |     |           |  |  |  |     |     |        |  |  |  | Number | From | To           |  |  |  |     |     |            |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |                     |  |  |  |     |     |      |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>30</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>2 1/2</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>0</u> feet    | <u>318</u> feet     |              |                  |                     |               |                 |                  |                     |                 |                 |     |     |           |  |  |  |     |     |        |  |  |  |        |      |              |  |  |  |     |     |            |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |                |  |  |  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| <u>10</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>1 1/4</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>318</u> feet  | <u>470</u> feet     |              |                  |                     |               |                 |                  |                     |                 |                 |     |     |           |  |  |  |     |     |        |  |  |  |        |      |              |  |  |  |     |     |            |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |                |  |  |  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| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><div style="display: flex; align-items: center;"><div style="text-align: center;"></div><div style="margin-left: 20px;">Subdivision Name _____<br/>Lot No. _____ Block No. _____<br/>County _____<br/>_____ 1/4 _____ Sec. _____, T. _____ N/S, R. _____ E/W</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>11. DRILLERS CERTIFICATION</b><br>Firm Name <u>Idaho</u> Firm No. <u>11</u><br>Address <u>Idaho</u> Date _____<br>Signed by (Firm Official) _____<br>and<br>(Operator) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                     |              |                  |                     |               |                 |                  |                     |                 |                 |     |     |           |  |  |  |     |     |        |  |  |  |        |      |              |  |  |  |     |     |            |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |      |  |  |  |     |     |             |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |                     |  |  |  |     |     |      |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |     |           |  |  |

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

TO

Charles Taylor

P.O. Box 247

Tremonton, Ut 84337-0247

FROM

Raft River Rural Electric Cooperative, Inc.

P.O. Box 77

Phone 208 645-2211

Malta, ID 83342

FAX 208 645-2300

SUBJECT

DATE

MESSAGE:

Dear Mr. Taylor:

Enclosed are the irrigation bills of 79, 80, 81 & 82  
on service #36014. I hope this information is  
helpful.

ORIGINATOR-DO  
REPLY

DATE

Ex. 4. Copies  
of Raft River  
Power bills to  
Ashton Bucksted  
for irrigation of farm  
in question

SIGNED

Shirley Erickson Receptionist

SIGNED

SEND PARTS 1 AND 3 INTACT-PART 1 WILL BE RETURNED WITH REPLY.

RM-858-3

RETURN TO ORIGINATOR

|     |          |   |
|-----|----------|---|
|     | 0.       | C |
|     | 0.       | C |
| 82  | 1,523.60 | + |
|     | 1,304.29 | + |
|     | 1,553.70 | + |
|     | 396.51   | + |
| 004 | .....    |   |
|     | 4,780.30 | * |

|     |          |   |
|-----|----------|---|
|     | 0.       | C |
| 81  | 6.10     | + |
|     | 1,330.60 | + |
|     | 1,636.00 | + |
|     | 789.40   | + |
| 004 | .....    |   |
|     | 3,762.10 | * |

|     |          |   |
|-----|----------|---|
|     | 0.       | C |
| 80  | 1,185.44 | + |
|     | 735.64   | + |
|     | 489.00   | + |
| 003 | .....    |   |
|     | 2,411.08 | * |

|     |          |   |
|-----|----------|---|
| 79  | 769.40   | + |
|     | 473.40   | + |
| 002 | .....    |   |
|     | 1,242.80 | * |

|       |           |   |
|-------|-----------|---|
| 79    | 1,242.80  | + |
| 80    | 2,411.08  | + |
| 81    | 3,762.10  | + |
| 82    | 4,780.30  | + |
| 004   | .....     |   |
| TOTAL | 12,196.28 | * |

## STATEMENT

## RAFT RIVER RURAL ELECTRIC COOP. INC.

P. O. BOX 617

PHONE 645-2211

MALTA, IDAHO 83342

ASHTON BECKSTEAD  
415 W 1800 N  
LOGAN UT 84321

ACCOUNT NO.

020812

## BILLING CODES

MERCANTILE ESTIMATED  
METER READING

| SERVICE OR<br>REFERENCE NO.                                         | METER READING   |           | KWH<br>USED | DEMAND  | BALANCE<br>FWD | AMOUNT           |
|---------------------------------------------------------------------|-----------------|-----------|-------------|---------|----------------|------------------|
|                                                                     | PREVIOUS        | PRESNT    |             |         |                |                  |
|                                                                     | BALANCE FORWARD |           |             |         |                | 2,190.03         |
| 007714                                                              |                 |           |             |         | 3              | 7.37             |
| 007714                                                              |                 |           |             |         | 9              | 26.07            |
| 007714                                                              |                 |           |             |         | 6              | 22.02            |
| 036014                                                              | 501             | 2192      | 111280      | 213     | 2              | 769.40           |
| 410114                                                              | 9321            | 11512     | 175280      | 291     | 2              | 1,107.40         |
| 041025                                                              | 3441            | 5637      | 87840       | 176     | 2              | 615.20           |
| 041042                                                              | 6212            | 8932      | 28800       | 98      | 2              | 242.00           |
| 410114                                                              | 69270           | 69270     |             |         | 1              | 5.75             |
|                                                                     |                 |           |             |         | 4              | .25              |
|                                                                     |                 |           |             |         | 9              | .10              |
| TAX                                                                 |                 |           |             |         |                |                  |
| 1.5% / YR. - 1.5% / YR. - CHARGE WILL BE ADDED TO PAST DUE AMOUNTS. |                 |           |             |         |                |                  |
| PAST DUE AMOUNTS                                                    |                 |           |             |         |                | TOTAL AMOUNT DUE |
| 30 DAYS AND OVER                                                    | 1-29 DAYS       | 1-29 DAYS | 1-29 DAYS   | CURRENT |                |                  |
| 5.85                                                                | 13.61           | 2170.37   | 2925.13     |         |                | 5,115.16         |

## STATEMENT

## RAFT RIVER RURAL ELECTRIC COOP., INC.

P. O. BOX 617      PHONE 641-2211  
MALTA, IDAHO 83342

ASHTON BECKSTEAD  
410 W 1800 N  
CUBAN UT 84321

DATE: 6/31/79      ACCOUNT NO: 030817

## BILLING CODES:

1. BASIC SERVICE CHARGE      2. OTHER REVENUES  
3. ADJUSTMENTS      4. PAYMENTS  
5. SALES TAX

| SERVICE OR<br>REFERENCE NO.                            | METER READING | DEMAND | AMOUNT   |
|--------------------------------------------------------|---------------|--------|----------|
| BALANCE FORWARD                                        |               |        |          |
| 036014                                                 | 2192          | 213    | 5,115.16 |
| 041024                                                 | 5637          | 172    | 473.40   |
| 041037                                                 | 8932          | 96     | 707.60   |
| 410104                                                 | 69270         | 1      | 117.90   |
| 410114                                                 | 1512          | 290    | 5.75     |
|                                                        |               |        | 685.20   |
|                                                        |               |        | 22.85    |
|                                                        |               |        | 10       |
| TAX                                                    |               |        |          |
| 1.5¢/MU., -18¢/YR.-- CHARGE WILL BE ADDED TO ACCOUNTS. |               |        |          |

90 DAYS AP

017 22645-221  
ALTA 1000 3342

| DATE   | ACCOUNT NO |
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| SERVICE OR<br>REFERENCE NO. | METER READING |         | KWH<br>USED | DEMAND | TAX | AMOUNT   |
|-----------------------------|---------------|---------|-------------|--------|-----|----------|
|                             | PREVIOUS      | PRESENT |             |        |     |          |
| BALANCE FORWARD             |               |         |             |        |     | 4,868.50 |
| 036014                      | 3637          | 5161    | 121920      | 222    | 2   | 1,186.44 |
| 041025                      | 5936          | 6750    | 112560      | 172    | 2   | 1,045.92 |
| 041032                      | 9637          | 10879   | 49680       | 97     | 2   | 493.26   |
| 410104                      | 70770         | 72270   | 1500        |        | 1 1 | 29.00    |
| 410114                      | 3923          | 6015    | 157360      | 282    | 2   | 1,594.52 |
|                             |               |         |             |        | 4   | 31.13    |
| TAX                         |               |         |             |        | 9   | .51      |

Red Duck

100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1044-1045-1046-1047-1048-1049-1050-1051-1052-1053-1054-1055-1056-1057-1058-1059-1060-1061-1062-1063-1064-1065-1066-1067-1068-1069-1070-1071-1072-1073-1074-1075-1076-1077-1078-1079-1080-1081-1082-1083-1084-1085-1086-1087-1088-1089-1090-1091-1092-1093-1094-1095-1096-1097-1098

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|        |         | PAST DUE AMOUNTS |         | CURRENT  | TOTAL AMOUNT DUE |
|--------|---------|------------------|---------|----------|------------------|
|        | 60 DAYS | 90 DAYS          |         |          |                  |
| 141.60 | 1933.78 | 2793.12          | 4380.78 | 9,249.26 |                  |

TERMS: 1. DELIVERY: DELIVERY DATE OF MAILING. 2. FINANCE CHARGE: 1% PER MONTH. 3. ANNUAL RATE: 12% PER ANNUM. 4. PAYMENT: ALL PAYMENTS DUE ACCOUNTS. 5. PURCHASE: PURCHASE TO PAY. 6. REASONABLE: REASONABLE. 7. COLLECTION: COLLECTION WITHOUT EMPLOYMENT.

RAFT RIVER VALLEY ELECTRIC COOP., INC.

STATEMENT

DATE: 6/30/50 ACCOUNT NO: 020517

ASPTON B  
415 W 180  
LEBAN UT

SET FOR  
METER READING

| METER READING |         | KWH USED        | DEMAND | AMOUNT   |
|---------------|---------|-----------------|--------|----------|
| PREVIOUS      | CURRENT |                 |        |          |
| 034016        | 2718    | BALANCE FORWARD |        |          |
| 041025        | 4110    | 3637            |        |          |
| 041032        | 7330    | 5936            | 222    | 2.075.22 |
| 410104        | 70770   | 9637            | 174    | 735.60   |
| 410114        | 2815    | 70770           | 97     | 772.20   |
|               |         | 3923            | 2      | 231.45   |
|               |         | 68640           | 1      | 8.00     |
|               |         |                 | 252    | 1.043.40 |
|               |         |                 | 4      | 2.12     |
|               |         |                 | 9      | .10      |

| PAST DUE AMOUNTS | CURRENT | TOTAL AMOUNT DUE |
|------------------|---------|------------------|
| 141.60           | 2793.12 | 4,868.50         |

TERMS: 10 DAYS AFTER DATE OF BILLING. IF NOT PAID BY DATE, A LATE CHARGE OF 1% PER MONTH (ANNUAL RATE) WILL BE ADDED TO ALL PAST DUE AMOUNTS. IN CASE OF FORCE MAJEURE, CUSTOMER WILL BE NOTIFIED BY MAIL.

## STATEMENT

## RAFT RIVER RURAL ELECTRIC COOP., INC.

P.O. BOX 517 PHONE 461-1111  
RAFT RIVER, IDAHO 83424

DATE

ACCOUNT NO

5/31/80

020617

ASHTON BECKSTEAD  
415 W 1800 N  
LOGAN UT 84321

## BILLING CODES

|                  |                  |
|------------------|------------------|
| RESIDENTIAL      | 1. MONTHLY RATES |
| SMALL COMMERCIAL | 2. SPECIAL RATES |
| INDUSTRIAL       | 3. ADJUSTMENTS   |
| WATER PUMPS      | 4. ADJUSTMENTS   |
| WATER PUMPS      | 5. ADJUSTMENTS   |
| WATER PUMPS      | 6. ADJUSTMENTS   |
| WATER PUMPS      | 7. ADJUSTMENTS   |
| WATER PUMPS      | 8. ADJUSTMENTS   |
| WATER PUMPS      | 9. ADJUSTMENTS   |

INDICATES ESTIMATED  
METER READING

| SERVICE OR<br>REFERENCE NO. | METER READING   |         | DEMAND | BILLING<br>CODE | AMOUNT     |
|-----------------------------|-----------------|---------|--------|-----------------|------------|
|                             | PREVIOUS        | PRESENT |        |                 |            |
|                             | BALANCE FORWARD |         |        |                 | 9,173.21   |
| 051680                      |                 |         |        | 67              | 2,277.04CR |
| 051680                      |                 |         |        | 17              | 6,754.57CR |
| 036014                      | 2843            | 2918    | 6000   | 298             | 489.00     |
| 041025                      | 2866            | 4110    | 49760  | 168             | 600.32     |
| 041032                      | 9041            | 9330    | 11560  | 98              | 227.92     |
| 410104                      | 70770           | 70770   |        | 1               | 0.00       |
| 410114                      | 2500            | 2815    | 25200  | 288             | 600.00     |
| TAX                         |                 |         |        | 9               | 0.00       |
| <i>John Carr</i>            |                 |         |        |                 |            |
| <i>John Carr</i>            |                 |         |        |                 |            |
| <i>10/1/71</i>              |                 |         |        |                 |            |

| 10 DAYS AND OVER | 10 DAYS | 10 DAYS | CURRENT |
|------------------|---------|---------|---------|
| .00              | .00     | 151.28  | 1933.78 |

TERMS: ALL ACCOUNTS DUE 10 DAYS AFTER DATE OF MAILING. SERVICE CHARGE  
WILL BE APPLIED TO ALL PAST DUE ACCOUNTS. PAYMENT AGREES  
COLLECTION FEE IN CASE OF FORCED COLLECTION WITHOUT NOTICE.

RAFT RIVER RURAL ELECTRIC COOP., INC.

| DATE    | ACCOUNT NO |
|---------|------------|
| 5/31/81 | 020817     |

| BILLING CODES      |                     |
|--------------------|---------------------|
| 1 RESIDENTIAL      | 5 NOTES RECEIVABLE  |
| 2 SMALL COMMERCIAL | 6 OTHER RECEIVABLES |
| 3 STOCK PUMPS      | 7 PAYMENTS          |
| 4 PUBLIC SLODS     | 8 ADJUSTMENTS       |
| 5 IRRIGATION POWER | 9 SALES TAX         |
| 6 LARGE POWER      |                     |
| 7 INTEREST         |                     |

**INDICATES ESTIMATED  
METER READING**

| SERVICE OR<br>REFERENCE NO. | METER READINGS  |         | KWH<br>USED | TAX | AMOUNT     |
|-----------------------------|-----------------|---------|-------------|-----|------------|
|                             | PREVIOUS        | PRESENT |             |     |            |
|                             | BALANCE FORWARD |         |             |     | 29,323.27  |
| 010690                      |                 |         |             | 6   | 27.00 ✓    |
| 036014                      | 5161            | 5739    | 46240       | 2   | 789.40     |
| 041025                      | 3418            | 4878    | 58400       | 2   | 828.50     |
| 041032                      | 1015            | 1641    | 25040       | 2   | 425.90     |
| 410104                      | 2104            | 2104    |             | 1   | 8.00 ✓     |
| 410114                      | 7631            | 8687    | 84480       | 2   | 1,267.80 ✓ |
|                             |                 |         |             | 4   | 439.85 •   |
| TAX                         |                 |         |             | 9   | .14        |
| 90 DAYS AND OVER            |                 |         |             |     | 28467.05   |
| 60 DAYS                     |                 |         |             |     | 434.85     |
| 30 DAYS                     |                 |         |             |     | 441.37     |
| CURRENT                     |                 |         |             |     | 3786.59    |
|                             |                 |         |             |     | 33,109.86  |

**TERMS:** ALL ACCOUNTS DUE 10 DAYS AFTER DATE OF MAILING. A FINANCE CHARGE OF 1 1/2% PER MONTH (18% ANNUAL RATE) WILL BE APPLIED TO ALL PAST DUE ACCOUNTS. PURCHASER AGREES TO PAY A REASONABLE ATTORNEY OR COLLECTION FEE IN CASE OF FORCED COLLECTION WITH OR WITHOUT SUIT.

# STATEMENT

## RAFT RIVER RURAL ELECTRIC COOP., INC.

P.O. BOX 617 PHONE 645-2211  
MALTA, IDAHO 83342

DATE 6/30/81 ACCOUNT NO. 020817

ASHTON RECKSTEAD  
415 W 1800 N  
LOGAN UT 84321

BILLING CODES  
1 RESIDENTIAL 5 NOTES RECEIVABLE  
2 SMALL COMMERCIAL 6 OTHER RECEIVABLES  
3 STOCK PUMPS 7 PAYMENTS  
4 PUBLIC BLDGS 8 ADJUSTMENTS  
5 IRRIGATION POWER 9 SALES TAX  
6 LARGE POWER  
7 INTEREST

INDICATES ESTIMATED METER READING

| SERVICE OR REFERENCE NO. | METER READING |                 | C-WIRE USED | DEMAND | PUMP CODE | AMOUNT    |
|--------------------------|---------------|-----------------|-------------|--------|-----------|-----------|
|                          | PREVIOUS      | PRESENT         |             |        |           |           |
|                          |               | BALANCE FORWARD |             |        |           | 33,109.86 |
| 036014                   | 5739          | 7529            |             | 136    | 2         | 1,636.00  |
| 041025                   | 4878          | 7807            |             | 166    | 2         | 1,420.60  |
| 041032                   | 1641          | 2979            |             | 82     | 2         | 658.20    |
| 410104                   | 2104          | 2104            |             |        | 1 1       | 8.00      |
| 410114                   | 8687          | 1078            | 191280      | 281    | 2         | 2,334.30  |
|                          |               |                 |             |        | 4         | 496.65    |
|                          |               |                 |             |        | 9         | .14       |
| TAX                      |               |                 |             |        |           |           |
|                          |               |                 |             |        |           | 39,663.75 |
|                          |               |                 |             |        |           | 6553.89   |
|                          |               |                 |             |        |           | 3786.59   |
|                          |               |                 |             |        |           | 441.37    |
|                          |               |                 |             |        |           | 26881.90  |

TERMS: ALL ACCOUNTS DUE 10 DAYS AFTER DATE OF MAILING. A FINANCE CHARGE OF 1% PER MONTH (12% ANNUAL RATE) WILL BE APPLIED TO ALL PAST DUE ACCOUNTS. PURCHASER AGREES TO PAY A REASONABLE ATTORNEY OR COLLECTION FEE IN CASE OF FORCED COLLECTION WITH OR WITHOUT SUIT.

## STATEMENT

## RAFT RIVER RURAL ELECTRIC COOP., INC.

P.O. BOX 617 PHONE 645-2211  
MALTA, IDAHO 83342

DATE ACCOUNT NO

7/31/81

020817

ASHTON BECKSTEAD  
415 W 1800 N  
LOGAN UT 84321

## BILLING CODES

1 RESIDENTIAL 5 NOTES RECEIVABLE  
2 SMALL COMMERCIAL 6 OTHER RECEIVABLES  
3 STOCK PUMPS 7 PAYMENTS  
4 PUBLIC BLDGS 8 ADJUSTMENTS  
5 IRRIGATION POWER 9 SALES TAX  
6 LARGE POWER  
7 INTEREST

INDICATES ESTIMATED  
METER READING

| SERVICE OR<br>REFERENCE NO. | METER READING |         | KWH<br>USED | DEMAND  | BILLING<br>CODE | AMOUNT    |
|-----------------------------|---------------|---------|-------------|---------|-----------------|-----------|
|                             | PREVIOUS      | PRESENT |             |         |                 |           |
|                             |               |         |             |         |                 | 39,653.75 |
|                             |               |         |             |         |                 |           |
| 036014                      | 7529          | 8626    | 87760       | 220     | 2               | 1,330.60  |
| 041025                      | 7807          | 581     | 110960      | 166     | 2               | 1,358.60  |
| 041032                      | 2979          | 4126    | 45880       | 82      | 2               | 581.80    |
| 410104                      | 2104          | 3104    | 1000        |         | 1               | 25.00     |
| 410114                      | 1078          | 3065    | 158960      | 280     | 2               | 2,009.60  |
|                             |               |         |             |         | 4               | 594.96    |
|                             |               |         |             |         | 9               | .44       |
| TAX                         |               |         |             |         |                 |           |
| PAST DUE AMOUNTS            |               |         |             |         |                 |           |
| 10 DAYS AND OVER            | 30 DAYS       | 60 DAYS | 90 DAYS     | CURRENT |                 |           |
| 29323.27                    | 3786.59       | 6553.89 | 5901.00     |         |                 | 45,564.75 |

TERMS: ALL ACCOUNTS DUE 10 DAYS AFTER DATE OF MAILING. A FINANCE CHARGE OF 1 1/4% PER MONTH (15% ANNUAL RATE) WILL BE APPLIED TO ALL PAST DUE ACCOUNTS. PURCHASER AGREES TO PAY A REASONABLE ATTORNEY OR COLLECTION FEE IN CASE OF FORCED COLLECTION WITH OR WITHOUT SUIT.

# STATEMENT **RAFT RIVER RURAL ELECTRIC COOP., INC.** P.O. BOX 617    PHONE 645-2211 MALTA, IDAHO 83342

DATE: **8/31/81**    ACCOUNT NO: **020817**

**ASHTON BECKSTEAD**  
415 W 1800 N  
LOGAN UT 84321

- BILLING CODES**
- 1 RESIDENTIAL
  - 2 SMALL COMMERCIAL
  - 3 STOCK PUMPS
  - 4 PUBLIC BLDGS
  - 5 IRRIGATION POWER
  - 6 LARGE POWER
  - 7 INTEREST
  - 8 NOTES RECEIVABLE
  - 9 OTHER RECEIVABLES
  - 0 PAYMENTS
  - 1 ADJUSTMENTS
  - 2 SALES TAX

INDICATES ESTIMATED  
METER READING

| REFERENCE OR<br>METER NO. | METER READING |                        | KWH<br>USED    | DEMAND    | BILLING<br>CODE | AMOUNT           |
|---------------------------|---------------|------------------------|----------------|-----------|-----------------|------------------|
|                           | PREVIOUS      | PRESENT                |                |           |                 |                  |
|                           |               | <b>BALANCE FORWARD</b> |                | <b>82</b> | <b>2</b>        | <b>45,564.75</b> |
| 036014                    | 8626          | 8628                   | 160            | 3         | 2               | .00              |
| 036014                    | 8626          | 3602                   | 120840         | 166       | 2               | .10              |
| 041025                    | 581           | 5390                   | 50560          | 82        | 2               | 1,457.40         |
| 041032                    | 4126          | 3604                   | 500            |           | 2               | 628.60           |
| 410104                    | 3104          |                        |                |           | 1               | 16.50            |
|                           |               |                        |                |           | 4               | 683.47           |
|                           |               |                        |                |           | 9               | .29              |
| <b>TAX</b>                |               |                        |                |           |                 |                  |
|                           |               |                        | <b>30 DAYS</b> |           | <b>CURRENT</b>  | <b>48,357.11</b> |
| <b>30 DAYS AND OVER</b>   |               |                        | <b>6553.89</b> |           | <b>2792.36</b>  |                  |

**TERMS:** ALL ACCOUNTS DUE 10 DAYS AFTER DATE OF MAILING. A FINANCE CHARGE OF 1 1/2% PER MONTH (18% ANNUAL RATE) WILL BE APPLIED TO ALL PAST DUE ACCOUNTS. PURCHASER AGREES TO PAY A REASONABLE ATTORNEY OR COLLECTION FEE IN CASE OF FORCED COLLECTION WITH OR WITHOUT SUIT.

P.O. BOX 817      PHONE 645-2211  
MALTA, IDAHO 83342

020817

| BILLING CODES      |                     |
|--------------------|---------------------|
| 1 RESIDENTIAL      | 9 NOTES RECEIVABLE  |
| 2 SMALL COMMERCIAL | 0 OTHER RECEIVABLES |
| 3 STOCK PUMPS      | 7 PAYMENTS          |
| 4 PUBLIC BLOBS     | 8 ADJUSTMENTS       |
| 5 IRRIGATION POWER | 9 SALES TAX         |
| 6 LARGE POWER      |                     |
| 7 INTEREST         |                     |

**INDICATES ESTIMATED  
METER READING**

5118.96

**TERMS:** All accounts are due and payable upon receipt and become past due the last day of the month mailed. **FINANCE CHARGE 1-1/2% PER MONTH (18% ANNUAL RATE)** will be applied to all past due accounts. Purchaser agrees to pay a reasonable attorney's collection fee in case of forced collection with or without suit.

P.O. BOX 617    PHONE 645-2211  
MALTA, IDAHO 83342

020917

## BILLING CODES

|                    |                     |
|--------------------|---------------------|
| 1 RESIDENTIAL      | 5 NOTES RECEIVABLE  |
| 2 SMALL COMMERCIAL | 6 OTHER RECEIVABLES |
| 3 STOCK PUMPS      | 7 PAYMENTS          |
| 4 PUBLIC BLOBS     | 8 ADJUSTMENTS       |
| 5 'RIGATION POWER  | 9 SALES TAX         |
| 6 LARGE POWER      |                     |
| 7 INTEREST         |                     |

**INDICATES ESTIMATED  
METER READING**

**TERMS** All accounts are due and payable upon receipt and become past due the last day of the month mailed. **FINANCE CHARGE 1 1/2% PER MONTH (18% ANNUAL RATE)** will be applied to all past due accounts. Purchaser agrees to pay a reasonable attorney or collection fee in case of forced collection with or without suit.

## STATEMENT

**RAFT RIVER RURAL ELECTRIC COOP., INC.**

P.O. BOX 617    PHONE 645-2211  
MALTA, IDAHO 83342

7/31/82

020617

ASHTON BECKSTEAD  
415 W 1800 N  
LOGAN UT 84321

## BILLING CODES

|                    |                    |
|--------------------|--------------------|
| 1 RESIDENTIAL      | 3 NOTES RECEIVABLE |
| 2 SMALL COMMERCIAL | 4 OTHER RECEIVABLE |
| 3 STOCK PUMPS      | 5 PAYMENTS         |
| 4 PUBLIC BLDGS     | 6 ADJUSTMENTS      |
| 5 IRRIGATION POWER | 7 SALES TAX        |
| 6 LARGE POWER      |                    |
| 7 INTEREST         |                    |

INDICATES ESTIMATED  
METER READING

| SERVICE OR<br>REFERENCE NO.           | METER READING   |         | KWH<br>USED | DEMAND | BILLING<br>CODE |  | AMOUNT             |
|---------------------------------------|-----------------|---------|-------------|--------|-----------------|--|--------------------|
|                                       | PREVIOUS        | PRESENT |             |        |                 |  |                    |
|                                       | BALANCE FORWARD |         |             |        |                 |  | 67,206.68          |
| 0713-2                                |                 |         |             |        | 17              |  | 6,012.69CP         |
| 036014                                | 629             | 1762    | 90640       | 214    | 2               |  | 1,553.70           |
| 041025                                | 7752            | 54      | 92080       | 166    | 2               |  | 1,501.29           |
| 041012                                | 6813            | 7305    | 19680       | 95     | 2               |  | 395.15             |
| 410114                                | 6427            | 8336    | 152720      | 286    | 2               |  | 2,505.99           |
|                                       |                 |         |             |        | 4               |  | 917.91             |
| <b>TOTAL PREVIOUS MONTH'S BALANCE</b> |                 |         |             |        |                 |  | <b>\$18,085.74</b> |
| <b>TOTAL CURRENT MONTH'S CHARGE</b>   |                 |         |             |        |                 |  | <b>\$68,064.03</b> |
| <b>TOTAL PAYMENT DUE</b>              |                 |         |             |        |                 |  | <b>\$86,150.77</b> |

**TERMS:** All accounts are due and payable upon receipt and become past due the last day of the month mailed. **FINANCE CHARGE:** 1 1/2% PER MONTH (18% ANNUAL RATE) will be applied to all past due accounts. Purchaser agrees to pay a reasonable attorney's fee in case of forced collection with or without suit.

**TERMS:** All accounts are due and payable upon receipt and become past due the last day of the month mailed. **FINANCE CHARGE** 1 1/2%  
PER MONTH (18% ANNUAL RATE) will be applied to all past due accounts. Purchaser agrees to pay a reasonable attorney or  
collection fee in case of forced collection with or without suit.

**KNUDSEN'S IRRIGATION CO., INC.**

AMERICAN FALLS, IDAHO 83211

MAILING ADDRESS:  
P. O. BOX 606  
AMERICAN FALLS, IDAHO 83211  
PHONE: 226-5049

SHIPPING ADDRESS:  
HIWAY 39 WEST OF DAM  
AMERICAN FALLS, IDAHO 83211  
PHONE: 226-5049

Ashton Becksted  
Snowville, Utah

July 1, 1979

*RLM*

**PUMPS AND WELL DRILLING**

Well casing  
Well drilling  
12HH200 10 stage bowl assembly  
250 HP Motor  
Strainer  
380' Column and shaft  
250 HP Panel with 3 rd leg protection  
TC/TDR/SC/LA  
Panel hookup

*Idaho farm.*

15H277 5 stage bowl assembly  
300' 12" Column and shaft  
2412 Discharge head  
300 HP Motor  
300 HP Panel with 3 rd leg protection  
TC/TDR/SC/LA  
Panel hookup  
Test pumping

*Exp. 2.*

*Idaho pumping Eq.*

*Job total on reverse  
side of page.*

# KNUDSEN'S IRRIGATION CO., INC.

AMERICAN FALLS, IDAHO 83211

MAILING ADDRESS:  
P. O. BOX 606  
AMERICAN FALLS, IDAHO 83211  
PHONE: 226-5049

SHIPPING ADDRESS:  
HIWAY 39 WEST OF DAM  
AMERICAN FALLS, IDAHO 83211  
PHONE: 226-5049

Ashton Beckstead  
Snowville, Utah

7/1/79

*RLM*

## Mainline & Connections

2190'- 6" X 30' Portable Aluminum Mainline  
4800'- 8" X 30' Portable Aluminum Mainline  
2340'-10" X 30' Portable Aluminum Mainline  
2340'-12" X 30' Portable Aluminum Mainline  
2 - 8" X 6" Reducers  
1 -10" X 12" Reducers  
2 -10" X 8" Reducers  
2 - Surge Plugs

2640'-10" 100 I.P.S. Plastic Pipe  
660'- 8" 100 I.P.S. Plastic Pipe  
660'- 6" 100 I.P.S. Plastic Pipe  
1 -10" X 8" Reducers  
1 - 8" X 6" Reducers  
1-2 2 - End Plugs 6" Surge

Total Job \$ 307,000.00

THUNDERBIRD WHEEL LINES & HANDLINES

1c- 1/4 Mile Thunderbird Wheel Lines with Briggs and Stratton Engine numbers

|       |       |       |
|-------|-------|-------|
| 17289 | 17641 | 17271 |
| 17637 | 17642 | 17527 |
| 17644 | 17269 | 13038 |
| 17639 | 17272 | 13101 |
| 17648 | 17650 | 13037 |
| 17647 | 17633 | 13179 |
| 17544 | 17640 | 13102 |
| 17201 | 17635 | 13046 |
| 17309 | 17634 | 13118 |
| 17540 | 17286 | 12953 |
| 17541 | 17064 |       |

- 16- Goosenecks
- 16- 4" X 3" Valve Openers
- 2- 4 HP Motors/Mounts
- Erection of Lines
- 2- Honda 110 AC Bikes
- 1- 4" X 40' Plain Pipe
- 4- Torque Wheel Chains
- 4- #40 Chains
- 360- 4" X 40' Handline Pipe Complete w/Birds
- 12- 4" X 4" Valve Openers
- 10- 4" End Plugs

PUMPS AND WELL DRILLING

Well casing  
 Well drilling  
 12HH200 10 stage bowl assembly-U.S. 3 phase, 60 cycle, 480 Volt, 1800 RPM:  
     VHS-N.R.R. 1 11/16 bore motor  
 250 HP Motor--Worthington--Sn. VTP 52219  
 Strainer  
 380' Column and shaft  
 250 HP Panel with 3 rd leg protection  
 TC/TDR/SC/LA  
 Panel hookup

15H277 5 stage bowl assembly - SN# VTP52217, Manu.-Worthington 1 15/16  
 300' 12" Column and shaft  
 2412 Discharge head  
 300 HP Motor--U.S. 3 phase, 60 cycle, 480 Volt, 1800 R.P.M. V.E.S. N.R.R.  
     1 15/16, 1/2" X 1/2" bore motor  
 300 HP Panel with 3 rd leg protection  
 TC/TDR/SC/LA  
 Panel Hookup  
 Test pumping

Acknowledged By

*[Signature]*

Page 1

**PUMP # 1**

- 2 each 12" Gaskets and dielectric couplers
- 1 each 12" Flange
- 1 " 12" Butterfly valve
- 1 " 12" to 10" Cone reducer
- 1 " 12" Dresser coupler and chains
- 2 " 10" Flanges
- 1 " 10" Butterfly valve
- 12 " 7/8" X 4 1/2" Bolts
- 12 " 3/4" X 5" Bolts and 12 each 3/4" nuts
- 1 " 3" Air relief and 3" nipple, fertilizer plug, faucet and pressure gauge
- 1 " 12" Green starter coupler and ring band lock
- 1 " 10" " " " " " " " "
- 1 " 12" Fabricated wye
- 30 " 12" Bare steel pipe
- Fabrication at pump

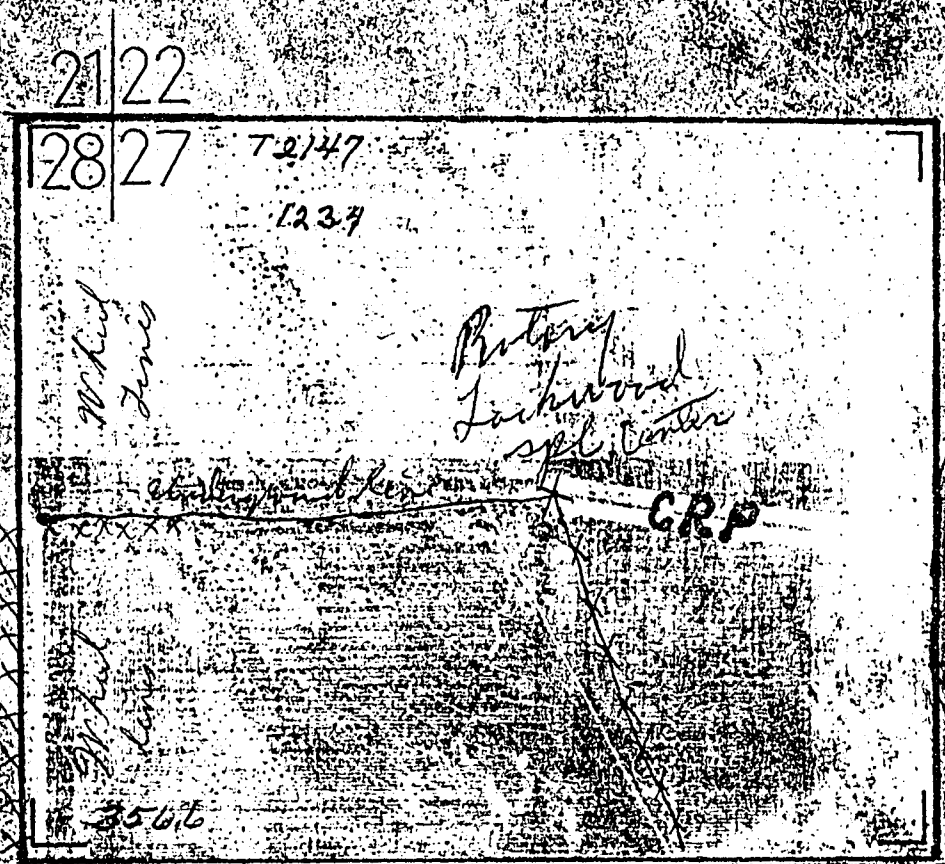
**PUMP # 2**

- 1 each 10" Dielectric coupler
- 1 " 10" Flange
- 1 " 10" Butterfly valve
- 12 " 7/8" X 4 1/2" Bolts
- 1 " 10" to 12" Cone reducer/ 10" X 8" & 8" X 6" Cone reducers
- 2 " 6" Flanges
- 1 " 6" Butterfly valve
- 1 " 10" Dresser coupler and chains
- 6 " 3/4" X 4 1/2" bolts and 3/4" nuts
- 1 " 3" Air relief vents, 3" nipple, fertilizer plug, faucet and pressure gauge
- 1 " 12" Green starter and ring band lock
- 1 " 6" Green " " " " " "
- 1 " 10" Fabricated wye
- 30 " 10" Bare steel pipe
- Fabrication at pump

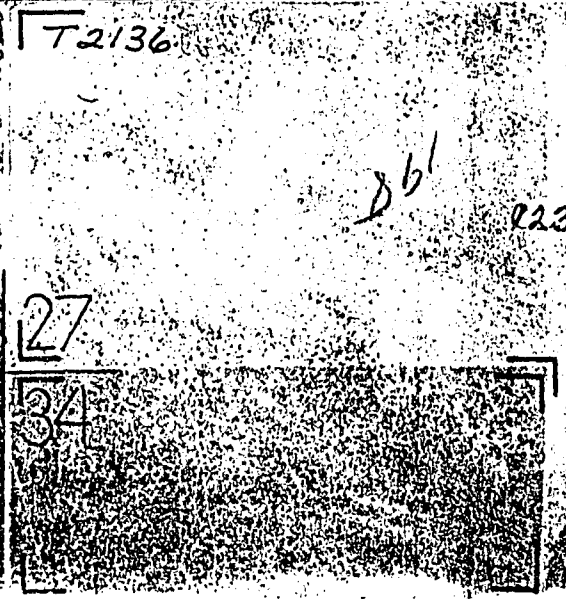
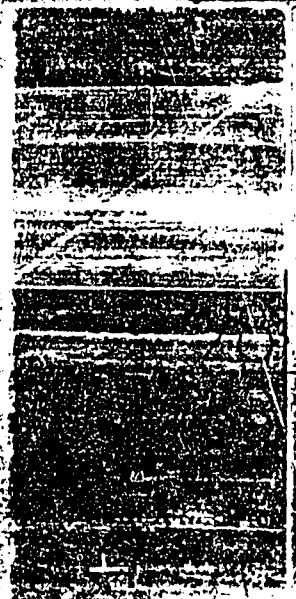
Acknowledged By:

*Arthur A. Benthall*

Mr. Johnson, the farm  
that the water permit  
in question covers,  
is outlined in Red.  
I am sending you two  
of the ASC Office  
aerial Photos. If you  
notice, you can see the  
old pivot tracks in  
the Photo. This is the  
best that the Copier  
could reproduce



Ex. 3. 2 Copies  
A.S.C. Office Photos  
showing Well location  
& Power line  
& spl tracks left by  
the Pottery in the  
Center of farm and  
side rolls on west side  
of farm



ID/

STANDARD SLIT TANK ATTACH

21 22

28 27

T2147

1234

28A  
WELL LOCATION

CRP

22 23

27 26

T113

2052

T2136

261

1234

27

27

34

35

Joyan M  
March 6, 1992

Exhibit 1.

Ashton affidavit

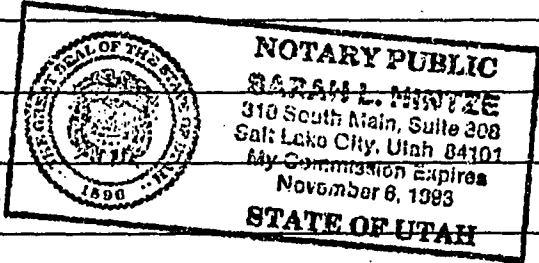
I Ashton Beckstead bought  
ground from Charles  
Onida county at Sno  
the year 1979 we  
well and started a  
ground we water  
for four years  
1982.

State of Utah

Ashton Beckstead

County of Cache

On this 6th day of March, 1992, before me Sarah Hintze, a notary public, personally  
appeared Ashton Beckstead, personally known to me to be the person whose name  
is subscribed to this instrument, and acknowledged that he executed the same.



Sarah Hintze

My Commission Expires: 11/6/93

Jogan M  
March 6, 1992

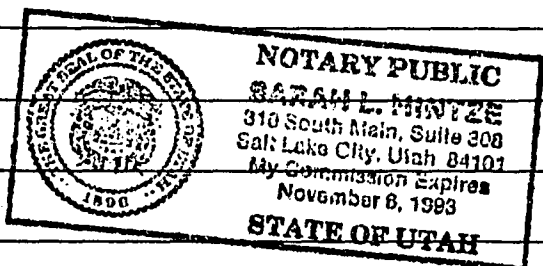
I Ashton Beckstead bought 360 ac of  
ground from Charles Taylor in  
Onida county at Snowville. In  
the year 1979 we drilled a  
well and started water the  
ground we water every year  
for four years 1979, 1980, 1981,  
1982.

State of Utah

Ashton Beckstead

County of Cache

On this 6th day of March, 1992, before me Sarah Hintze, a notary public, personally  
appeared Ashton Beckstead, personally known to me to be the person whose name  
is subscribed to this instrument, and acknowledged that he executed the same.



Sarah Hintze

My Commission Expires: 11/6/93

**TAYLOR FARMS**

P.O. Box 247  
2108 West Main  
Tremonton, UT 84337-0247

June 29, 1992

**RECEIVED**  
JUL 1 1992

Department of Water Resources

Mr. Jim Johnson  
Department of Water Resources  
State Office  
450 West State Street  
Boise, Idaho 83720

Re: Water Right #17-7030, Location NE360 acres in T16S-R31E,  
Section 29, as shown on original water application, second page.

Dear Mr. Johnson:

It has taken me awhile to gather all the replies and information that I could for you concerning this water right and farm use. You will find enclosed a notarized affidavit from Ashton Becksted who actually irrigated the farm. Also are enclosed power bills that I asked Raft River Electric at Malta to find in their files for me to send to you for the years in question. You will note in these bills Mr. Becksted was having difficulty with his bills. As you will note by Ashton's affidavit, the power bills, he irrigated this piece of land 1979-1980-1981-1982, then some of his investments went badly for him. We were forced to start repossession proceedings which took us from 1-4-82 when Ashton Becksted filed Chapter 11 to 4-8-83 to complete and to get the land back in our names. Becksted tried to sell or refinance 10/82 to 2/83. The Chapter 11 was dismissed 10-15-82.

Mr. John Laws who owned Laws Irrigation Company here in Tremonton sold him the irrigation equipment, and I have asked Mr. Laws to furnish me with the original papers in relation to Mr. Becksted's transactions with Mr. Laws; however, his irrigation company has been out of business for some time, and he has been reluctant to find these contracts for me. You will notice I have enclosed all the information from the ASCS Office. The aerial photos didn't reproduce as well as I would have liked, but if you look at the two I am enclosing, you can definitely see the rotary tracks, and on the west side you can see the wheel line irrigation marks. Also, I have marked the well locations with a red X on the photos with the note attached. I am also enclosing the Report of Acreage from ASCS Office which shows the conservation plan maps from 1981 and 1982, also the conservation plan maps from 1986. Copies of letters from Mr. Mark Jensen, the County Extension Director, noting our application for this land into the CRP program. Other letters referring to this tract of land, one from me to the County ASC Office which also explains the irrigation company repossessing the irrigation equipment from Mr. Becksted. The pump was purchased from Mr. Bob Knudsen Irrigation at American Falls, Idaho, and that company is also out of business.

Mr. Jim Johnson

-2-

June 29, 1992

The pump was a 10" Worthington Deep Well Turbine with a U. S. 250 HP electric motor and panel. The power lines are still in place for inspection. Chronological order, Ashton irrigated 1979-1980-1981-1982; Ashton having financial difficulty and could not make his land payments as well as irrigation equipment payments. Taylors negotiated with Knudsen Irrigation to buy motor, pump, panel, and sprinkler equipment for several months in 1983. Taylors started negotiations with Knudsen on 2/83, and finalized the deal to purchase Knudsen's interest in December 1983.

We couldn't successfully negotiate with Laws Irrigation and the leasing company for the rotary and wheel lines they installed on the farm. This equipment was repossessed in the winter and spring of 1985 and 1986. Taylors were forced to repossess land through the law firm of Jay Holdsworth which took from 4/81 to 4/83.

Taylor's Notice of Default to Becksted was 4-7-81.

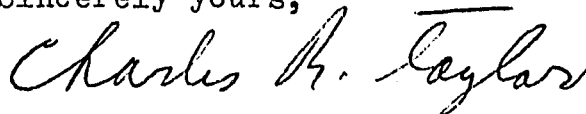
Charles Taylor finally got the farm legally back from Ashton in 1983, and that fall started trying to clean up the farm. Planted to vegetation cover in 1985. The leasing company and John Laws finally removed their equipment and finished in the spring of 1986.

Charles then made application for CRP status as these records will show. The original signup was 3-13-86, Office Memo June 3, 1986. Notice of bid September 15, 1986. Notice of Bid Acceptance Dec. 12, 1986.

Charles Taylor is respectfully asking that the State of Idaho, Department of Water Resources, and the State Engineer, Mr. Keith Higginson, and Mr. Jim Johnson, Water Rights Supervisor, please review the enclosed material and approve the request I have asked for when the Idaho law 42-222 is considered for CRP Federal Programs.

Please find enclosed Exhibits one through eight, which I have compiled for your review. If I may be of any further assistance, please let me know. Thank you.

Sincerely yours,



Charles R. Taylor

CRT:mtn

CONDITIONAL SALE CONTRACT

LAYNE & BOWLER PUMP COMPANY

FACTURERS OF VERTICAL TURBINE P

NOTICE TO THE BUYER: (1) Do not sign this agreement before you read it or if it contains any blank space. (2) You are entitled to a completely filled-in copy of this agreement. (3) Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge if any is included. NOTICE TO THE SALESMAN: Before execution of this agreement by either party all inapplicable blank spaces must be lined out.

LAYNE & BOWLER PUMP COMPANY, a California Corporation, Los Angeles County, California, hereinafter called the Seller, and J. H. Wojcik & Walter Hubbers of Springfield in the county of Glenn and State of California hereinafter called the Buyer do hereby agree upon the 1st day of December 1966, as follows:

Seller agrees to furnish and to sell the following described Machinery to the Buyer F.O.B. factory warehouse One Boughton Sanborn Company To wit:

- 1-#174c 8" Discharge Head of 8" Std. Flanged Outlet
- 360 ft 6" Std. x 2 1/2" x 1 1/2" Column Tube & Shaft Assembly
- 13- Stages 10" Rb Bowl Assembly Mid Seal Pumped Impeller
- 5-0' x 6" Std. Suction Pipe w/strainer 2-0' x 8" Std. Discharge Pipe w/TIE
- 1-75 HP 460 Volt 3-Phase 4 Pole Electric Motor 1750 RPM
- 1-75 HP 460 Volt 3-Phase 4 Pole Pumping Plant Panel w/240V Protection HOA Start & Circuit Breaker Disconnect on 3-110 Amp Fuses
- 1- Supply D480 Volt Line Delay 1- Set of Lightening Protection Rods & Capacitor
- Installation & Wiring, Labor, Wiring, Cement work & Miscellaneous D-15326

SERVICE REQUIREMENTS: Pumping capacity in gallons per minute 485 head below surface 350 Ft. head above surface 140 Ft. Total Head 490 Ft. Head below surface 350 Ft. Head above surface 140 Ft. Total Head 490 Ft.

Shipment to be made in about 10 days after receipt and approval of order.

a. The total cash sales price is \$7502.00 which consists of: Selling price of above merchandise \$6040.00 Installation charge \$1462.00 Sales tax \$10.00 TOTAL \$7502.00

b. The total amount of Buyer's down payment is \$2537.50 which consists of: Cash to Seller \$2537.50 and/or allowance on the following goods:

Description: None c. The total unpaid balance being item (a) less item (b) is \$4964.50 d. The time price differential is \$992.90 e. The time balance, being the sum of items (c) and (d) is \$5957.40

MAKE ALL REMITTANCES PAYABLE TO LAYNE & BOWLER PUMP COMPANY, P.O. Box 6991, Los Angeles 22, California

Buyer's Signature: [Signature] Seller's Signature: [Signature] Date: Dec 1966

Contract signed Dec 1966  
J. Lloyd Steele

this Pump is no longer in Place  
James F. Henslee

# MANUFACTURERS OF VERTICAL TURBINE PUMPS

NOTICE TO THE BUYER: (1) Do not sign this agreement before you read it or if it contains any blank space. (2) You are entitled to a completely filled-in copy of this agreement. (3) Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge if any is included.

NOTICE TO THE SALESMAN: Before execution of this agreement by either party all inapplicable blank spaces must be lined out. LAYNE & BOWLER PUMP COMPANY, a California Corporation, Los Angeles County, California, hereinafter called the Seller and L.N. Mojca & M. Hobbins, hereinafter called the Buyer.

in the county of Lane and State of Oregon do hereby agree upon the 1st day of December 1966, as follows:

Seller agrees to furnish and to sell the following described Machinery to the Buyer F.O.B. factory warehouse. To wit: 1- Can Type Booster Pump as follows:

- 1- 25T1210 Steel Fabricated Discharge Head of 12" Std Flanged Outlet
- 1- 24" x 6-0" Section Borel for Borel & Head
- 3- Stages 16" KHH Borel Assembly w/ Dual Seal Bronze Impellers
- 1- 300 HP 440 Volt 450 or 455 4 Pole 7HS Electric Motor w/ 1750
- Thrust, Radial Screws & 2nd Down Clutch
- 1- 300 HP 440 Volt 450 or 455 4 Pole 7HS Electric Motor w/ 1750
- Plant Panel w/ 1st & 2nd Protection HOA & 1st & 2nd Circuit Breaker Disconnect
- 1- 2E Phase Failure Phase Reversal Relay, Elct. Time Delay, Lightning Protection
- Installation of Pump, Wiring of Controls & Pump Foundation Included

## SERVICE REQUIREMENTS

Pumping capacity in gallons per minute 3800 Revolutions per minute 1775  
Head below surface 0 Ft. Head above surface 260 Ft. Total Head 260 Ft.

Shipment to be made in about 10 days after receipt and approval of order.

a. The total cash sales price is \$10,150.00 which consists of:

Selling price of above merchandise \$9288.00  
Installation charge \$862.00

Sales tax 0.00  
TOTAL \$10,150.00

b. The total amount of Buyer's down payment is \$2537.50 which consists of:

Cash to Seller \$2537.50

and/or allowance on the following goods:

Description: Down Payment Dec 1st 1967 TOTAL DOWN PAYMENT \$2537.50

c. The total unpaid balance, being item (a) less item (b) is \$7612.50

d. The time price differential is \$532.50

e. The time balance, being the sum of items (c) and (d) is \$8145.00

which shall be paid in lawful money of the United States of America, by Buyer to Seller, at Los Angeles, California, in installments, on the dates and in the amounts set forth as follows:

\$ 3045.00 on March 15th 1968  
\$ 3045.00 on March 15th 1969  
\$ 3045.00 on March 15th 1970

Should the interest, or any part thereof, not be paid

MAKE ALL REMITTANCES PAYABLE TO LAYNE & BOWLER PUMP COMPANY  
P.O. Box 6991, Los Angeles 22, California

Buyer's Signature: L.N. Mojca & M. Hobbins

Notice: By signing this contract, Buyer acknowledges delivery of a legible copy of the same with all blank spaces filled in.

Approved and signed at its home office in Los Angeles, California, this 1st day of December 1966.

Salesman's Signature: L.N. Mojca & M. Hobbins

Contract signed Dec 1966

*[Signature]*

ESTIMATE  
LAYNE & BOWLER PUMP COMPANY

2943 VAIL AVENUE, LOS ANGELES 22, CALIFORNIA, MAILING ADDRESS: P.O. BOX 6991

DATE 12/1/66  
BY J. H. Thompson  
NO. \_\_\_\_\_

CONDITIONS: 3800 GPM @ 260' T.O.H. TO: L. Wojcik & W. Hobbensuffin

WELL SIZE: \_\_\_\_\_ WELL DEPTH: \_\_\_\_\_ STATIC LEVEL: \_\_\_\_\_  
PHONE: \_\_\_\_\_

| QUANTITY | DESCRIPTION                                                                                                                                        |      |       |    |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|----|
| 1        | 25T1310 Steel Fab. Discharge Head<br>for Pump. for 300 <sup>HP</sup> Working Pressure<br>12" Steel Flanged Outlet                                  | 1580 |       |    |
| 1        | Sectional Bore - 6'-0" Long.                                                                                                                       | 665  |       |    |
| 3        | Stamps 16" KHH Bowl Assembly                                                                                                                       | 1370 |       |    |
|          |                                                                                                                                                    | 3615 | 2530  | 00 |
| 1        | 300 HP 440 Volt 25 or 2E 7HS<br>Electric Motor w/ 17 1/2" Thrust & Screen<br>& Lie Down Clutch                                                     | 6061 | 4364  | 00 |
| 1        | 300 HP 440 Volt 2E or Equal Size<br>6 Magnetic Contactor Pumping Plant<br>Panel w/ 3rd Lig Protection & O.A. Start<br>& Circuit Breaker Disconnect |      | 2199  | 00 |
| 1        | 2E Phase Failure Alarm Reversal Relay                                                                                                              |      | 175   | 00 |
| 1        | 2E Reversal Time Delay - Elect.                                                                                                                    |      | 50    | 00 |
|          | Lightning Protection                                                                                                                               |      | 50    | 00 |
|          |                                                                                                                                                    |      | 4288  | 00 |
|          | Wiring of Motor & Controls                                                                                                                         |      | 525   | 00 |
|          | Fitting, Welding & setting of Gun Booster Header & Flange                                                                                          |      | 300   | 00 |
|          | Pump Base Foundation                                                                                                                               |      | 10013 | 00 |

Factory Branch: Layne and Bowler Pump Company - 1760 Kimberly Road, Twin Falls, Idaho - Telephone Office 733-4278 After Hours 733-5281 or 733-6492  
Burley Telephone: Office 678-9036 - Res. 678-8258

No agreement or contract made by a factory representative shall be binding upon Layne and Bowler Pump Company until accepted in writing by its Home Office at Los Angeles, California.

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

**A. GENERAL INFORMATION**

Permit No. 17-7030

1. Owner: Charles Taylor Phone No. (435) 257-3976

Current Address: 2108 W. Main, P.O. Box 247, Tremonton, UT 84337-0247

2. Accompanied by: Charles R. Taylor EXAM DATE: 8-7-2002

Address: SAME Phone No. Same

Relationship to Permit Holder: PERMIT HOLDER

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

**B. OVERLAP REVIEW**

1. Other water rights with the same place of use: NONE

2. Other water rights with the same point of diversion: NONE

**C. DIVERSION AND DELIVERY SYSTEM**

1. Point(s) of Diversion:

| Ident No. | Gov't Lot | 1/4 | 1/4 | 1/4 | Sec. | Twp. | Rge. | County | Method of Determination/Remarks |
|-----------|-----------|-----|-----|-----|------|------|------|--------|---------------------------------|
|           |           |     | SE  | NW  | 29   | 16S  | 31E  | ONEIDA | On site/USGS MAP/FSA Aerial/GPS |
|           |           |     |     |     |      |      |      |        | GPS Site #                      |
|           |           |     |     |     |      |      |      |        |                                 |
|           |           |     |     |     |      |      |      |        |                                 |

2. Place(s) of Use:

Indicate Method of Determination

| TWP | RGE | SEC | NE |    |    |    | NW |    |    |    | SW  |     |    |    | SE  |     |    |    | Totals |
|-----|-----|-----|----|----|----|----|----|----|----|----|-----|-----|----|----|-----|-----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE | NW | SW | SE | NE  | NW  | SW | SE | NE  | NW  | SW | SE |        |
| 16S | 31E | 29  |    |    |    |    |    | 14 | 14 |    |     | 9   |    |    |     |     |    |    | 37     |
|     |     |     |    |    |    |    |    |    |    |    |     | L-4 |    |    |     |     |    |    |        |
|     |     | 29  | 40 | 40 | 40 | 40 | 40 |    |    | 40 | 27  |     |    |    | 27  | 27  |    |    | 321    |
|     |     |     |    |    |    |    |    |    |    |    | L-3 |     |    |    | L-1 | L-2 |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |     |     |    |    |     |     |    |    | 358    |
|     |     |     |    |    |    |    |    |    |    |    |     |     |    |    |     |     |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |     |     |    |    |     |     |    |    |        |

17-7030

SEE PHOTOS OF SYSTEM  
STILL IN PLACE

✓ Copy of USGS Quadrangle Attached Showing location(s) of point(s) of diversion and place(s) of use (required).

☒ Aerial Photo Attached  
(required for irrigation of 10+ acres)

☒ Photo of Diversion and System Attached

**4.**

| Well or Diversion Identification No.* | Motor Make  | Hp  | Motor Serial No. | Pump Make   | Pump Serial No. or Discharge Size |
|---------------------------------------|-------------|-----|------------------|-------------|-----------------------------------|
|                                       | US Electric | 250 | Not known        | WORTHINGTON | S/N 34970687 (10")                |
|                                       |             |     |                  |             |                                   |
|                                       |             |     |                  |             |                                   |

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

1.

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

## 2. Measurements: THEORETICAL

17-07030

E. NARRATIVE/REMARKS/COMMENTS

ACCORDING TO APPLICANT: SYSTEM 250 hp pump, 60 psi, static 235 ft,  
4,  $\frac{3}{8}$  mile, 4" side rolls,  $\frac{5}{32}$ " nozzles,  $\approx 300$  gpm/line  
1,  $\frac{3}{8}$  mile center Pivot.

ANALYSIS:  $\frac{1}{4}$  mile lines  $\approx 31 \frac{1}{32}$  sprinklers,  $\frac{5}{32}$ " nozzles  $\approx 5$  gpm/nozzle,  $Q \approx 160$  gpm/line  
 $\frac{3}{8}$  mile line  $\approx 47 \frac{1}{48}$  sprinklers  $Q \approx 240$  gpm/line

ASSUME  $\frac{3}{8}$  mile pivot requires 1100 gpm

$\therefore$  4 side roll  $\therefore$  pivot =  $Q = 4(240 \text{ gpm}) + 1100 \text{ gpm} = 960 + 1100 = 2060 \text{ gpm} = 4.59 \text{ cfs}$

USING HP EQUATION  $Q = \frac{\text{hp}(8.8145 \text{ cfs})}{L(\text{ft}) + (\text{psi} \times 2.309)}$  Assume dynamic pump depth = 245 ft

$Q = 4.59 \text{ cfs}$ , hp = 250,  $L(\text{ft}) = 245 \text{ ft}$ , 60 psi (Note: Well logs in area static  
H<sub>2</sub>O level 220-230 ft)

eff = 79.9%

Usually System designed Velocity = 7 to 9 ft/sec,  $Q = AV$

$V = \frac{Q}{A} = \frac{4.59 \text{ cfs}}{0.5457} = \text{Velocity} = 8.4 \text{ ft/sec}$  w/in usual designed Velocity

NOTE: @ 0.02 cfs/acre for 358 ac  $Q_{\text{max}} = 7.16 \text{ cfs}$

@  $Q = 7.16 \text{ cfs}$  for 10" mainline Velocity would =  $V = 13.1 \text{ ft/sec}$

$V = 13.1 \text{ ft/sec}$  is excessive

\* RECOMMEND  $Q = 4.59 \text{ cfs}$

\* Instructed Mr. Taylor of requirement that a steel plate must be welded to top of well casing. Mr. Taylor said he would weld steel plate to top of well casing.

PLACE OF USE FENCED - STOCK COULD BE PASTURED ON PLACE OF USE  
No evidence of domestic use. SYSTEM APPEARS TO HAVE BEEN IN PLACE PRIOR TO BENEFICIAL USE.

\* Unknown if measuring device installed on system. There was no evidence of measuring device on that portion of the system that is still in place.  
Have conditions of permit approval been met? ☐ yes ☐ no UNKNOWN\*

17-2030

# F. FLOW CALCULATIONS

Additional Computation Sheets Attached

Measured Method:

Theoretical Q = ~~4.36 cfs~~ 4.59 cfs

# G. VOLUME CALCULATIONS

## 1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = (358 \text{ ac}) 3.5 \text{ af/ac} = 1253.0 \text{ af}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = (4.59 \text{ cfs}) 214 (1.9835) = 1948.3$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 1253.0 \text{ af}$$

## 2. Volume Calculations for Other Uses: 200 range cattle + 3 horses = 203 head stock

$$V_{\text{stockwater}} = \frac{(\# \text{ head} \times 12 \text{ gpd/head}) 365 \text{ days}}{325850 \text{ gal/af}} = \frac{(203)(12)(365)}{325850} = 2.7 \text{ af}$$

# H. RECOMMENDATIONS

## 1. Recommended Amounts

| Beneficial Use       | Period of Use |       | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) |
|----------------------|---------------|-------|------------------------------|--------------------------|
|                      | From          | To    |                              |                          |
| IRRIGATION           | 4/1           | 10/31 | 4.59 cfs                     | 1253.0 af                |
| Stockwater (Various) | 1/1           | 12/31 | 0.05 cfs                     | 2.7 af                   |
|                      |               |       |                              |                          |
|                      |               |       |                              |                          |
|                      |               |       | 4.59                         |                          |
|                      |               |       | <del>4.36 cfs</del>          | 1255.7 af                |
| Totals:              |               |       | 4.59 cfs                     |                          |

## 2. Recommended Amendments

☒ Change P.D. as reflected above    ☒ Add P.D. as reflected above    ☐ None  
☐ Change P.U. as reflected above    ☒ Add P.U. as reflected above    ☐ Other

# I. AUTHENTICATION

Field Examiner's Name

*Keith C. White*

Date

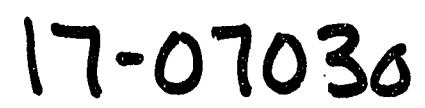
8/7/2002

Reviewer

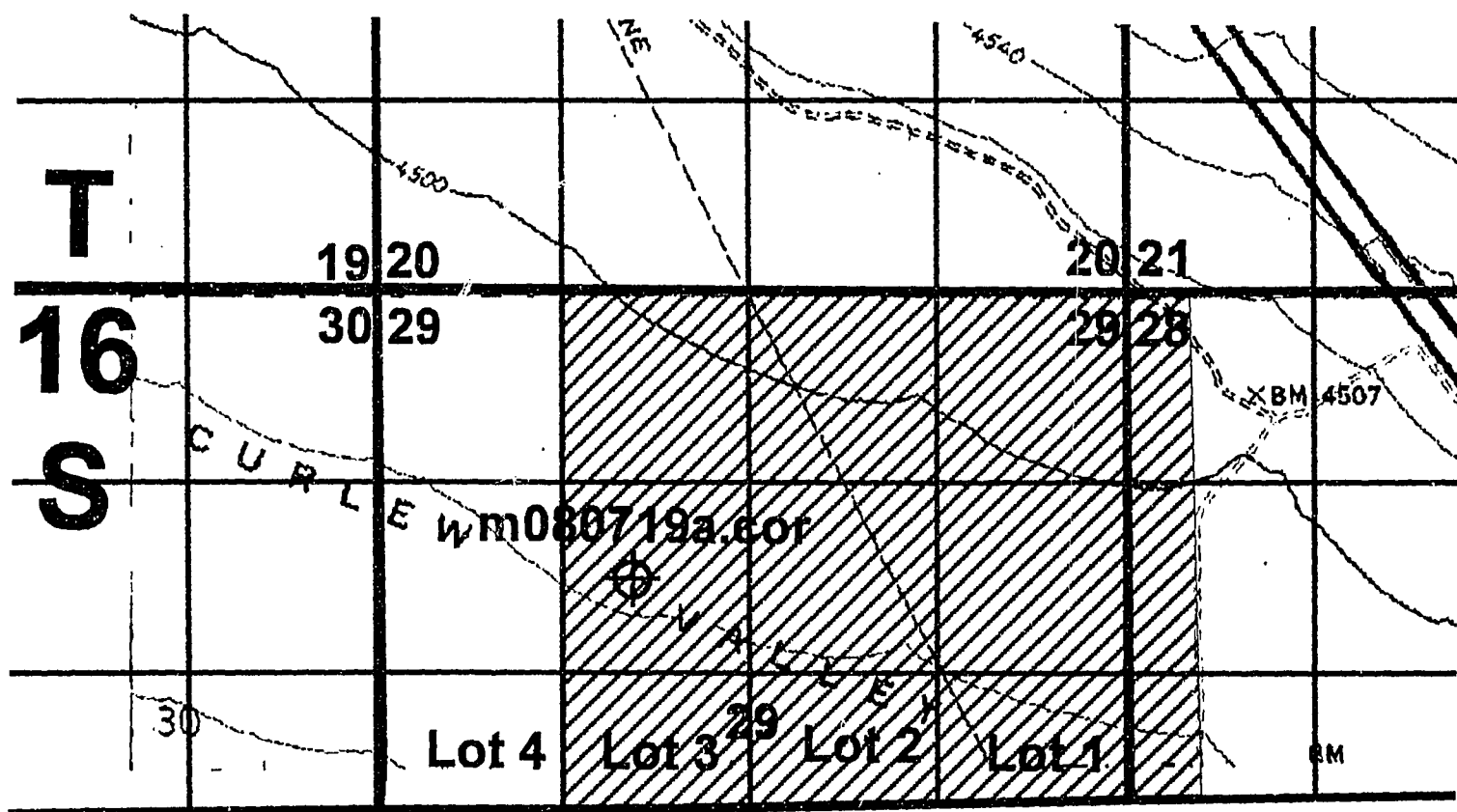
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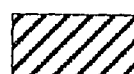
17-07030

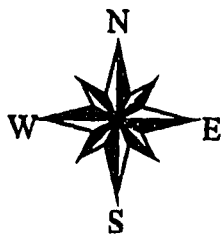
SEAL



17-07030



-  177030pu.shp
-  Sections.shp
-  T16s31e.shp
-  Posnpnt.dbf



**17-7030**

Print Page

Microsoft TerraServer Print Page

TerraServer

Display Image

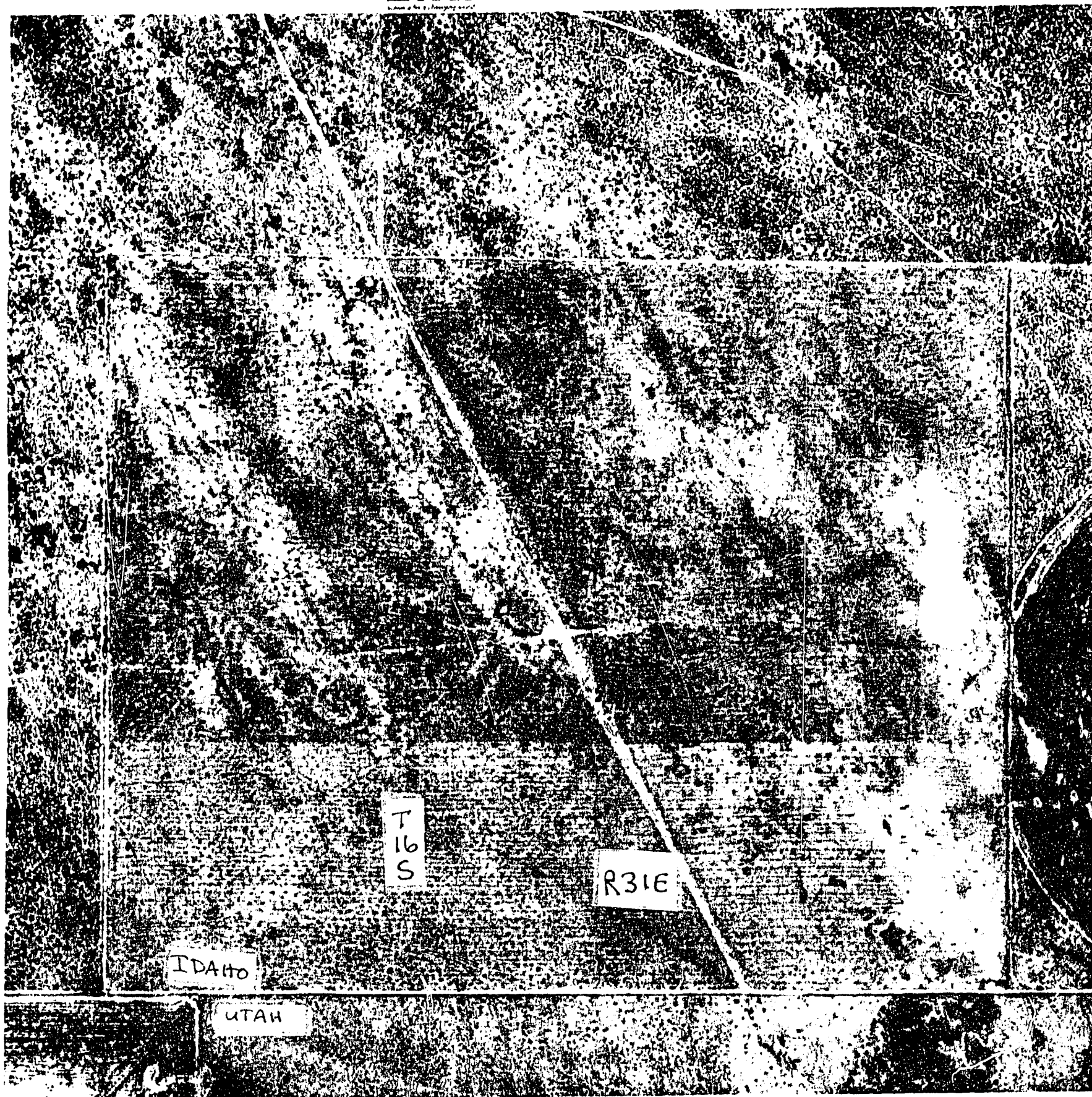
Microsoft TerraServer

Display Image

USGS Aerial Photo

Snowville, Utah, United States 28 Jun 1998 11 km W of Snowville, Utah, United States 28 Jun 1998

USGS



17-07030



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Suite A, Idaho Falls, Idaho 83402-1718 - (208) 525-7161- Fax (208) 525-7177

EASTERN REGION

DIRK KEMPTHORNE  
GOVERNOR

KARL J. DREHER  
DIRECTOR

TO: County FSA Office

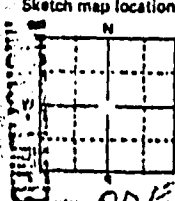
I, Charles Taylor authorize any personnel of the  
Idaho Department of Water Resources full access to any and all aerial  
photos (maps) of ground that I own or lease.

Charles H. Taylor 8-7-02  
Name Date

REWRITER OR  
POINT PEN

# WELL DRILLER'S REPORT

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

| <b>1. WELL OWNER</b><br>Sims, L. H. & Co.<br>1415 N. 1st St.<br>Phoenix, Arizona                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       | <b>2. WELL LEVEL</b><br>2.75 feet below land surface                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |            |       |          |       |      |    |  |       |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|-------|----------|-------|------|----|--|-------|------|------|-------|--|------|------|-------|--|------|------|-------|--|------|------|-------|--|------|------|-------|--|------|------|-------|--|------|------|-------|--|------|------|-------|--|
| <b>3. NATURE OF WORK</b><br><input checked="" type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br>(Describe method of abandoning)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       | <b>4. WELL TEST DATA</b><br><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |            |       |          |       |      |    |  |       |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |
| <b>5. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Other (Specify type)<br><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | <b>6. LITHOLOGIC LOG</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |            |       |          |       |      |    |  |       |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |
| <b>7. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       | <table border="1"><thead><tr><th>Hole Diam.</th><th>Depth</th><th>Material</th><th>Water</th></tr><tr><th>From</th><th>To</th><th></th><th>Yield</th></tr></thead><tbody><tr><td>0.75</td><td>1.00</td><td>Loose</td><td></td></tr><tr><td>1.00</td><td>1.25</td><td>Shale</td><td></td></tr><tr><td>1.25</td><td>1.50</td><td>Shale</td><td></td></tr><tr><td>1.50</td><td>1.75</td><td>Shale</td><td></td></tr><tr><td>1.75</td><td>2.00</td><td>Shale</td><td></td></tr><tr><td>2.00</td><td>2.25</td><td>Shale</td><td></td></tr><tr><td>2.25</td><td>2.50</td><td>Shale</td><td></td></tr><tr><td>2.50</td><td>2.75</td><td>Shale</td><td></td></tr></tbody></table> |       | Hole Diam. | Depth | Material | Water | From | To |  | Yield | 0.75 | 1.00 | Loose |  | 1.00 | 1.25 | Shale |  | 1.25 | 1.50 | Shale |  | 1.50 | 1.75 | Shale |  | 1.75 | 2.00 | Shale |  | 2.00 | 2.25 | Shale |  | 2.25 | 2.50 | Shale |  | 2.50 | 2.75 | Shale |  |
| Hole Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Depth | Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Water |            |       |          |       |      |    |  |       |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |
| From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | To    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yield |            |       |          |       |      |    |  |       |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |
| 0.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1.00  | Loose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |            |       |          |       |      |    |  |       |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |
| 1.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1.25  | Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |            |       |          |       |      |    |  |       |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |
| 1.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1.50  | Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |            |       |          |       |      |    |  |       |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |
| 1.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1.75  | Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |            |       |          |       |      |    |  |       |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |
| 1.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2.00  | Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |            |       |          |       |      |    |  |       |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |
| 2.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2.25  | Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |            |       |          |       |      |    |  |       |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |
| 2.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2.50  | Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |            |       |          |       |      |    |  |       |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |
| 2.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2.75  | Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |            |       |          |       |      |    |  |       |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |
| <b>8. WELL CONSTRUCTION</b><br>Diameter of hole _____ inches Total depth <u>660</u> feet<br>Casing schedule <input type="checkbox"/> Steel <input type="checkbox"/> Concrete<br>Thickness _____ Diameter _____ From _____ To _____<br><u>1/4</u> inches <u>1 1/2</u> inches <u>1</u> feet <u>30</u> feet<br><u>1/4</u> inches <u>1 1/2</u> inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>Was casing drive shoe used? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br>Number _____ From _____ To _____<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>Well screen installed? <input 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 Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>3</u> feet Material used in seal <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Pudding clay <input type="checkbox"/> Well cuttings<br>Sealing procedure used <input type="checkbox"/> Sherry oil <input type="checkbox"/> Temporary surface casing<br><input type="checkbox"/> Overbore to seal depth |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |            |       |          |       |      |    |  |       |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |
| <b>9. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>Maricopa</u><br>_____ & Sec. <u>28</u> T. <u>16</u> N. R. <u>31</u> E. NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       | <b>10.</b> Work started <u>4/10/77</u> finished <u>6/1/77</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |            |       |          |       |      |    |  |       |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       | <b>11. DRILLER'S CERTIFICATION</b><br>Firm Name <u>STAN LLOYD</u> Firm No. <u>294</u><br>Address <u>ELBA, Arizona</u> Date _____<br>Signed by (Firm Official) <u>J. Stanley Lloyd</u><br>and Operator <u>Richard Z. Tilly</u>                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |            |       |          |       |      |    |  |       |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |      |      |       |  |

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

JSE TYPEWRITER OR  
B7A.L POINT PEN

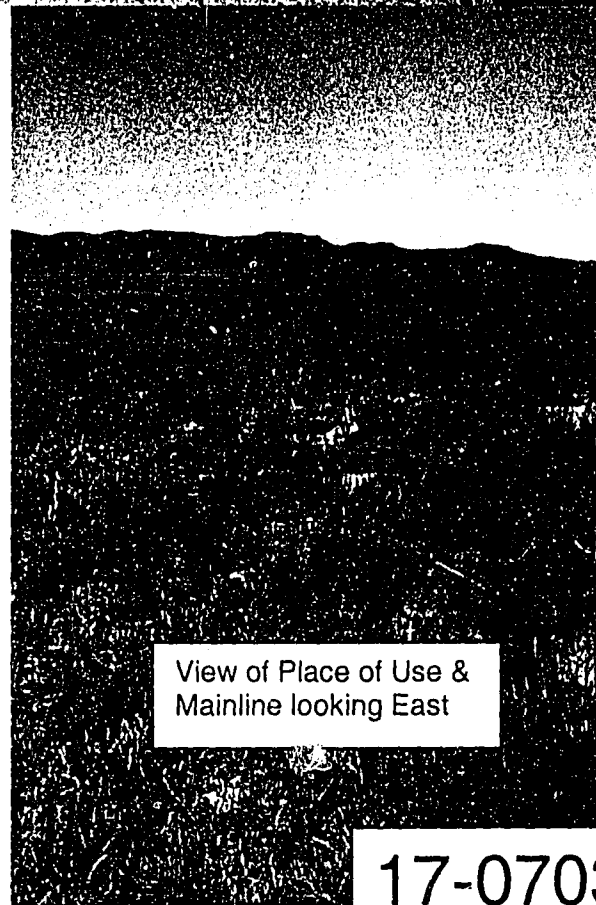
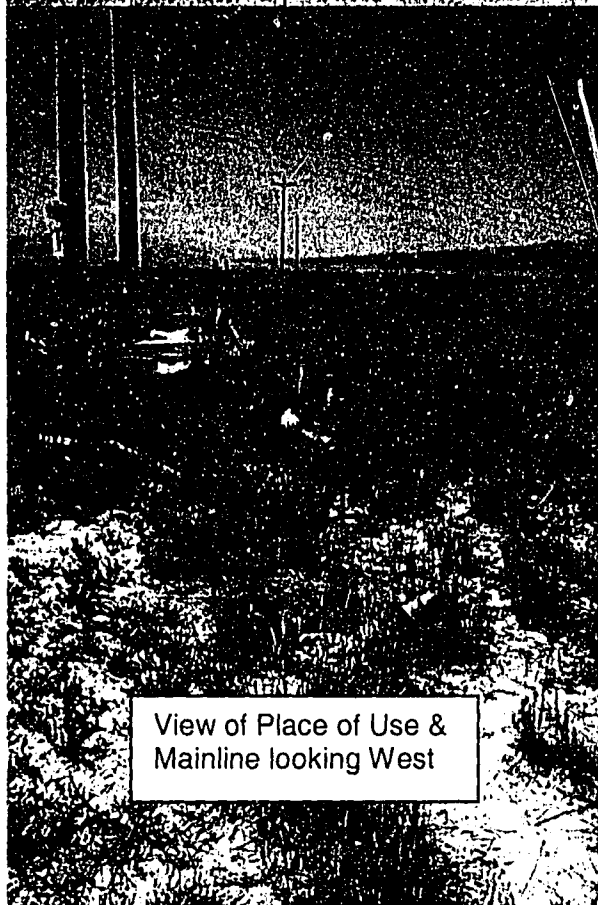
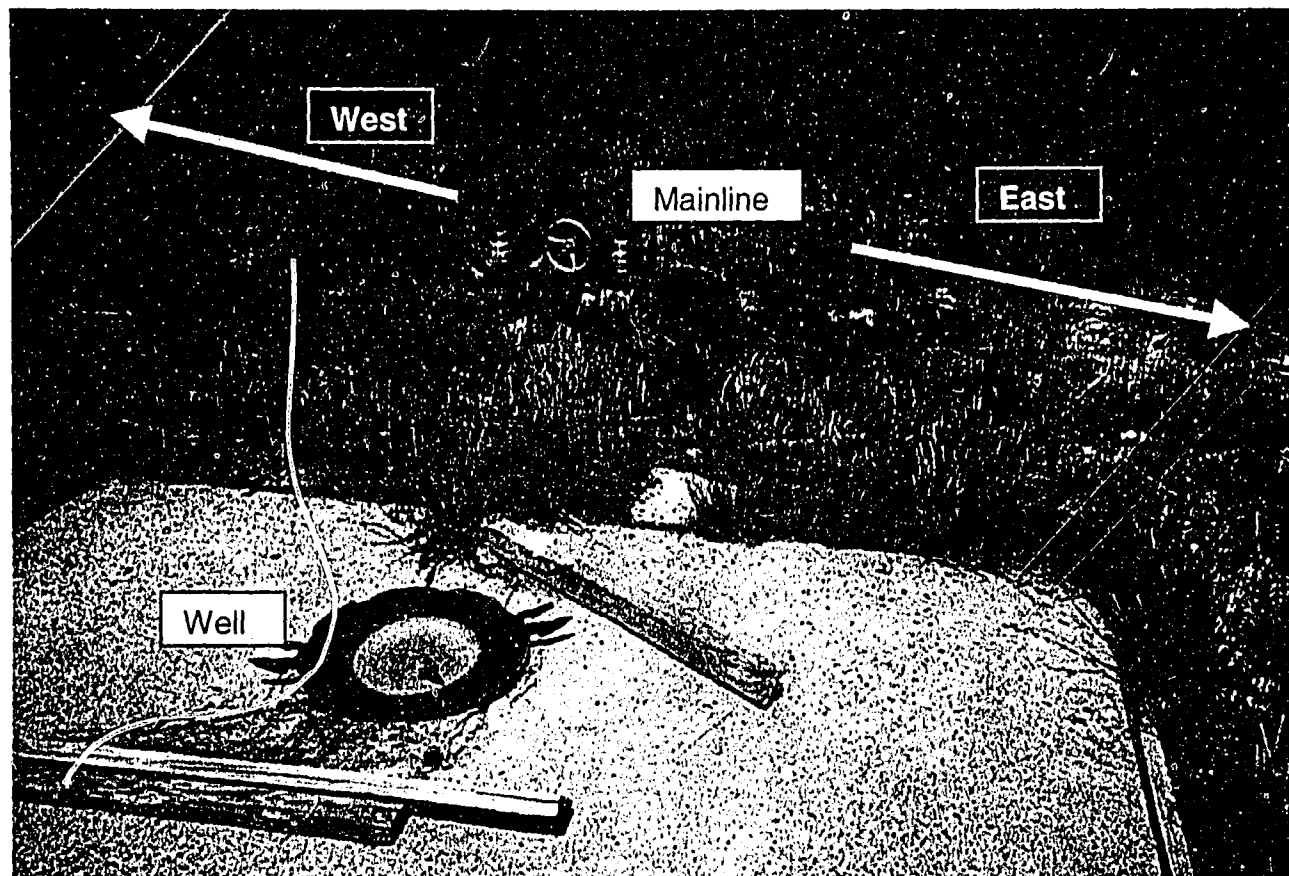
State of Idaho  
Department of Water Resources

### WELL DRILLER'S REPORT

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

| <b>I. WELL OWNER</b> 752-7074<br>Name: <u>ASTOR BECKSTEAD</u><br>Address: <u>1500 N. COCAIN UTAH</u><br>Owner's Permit No. <u>17-7030</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | <b>7. WATER LEVEL</b><br>Static water level <u>220'</u> feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Temperature <u>45</u> F. Quality _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |           |  |  |
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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 method of abandoning)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | <b>8. WELL TEST DATA</b><br><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other<br>Discharge G.P.M. <u>2000</u> Draw Down <u>320-330</u> Hours Pumped <u>20</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |           |  |  |
| <b>3. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Other (specify type) _____<br><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th>Hole D.K.M.</th><th>Depth From</th><th>To</th><th>Material</th><th>Water Yes</th><th>No</th></tr></thead><tbody><tr><td>20</td><td>0</td><td>320</td><td>TOP SOIL</td><td></td><td></td></tr><tr><td>20</td><td>10</td><td>130</td><td>CLAY</td><td></td><td></td></tr><tr><td>130</td><td>130</td><td>170</td><td>CLAY CLAY</td><td></td><td></td></tr><tr><td>170</td><td>170</td><td>210</td><td>CLAY &amp; CLAY</td><td></td><td></td></tr><tr><td>210</td><td>210</td><td>235</td><td>CRUMBLY CLAY</td><td></td><td></td></tr><tr><td>235</td><td>235</td><td>318</td><td>STICKY CLAY</td><td></td><td></td></tr><tr><td>318</td><td>318</td><td>320</td><td>ROCK FIRST WATER</td><td>X</td><td></td></tr><tr><td>320</td><td>320</td><td>328</td><td>ROCK &amp; CLAY</td><td>X</td><td></td></tr><tr><td>328</td><td>328</td><td>335</td><td>CLAY &amp; ROCK</td><td></td><td></td></tr><tr><td>335</td><td>335</td><td>340</td><td>HARD ROCK</td><td></td><td></td></tr><tr><td>340</td><td>340</td><td>342</td><td>CLAY &amp; ROCK</td><td></td><td></td></tr><tr><td>342</td><td>342</td><td>347</td><td>HARD ROCK</td><td></td><td></td></tr><tr><td>347</td><td>347</td><td>363</td><td>SOFTER ROCK</td><td>X</td><td></td></tr><tr><td>363</td><td>363</td><td>375</td><td>HARD BLUE ROCK</td><td></td><td></td></tr><tr><td>375</td><td>375</td><td>377</td><td>HARD ROCK</td><td></td><td></td></tr><tr><td>377</td><td>377</td><td>377</td><td>SOME GRAVEL</td><td>X</td><td></td></tr><tr><td>377</td><td>377</td><td>408</td><td>ROCK</td><td></td><td></td></tr><tr><td>408</td><td>408</td><td>416</td><td>CLAY &amp; ROCK</td><td></td><td></td></tr><tr><td>416</td><td>416</td><td>418</td><td>HARD ROCK</td><td></td><td></td></tr><tr><td>418</td><td>418</td><td>418</td><td>CLAY &amp; GRAVEL</td><td></td><td></td></tr><tr><td>418</td><td>418</td><td>423</td><td>ROCK</td><td></td><td></td></tr><tr><td>423</td><td>423</td><td>440</td><td>HARD ROCK</td><td></td><td></td></tr><tr><td>440</td><td>440</td><td>445</td><td>SOFTER ROCK</td><td></td><td></td></tr><tr><td>445</td><td>445</td><td>460</td><td>BLUE ROCK</td><td></td><td></td></tr><tr><td>460</td><td>460</td><td>470</td><td>HARD ROCK</td><td></td><td></td></tr></tbody></table> |                  | Hole D.K.M. | Depth From | To | Material | Water Yes | No | 20 | 0 | 320 | TOP SOIL |  |  | 20 | 10 | 130 | CLAY |  |  | 130 | 130 | 170 | CLAY CLAY |  |                                                                | 170 | 170 | 210 | CLAY & CLAY |  |  | 210 | 210 | 235 | CRUMBLY CLAY |  |  | 235 | 235 | 318 | STICKY CLAY |  |  | 318 | 318 | 320 | ROCK FIRST WATER | X |  | 320 | 320 | 328 | ROCK & CLAY | X |  | 328 | 328 | 335 | CLAY & ROCK |  |  | 335 | 335 | 340 | HARD ROCK |  |  | 340 | 340 | 342 | CLAY & ROCK |  |  | 342 | 342 | 347 | HARD ROCK |  |  | 347 | 347 | 363 | SOFTER ROCK | X |  | 363 | 363 | 375 | HARD BLUE ROCK |  |  | 375 | 375 | 377 | HARD ROCK |  |  | 377 | 377 | 377 | SOME GRAVEL | X |  | 377 | 377 | 408 | ROCK |  |  | 408 | 408 | 416 | CLAY & ROCK |  |  | 416 | 416 | 418 | HARD ROCK |  |  | 418 | 418 | 418 | CLAY & GRAVEL |  |  | 418 | 418 | 423 | ROCK |  |  | 423 | 423 | 440 | HARD ROCK |  |  | 440 | 440 | 445 | SOFTER ROCK |  |  | 445 | 445 | 460 | BLUE ROCK |  |  | 460 | 460 | 470 | HARD ROCK |  |  |
| Hole D.K.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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Material         | Water Yes   | No         |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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TOP SOIL         |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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CLAY             |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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CLAY & CLAY      |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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CRUMBLY CLAY     |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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| 235                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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STICKY CLAY      |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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ROCK & CLAY      | X           |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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CLAY & ROCK      |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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HARD ROCK        |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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CLAY & ROCK      |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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HARD ROCK        |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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| 347                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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SOFTER ROCK      | X           |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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| 363                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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HARD BLUE ROCK   |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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| 375                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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HARD ROCK        |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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| 377                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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SOME GRAVEL      | X           |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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| 377                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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ROCK             |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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| 408                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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CLAY & ROCK      |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     | 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| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>5. WELL CONSTRUCTION</b><br>Diameter of hole <u>20"</u> inches Total depth <u>470</u> feet<br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete<br>Thickness <u>7</u> inches Diameter <u>20</u> inches From <u>0</u> feet To <u>320</u> feet<br><u>4</u> inches <u>16</u> inches <u>300</u> feet <u>470</u> feet<br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input checked="" type="checkbox"/> Torch<br>Size of perforation <u>8</u> inches by <u>3/8</u> inches<br><u>500</u> perforations <u>180</u> feet <u>320</u> feet<br><u>800</u> perforations <u>300</u> feet <u>470</u> feet<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 checked="" type="checkbox"/> No Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>20'</u> Material used in seal <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Pudding clay <input type="checkbox"/> Well cuttings<br>Sealing procedure used <input type="checkbox"/> Sherry pit <input type="checkbox"/> Temporary surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |           |  |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><table border="1"><tr><td>N</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td></td><td></td><td>E</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table><br>County <u>CHEROKEE</u><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>NE 1/4 SW 1/4 Sec. 29, T. 16 N. S. R. 31 E. 1/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |             |            |    |          |           |    |    |   | W   |          |  |  | E  |    |     |      |  |  |     |     |     |           |  | <b>10.</b> Work started <u>MARCH 79</u> finished <u>MAY 79</u> |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |           |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | <b>11. DRILLERS CERTIFICATION</b><br>Firm Name <u>VARBROUGH DRILLING</u> Firm No. <u>96</u><br>Address <u>220 N. DEL STONE</u> Date <u>JULY 13</u><br>Signed by (Firm Official) <u>WILLIAM VARBROUGH</u><br>and<br>(Operator) <u>SAUL</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |             |            |    |          |           |    |    |   |     |          |  |  |    |    |     |      |  |  |     |     |     |           |  |                                                                |     |     |     |             |  |  |     |     |     |              |  |  |     |     |     |             |  |  |     |     |     |                  |   |  |     |     |     |             |   |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |                |  |  |     |     |     |           |  |  |     |     |     |             |   |  |     |     |     |      |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |               |  |  |     |     |     |      |  |  |     |     |     |           |  |  |     |     |     |             |  |  |     |     |     |           |  |  |     |     |     |           |  |  |

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



17-07030

## **Comment Report**

**17-7030**

**1. kwilson 8/30/2002 Field Report Narrative**

**Comment:** According to applicant: System 250 hp, 60 psi, static water level 235 ft, Four- 3/8 mile, 4" side rolls, 5/32" nozzles (approx. 300 gpm/line) & One- 3/8 mile center pivot.

**Well logs in area static water level 220 ft to 230 ft**

**2. skeen 9/11/2002 License Review**

**Comment:** Licensing review by S. Keen on 9/11/2002. No place of use or point of diversion overlaps were found. The permit must be amended to change the point of diversion and to add the land in Section 28 to the place of use.



State of Idaho

**DEPARTMENT OF WATER RESOURCES**

1301 North Orchard Street, Boise, ID 83706 - P.O. Box 83720, Boise, ID 83720-0098

Phone: (208) 327-7900 Fax: (208) 327-7866 Web Site: [www.idwr.state.id.us](http://www.idwr.state.id.us)

DIRK KEMPTHORNE  
Governor

KARL J. DREHER  
Director

September 11, 2002

CHARLES TAYLOR  
PO BOX 247  
TREMONTON UT 84337-0247

RE: Water Right Permit No. 17-07030

Dear Permit Holder(s):

The Department of Water Resources is reviewing the permit referenced above prior to issuing a water right license. By issuing a license, the Department confirms the extent of development that has been established in compliance with the terms of the permit. The examiner who verified your water use reported that certain elements of the permit have been developed differently than described on your permit. Changes that do not increase the authorized use of water under the permit can be requested and approved in accordance with Section 42-211, Idaho Code. Before a license can be issued, your permit must be amended to depict your water use as it was actually developed.

Based on the examiner's report, the following elements were developed differently than described on your permit:

X Point(s) of Diversion

X Place(s) of Use

The enclosed Application for Amendment form depicts the elements of the water right as they will appear on the license when it is issued. Please review the amendment form carefully. If you concur with the information presented, please sign the form and return it with the \$50.00 filing fee within 14 days.

If you have any questions, please call me at 208-327-7946.

Sincerely,

Shelley W. Keen  
Water Rights Supervisor

Enclosure(s)

**EXPLANATORY INFORMATION  
TO ACCOMPANY A  
PRELIMINARY ORDER**

The accompanying order or approved document is a "Preliminary Order" issued by the department pursuant to section 67-5243, Idaho Code. It can and will become a final order without further action of the Department of Water Resources (department) unless a party petitions for reconsideration, files an exception and brief, or requests a hearing as further described below:

**PETITION FOR RECONSIDERATION**

Any party may file a petition for reconsideration of a preliminary order with the department within fourteen (14) days of the service date of this order. The department will act on a petition for reconsideration within twenty-one (21) days of its receipt, or the petition will be considered denied by operation of law. See Section 67-5243(3) Idaho Code.

**EXCEPTIONS AND BRIEFS**

Within fourteen (14) days after (a) the service date of a preliminary order, (b) the service date of a denial of a petition for reconsideration from this preliminary order, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration from this preliminary order, any party may in writing support or take exceptions to any part of a preliminary order and may file briefs in support of the party's position on any issue in the proceeding with the Director. Otherwise, this preliminary order will become a final order of the agency.

**REQUEST FOR HEARING**

Unless a right to a hearing before the department or the Idaho Water Resource Board (Board) is otherwise provided by statute, any person aggrieved by any final decision, determination, order or action of the Director of the department and who has not previously been afforded an opportunity for a hearing on the matter may request a hearing pursuant to section 42-1701A(3), Idaho Code. A written petition contesting the action of the Director and requesting a hearing shall be filed within fifteen (15) days after receipt of the denial or conditional approval.

**ORAL ARGUMENT**

If the Director grants a petition to review the preliminary order, the Director shall allow all parties an opportunity to file briefs in support of or taking exceptions to the preliminary order and may schedule oral argument in the matter before issuing a final order. If oral arguments are to be heard, the Director will within a reasonable time period notify each party of the place, date and hour for the argument of the case. Unless the Director orders otherwise, all oral arguments will be heard in Boise, Idaho.

**CERTIFICATE OF SERVICE**

All exceptions, briefs, requests for oral argument and any other matters filed with the Director in connection with the preliminary order shall be served on all other parties to the proceedings in accordance with IDAPA Rules 37.01.01302 and 37.01.01303 (Rules of Procedure 302 and 303).

### FINAL ORDER

The Director will issue a final order within fifty-six (56) days of receipt of the written briefs, oral argument or response to briefs, whichever is later, unless waived by the parties or for good cause shown. The Director may remand the matter for further evidentiary hearings if further factual development of the record is necessary before issuing a final order. The department will serve a copy of the final order on all parties of record.

Section 67-5246(5), Idaho Code, provides as follows:

Unless a different date is stated in a final order, the order is effective fourteen (14) days after its issuance if a party has not filed a petition for reconsideration. If a party has filed a petition for reconsideration with the agency head, the final order becomes effective when:

- (a) the petition for reconsideration is disposed of; or
- (b) the petition is deemed denied because the agency head did not dispose of the petition within twenty-one (21) days.

### APPEAL OF FINAL ORDER TO DISTRICT COURT

Pursuant to sections 67-5270 and 67-5272, Idaho Code, if this preliminary order becomes final, any party aggrieved by the final order or orders previously issued in this case may appeal the final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which:

- i. A hearing was held,
- ii. The final agency action was taken,
- iii. The party seeking review of the order resides, or
- iv. The real property or personal property that was the subject of the agency action is located.

The appeal must be filed within twenty-eight (28) days of this preliminary order becoming final. See section 67-5273, Idaho Code. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.



State of Idaho

**DEPARTMENT OF WATER RESOURCES**

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DIRK KEMPTHORNE  
Governor

KARL J. DREHER  
Director

October 2, 2002

CHARLES TAYLOR  
PO BOX 247  
TREMONTON UT 84337-0247

RE: License No. 17-7030 - Issuance of License

Dear Water Right Holder(s):

The Department of Water Resources has issued the enclosed Water Right License confirming that a water right has been established in accordance with your permit. Please be sure to thoroughly review the conditions of approval and remarks listed on your license.

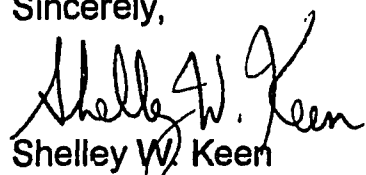
The license is a PRELIMINARY ORDER issued by the Department pursuant to section 67-5243, Idaho Code. It can and will become a final order without further action by the Department unless a party petitions for reconsideration or files an exception and/or brief within fourteen (14) days of the service date as described in the enclosed information sheet.

Enclosed is a copy of the approved Application for Amendment.

Please note that water right owners are required to report any change of water right ownership and/or mailing address to the Department within 120 days of the change. Failure to report these changes could result in a \$100 late filing fee. Contact any office of the Department or visit the Department's homepage on the Internet to obtain the proper forms and instructions.

If you have any questions, please contact me at 208-327-7946.

Sincerely,



Shelley W. Keen  
Water Rights Supervisor

SWK:klt

Enclosure(s)

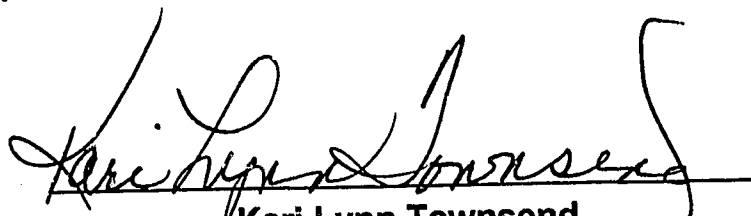
**CERTIFICATE OF SERVICE**

I hereby certify that on October 2, 2002 I mailed a true and correct copy, postage prepaid, of the foregoing PRELIMINARY ORDER (Approved License) to the person(s) listed below:

**RE: WATER RIGHT NO.**

**17-7030**

**CHARLES TAYLOR  
PO BOX 247  
TREMONTON UT 84337-0247**

  
**Kari Lynn Townsend  
Secretary**