



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Web Site: www.idwr.idaho.gov

July 30, 2007

C. L. "BUTCH" OTTER
Governor

DAVID R. TUTHILL, JR.
Director

SKYLINE HEIGHTS WATER SYSTEM
C/O ALMA SMITH
1020 SKYLINE HEIGHTS DRIVE
OROFINO ID 83544

RE: Notice of Change of Ownership for Water Right: 83-07121

Dear Interested Party:

Our letter of May 30, 2007 (copy enclosed) requesting evidence of water right ownership for the above referenced water rights ownership change remain unanswered. Therefore, I am returning the Notice of Change in Water Right Ownership request. Copies of your ownership change request information will be kept in our files for reference.

If, at a later date, you wish to reinstate this request you may send the enclosed ownership change request form along with the required support data we will be happy to complete the request for you.

Please feel free to contact the Department if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Brian Cox". The signature is written in a cursive, flowing style.

Brian Cox
Technical Reviewer

Enclosure

4-2500 DE✓

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

RECEIVED**APR 14 2005****DEPARTMENT OF
WATER RESOURCES**

Please print or type. Attach pages with additional information. Instructions are included at the end of this form.
 Incomplete forms will be returned.

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided (under the "split" heading), if the change in ownership is limited to a portion of a water right in which case division of the existing water right or adjudication claim record will be required.

Water Right No(s).	Adjudication Claim No(s).	Split	Water Right No(s).	Adjudication Claim No(s).	Split
WWR NIC 83-7121					

2. The following **REQUIRED** information must be submitted with this form:

A. The appropriate **FILING FEE**. See instructions for fee amounts.

B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.

C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
PLAT OF PROPERTY or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are usually attached to your deed or on file with the county).

OR

If your water right(s) and/or adjudication claim(s) is for ten or more acres of irrigation, you must submit a USDA Farm Service Agency **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

3. Name and Address of Former Owner/Claimant(s)

VAI June Inc.
PO Box 484 Orofino, Id 83544

4. New Owner/Claimant(s)

Skyline Heights Water District
 Name Connector (Check one): ☒ and, ☐ or, ☐ and/or

New Mailing Address

To Alma Smith (Secretary)

City, State and ZIP Code

1020 Skyline Heights Drive

New Telephone Number

() 208-476-0737

Orofino, Id 83544

5. Date you acquired the property

Skyline Heights Water System
 c/o Alma Smith
 1020 Skyline Heights Drive
 Orofino, ID 83544



State of Idaho
DEPARTMENT OF WATER RESOURCES

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

RECEIVED

APR 14 2005

DEPARTMENT OF
WATER RESOURCES

CECIL D. ANDRUS
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

October 5, 1994

VAL JUNE INC
KENNY J WELLER
PO BOX 484
OROFINO ID 835440484

PERMIT APPROVAL NOTICE

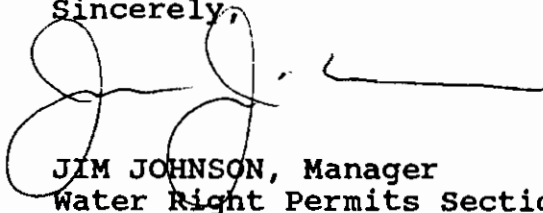
RE: PERMIT NO. 83-07121

Dear Permit Holder:

Enclosed is a copy of your approved application for permit. Please be sure to thoroughly review the "CONDITIONS/REMARKS:" listing on the permit.

Enclosed is a form entitled "Instructions for Proof of Beneficial Use". Please read the instructions carefully since you must take further action to develop this permit. Also enclosed is a form entitled "Proof of Beneficial Use". If your project is already completed you should complete and submit this form immediately.

Sincerely,



JIM JOHNSON, Manager
Water Right Permits Section

JJ:dc

Enclosures



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

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

RECEIVED
APR 14 2005
DEPARTMENT OF
WATER RESOURCES

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

July 31, 1995

VAL JUNE INC
KENNY J WELLER
PO BOX 484
OROFINO ID 835440484

PROOF DUE NOTICE

RE: PERMIT NO. 83-07121

Dear Permit Holder:

One of the conditions of approval of the above referenced water permit was that proof of the extent of your beneficial use must be submitted to this office on or before October 1, 1995.

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

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

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

SINCERELY,

JULIE L. YARBROUGH
Senior Secretary

Enclosures



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

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

RECEIVED
APR 14 2005
DEPARTMENT OF
WATER RESOURCES

August 17, 1995

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

Kenny J. Weller
Val June Inc.
P.O. Box 484
Orofino, ID 83544-0484

RE: Water Right No. 83-07121
Drilling Permit No. 83-94-N-0003-000

Dear Permit Holder:

Enclosed is a copy of the Proof of Beneficial Use submitted in connection with the above referenced water right. The proof form and your permit to appropriate water (copy enclosed), both indicate that water is diverted for irrigation and domestic use. Also enclosed is a copy of the drilling permit approved in 1994. It indicates the extent of use to be single family domestic. Single family domestic use constitutes the diversion of 0.04 cfs or less and/or the use for one home and irrigation of up to 1/2 acre of land.

You were properly charged \$35.00 for the domestic well drilling permit. However, because of the use and amount you have indicated (domestic use for 10 homes w/a rate of diversion of 0.08 cfs), the drilling permit is no longer considered strictly single family domestic. The charge for a non-domestic drilling permit is \$200.00.

Before the Department can accept the proof of beneficial use as filed, you will need to pay the additional \$165.00 fee to upgrade the drilling permit to a non-domestic. The Department will hold your file for 30 days to allow you time in which to submit the additional fee. **Please address your correspondence to my attention.**

If you have any questions or if I can be of any assistance, please feel free to contact me at (208)327-7900.

Sincerely,

JULIE L. YARBROUGH
Senior Secretary

Enclosures

C: IDWR - Region

Dear Julie
Here is a check #1329
for \$165.00. Thanks for
your time on the phone
Tuesday, and clearing this
up for me! Julie



State of Idaho
DEPARTMENT OF WATER RESOURCES

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

RECEIVED
APR 14 2000
DEPARTMENT OF
WATER RESOURCES

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

October 23, 1996

KENNY J WELLER
VAL JUNE INC
PO BOX 484
OROFINO ID 835440484

RE: WATER RIGHT NO. 83-07121

Dear Water Right Holder(s):

Enclosed is a copy of the Water Right License issued on the above referenced permit. If you have any questions, please contact me within 10 days of receipt of this license.

Also, please note that as of July 1, 1996, water right owners are required to report any change of water right ownership and any change of mailing address to the department. If you have acquired a water right or have changed your mailing address PRIOR TO July 1, 1996, you have until July 30, 1998, to notify the department. If you acquire a water right or change your mailing address AFTER July 1, 1996, you must notify 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 to obtain the proper reporting form.

Sincerely,

Shelley W. Keen
Water Rights Supervisor

SK:ph

Enclosure

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 83-07121

Priority: July 19, 1994

Maximum Diversion Rate: 0.08 CFS
Maximum Diversion Volume: 23.5 AF

This is to certify, that KENNY J WELLER
VAL JUNE INC

PO BOX 464

CROFINO ID 83544-0484 has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated July 19, 1994; and has submitted Proof of Beneficial Use on August 25, 1995. An examination indicates that the works have a diversion capacity of 0.080 cfs of water from a GROUNDWATER source, and a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
IRRIGATION	03/01 to 11/30	0.08 CFS	17.5 AF
DOMESTIC	01/01 to 12/31	0.08 CFS	6.0 AF
	Totals	0.08 CFS	23.5 AF

LOCATION OF POINT(S) OF DIVERSION: NWNE , Sec. 31, Township 37N, Range 02E
CLEARWATER County

<u>PLACE OF USE:</u>	<u>TWN</u>	<u>RGE</u>	<u>SEC</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>TOTAL</u>
IRRIGATION	37N	02E	31	NWNE	5		5

Total number of acres irrigated: 5

PLACE OF USE:
DOMESTIC, same as IRRIGATION use

CONDITIONS OF APPROVAL AND REMARKS

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount that can actually be beneficially used. The maximum diversion volume may be adjusted to more accurately describe the beneficial use or to implement accepted standards of diversion and use efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
5. This right when combined with all other rights shall provide no more than .03 cfs per acre nor more than 3.5 afa per acre for the lands above.

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of applicant Val-Lume Inc.
~~Devin K. Eubank~~ and Kenny J. Weller Phone 476-3168
Post office address P.O. Box 494 Orofino, Idaho 83544

2. Source of water supply ground water which is a tributary of _____

3. Location of point of diversion is ~~NE~~ 1/4 of NE 1/4 of NE 1/4, Govt. Lot _____

Sec. 31 Township 37 N Range 2 E B.M. Clearwater County; additional
points of diversion if any: _____

4. Water will be used for the following purposes:

Amount .08 for Domestic purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per annum)

Amount .08 for Irrigation purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per annum)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)

5. Total quantity to be appropriated is (a) .08 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

b. Height of storage dam _____ feet; active reservoir capacity 4 acre-feet; total
reservoir capacity _____ acre-feet; period of year when water will be diverted to storage:
_____ to _____ inclusive.

c. Proposed well diameter is 8" & 6" inches; proposed depth of well is 377 feet.

d. Is ground water with a temperature of greater than 85°F being sought? NO

e. If well is already drilled, when? 3-17-94 Drilling firm Agua Drilling & Exploration Inc.
Val-Lume Inc.
Well was drilled for (well owner) ~~Devin K. Eubank~~ and Kenny J. Weller

7. Time required for the completion of the works and application of the water to be proposed beneficial use is _____

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 83-07121

CONDITIONS OF APPROVAL AND REMARKS

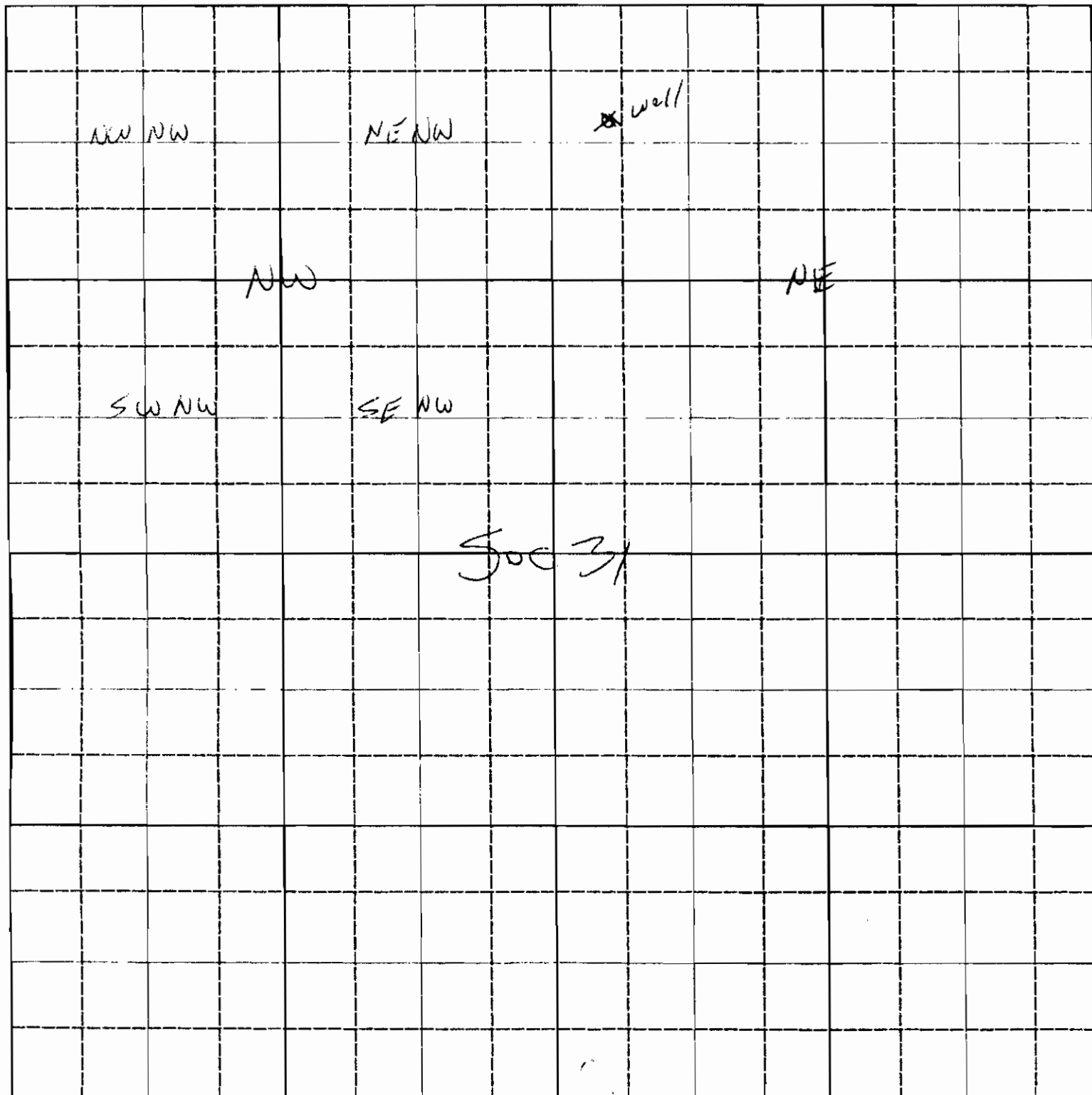
5. The domestic use authorized under this permit shall not exceed 13,000 gallons per day per home.
6. Domestic use is for 10 homes.
7. Domestic use does not include lawn, garden, landscape, or other types of irrigation.
8. Place of use known as Lots 1-10, Skyline Heights Subdivision.

This license is issued pursuant to the provisions of Section 42-219, Idaho Code.
Witness the seal and signature of the Director, affixed at Boise, this 23RD
day of OCTOBER, 1976.



KARL J. DREHER, Director

13. 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.

James A. Brown
+ 1 1 1

July 12, 1994

Al Beardslee
Dept. Water Resources
1910 NW Blvd.
Coeur d'Alene, Idaho 83814

Dear Mr. Beardslee:

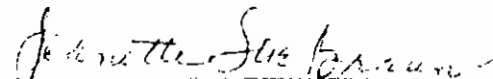
This letter is to clarify that the co-applicant for the water right, Val June Inc., is owned by Jeanette Sue Braun and that she is the President, Secretary and Treasurer of the corporation. As I mentioned on the phone, the property is one-half owned by Kenneth and Sandy Weller. This permit should reflect this also. Enclosed is the \$50.00 filing fee. Thank you for your help on this!

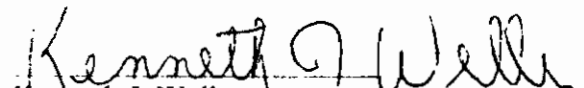
Sincerely,

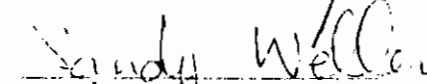


Dave Braun

Applicants:


President Val June Inc.


Kenneth J. Weller


Sandy Weller

DB/hl

Drilling Permit No. 83-94-N-0003-000
 Water Right Permit No. _____
 Injection Permit No. _____

WELL DRILLER: PLEASE COMPLETE FOR VERBALS

IDWR Employee Issuing Verbal: Tom King
 Verbal Issued Date: 3/10/94 Time: 9:15am

VERBAL: 83-94-N-3



State of Idaho
 Department of Water Resources

APPLICATION FOR DRILLING PERMIT**RECEIVED**

MAR 11 1994

NORTHERN REGION
IDWR

1. Applicant (please print): DAVID BRAUN
2. Mailing Address: PO BOX 484
 City & State Griffin, IDAHO Zip Code 83544 Telephone 208-476-3666
☒ Well Owner ☐ Well Operator ☐ Contractor or Other, specify _____
3. Proposed Well Location: Twp. 37N, Rge. 2E, Sec. 31, NW 1/4 NE 1/4
 Gov't Lot No. _____ County Clearwater
 Street Address of Well Site _____
 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 (Deepen or Enlarge) ☐ Replace - See Condition 9
 B. Proposed Casing Diameter 8" Proposed Maximum Depth 300'
 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: 3/10/94
7. Anticipated Well Driller: Aqua Drilling & Exploration, Inc./Scott N Braun/President #16
 NOTE: The actual well driller must be identified prior to drilling.
8. Applicant's Signature Scott N Braun/Pres Date 3/10/94

ACTION OF THE DEPARTMENT OF WATER RESOURCES

APPROVED

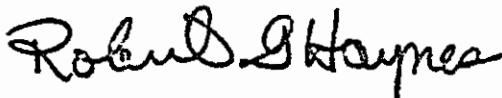
This Permit is _____.

Date MAR 11 1994.

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

GENERAL CONDITIONS:

1. The well must be constructed in compliance with the applicable statutes, specific conditions of approval shown on the water right permit, injection well permit, transfer or amendment and the rules and regulations of the Department for water appropriation, injection wells and well construction standards.
2. 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.
3. 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.
4. 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.
5. Approval of this drilling permit does not authorize trespass on the land of another party.
6. This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.
7. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
8. 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.
9. If this permit is for a replacement well, the well being replaced must be abandoned in accordance with Department Rules and Regulations.

SPECIFIC CONDITIONS:**REGIONAL MANAGER**

Signature of Authorized Department Representative _____

Title _____

Receipt No. N7435 Received by pm Fee \$35.00 Date 3/11/94**EXTENSION OF DRILLING PERMIT**

Extension approved by _____ Approval Date _____

This extension expires: _____

State of Idaho
Department of Water Resources
Permit To Appropriate Water

NO. 83-07121

Proposed Priority: July 19, 1994

Maximum Diversion Rate:

0.08 CFS

This is to certify, that **KENNY J WELLER**

VAL JUNE INC

PO BOX 484

OROFINO ID 83544-0484

has applied for a permit to appropriate water from: **GROUNDWATER**

and a permit is **APPROVED** for development of water as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>
IRRIGATION	01/01 to 12/31	0.08 CFS
DOMESTIC	01/01 to 12/31	0.08 CFS
	Totals	0.08 CFS

LOCATION OF POINT(S) OF DIVERSION:

NWNE , Sec. 31, Township 37N, Range 02E
CLEARWATER County

PLACE OF USE: IRRIGATION

<u>TWN</u>	<u>RGE</u>	<u>SEC</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>TOTAL</u>
37N	02E	31	NWNE	10		10

Total number of acres irrigated: 10

PLACE OF USE: DOMESTIC, same as IRRIGATION use

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before October 1, 1995.
2. Subject to all prior water rights.
3. Two points of diversion are located within Lot 2, Skyline Heights Subdivision in NWNE, S31, T37N, R01E.
4. Places of use are located within Lots 1-10, Skyline Heights Subdivision.
5. Domestic use is for 10 homes.
6. The domestic use authorized under this permit shall not exceed 13,000 gallons per day per dwelling in accordance with Section 42-111, Idaho Code.

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

5th day of October, 1994.

DEC 07 1994

R. Keith Higginson

for R. Keith Higginson, Director

RECEIVED

STATE OF IDAHO
AUG 10 1995 DEPARTMENT OF WATER RESOURCES

Department of Water Resources

PROOF OF BENEFICIAL USE

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

1. Permit No. 83-07121 Telephone No. 208-476-3666
2. Name(s) of Permit Holder(s): Kenny J. Weller - Val June Inc.
3. Mailing Address: P.O. Box 484 Orofino, Idaho 83544
4. Source of Water: Ground water If GROUNDWATER (well), Date Drilled: mo. 3 / yr. 95
a. Well Driller: Scott Braun Drilling Permit Number: 83-94-N-3

b. **OPTIONAL:**

Pump Horsepower: 5 Pressure (psi): 45 Dynamic pumping level (ft): 245

5. Use(s) (as authorized by the water right permit):

Domestic (No. of households): 10 Stockwater (No. and type of stock): _____

Irrigation (No. of acres): _____ Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: 0.08 cfs OR _____ acre feet

7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly)
(This question is **not optional**. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)

Measuring Device: Is a measuring device required?

Yes _____ or No X

Has the measuring device been installed?

Yes _____ or No X

Flow Measurement Port: Is a flow measurement port required?

Yes _____ or No X

Has the measurement port been installed?

Yes _____ or No X

8. Fee Enclosed: \$ 50⁰⁰ (See Fee Schedule on back of the instructions for filing proof of beneficial use)

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: David L. Braun Telephone Number: 208-476-3666

Address: 250 Braun Rd Orofino, Ida 83544

10. The information given on this form is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the State of Idaho.

Signature of permit holder:

Janet Sue Braun - President
(include your title, if on behalf of company or organization)

Date: 8-7-95

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

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

1. Permit No. 83-07121 Telephone No. 208-476-3666
2. Name(s) of Permit Holder(s): Kenny J. Weller - Val June Inc.
3. Mailing Address: P.O. Box 484 Orofino, Idaho 83544
4. Source of Water: Ground water If GROUNDWATER (well), Date Drilled: mo. 3 / yr. 95
 - a. Well Driller: Scott Braun Drilling Permit Number: 83-94-N-3
 - b. **OPTIONAL:**
Pump Horsepower: 5 Pressure (psi): 45 Dynamic pumping level (ft): 24.5
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): 10 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: 0.08 cfs OR _____ acre feet
7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly)
(This question is **not optional**. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)

Measuring Device: Is a measuring device required? _____
Has the measuring device been installed? _____

Yes _____ or No X
Yes _____ or No X

Flow Measurement Port: Is a flow measurement port required? _____
Has the measurement port been installed? _____

Yes _____ or No X
Yes _____ or No X

8. Fee Enclosed: \$ 50⁰⁰ (See Fee Schedule on back of the instructions for filing proof of beneficial use)
9. Person to contact to accompany the Department representative during field examination of the water system.
Name: David L. Braun Telephone Number: 208-476-3666
Address: 250 Braun Rd Orofino, Ida 83544
10. The information given on this form is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the State of Idaho.

Signature of permit holder: Janet Sue Braun - President Date: 8-7-95
(include your title, if on behalf of company or organization)

State of Idaho
Department of Water Resources
Permit To Appropriate Water

NO. 83-07121

Proposed Priority: July 19, 1994

Maximum Diversion Rate:

0.08 CFS

This is to certify, that **KENNY J WELLER**
VAL JUNE INC
PO BOX 484
OROFINO ID 83544-0484

has applied for a permit to appropriate water from: **GROUNDWATER**

and a permit is **APPROVED** for development of water as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>
IRRIGATION	01/01 to 12/31	0.08 CFS
DOMESTIC	01/01 to 12/31	0.08 CFS
	Totals	0.08 CFS

LOCATION OF POINT(S) OF DIVERSION:

NWNE , Sec. 31, Township 37N, Range 02E
CLEARWATER County

PLACE OF USE: IRRIGATION

<u>TWN RGE SEC</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>TOTAL</u>
37N 02E 31	NWNE 10			10

Total number of acres irrigated: 10

PLACE OF USE: DOMESTIC, same as IRRIGATION use

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before October 1, 1995.
2. Subject to all prior water rights.
3. Two points of diversion are located within Lot 2, Skyline Heights Subdivision in NWNE, S31, T37N, R01E.
4. Places of use are located within Lots 1-10, Skyline Heights Subdivision.
5. Domestic use is for 10 homes.
6. The domestic use authorized under this permit shall not exceed 13,000 gallons per day per dwelling in accordance with Section 42-111, Idaho Code.

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

5th day of October, 1994.


1. R. Keith Hingginson. Director

State of Idaho, Department of Health and Welfare
Bureau of Laboratories - Lewiston Branch Lab
215 10th Street, Lewiston, Idaho 83501
DRINKING WATER COLIFORM BACTERIA ANALYSIS REPORT (PUBLIC)

LAB: LEWISTON, Phone: (208) 799-5039
Branch Laboratory Supervisor, Bacteriology: Marvin Entze

DAVE BRAUN
P.O. BOX 1918
OROFINO, ID 83544

Tracking Number: 20595-1881/
(Please Refer to this Tracking Number on any communications)

PWS Number:
Water System: SKIYLINE HEIGHTS
Sample Location: WELL HEAD LOT #1
County: CLEARWATER
Collected by: DAVE BRAUN
Sample Type: Construction/Special - C

Date Collected: 05/16/95
Time Collected: 02:00

Date Received in Lab: 05/17/95
Time Received in Lab: 11:30

**TEST
CODE**

WMMO TOTAL COLIFORM

RESULTS

ABSENT

COMPLETED

05/18/95

STATE OF IDAHO DEPARTMENT OF HEALTH & WELFARE

BUREAU OF LABORATORIES

Lab #		Date		5-17-95	
Received From		Dave Braun			
Address		Orofino			
n	Mail	Mail/ Sample	Cash	Check	State Warrant
		✓		7606	
Qty	Description	Price	Amount		
1	Water Part # 11881	0.11	11		
	Sent Check for \$15				
	4 returned				
	Paul H. H. H.				
Thank You Please: this bill with claims or returns mde.			Total	11	
J. 143936		Sally A. Johnson			
CO-8 Business Forms - W		Rec'd by			

Laboratory Name: (Check one)

☐ Boise ☐ Pocatello

☐ Coeur d'Alene ☐ Twin Falls

☐ Idaho Falls ☐ Private Lab.

☒ Lewiston (Enter name in field below.)

Lab Name _____

Lab ID No. 0005

Shaded areas must be fully filled out or samples will not be run. Private samples need not have pws# or Chlorine residual. Clear areas are for lab use only. Your sample will be analyzed for TOTAL COLIFORMS unless you specify another analysis under remarks.

RESULTS

[illegible]

REMARKS

Sample Type Codes

S – Routine Sample U – Upstream Repeat W – Untreated (source)
P – Repeat Sample D – Downstream Repeat V – Invalidated by lab.
(At original tap) X – Other Repeat C – Construction/Special
E – Enforcement
(Chain of custody required)

***For PWS only, if this is a repeat sample, mark the date of the ORIGINAL POSITIVE SAMPLE.**

DATE/TIME RECEIVED _____

ANALYST

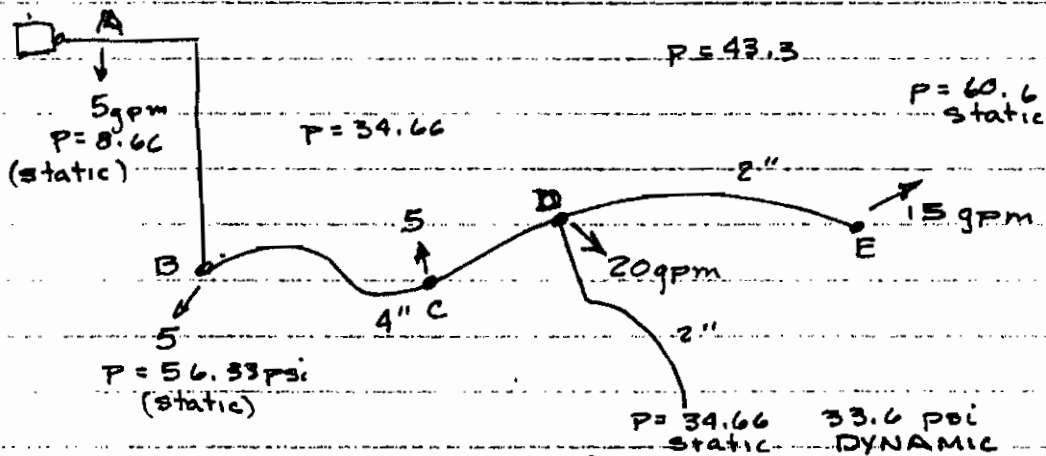
SUPERVISOR

DATE ANALYZED

DATE REVIEWED

568

Pressure loss calculations



SEGMENT	FLOW GPM	$S \frac{ft}{ft}$	L ft	ΔH_{ft} $\Delta H = S \times L$	$\Sigma \Delta H$
2" RESERVOIR - A	50	.061	20	1.22 ft	1.22
2" A - B	45	.050	800	39.9	41.1
2" B - C	40	.040	310	12.4	63.4
2" C - D	35	.032	490	15.68	79.1
2" D - E	15	.007	550	3.85	82.9

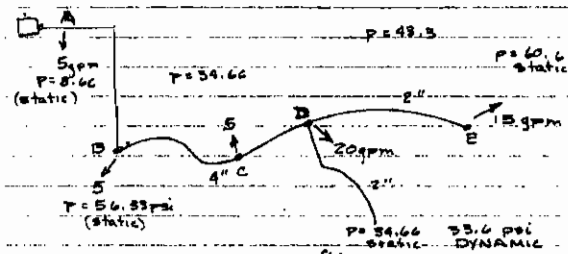
Head loss too great. TRY 4"

4" RESERVOIR - A	50	.002	20	.04 ft	.0
4" A - B	45	.002	800	1.382	1.4
4" B - C	40	.001	310	.431	1.8
4" C - D	35	.001	490	.532	2.
2" D - E	15	.007	550	3.85	6.

Subtract $\Sigma \Delta H \times .433$ FROM STATIC PRESSURE TO GET DYNA

e.g. AT END OF 2" OFF "D":

Pressure loss calculations



SEGMENT	FLOW GPM	f S/ft	Lft	ΔH_f
RESERVOIR - A	50	.061	20	1.22
A - B	45	.050	800	39.9
B - C	40	.040	310	12.4
C - D	35	.032	490	15.6
D - E	15	.007	550	3.8

Head loss too great. TRY 4"

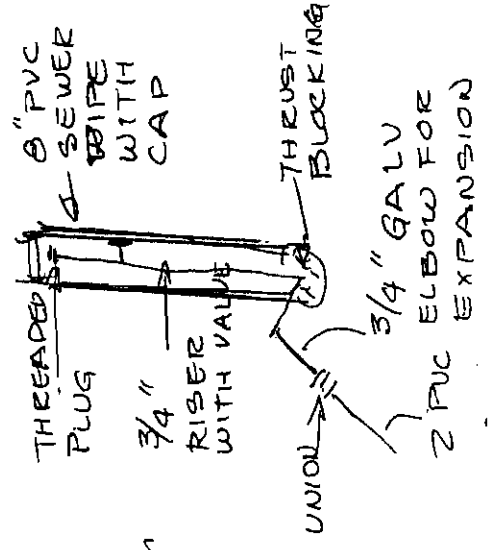
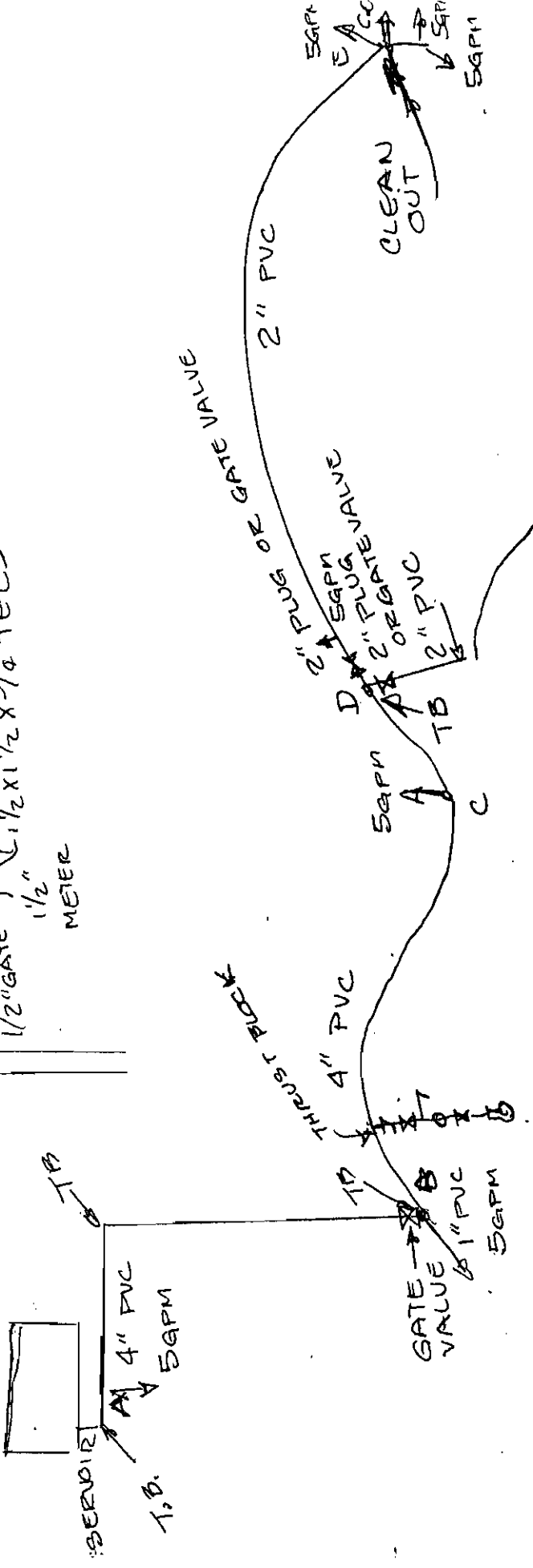
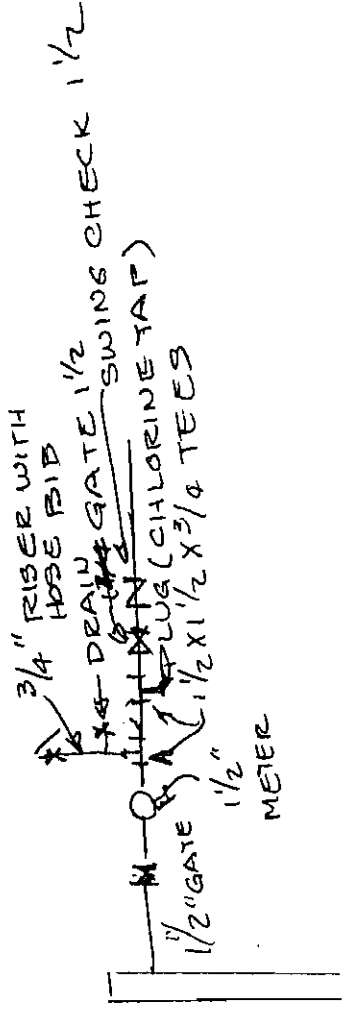
RESERVOIR - A	50	.002	20	.0
A - B	45	.002	800	1.3
B - C	40	.001	310	.4
C - D	35	.001	490	.5
D - E	15	.007	550	3

Subtract 2.53×4.83 FROM STATIC PRESSURE TO

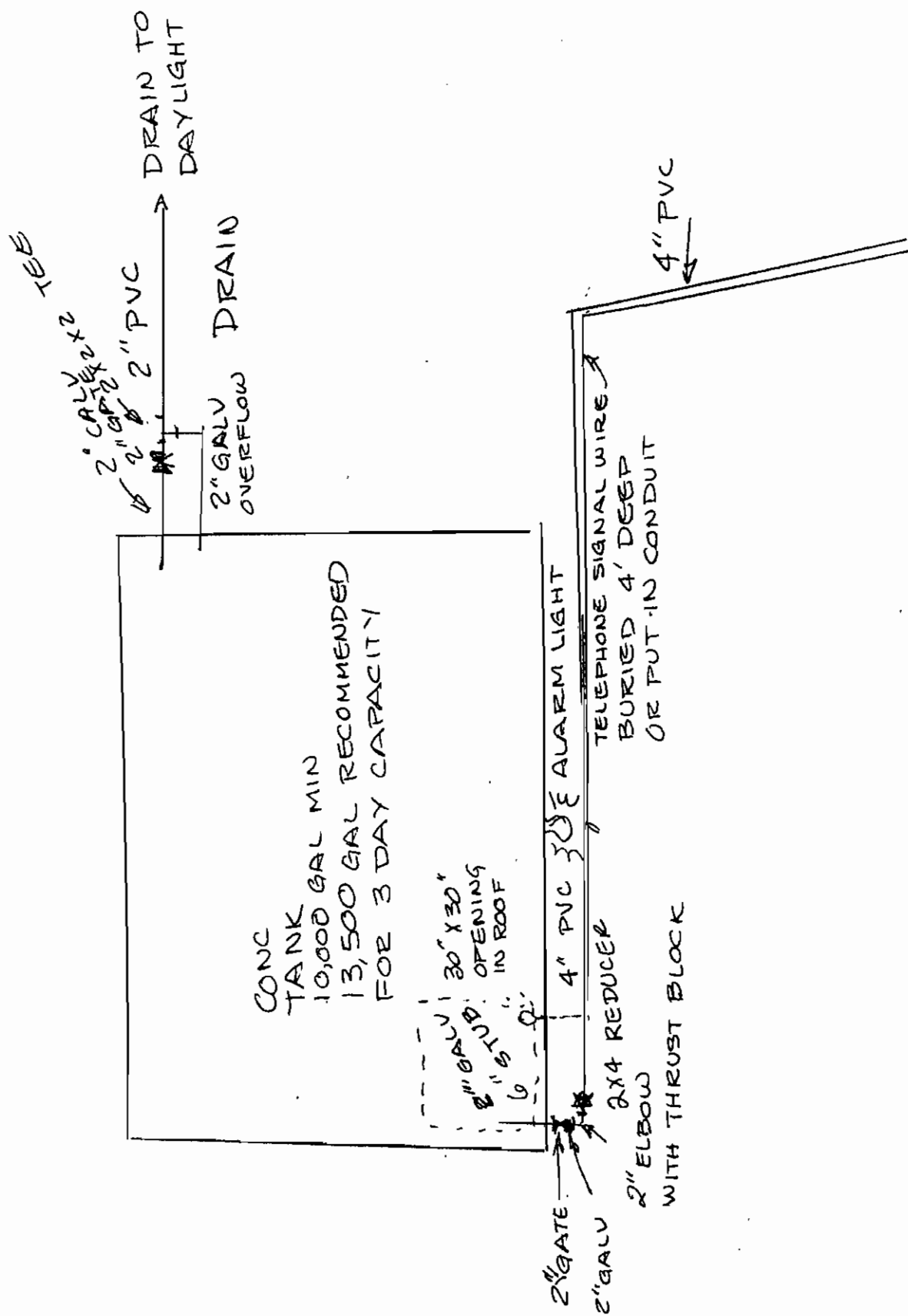
e.g. AT END OF 2" OFF "D"

$$54.66 - 2.53 \times 4.83 = 33.604 \text{ psi}$$

T.B. - INCHES



RECOMMENDED WATER MAINS.
 MIN SIZE FOR LINE A TO D IS 2 1/2".
 RECOMMEND 4" BUT NOT LESS THAN 3"



RESERVOIR

equivalent lengths of pipe

8" ball valve open 75'

3" TEE 15'

	8" Q	S	1 ft	ΔH	ENH	loss friction
RESERVOIR-A	50	.009	20+75	.81 ft	.81 ft	.35
A-B	45	.007	800	5.602	6.412	2.8
B-C	40	.006	310	1.746	8.166	3.54
C-D	35	.004	490	2.156	10.32	4.5
D-E 2"	15	.007	550	3.85	14.7	6.4

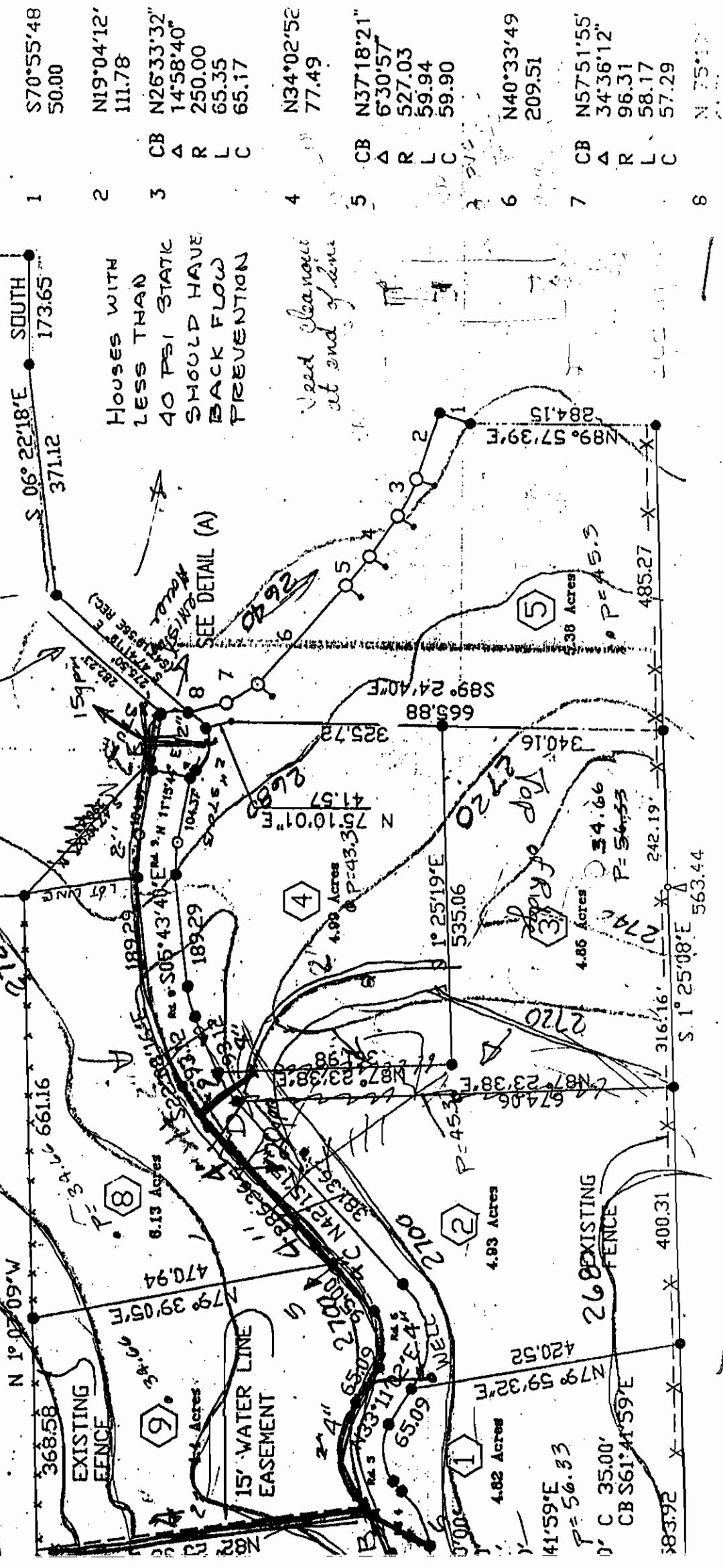
2 1/2"	50	.021	20+75	1.93	1.93	.435
R-A	45	.017	800	13.6	15.53	6.7
A-B	40	.014	310	4.23	19.76	8.56
B-C	35	.011	490	5.23	24.99	10.85
C-D	15	.007	550	3.85		12.9
D-E						

NORTH

1 in. = 200'



MK & LINE



1	S70°55'48"	50.00
2	N19°04'12"	111.78
3	CB N26°33'32"	
	Δ 14°58'40"	
	R 250.00	
	L 65.35	
	C 65.17	
4	N34°02'52"	77.49
5	CB N37°18'21"	
	Δ 6°30'57"	
	R 527.03	
	L 59.94	
	C 59.90	
6	N40°33'49"	209.51
7	CB N57°51'55"	
	Δ 34°36'12"	
	R 96.31	
	L 58.17	
	C 57.29	
8	N75°15'12"	