

Drilling Permit No. 65-96-W-0251-000
 Water Right Permit No. _____
 Injection Permit No. _____

WELL DRILLER: PLEASE COMPLETE FOR VERBALS

IDWR Employee Issuing Verbal: DEAN
 Verbal Issued Date: 8/15/96 Time: 8:07

State of Idaho
 Department of Water Resources

RECEIVED**SEP 11 1996**

WATER RESOURCES
 WESTERN REGION

APPLICATION FOR DRILLING PERMIT
(FOR THE CONSTRUCTION OF A WELL)

1. Applicant (please print): ROGER + KAREN SUTTON
2. Mailing Address: P.O. Box 53
 City & State OIA, ID Zip Code 83657 Telephone 939-6308
- ☒ Well Owner ☐ Well Operator ☐ Contractor or Other, specify _____
3. Proposed Well Location: Twp. 10N, Rge. 1E, Sec. 24, SE 1/4 NE 1/4
 Gov't Lot No. _____ County GEM
 Street Address of Well Site 22955 High Valley Rd. City OIA
Give at least name of road + Distance to Road or Landmark
 Lot, block and subdivision _____

4. Proposed Use of Well:

- ☒ **DOMESTIC:** The use of water for homes, organization camps, public campgrounds, livestock (1,000 head or less) and for any other purpose in connection therewith, including irrigation of up to 1/2 acre of land, if the total use is not in excess of 13,000 gpd; or any other uses, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

Domestic does not include water for multiple ownership subdivisions, mobile home parks, commercial or business establishments, unless the use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

NON-DOMESTIC: ☐ Irrigation ☐ Municipal ☐ Industrial
☐ Stock ☐ Test ☐ Other _____
 (Over 1,000 Head) (Describe)

☐ **INJECTION**

☐ **MONITORING:** A well bore schematic and map is required for each blanket permit.
 No. of proposed wells: _____

5. Well Construction Information:

- A. ☒ New well ☐ Modify ☐ Replace
- B. Proposed Casing Diameter 6" Proposed Maximum Depth 400' 500'
- C. Anticipated bottom hole temperature:
☒ 85°F or less (Cold Water Well) ☐ 85°F to 212°F (Low Temp. Geo. Well) ☐ 212°F or more (Geothermal Well)

6. Construction Start Date: 8-15-96

7. Anticipated Well Driller: SOS WELL DRILLING + PUMP CO. Driller's Lic. No. 212
 NOTE: The actual well driller must be identified prior to drilling

8. Applicant's Signature Terri Hillman Date 8/15

Title Secretary
 (Owner, Firm Representative, Other)

ACTION OF THE DEPARTMENT OF WATER RESOURCES

This Permit is APPROVED Date 9-11-96

If approved, this permit authorizes the construction or modification of a well subject to the following conditions. READ CAREFULLY!

GENERAL CONDITIONS:

1. This drilling permit is valid for two (2) months from the above approval date for the start of construction and is valid for one (1) year from the approval date for completion of the well unless an extension has been granted.
2. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare which may be required before construction of this well. All wells must be drilled a minimum distance of 100 feet from a drain field. Domestic and Public Water Supply wells must be drilled a minimum of 50 feet and 100 feet respectively from a septic tank.
3. The well shall be constructed by a driller currently licensed in the State of Idaho who must maintain a copy of the drilling permit at the drilling site.
4. Approval of this drilling permit does not authorize trespass on the land of another party.
5. This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.
6. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
7. If a bottom hole temperature of 85° or greater is encountered, well construction shall cease and the well driller and the well owner shall contact the Department immediately.

SPECIFIC CONDITIONS:

USE FROM THIS WELL IS
LIMITED TO "DOMESTIC"
PURSUANT TO I.C. 42-111.

MANAGER
WESTERN REGIONAL OFFICE

Signature of Authorized Department Representative

Title

Receipt No. W021478 Received by DB Fee 75- Date 9-11-96

EXTENSION OF DRILLING PERMIT

Extension approved by _____ Approval Date _____

This extension expires: _____