

Tim Luxe

To - Norm Young ~~(initials)~~
Tim Luke

From Dale Wistisen

8 pages inc. cover

Bancroft Lund Water Dist.

Bancroft-hund Groundwater District
March 5th 1996, North Gem High School
Bancroft Idaho
meeting called to order 7:05 p.m.

Action I Calvin Lloyd moved, second. That
Pete Eliason be elected to
chair this meeting. Motion passed

Action II Calvin Lloyd moved, second That
Dale Wistisen serve as Sec.
of the meeting. Motion Passed

Action III Calvin Lloyd moved, second. That
a 37 $\frac{1}{2}$ % assessment be levied
on all acres that are irrigated
in the district. Motion Passed.

Action IV David Modersitzki moved, second
That there be a 5 member
advisory Committee to over see
the operations and instruct
the water master ~~to take care of~~,
motion Passed.

Action V Calvin Lloyd moved second
That there be 5 areas that
would determined who would be

eligible to serve on the
Advisory Committee. the
Districts being:

Ivans' — Don Rigby
E Central - Bart Christensen
W Central - Terry Rindlibaker
lund — Phil Yost.
Bancroft - Monte Yost

Nominations and election took
place, the above in the respective
areas.

Motion Passed.

Action VI David Modersitzki moved second.
That the assessment would
be billed and collected by
the Sec. Treasurer. Motion Passed.

Action VII Calvin Lloyd moved second.
That the assessment be due
on April 15th and that the
pump could not be turned
on until assessment is paid
motion Passed

Action VIII Calvin Lloyd Moved second
That all pumps will be
assessed a minimum of
\$2000 if they don't turn on
(CRP) idled hand.
Motion Passed.

Action IX Calvin Lloyd moved second
That Dale Wistisen be
elected to the office of
Sec. Treasure
Motion Passed

Action X Warren Lloyd moved second.
That the Sec. Treasure
receive compensation for
his work for the District.
motion Passed

Action XI Eric Simonson moved second
That the Advisory Committee
be given authority to hire,
set compensation, and report
to the District at the next
annual meeting their actions
this authority is only good till
the next meeting.
Motion Passed

Discussion as to the duties of the water master.

- A - Check each water user as to permit, water out of point of diversion and acres to be watered.
- B - Check the depth of water table thru the pumping season.
- C - Spot check for proper use and diversion rate during pumping season.
- D - Investigate complaints.
- E - Stop any unauthorized use or pumping of water within the district.
- F - Water master maintain a detailed log of work performed and data collected.

Action XII Calvin Lloyd moved second That the assessment be increased to 75¢/acre to pay the expenses of the district.

Motion passed

Meeting Adjourned at 9:07 p.m.

Page 5

Note: It was understood by those present that the irrigators would be ~~charge~~ assessed at the end of the season for the amount, of acre feet, of water diverted to their lands, so that there would be a debt or credit to be settled.

Respectfully Submitted

Dale R Wistisen
Sec. Treasure

Present at the meeting:

Terry Lindquistaker

Burt Christensen

Gordon Yost

Dale Wistisen

Warren Lloyd.

Ben Lloyd

David Lloyd

Calvin Lloyd

Monte Yost

Phil Yost.

Dan Rigby

Bruce Hanson ATTORNEY

Randy Hubbard

Von Simonson

Eric Simonson

Pete Eliason

Rulon Wistisen

Chad Meibauer

Paul Christensen

Terry Jorgensen

K.C. Jorgensen

Kim Welch

Norm Young I D W R

PERTAINING TO THE COLLECTION THEREOF

FOR 19 96

WATER DISTRICT NO. _____

STREAM Bancroft-Lund Groundwater District

COUNTY Caribou

NAME OF SECRETARY Dale B. Wistisen

ADDRESS OF SECRETARY _____

COLLECTION AND HOLDING OF WATER DISTRICT FUNDS

Please check the appropriate box regarding the collection and holding of Water District funds.

The Water District collects and holds its own funds.

_____ County collects and holds funds for the Water District.
(county name)

_____ County collects the Water District's funds and deposits the funds in an account held by the Water District.
(county name)

(This report must be certified and made in duplicate, one copy to be forwarded to the appropriate regional office of the Idaho Department of Water Resources., and one copy to the Secretary of the Annual Water User's Meeting of the Water District. If a designated county collects funds for the water, then a third copy must be sent to the auditor of the designated county.)

_____, Idaho, _____, 19____

I HEREBY CERTIFY that the within is true and correct copy of the budget as adopted at the annual Water User's Meeting of Water District No. _____, held at Bancroft Idaho on the 5th day of March, 19 96, and all resolutions adopted at said meeting pertaining to the time and the manner of collecting the amounts provided for in the said budget.

Dale B. Wistisen

Secretary, Water District No. _____

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN
OMB No. 1545-0003
Expires 12-31-95

1 Name of applicant (Legal name) (See instructions.)
Bancroft-Land Ground Water District

2 Trade name of business, if different from name in line 1

3 Executor, trustee, (care of) name
Dale R. Wistisen Sec. Treasurer

4a Mailing address (street address) (room, apt., or suite no.)
P.O. Box 128

4b City, state, and ZIP code
Bancroft Idaho 83217

5a Business address, if different from address in lines 4a and 4b
300 Gilbert Lane

5b City, state, and ZIP code
Bancroft Idaho 83217

6 County and state where principal business is located
Caribou Idaho

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ Dale R. Wistisen Sec. Treasurer 519-60-4028

8a Type of entity (Check only one box.) (See instructions.)

Sole Proprietor (SSN) _____

REMIC _____

State/local government _____

Other nonprofit organization (specify) Irrigation Dist.

Other (specify) ▶ _____

Estate (SSN of decedent) _____

Plan administrator-SSN _____

Other corporation (specify) _____

Federal government/military _____

Trust _____

Partnership _____

Farmers' cooperative _____

Church or church controlled organization _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State _____ Foreign country _____

9 Reason for applying (Check only one box.)

Started new business (specify) ▶ _____

Hired employees _____

Created a pension plan (specify type) ▶ _____

Banking purpose (specify) ▶ Hold Money to pay up

Changed type of organization (specify) ▶ _____

Purchased going business _____

Created a trust (specify) ▶ _____

Other (specify) ▶ _____

10 Date business started or acquired (Mo., day/year) (See instructions.)
March 5 1996

11 Enter closing month of accounting year (See instructions.)
December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (Mo., day, year) ▶ June 15th 1996

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶ 2

Nonagricultural _____ Agricultural _____ Household _____

14 Principal activity (See instructions.) ▶ _____

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶ Yes No

16 To whom are most of the products or services sold? Please check the appropriate box

Public (retail) _____ Other (specify) ▶ Members of Irrig District. Business (wholesale) _____

N/A _____

17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. Yes No

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶ _____ Trade name ▶ _____

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known

Approximate date when filed (Mo., day, year) _____ City and state where filed _____ Previous EIN _____

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief it is true, correct, and complete. Business telephone number (include area code)

Name and title (Please type or print clearly.) ▶ Dale R. Wistisen Sec. Treasurer 208-648-9904

Signature ▶ Dale R. Wistisen Date ▶ Mar 7-96

Please leave blank ▶ Geo. _____ Ind. _____ Class _____ Size _____ Reason for applying _____