

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.

CLIFF GENTRY (Applicant) SEC/TREAS.

P E N D O P  
SPILLWAY 2062

Graham Point  
Cement 2

Cement 2.

066 4

Lakeview

(BM 2266)  
LT 5



24

1



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1

TF3

133

2-

NEC

26 1

0-0

26

T53NR1W

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96-0860

L  
 OCT 16 1995  
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OCT 16 1995

2662



Point of diversion



Storage Tank

RECEIVED  
OCT 16 1995

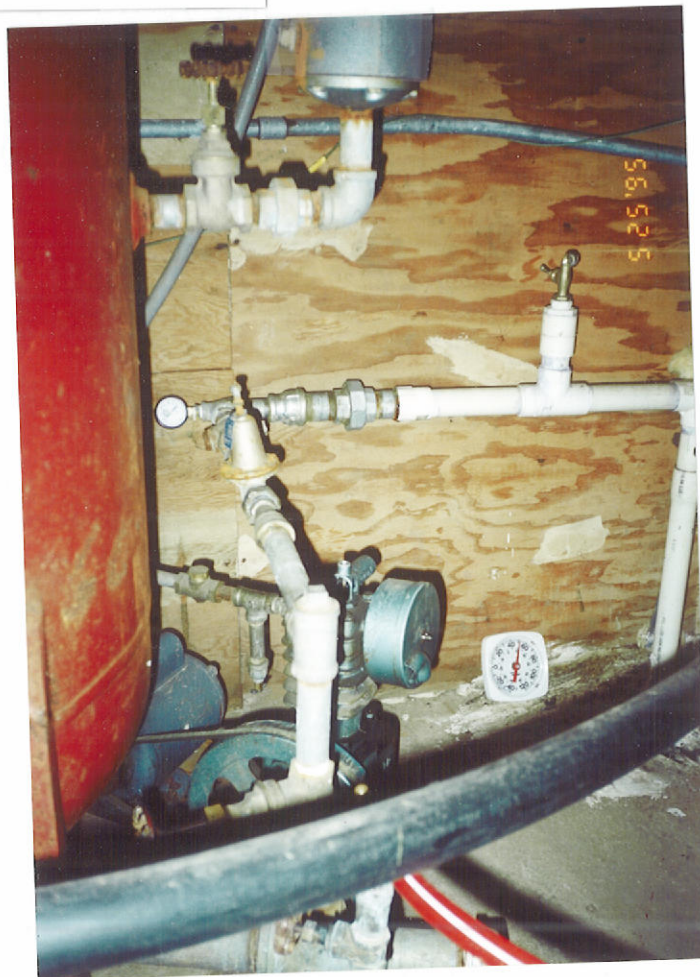
96-08601

5/25/95



Point of diversion

0180125 1111 2



Storage Tank

MISSOURI

OCT 16 1995



Place of Use  
Cabin #1



Place of Use  
Cabin #2

MICROFILMED  
OCT 16 1995

28



Place of Use  
Cabin #1



Place of Use  
Cabin #2

MICROFILMED  
OCT 16 1995



Place of Use  
Cabin #3



Place of Use  
Irrigation

REFILMED  
OCT 16 1995

28



Place of Use  
Cabin #3

9608601

SHOWERS

at

hot tub.

5/25/95

01600000



Place of Use  
Irrigation

REFILMED  
JUN 16 1995



Place of Use  
Irrigation

MICROFILMED  
OCT 16 1995



Place of Use  
Irrigation

MICROFILMED  
OCT 16 1995

96-08601

078



Place of Use  
Irrigation



MICROFILMED

OCT 16 1995

9/6 860  
5/25/95

0180123 N N N N 2



Place of Use  
Irrigation



MICROFILMED

OCT 16 1995

96-08601

0.8

9/6 8/60  
5/25/95

0180122 N N N N 2

9/6 8/60  
5/25/95

0180122 N N N N 2



Place of Use  
Irrigation

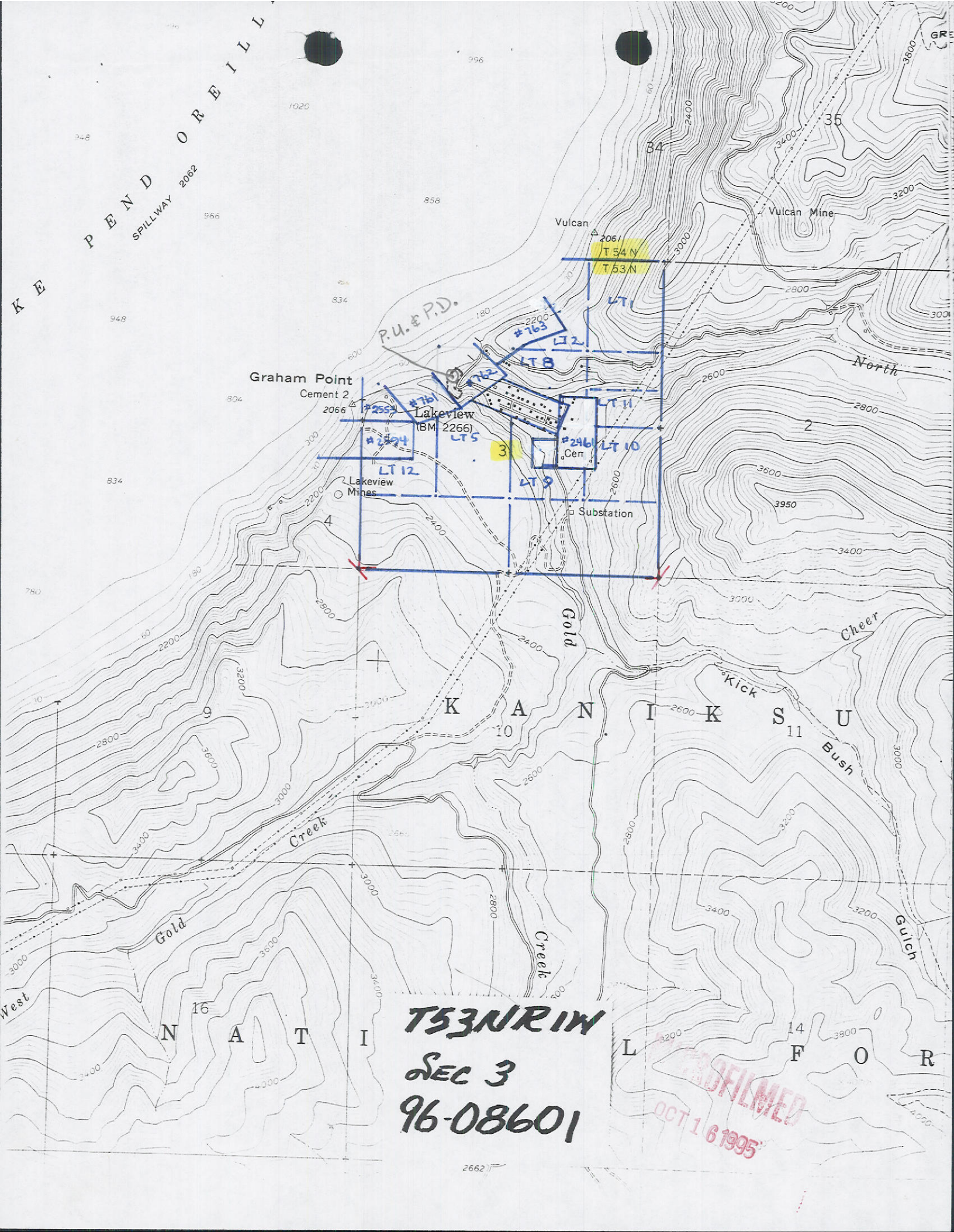
MICROFILMED

OCT 16 1995

96-08601

078

P E N D O R E I L L  
SPILLWAY 2062



Graham Point

Cement 2

Lakeview

(BM 2266)

Lakeview  
Mines

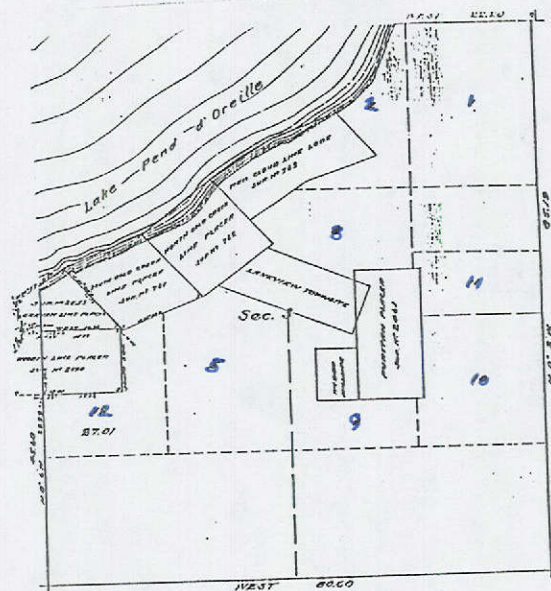
Vulcan

Vulcan Mine

Substation

T53NR1W  
SEC 3  
96-08601

FILMED  
OCT 16 1995



TS4N  
R1W  
S3

MICROFILMED

OCT 16 1995



BITTERROOT MTN.  
LODGE

← P. U.



BITTERROOT MTN.  
LODGE'S  
WELL

← P. D.

UNPROCESSED

OCT 16 1995



BITTERROOT MOUNTAIN LODGE'S  
P.U. CAMPGROUND

MICROFILMED

OCT 16 1995

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 96-08601

Priority: June 4, 1990

Maximum Diversion Rate:

0.05 CFS

Maximum Diversion Volume:

2.3 AF

This is to certify, that BITTERROOT MOUNTAIN LODGE

LAKEVIEW LANDING

LAKEVIEW ID 83803

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated June 4, 1990; and has submitted Proof of Beneficial Use on August 9, 1991. An examination indicates that the works have a diversion capacity of 0.050 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            | 03/15 to 11/15       | 0.02 CFS                 | 1.5 AF               |
| COMMERCIAL            | 01/01 to 12/31       | 0.05 CFS                 | 0.8 AF               |
|                       | Totals               | 0.05 CFS                 | 2.3 AF               |

LOCATION OF POINT(S) OF DIVERSION:

SENW , Sec. 3, Township 53N, Range 01W  
BONNER County

PLACE OF USE: IRRIGATION

TWN RGE SEC

53N 01W 3

ACRES

SENW

0.5

ACRES

ACRES

TOTAL

0.5

Total number of acres irrigated: 0.5

PLACE OF USE:

COMMERCIAL, 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 which 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 3.0 afa per acre for the lands above.

OCT 16 1995

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

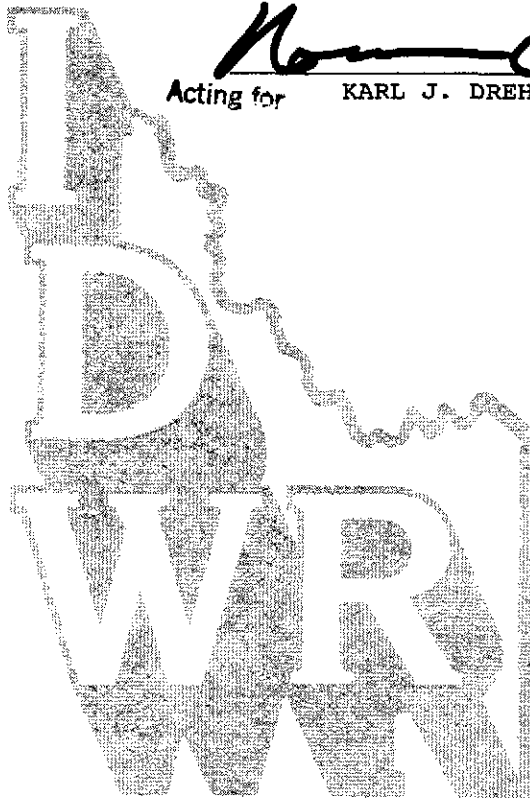
WATER RIGHT NO. 96-08601

## CONDITIONS OF APPROVAL AND REMARKS

6. Commercial use is for 3 cabins, cafe, and showers at Bitterroot Mountain Lodge.

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 2<sup>ND</sup> day of OCTOBER, 1995

  
Acting for KARL J. DREHER, Director



RECEIVED

OCT 16 1995

BE THE DEPARTMENT OF WATER RESOURCES  
OF THE STATE OF IDAHO

IN THE MATTER OF PERMIT NO. 96-08601 )  
IN THE NAME OF BITTERROOT MOUNTAIN LODGE )  
\_\_\_\_\_ )

ORDER OF  
REINSTATEMENT

WHEREAS, the Department issued the above-captioned permit with the condition that proof of construction of works and application of water to beneficial use (proof of beneficial use) be submitted on or before October 1, 1991; and

WHEREAS, the Department notified the permit holder by certified mail that proof was due and instructed the permit holder that the permit lapsed for failure of the permit holder to submit the proof of beneficial use; and,

WHEREAS, the Department sent the lapse notice in error; and,

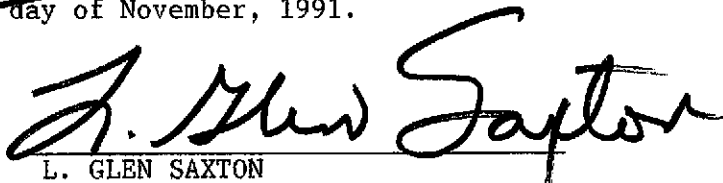
WHEREAS, the Department did not take action on the proof of beneficial use until November 19, 1991, more than two months after it was received; and,

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

WHEREAS, the permit holder has provided a reasonable showing why the permit should be reinstated by submitting proof of beneficial use on August 9, 1991;

IT IS, THEREFORE, HEREBY ORDERED that permit No. 95-08601 be REINSTATED with no advance in priority.

Dated this 19<sup>th</sup> day of November, 1991.

  
L. GLEN SAXTON  
Chief, Water Allocation Bureau

**MICROFILMED**

DEC 31 1991

**RECEIVED**

AUG 09 1991

## STATE OF IDAHO

For Office Use Only

Amt. of Fee \$ 20.00Date 8-9-91Receipt No. CO21453Received by gy

## DEPARTMENT OF WATER RESOURCES

Department of Water Resources

**PROOF OF BENEFICIAL USE**

The Idaho Department of Water Resources will consider this form as 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 or a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

- Permit No. 96-08601 Telephone No. <sup>208</sup>222-2222
- Name(s) of Permit Holder(s): Bitterroot Mtn. Lodge
- Post Office Address: Lakeview Landings Lakeview Idaho 83803
- Source of Water: Ground
  - If ground water, well driller's name: H2O Wells Date drilled: 3/14/1990
  - Pump horsepower: 2hp Pressure (psi): \_\_\_\_\_ Dynamic pumping level (ft.): \_\_\_\_\_
- Extent of Use:
 

|                                                                  |                                         |
|------------------------------------------------------------------|-----------------------------------------|
| Domestic <input checked="" type="checkbox"/> (No. of households) | Irrigation <u>3 lawn</u> (No. of acres) |
| Stockwater _____ (No. and type of stock)                         | Other <u>Restaurant; Bar;</u>           |
| <u>Campground; LAWN AREA</u>                                     |                                         |
- Total rate and/or volume for which proof is submitted 0.20 cfs \_\_\_\_\_ acre/feet
- Refer to the approval conditions on your permit and respond accordingly:
 

|                        |                                                             |                                                   |
|------------------------|-------------------------------------------------------------|---------------------------------------------------|
| Measuring device:      | Required? <u>Yes</u> <input checked="" type="checkbox"/> No | Installed? <u>Yes</u> <input type="checkbox"/> No |
| OR                     |                                                             |                                                   |
| Flow Measurement Port: | Required? <u>Yes</u> <input checked="" type="checkbox"/> No | Installed? <u>Yes</u> <input type="checkbox"/> No |
- Fee Enclosed: \$ \_\_\_\_\_ (See License Examination Fee Schedule)
- Person to contact to accompany the Department representative during the field examination:
 

|                          |                     |
|--------------------------|---------------------|
| <u>Chiff Gentry</u>      | <u>208-222-2222</u> |
| Name                     | Telephone No.       |
| <u>Lakeview Landings</u> | <u>Lakeview Id</u>  |
| Address                  |                     |
- The above information 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.

Date

8-7-91

Signature (and title if on behalf of a company or organization)

[Signature]See TRCS.

DEC 31 1991

State of Idaho  
Department of Water Resources  
**Permit To Appropriate Water**

NO. 96-08601

Proposed Priority: June 4, 1990 Maximum Diversion Rate: 0.20 CFS  
This is to certify, that BITTERROOT MOUNTAIN LODGE

LAKEVIEW LANDING  
LAKEVIEW, ID 83803

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

BENEFICIAL USE

PERIOD OF USE

RATE OF DIVERSION

DOMESTIC

01/01 to 12/31

0.20 CFS

LOCATION OF POINT(S) OF DIVERSION:

SENW Sec. 3, Township 53N, Range 01W  
BONNER County

PLACE OF USE: DOMESTIC

TWN RGE SEC

53N 01W 3

SENW

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before October 1, 1991.
2. Subject to all prior water rights.
3. Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
4. Domestic use is for "Bitterroot Mountain Lodge."

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

27<sup>th</sup> day of September, 1990

for   
R. Keith Higginson, Director

**MICROFILMED**

NOV 02 1990

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of applicant Bitterroot Mtn. Lodge Phone 263 6885 <sup>Mobile</sup><sub>1043</sub>  
Post office address Lakeview Landing Lakeview Idaho 83803
2. Source of water supply Well which is a tributary of \_\_\_\_\_
3. Location of point of diversion is \_\_\_\_\_ 1/4 of SE 1/4 of NW 1/4, Govt. Lot \_\_\_\_\_  
Sec. 3 Township 53 N Range 1 W B.M. Bonner County; additional  
points of diversion if any: \_\_\_\_\_
4. Water will be used for the following purposes:  
Amount 0.2 for Domestic 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)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)
5. Total quantity to be appropriated is (a) 0.2 and/or (b) \_\_\_\_\_  
cubic feet per second acre feet per annum
6. Proposed diverting works:  
a. Description of ditches, flumes, pumps, headgates, etc. well and pump  
\_\_\_\_\_  
\_\_\_\_\_  
b. Height of storage dam NA feet; active reservoir capacity NA acre-feet; total  
reservoir capacity NA acre-feet; period of year when water will be diverted to storage:  
\_\_\_\_\_ to \_\_\_\_\_ inclusive.  
c. Proposed well diameter is 6 inches; proposed depth of well is 140 feet.  
d. Is ground water with a temperature of greater than 90°F being sought? NO
7. Time required for the completion of the works and application of the water for the proposed beneficial use is  
1 years (minimum 1 year).

MICROFILMED

NOV 02 1990

8. Description of proposed uses (if irrigation only, go to item 9):

- Hydropower; show total feet of head and proposed capacity in KW. \_\_\_\_\_
- Stockwatering; list number and kind of livestock. \_\_\_\_\_
- Municipal; show name of municipality. \_\_\_\_\_
- Domestic; show number of households. Bitterroot mtn Lodge
- Other; describe fully. \_\_\_\_\_

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of the use (example: *D* for Domestic) in the corresponding place of use below. See instructions for standard symbols.

| TWP        | RANGE     | SEC.     | NE¼ |     |     |     | NW¼      |     |     |          | SW¼ |     |     |     | SE¼ |     |     |     | TOTALS |
|------------|-----------|----------|-----|-----|-----|-----|----------|-----|-----|----------|-----|-----|-----|-----|-----|-----|-----|-----|--------|
|            |           |          | NE¼ | NW¼ | SW¼ | SE¼ | NE¼      | NW¼ | SW¼ | SE¼      | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ |        |
| <u>53N</u> | <u>1W</u> | <u>3</u> |     |     |     |     | <u>A</u> |     |     | <u>D</u> |     |     |     |     |     |     |     |     |        |
|            |           |          |     |     |     |     |          |     |     |          |     |     |     |     |     |     |     |     |        |
|            |           |          |     |     |     |     |          |     |     |          |     |     |     |     |     |     |     |     |        |
|            |           |          |     |     |     |     |          |     |     |          |     |     |     |     |     |     |     |     |        |
|            |           |          |     |     |     |     |          |     |     |          |     |     |     |     |     |     |     |     |        |
|            |           |          |     |     |     |     |          |     |     |          |     |     |     |     |     |     |     |     |        |
|            |           |          |     |     |     |     |          |     |     |          |     |     |     |     |     |     |     |     |        |
|            |           |          |     |     |     |     |          |     |     |          |     |     |     |     |     |     |     |     |        |
|            |           |          |     |     |     |     |          |     |     |          |     |     |     |     |     |     |     |     |        |
|            |           |          |     |     |     |     |          |     |     |          |     |     |     |     |     |     |     |     |        |

Total number of acres to be irrigated \_\_\_\_\_

10. Describe any other water rights used for the same purposes as described above. \_\_\_\_\_

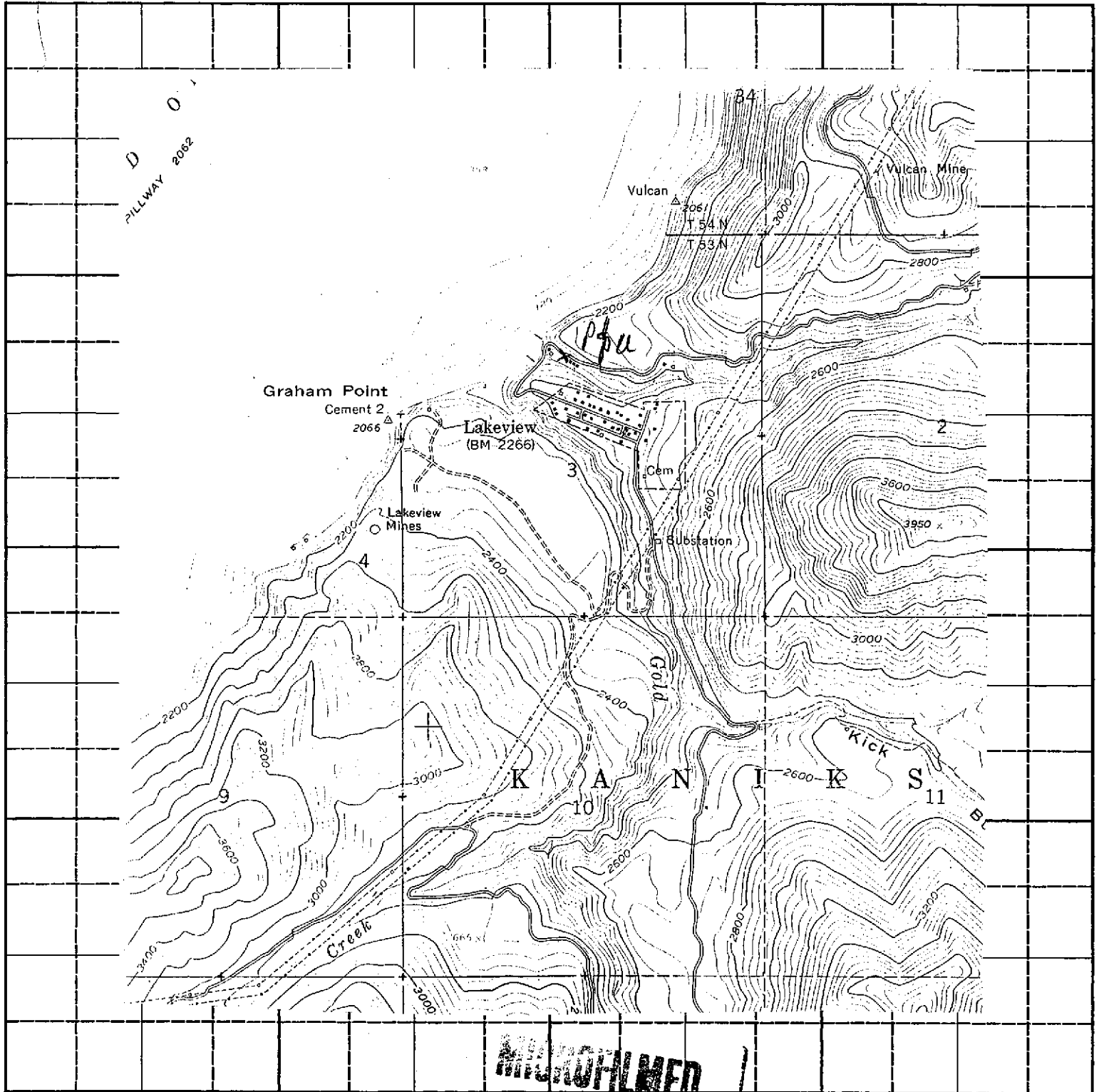
- Who owns the property at the point of diversion? applicant
- Who owns the land to be irrigated or place of use? applicant
- If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing. \_\_\_\_\_

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

RECORDED

NOV 12 1955

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.

NOV 02 1990

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.

CLIFF GENTRY (Applicant) SEC/TREAS.

Received by DL Date 6/4/90 Time 3:00 pm Preliminary check by TDK  
Fee \$ 30 Received by DL # NOO 3815 Date 6/4/90  
Publication prepared by pm Date 6/13/90 Published in Bonneville City Bee  
Publication approved pm Date 7/9/90

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

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

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

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

RECORDED

NOV 02 1990

Board of Directors

Gwen Gentry, President  
Bitterroot Mtn. Lodge  
Lakeview Landing  
Lakeview, Idaho 83803

Cliff Gentry, Secretary/Treasurer  
Bitterroot Mtn. Lodge  
Lakeview Landing  
Lakeview, Idaho 83803

Number of overnight occupants of lodge and campground - <sup>500 MAX</sup> ~~20 to 100~~ people.

Seating capacity of restaurant - 30

Seating capacity of the bar - 30

Number of washers in Laundry - 2 (25 USES/DAY)

RECORDED

NOV 02 1990

AFFIDAVIT OF PUBLICATION

State of Idaho

ss.

County of Bonner,

Tina Vandenberg being first duly sworn on oath  
deposes and says that he/she is Bookkeeper  
of the Bonner County Daily Bee, a newspaper printed and  
published at Sandpoint, Bonner County, Idaho; that the  
said newspaper has been continuously and uninterruptedly  
published in said Bonner County during a period of 12  
months prior to the first publication of the hereto attached  
notice of publication in the case of:

Legal Notice

as it was published in the regular and entire issue of the  
said paper for a period of 2 consecutive weeks,  
commencing on 21 day of June, 19 90  
and ending on the 28 day of June, 19 90  
and that said notice was published in said newspaper.

On this 31<sup>st</sup> day of July in the year  
of 90, before me, a Notary Public, personally  
appeared Tina Vandenberg.

known or identified to me to be the person whose name  
subscribed to the within instrument, and being by me first  
duly sworn, declared that the statements therein are true,  
and acknowledged to me that he executed the same.

Kim Johnson  
Notary Public for Idaho

Residing at

Sandpoint

My commission expires:

10/22/93

NOTICE OF APPLICATION  
FOR WATER RIGHT

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

96-08601

BITTERROOT MOUNTAIN  
LODGE

LAKEVIEW LANDING

LAKEVIEW, ID 83803

Source: GROUNDWATER

Diversion Pt: SENW Sec 3 T 53N R  
01W

Use: DOMESTIC (.200 CFS)

Total Diversion: (.200 CFS)

Date Filed: 6/4/1990

In: T53N R01W S03 SENW

96-08602

DAVIS, CLARENCE I.

P.O. BOX 305

SAGLE, ID 83860

Source: GROUNDWATER

Diversion Pt: LOT 2 (NWNE) Sec 34  
T 57N R 03W

LOT 5 (SWNE) Sec 34 T 57N R 03W

Use: DOMESTIC (.200 CFS)

Total Diversion: (.200 CFS)

Date Filed: 5/30/1990

In: T57N R03W S34 NWNE SWNE  
NWSE

96-08603

WENDLEMERE INC.

3011 S. LINCOLN DR.

SPOKANE, WA 99203

Source: GROUNDWATER

Diversion Pt: LOT 1 (NENE) Sec 14  
T 56N R 01E

Use: DOMESTIC (.040 CFS)

Total Diversion: (.040 CFS)

Date Filed: 6/6/1990

In: T56N R01E S14 Lot 1 (NENE)  
SWNE SENE

For additional information con-  
cerning the property location, call  
the Northern Regional Office at 765-  
4639.

The permit(s) will be subject to all  
prior water rights. Protests must be  
filed with the Director, Dept. of  
Water Resources, Northern Region,  
1910 Northwest Blve., Suite 210,  
Coeur d'Alene, Idaho 83814 on or  
before JULY 9, 1990.

R. Keith Higginson, Director

#3557 June 21, 28, 1990

RECEIVED

JUL 06 1990

NORTHERN REGION  
IDaho

MICROFILMED

NOV 12 1990



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

PHILIP E. BATT  
GOVERNOR

KARL J. DREHER  
DIRECTOR

October 2, 1995

BITTERROOT MOUNTAIN LODGE  
LAKEVIEW LANDING  
LAKEVIEW ID 83803

RE: WATER RIGHT NO. 96-08601

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.

Sincerely,

Shelley W. Keen  
Water Rights Supervisor

SK:rl

Enclosure

RECEIVED

OCT 16 1995

**M E M O R A N D U M**

**DATE:** September 22, 1995

**TO:** File 96-08601

**FROM:** Shelley W. Keen *SK*

**RE:** Nature of Use

=====

The clarification of the nature of use as commercial and irrigation does not require the permit to be amended. The actual use is not something other than originally contemplated by the applicant. The only change is IDWR's decision to call the use by another name.

**MISSOURI**

OCT 16 1995

WR0749NP  
No. 96-08601

IDAHO DEPARTMENT OF WATER RESOURCES  
WATER RIGHT PROFILE REPORT

DATE: 09/05/95  
PAGE: 1

| OWNER<br>CODE    | NAME & ADDRESS                                                                       | PRIORITY<br>DATE | WATER USE                | USE PERIOD<br>FROM TO      | DIVERSION<br>RATE      | DIVERSION<br>VOLUME  |
|------------------|--------------------------------------------------------------------------------------|------------------|--------------------------|----------------------------|------------------------|----------------------|
| C                | BITTERROOT MOUNTAIN LODGE<br>LAKEVIEW LANDING<br>LAKEVIEW ID 83803<br>(208) 263-6885 | 06/04/1990       | IRRIGATION<br>COMMERCIAL | 03-15 11-15<br>01-01 12-31 | 0.020 CFS<br>0.050 CFS | 1.50 AFA<br>0.80 AFA |
| TOTAL DIVERSION: |                                                                                      |                  |                          |                            | 0.050 CFS              | 2.30 AFA             |

Water Source: GROUNDWATER

Tributary to:

Stage: LICENSE

Point(s) of Diversion Capacity: 0.050 CFS

Point(s) of Diversion: T53N R01W S03 SENW BONNER County

Place of use Legal Description for: IRRIGATION:

|     |     |   |   | NE |    |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    |             |     |
|-----|-----|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------|-----|
| T   | R   | S |   | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | SUM         |     |
| 53N | 01W | 3 | : |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 0.5         |     |
|     |     |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | TOTAL ACRES | 0.5 |

Place of use location for COMMERCIAL is the same location as described for: IRRIGATION

Pou County: BONNER

Other Water Rights with Same Point(s) of Diversion and Source:  
96-08601

Conditions of Approval:

R49 - This right when combined with all other rights shall provide no  
- more than .03 cfs per acre nor more than 3.0 afa per acre for the  
- lands above.

Remarks: Commercial use is for 3 cabins, cafe, and showers at Bitterroot  
Mountain Lodge.

Dates: App. Received: 06/04/1990 Priority Date: 06/04/1990  
Proof Due Date: 10/01/1991 Proof Made Date: 08/09/1991  
Exam Made Date: 05/25/1995 Exam Sent to S.O.: 07/13/1995  
Licensed Date:

Misc: Water District Number: Field Exam Fee: R (Received)

Audit: 08/03/94 CZIMMERM 09/05/95 CZIMMERM

Cindy Zimmerman

Permit #: 96-8601 Name: Bitterroot mtn Ridge Date: 8/25/95  
App Rcd 6/4/90 Priority 6/4/90 Examined 5/25/95 ✓ Lots ✓

|        |      |    |                                                |
|--------|------|----|------------------------------------------------|
|        | Chng | OK |                                                |
| NAME   | ___  | ✓  | Or Address Change?                             |
| SOURCE | ___  | ✓  | Clarify source _____                           |
|        | ___  |    | Prelim. Order to Void - Source change.         |
| P/D    | ___  | ✓  | Amendment Needed? _____ -P39, P38              |
|        |      |    | Overlap(s) _____                               |
| P/U    | ___  | ✓  | Amendment Needed? _____ -P41, P38              |
|        |      |    | Overlap(s) _____                               |
|        |      |    | *P/D & P/U Amend? P37, P38                     |
|        |      |    | (See paragraph list for governmental agencies) |

RATE                  ✓      Permit/fee limits: 0.2 / 0.2  
                        Measured Q =        cfs      Theoretical Q = 0.05 cfs  
                        Common use limited by capacity; in use  $\frac{1}{2} A \times 0.03 \text{ cfs} = 0.02 \text{ cfs}$   
                        (HP)  $\frac{8.8 \times 0.70 \times 2}{180 + (2.31 \times 45)} = \frac{12.32}{233.95} = 0.05 \text{ cfs}$   
                        Recommended capacity 0.05 cfs  
                        Recommended rate 0.05 + 0.02 = 0.05 cfs

VOLUME ✓      Season of Use: (comm) 1/1 - 12/31 = 365 days  
 Calculations: 1/15 - 11/15 = 246 days  
see memo

---

Flow limit: 0.02 x 246 x 1.9835 = 9.8 AF  
 Recommended volume 0.8 + 1.5 = 2.3 AF

USES ✓        Same Nature of Use? to comm & irr -P46  
       ✓ Amendment Needed? No amendment

REMARKS

— Multiple p/d's in  $\frac{1}{4}$ ?

✓ ① Comm use 3 cabins, eafe, showers @ Bitterroot Mtn Lodge.

CONDITIONS             Measuring (R01)/Locking (R02) Devices  
                        Watermaster Control (R04) - WD # \_\_\_\_\_  
                 R49 Irrigation rate/volume overlap  
                        Irrigation water overlap (065) (If gw use sw)  
                        Water Quality/Other

PRIORITY Due 10/1/91 Rc'd 8/9/91 Receipt# CO21453 Fee OK? Yes/No  
Order to Reinstate Needed? Yes/No Done? \_\_\_\_\_  
If Yes, Advanced? Yes/No to: \_\_\_\_\_

COMMENTS: see adjustment memo

| USE              | CFS         | DIV VOL    | Adjustment Memo                           |
|------------------|-------------|------------|-------------------------------------------|
| <u>1vr 1/2 A</u> | <u>0.02</u> | <u>1.5</u> | LICENSE: <u>P49</u>                       |
| <u>Comm.</u>     | <u>0.05</u> | <u>0.8</u> | #1 AMEND LTR: P46 or<br>P39/P41/P37 & P38 |
| <u>TOTAL</u>     | <u>0.05</u> | <u>2.3</u> | #2 AMEND LTR: P42/P47                     |

## MEMORANDUM

DATE: August 3, 1994  
TO: File No. 96-08601  
FROM: Cindy Zimmerman  
SUBJECT: Adjustments to Beneficial Use Exam

=====

Adjustments to the nature of use, rate of diversion, and annual volume were made on the field exam to reflect actual use and limitations of the system.

1. Uses.
  - a. Commercial use for Bitterroot Mountain Lodge.
  - b. **Irrigation use on 1/2 acre from 3/15 to 11/15.**
2. Rate of diversion.
  - a. Irrigation = 0.5 acres x 0.03 cfs/acre  
= **0.02 cfs.**
  - b. Commercial use, limited by capacity = 0.05 cfs.
  - c. Maximum rate of diversion, limited by capacity = 0.05 cfs.
3. Annual Volume.
  - a. Irrigation use = 0.5 acres x 3.0 AF/acre  
= **1.5 AF.**
  - b. Commercial use.  
AF = (g/d x d/y) ÷ 325,850
    - i. 3 cabins x 50 g/d/p x 2 people/cabin = 300 g/d
    - ii. shower x 35 g/shower x 10 people/d = 350 g/d
    - iii. cafe x 10 g/d/person x 10 people/d = 100 g/d
    - iv. Total g/d = 300 + 350 + 100  
= 750 g/dAF = (750 x 365) ÷ 325,850  
= 273,750 ÷ 325,850  
= **0.8 AF.**
  - c. Maximum annual volume = a + b  
= 1.5 + 0.8  
= **2.3 AF.**

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

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JUL 13 1995

Department of Water Resources

**A. GENERAL INFORMATION**

Permit No. 96 8601

1. Owner: B. HERROD Mtn. Lodge Phone No. (208) 232-2222

Current Address: LAKEVIEW Landing LAKEVIEW Id 83803

2. Accompanied by: AL BEARDSLEE EXAM DATE: 5/25/95

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship to Permit Holder: \_\_\_\_\_

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

**B. OVERLAP REVIEW**

1. Other water rights with the same place of use: \_\_\_\_\_

2. Other water rights with the same point of diversion: \_\_\_\_\_

**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  | 3    | 53N  | 1W   | BONNER | USGS Topo & SITE                |
|           |           |     |     |     |      |      |      |        |                                 |
|           |           |     |     |     |      |      |      |        |                                 |
|           |           |     |     |     |      |      |      |        |                                 |

**2. Place(s) of Use:**

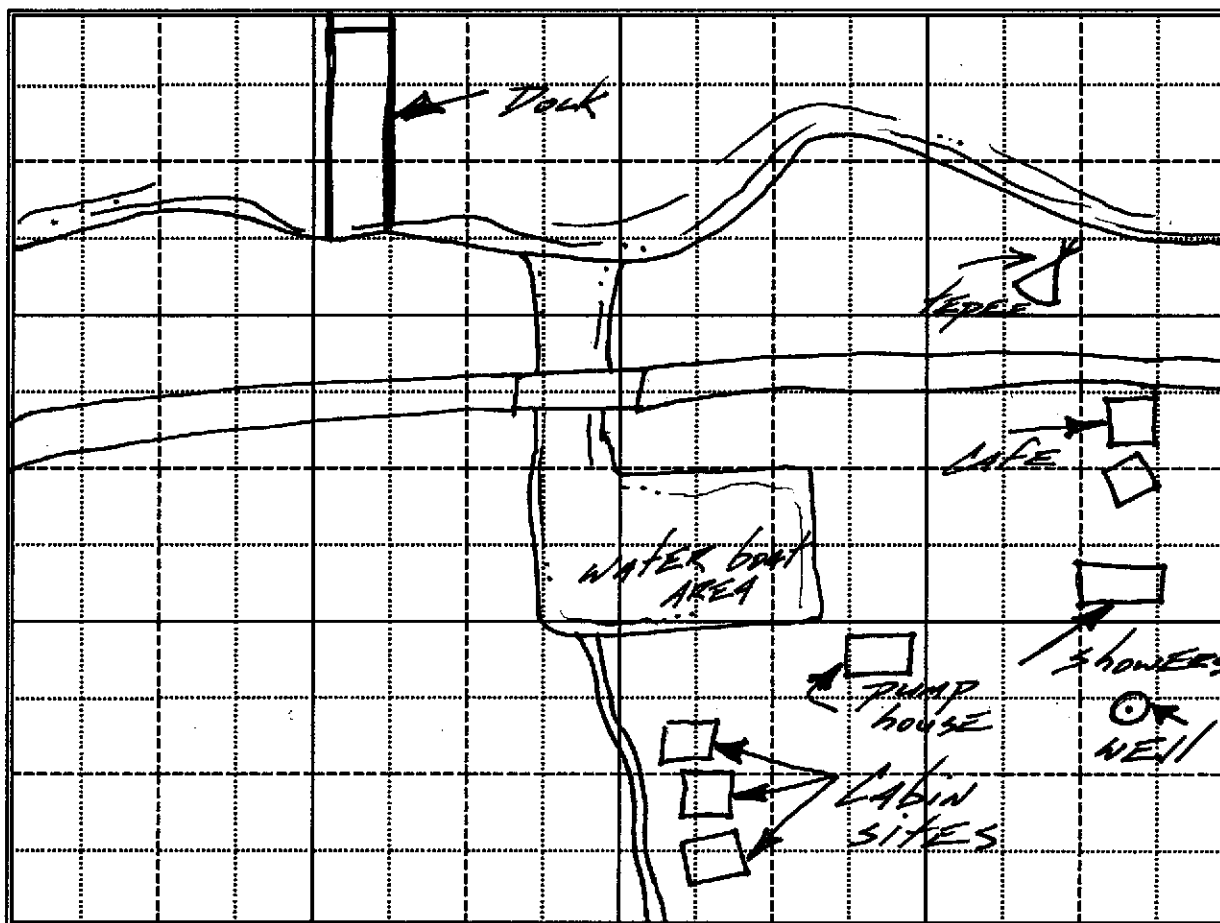
Indicate Method of Determination

| TWP | RGE | SEC | NE |    |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE |        |
| 53  | 1W  | 3   |    |    |    |    |    |    |    | C  |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |

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3. **Delivery System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe I.D. as applicable.



Scale: 1" = 175

☒ 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 |
|---------------------------------------|------------|----|------------------|-----------|-----------------------------------|
|                                       |            | 2  |                  |           |                                   |
|                                       |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |

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

#### D. FLOW MEASUREMENTS

1.

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

2. Measurements:

\_\_\_\_\_

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E. NARRATIVE/REMARKS/COMMENTS

WATER USE should be changed  
from Domestic to Commercial.

Have conditions of permit approval been met? ☐ yes ☐ no

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**F. FLOW CALCULATIONS**

\_\_\_\_ Additional Computation Sheets Attached

Measured Method:

**G. VOLUME CALCULATIONS****1. Volume Calculations for Irrigation:**

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = \underline{\hspace{2cm}}$$

$$V_{D.R.} = [\text{Diversi}^{0.05}\text{on Rate (cfs)}] \times (\text{Days in Irrig}^{365}\text{ation Season}) \times 1.9835 = \underline{36}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = \underline{\hspace{2cm}}$$

**2. Volume Calculations for Other Uses:****H. RECOMMENDATIONS****1. Recommended Amounts**

| Beneficial Use    | Period of Use |              | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) * |
|-------------------|---------------|--------------|------------------------------|----------------------------|
|                   | From          | To           |                              |                            |
| <u>Commercial</u> | <u>1-1</u>    | <u>12-31</u> | <u>0.05</u>                  | <u>36</u> *                |
| _____             | _____         | _____        | _____                        | _____                      |
| _____             | _____         | _____        | _____                        | _____                      |
| _____             | _____         | _____        | _____                        | _____                      |
| _____             | _____         | _____        | _____                        | _____                      |
| Totals:           |               |              | <u>0.05</u>                  | <u>36</u> *                |

**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 Charlotte Amador Date 5/25/95

Reviewer \_\_\_\_\_ Date \_\_\_\_\_

SEAL

\* Adjustments made during review of this right for license approval.  
See memo for additional information. cz. 8/25/95

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THEORETICAL PUMP EFFICIENCY CALCULATIONS

FILE: 96-08601

DATE: 14-JUN-95

COMPLETE BY: CHARLOTTE

HORSEPOWER = 2

PUMP EFFICIENCY = 50%

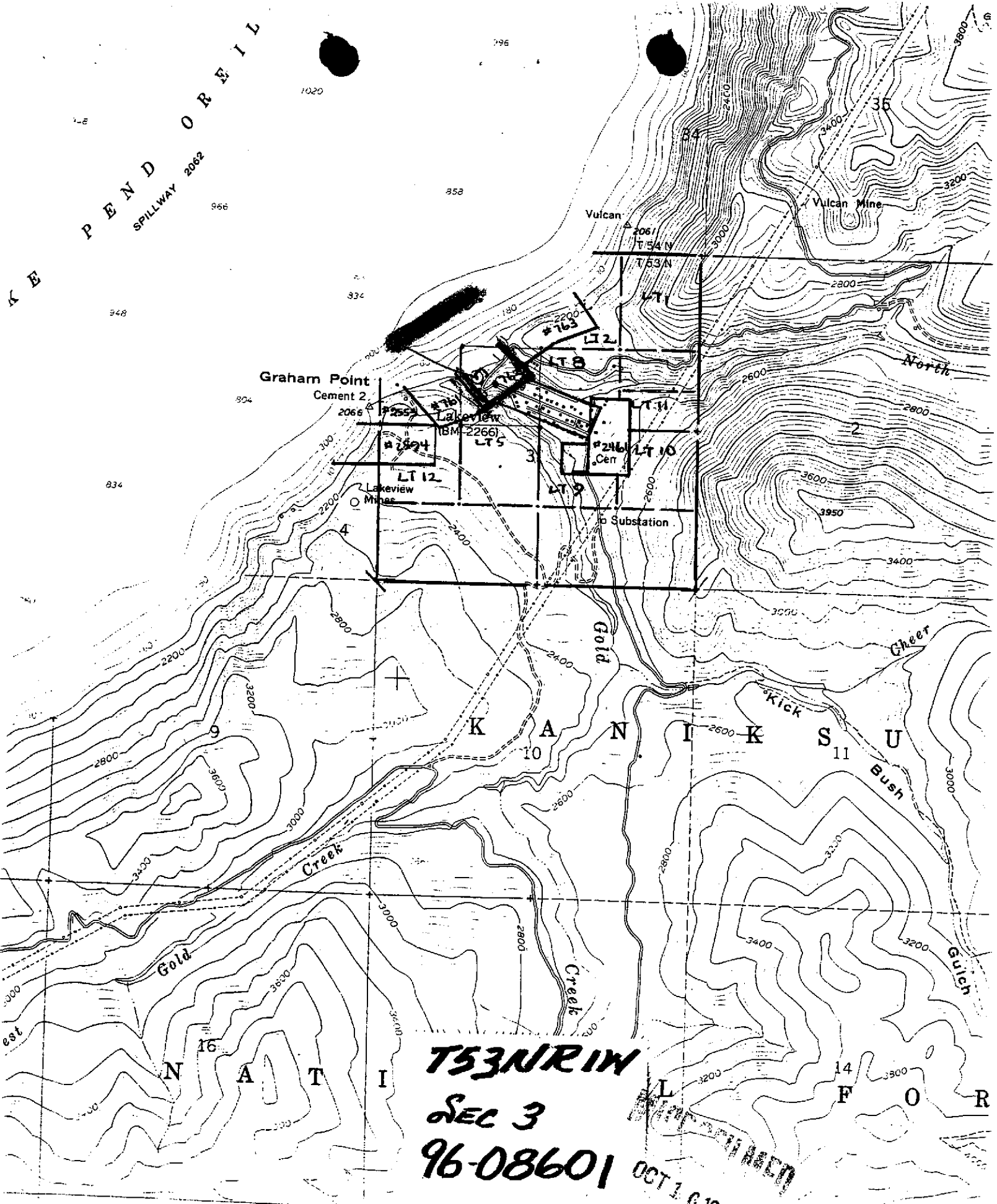
DYNAMIC LIFT = 5 FEET

SYSTEM PRESSURE = 80 PSI

QUANTITY = 0.05 CFS

96-08601-1267  
OCT 18 1995

P E N D O R E I L  
SPILLWAY 2062



**T53NRIN**

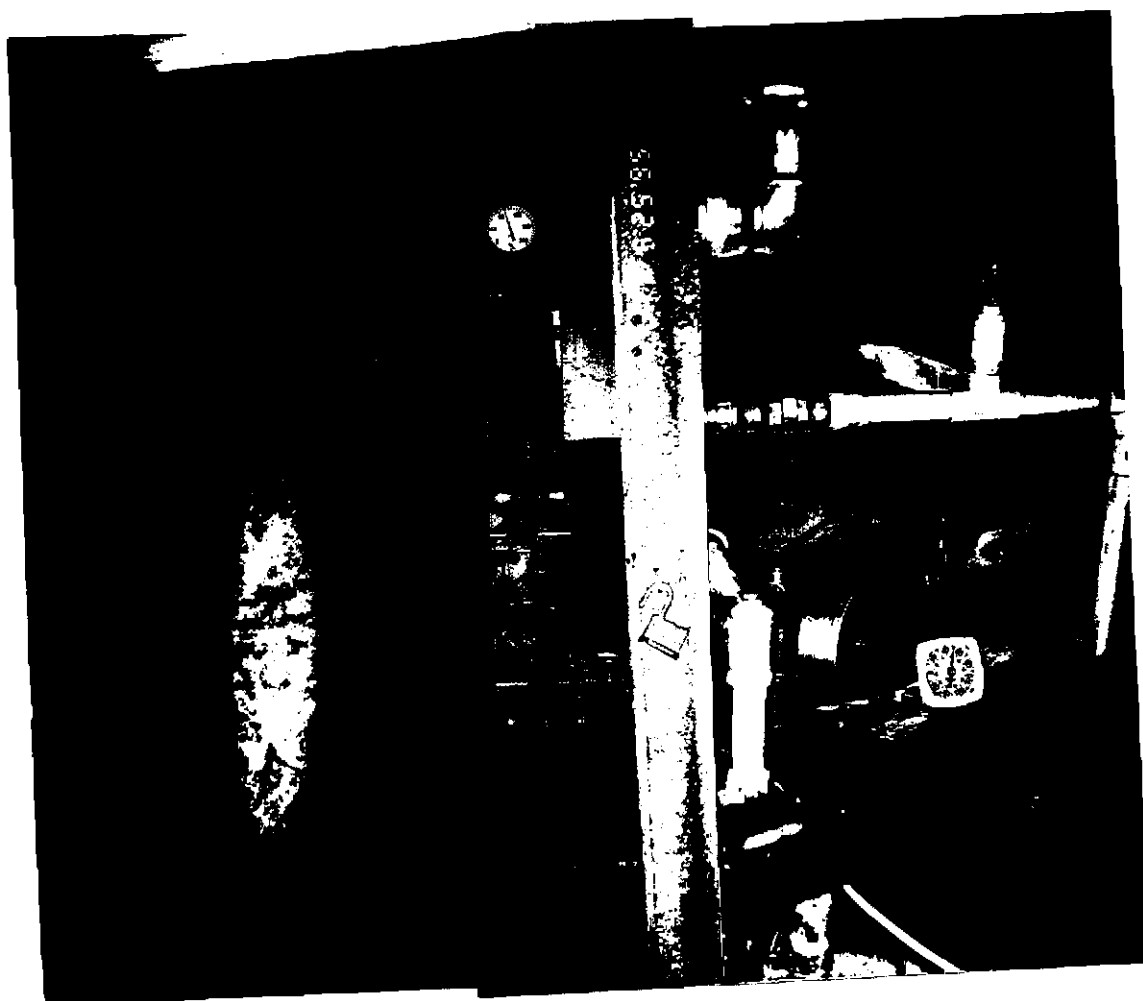
**SEC 3**

**96-08601**

OCT 1 6 1995



Point of diversion



Storage Tank

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96-08601

5/25/95



Point of diversion

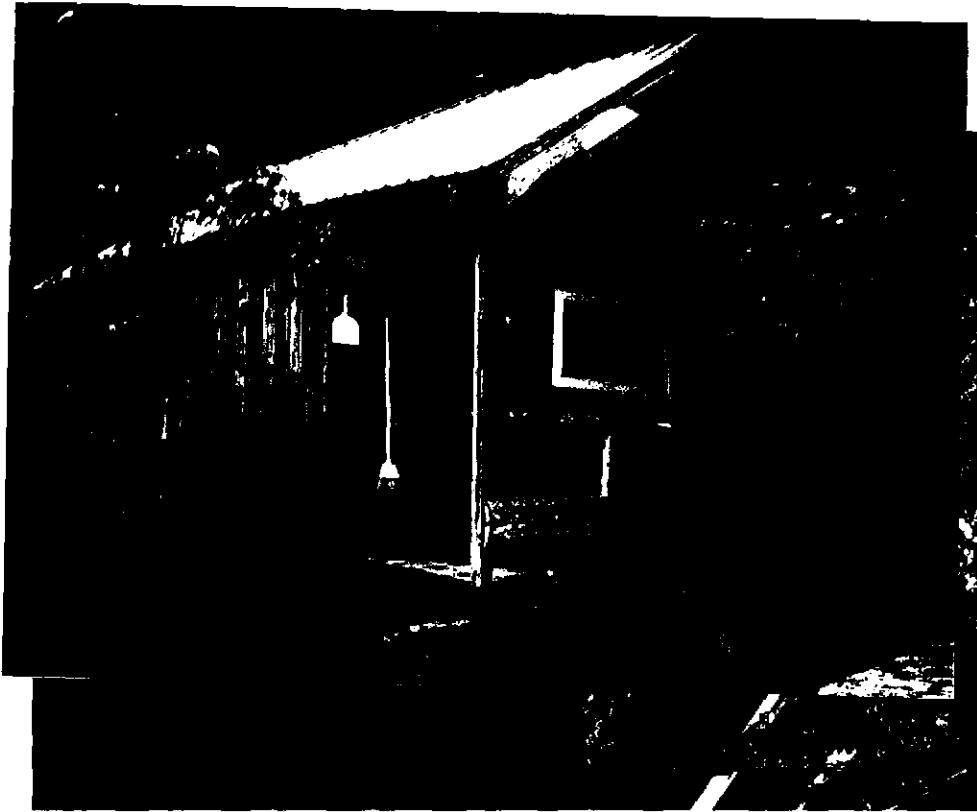
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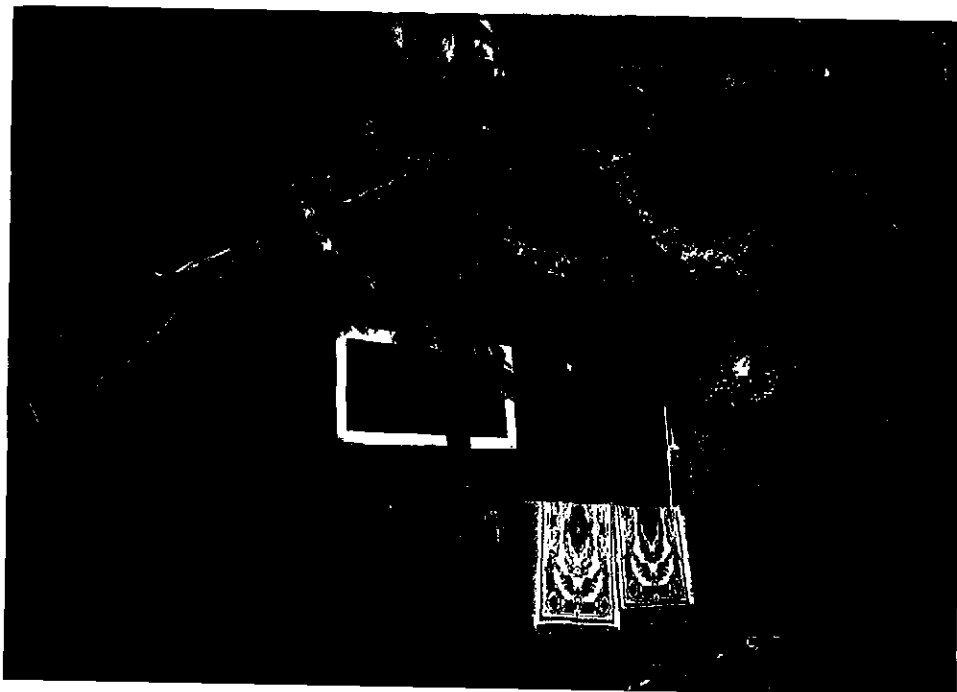
Storage Tank

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Place of Use  
Cabin #1



Place of Use  
Cabin #2

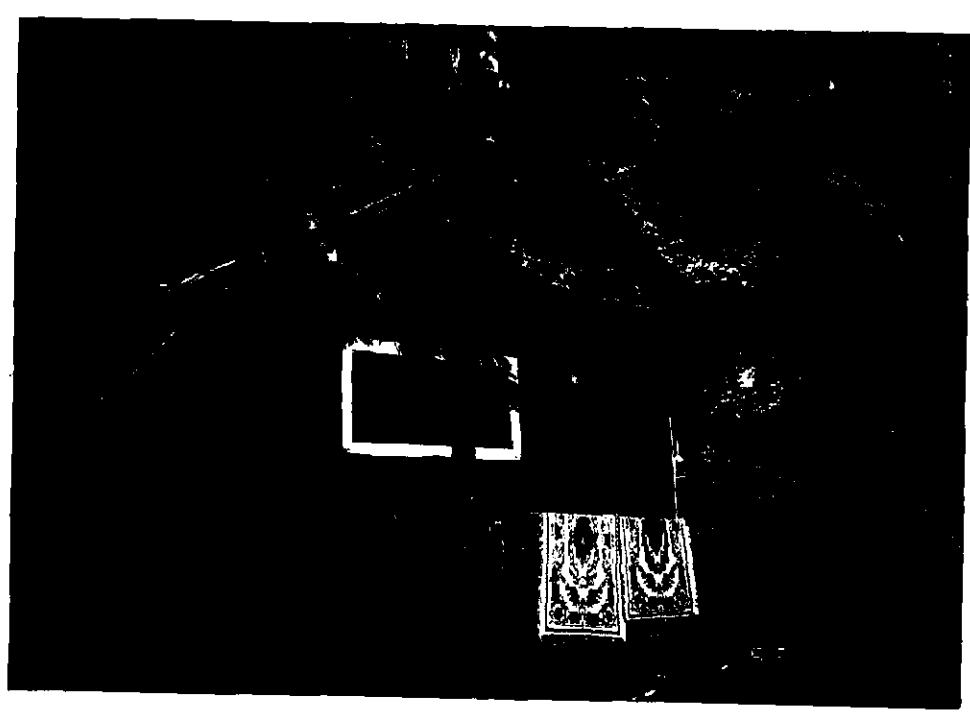
OCT 16 1995

5/25/95

0180122 M H 1 12



Place of Use  
Cabin #1



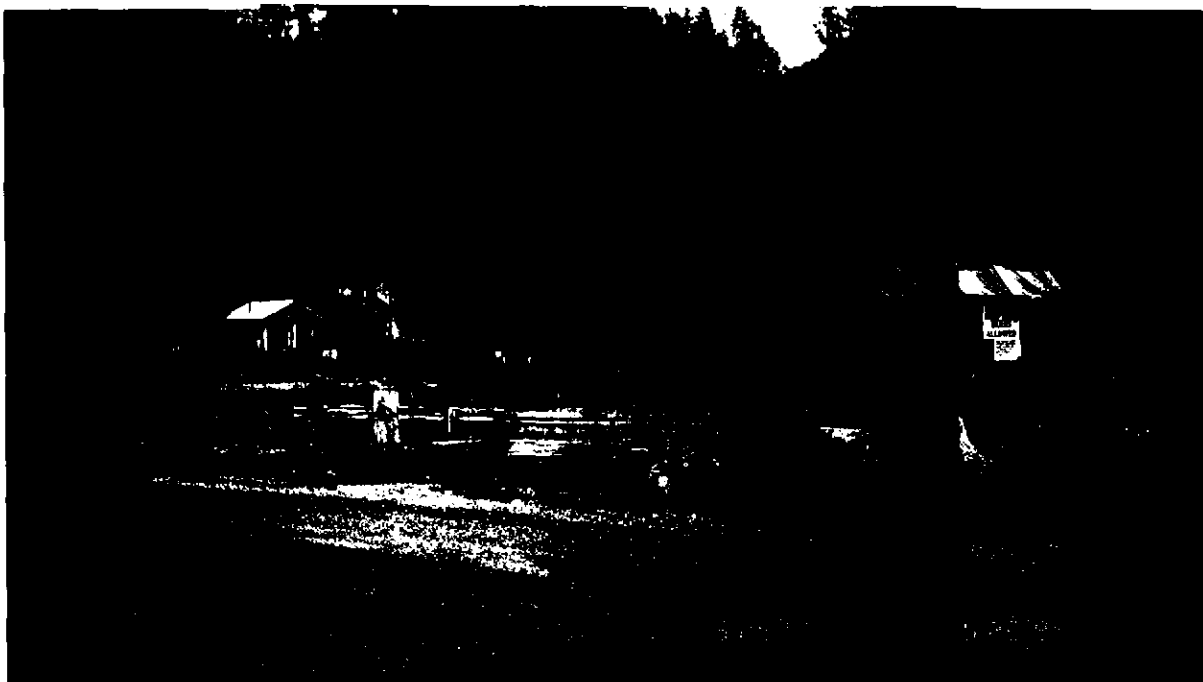
Place of Use  
Cabin #2

OCT 16 1995

C7D



Place of Use,  
Cabin #3



Place of Use  
Irrigation  
6/16/1995

1798 13  
5/25/95

016011 42

Place of Use  
Cabin #3

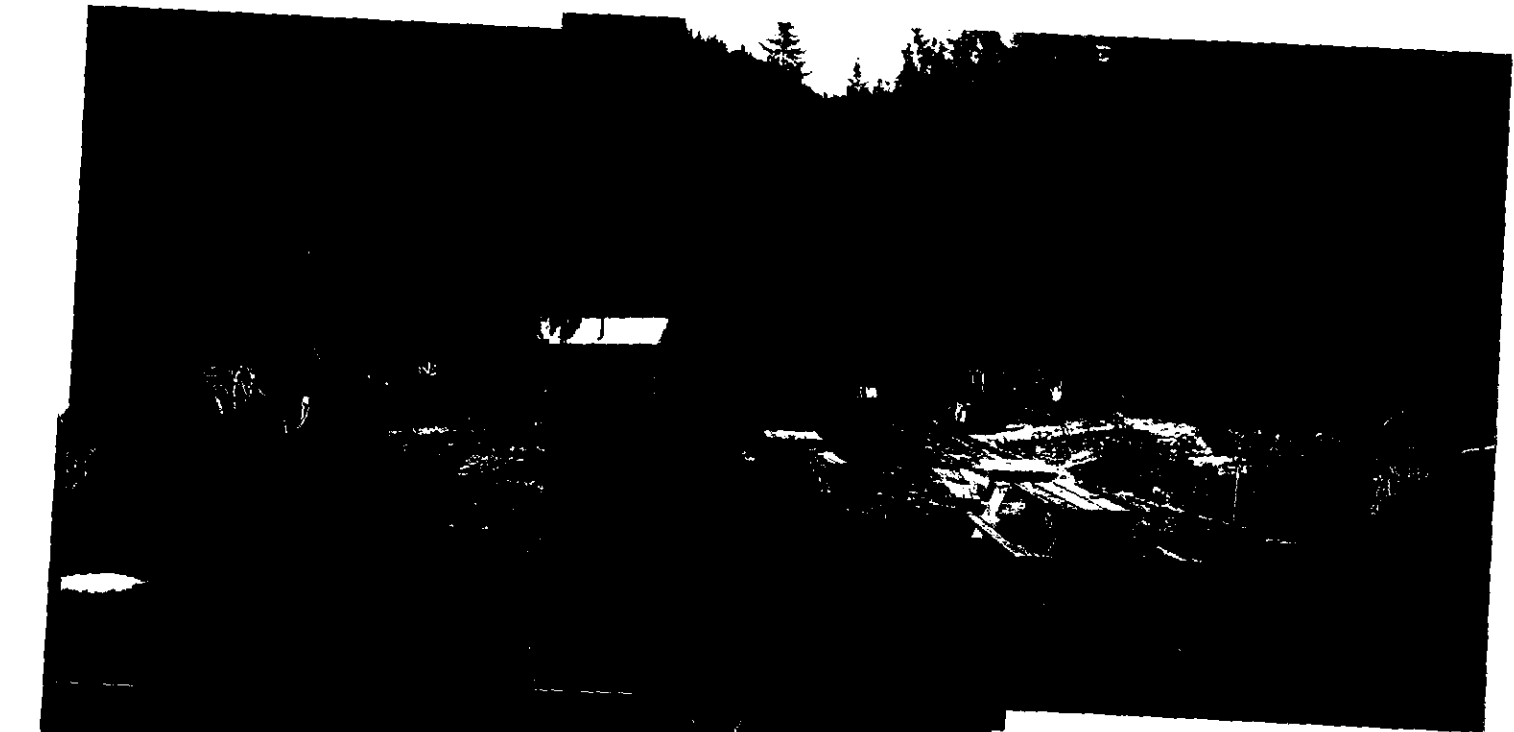
1798 13  
5/25/95  
5/25/95  
5/25/95

016011 42

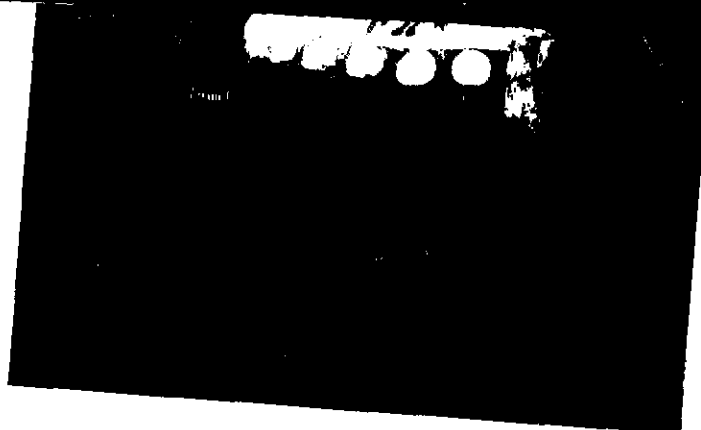


Place of Use  
Irrigation

6/13/95



Place of Use  
Irrigation



96-08601

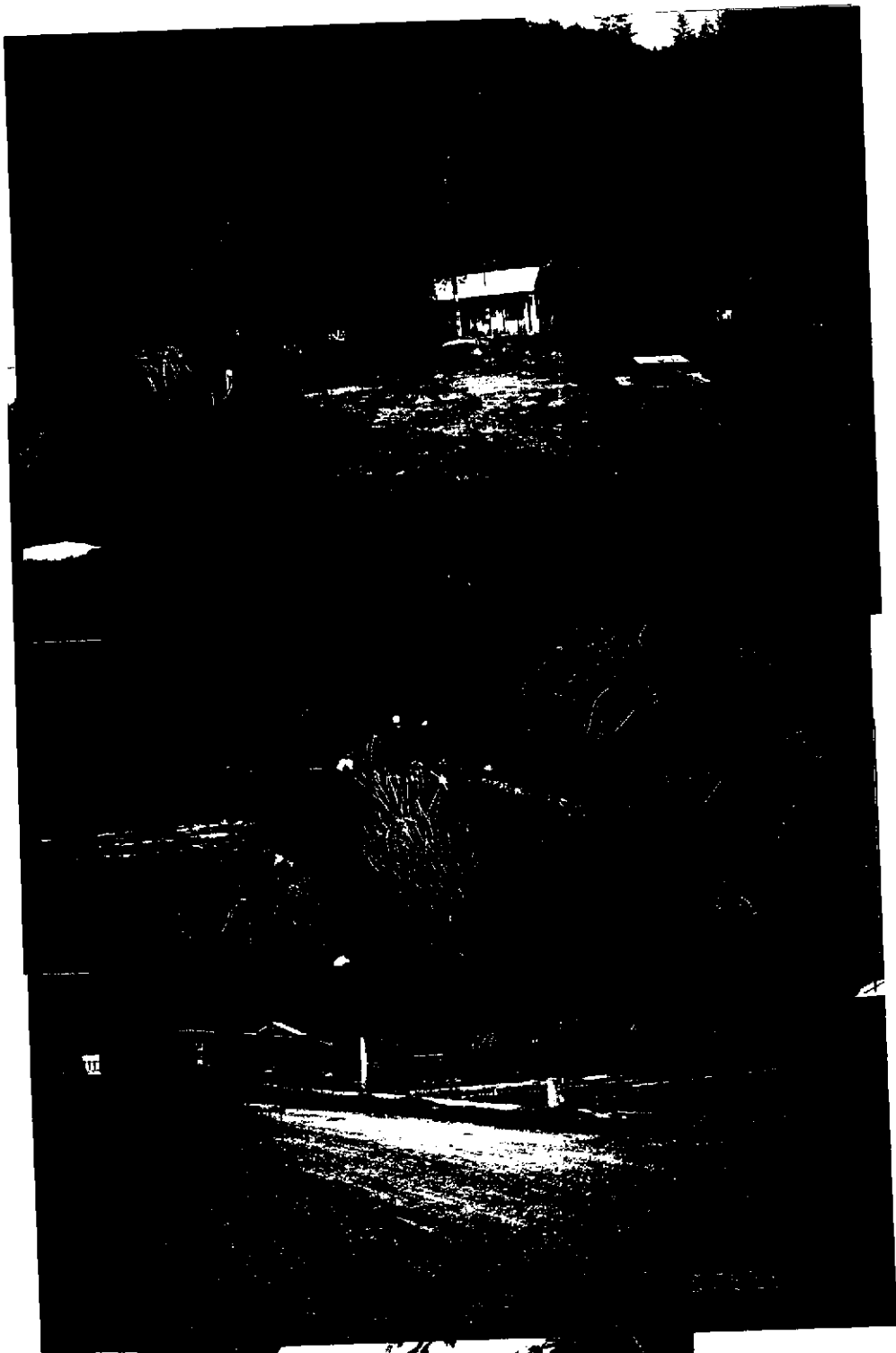
OCT 16 1995

827

09/25/95

5/25/95

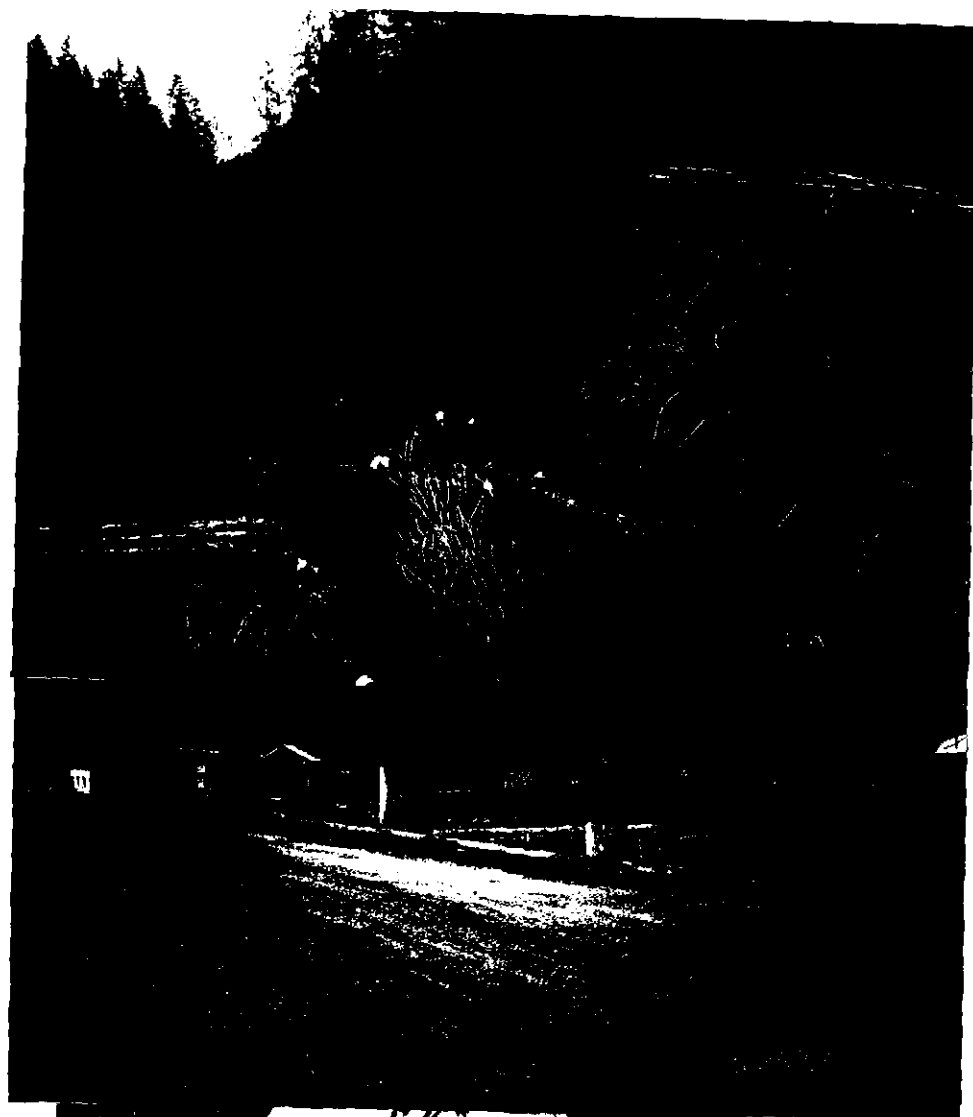
01801 1 12



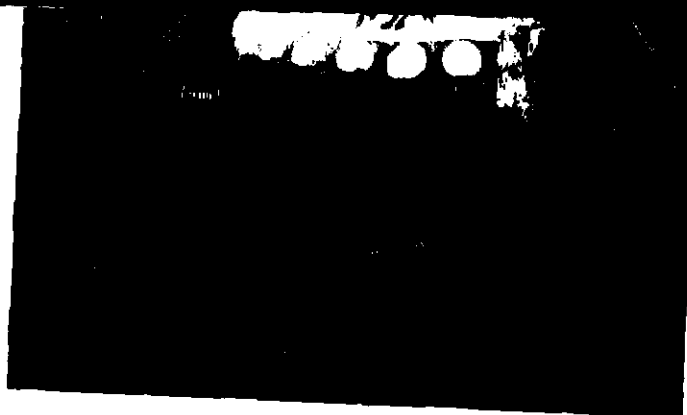
Place of Use  
Irrigation



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Place of Use  
Irrigation



96-08601

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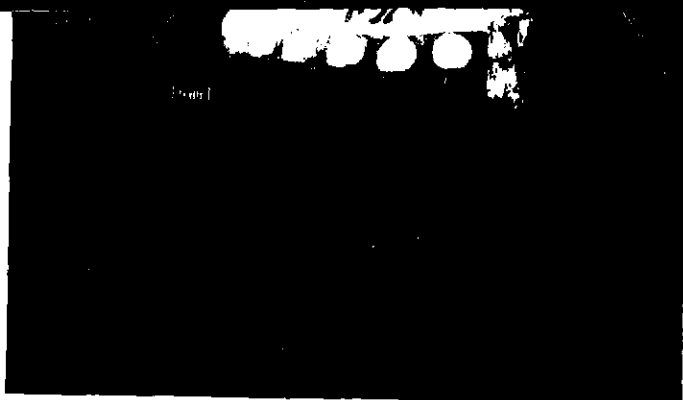
278

9/10 8/60  
5/25/6

0180122 N 1112



Place of Use  
Irrigation



96-08601

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28

9/10 8/6  
5/25/5

018012. N 11-12

9/10 8/6  
5/25/5

018012. N 11-12

Place of Use  
Irrigation



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96-08601

CTD

MEMORANDUM

DATE: December 5, 1994

TO: File 96-08601

FROM: Shelley W. Keen *SK*

RE: Returning Field Report to Northern Region

=====

The Beneficial Use Field Report for this filing is being returned to Northern Region so that additional information can be compiled. Al Beardslee told me on 12/2/94 that he like to have this one back.

**MICROFILMED**

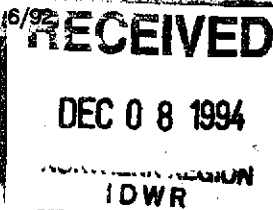
OCT 16 1995

Jim —

8/10/94

THIS EXAM IS UNACCEPTABLE  
FOR LICENSING. At least  
have the examiner answer his  
own question on page 3 of  
the exam. Can you imagine <sup>happily</sup>  
defending the license in court?  
never

Information to calculate  
a theoretical <sup>\*</sup> would be  
nice, too.



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

RECEIVED

JUN 30 1994

Department of Water Resources

**A. GENERAL INFORMATION**Permit No. 96-086011. Owner: BITTERROOT MOUNTAIN LODGE Phone No. (208) 263-6885Current Address: LAKEVIEW LANDING LAKEVIEW ID 838032. Accompanied by: N/A EXAM DATE: 6-13-93

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship to Permit Holder: \_\_\_\_\_

3. Source: GROUNDWATER tributary to \_\_\_\_\_**B. OVERLAP REVIEW**1. Other water rights with the same place of use: NONE2. 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  | 3    | S3N  | 1W   | BONNER | U.S.G.S. TOPO.                  |
|           |           |     |     |     |      |      |      |        |                                 |
|           |           |     |     |     |      |      |      |        |                                 |
|           |           |     |     |     |      |      |      |        |                                 |

## 2. Place(s) of Use:

Indicate Method of Determination U.S.G.S. TOPO.

| TWP | RGE | SEC | NE |    |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE |        |
| S3N | 1W  | 3   |    |    |    |    |    |    |    | D  |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |

MIRRORED  
OCT 16 1995

(BC)

3. **Delivery System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable.

Scale: 1" = \_\_\_\_\_

☒ 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 |
|---------------------------------------|------------|----|------------------|------------------|-----------------------------------|
|                                       |            | 2  |                  | SUBMERSIBLE PUMP | UNKNOWN                           |
|                                       |            |    |                  |                  |                                   |
|                                       |            |    |                  |                  |                                   |

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

#### D. FLOW MEASUREMENTS

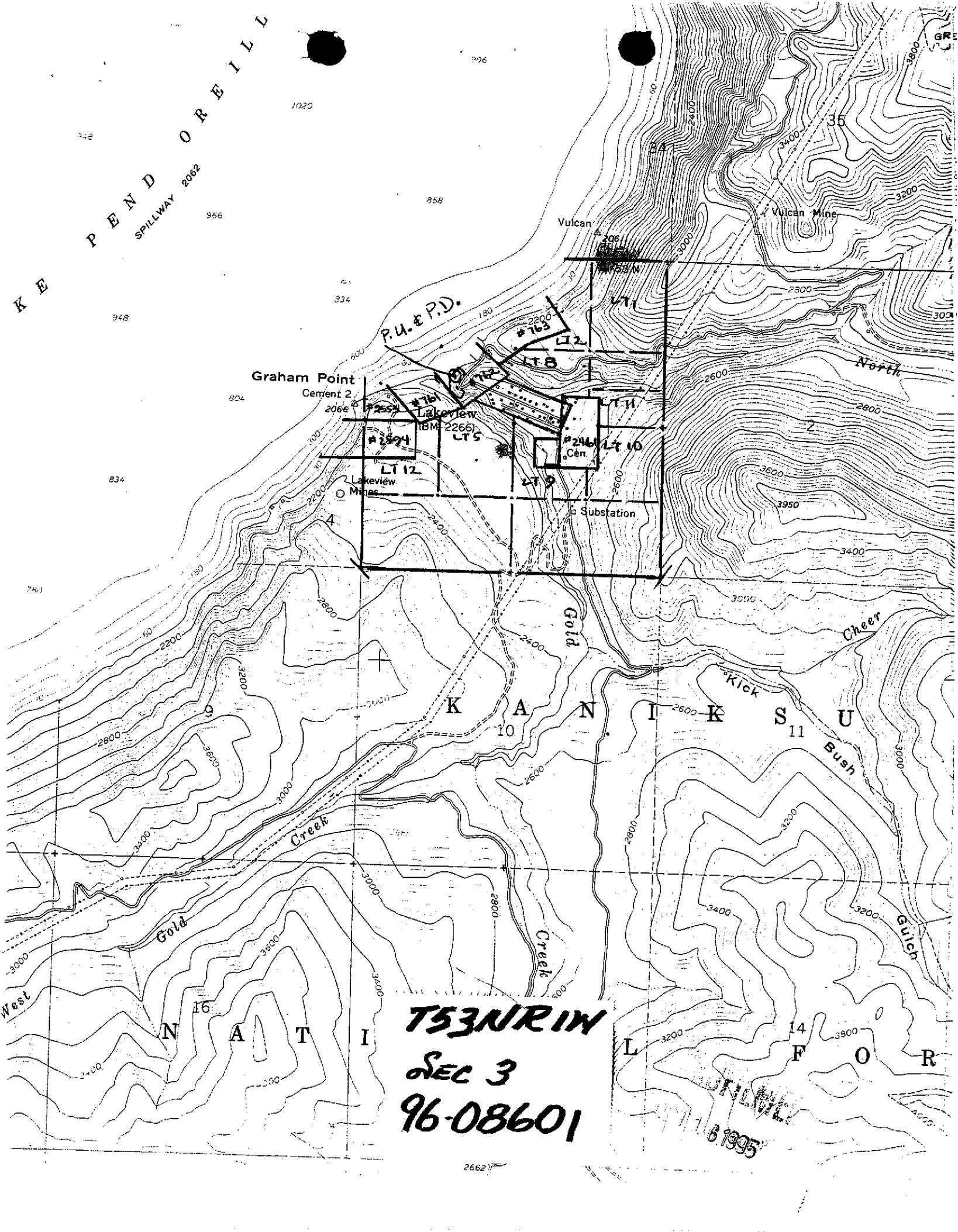
1.

| Measurement Equipment | Type | Make | Model No. | Serial No. | Size | Calib. Date |
|-----------------------|------|------|-----------|------------|------|-------------|
| NONE                  |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |

2. Measurements: NONE

OCT 16 1995

K E  
P E N D O R E I L L  
SPILLWAY 2062



**T53NRIN**  
**SEC 3**  
**96-08601**

6 1995

E. NARRATIVE/REMARKS/COMMENTS

NO ONE WAS THERE TO ASSIST ME DURING  
THE EXAM. \* MY QUESTION IS WHY DO  
THEY NEED SO MUCH WATER. THEY HAVE  
A DIVERSION RATE OF 0.20 CFS.

Have conditions of permit approval been met? ☒ yes ☐ no

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**F. FLOW CALCULATIONS**

\_\_\_\_ Additional Computation Sheets Attached

Measured Method:

NONE

**G. VOLUME CALCULATIONS**

1. Volume Calculations for Irrigation:

NONE

 $V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$  \_\_\_\_\_ $V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 =$  \_\_\_\_\_ $V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} =$  \_\_\_\_\_

2. Volume Calculations for Other Uses:

NONE

**H. RECOMMENDATIONS**

1. Recommended Amounts

| Beneficial Use | Period of Use |       | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) |
|----------------|---------------|-------|------------------------------|--------------------------|
|                | From          | To    |                              |                          |
| DOMESTIC       | 01-01         | 12-31 | 0.20                         | 6.0                      |
| _____          | _____         | _____ | _____                        | _____                    |
| _____          | _____         | _____ | _____                        | _____                    |
| _____          | _____         | _____ | _____                        | _____                    |
| _____          | _____         | _____ | _____                        | _____                    |
| Totals:        |               |       | 0.20                         | 6.0                      |

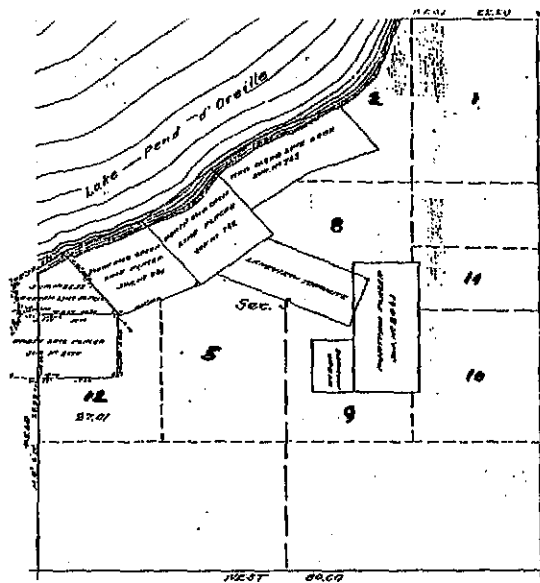
2. Recommended Amendments

\_\_\_\_ 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 Jon M. Kunz Date 8-19-93

Reviewer \_\_\_\_\_ Date \_\_\_\_\_

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T54N  
R1W  
S3

**MICROFILMED**

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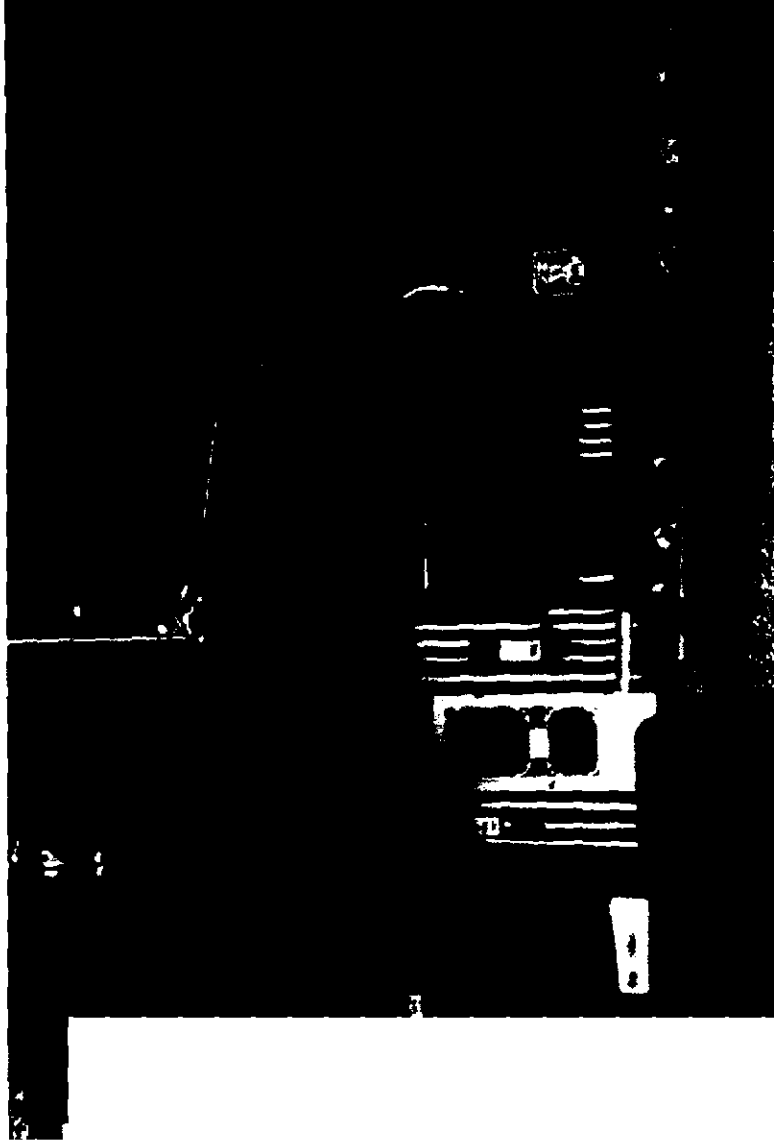
## WELL DRILLER'S REPORT

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>Bitterroot Mountain Lodge</u><br>Address <u>Lakeview Landing</u><br>Owner's Permit No. <u>96-90-N-56</u> <u>83803</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>7. WATER LEVEL</b><br>Static water level <u>5</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature _____ °F. Quality _____<br>Describe artesian or temperature zones below.                                                                                                                                                                                                                                                                                                                  |                  |                              |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
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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"/> Well diameter increase<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>8. WELL TEST DATA</b><br><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>est 35-40</u></td><td></td><td><u>2</u></td></tr><tr><td><u>30</u></td><td></td><td><u>4</u></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                      | Discharge G.P.M. | Pumping Level                | Hours Pumped | <u>est 35-40</u>   |                 | <u>2</u>      | <u>30</u>      |                     | <u>4</u>        |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Hours Pumped     |                              |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
| <u>est 35-40</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>2</u>         |                              |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
| <u>30</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>4</u>         |                              |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Bore<br/>Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td><u>8-10</u></td><td><u>142</u></td><td></td><td><u>SLATE &amp; Argillite</u></td><td><u>X</u></td><td></td></tr><tr><td></td><td></td><td></td><td><u>75-79 BROKEN WATER</u></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td><u>15 GPM out</u></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td><u>130-135 BROKEN WATER</u></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td><u>30 GPM out</u></td><td></td><td></td></tr></tbody></table> | Bore<br>Diam.    | Depth                        |              | Material           | Water           |               | From           | To                  | Yes             | No            | <u>8-10</u>     | <u>142</u>                                                     |              | <u>SLATE &amp; Argillite</u> | <u>X</u>   |              |              |            |            | <u>75-79 BROKEN WATER</u> |      |    |                        |                |                 | <u>15 GPM out</u>  |            |            |                    |            |            | <u>130-135 BROKEN WATER</u> |  |  |  |  |  | <u>30 GPM out</u> |  |  |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | Material                     | Water        |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
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| <u>8-10</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>142</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  | <u>SLATE &amp; Argillite</u> | <u>X</u>     |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
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| <b>4. METHOD DRILLED</b><br><input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                              |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Other <u>130' PVC</u><br><table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>2.50</u> inches</td><td><u>6</u> inches</td><td><u>1</u> feet</td><td><u>19</u> feet</td></tr><tr><td><u>1.631</u> inches</td><td><u>4</u> inches</td><td><u>5</u> feet</td><td><u>135</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun<br>Size of perforation <u>1/8</u> inches by <u>6</u> inches<br><table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>72</u> perforations</td><td><u>75</u> feet</td><td><u>135</u> feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>17</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Solvent Weld<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Diameter         | From                         | To           | <u>2.50</u> inches | <u>6</u> inches | <u>1</u> feet | <u>19</u> feet | <u>1.631</u> inches | <u>4</u> inches | <u>5</u> feet | <u>135</u> feet | _____ inches                                                   | _____ inches | _____ feet                   | _____ feet | _____ inches | _____ inches | _____ feet | _____ feet | Number                    | From | To | <u>72</u> perforations | <u>75</u> feet | <u>135</u> feet | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet | _____ feet |                             |  |  |  |  |  |                   |  |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Diameter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | From             | To                           |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
| <u>2.50</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>6</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>1</u> feet    | <u>19</u> feet               |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
| <u>1.631</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>4</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>5</u> feet    | <u>135</u> feet              |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____ feet       | _____ feet                   |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____ feet       | _____ feet                   |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | To               |                              |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
| <u>72</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>75</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>135</u> feet  |                              |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____ feet       |                              |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____ feet       |                              |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location <u>must</u> agree with written location.<br><table border="1"><tr><td>N</td><td></td><td></td><td></td></tr><tr><td>W</td><td>X</td><td></td><td>E</td></tr><tr><td></td><td></td><td></td><td></td></tr></table><br>Subdivision Name _____<br>Lot No. _____ Block No. <u>6</u> <u>1995</u><br>County <u>Bonner</u><br><u>Sec. 10 NW 1/4 Sec. 3 T. 53 S. 1 R. 1 W. 2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |              | W                  | X               |               | E              |                     |                 |               |                 | <b>10.</b> Work started <u>5/25/90</u> finished <u>5 29 90</u> |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                              |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | E                            |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                              |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were<br>complicated with at the time the rig was removed.<br>Firm Name <u>H2O Well Service</u> Firm No. <u>448</u><br>Address <u>Harnden Rd</u> Date <u>5-29-90</u><br>Signed by (Firm Official) <u>John Whelan</u><br>and <u>David K. Marsh</u><br>(Operator)                                                                                                                                                                                                                                                                                                                                                                                    |                  |                              |              |                    |                 |               |                |                     |                 |               |                 |                                                                |              |                              |            |              |              |            |            |                           |      |    |                        |                |                 |                    |            |            |                    |            |            |                             |  |  |  |  |  |                   |  |  |

BITTERROOT MTN.  
LODGE

← P.U.



BITTERROOT MTN.  
LODGE'S

WELL

← P.D.



RECEIVED

OCT 16 1995



BITTERROOT MOUNTAIN LODGE'S  
P.U. CAMPGROUND

WINTER 1935

OCT 16 1935

November 22, 1991

BITTERROOT MOUNTAIN LODGE  
LAKEVIEW LANDING  
LAKEVIEW ID 83803

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 96-08601

Dear Permit Holder:

The department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. Enclosed is an order advancing the priority of the permit since the proof was received after the proof due date. The next step in the process of developing a water right is for the department to conduct a field examination to determine and confirm the use being made of the water.

If you have questions concerning this matter, please feel free to contact the NORTHERN Regional Office in Coeur D' Alene at (208)765-4639.

Sincerely,

Karen L. Gustafson  
Secretary/Records Manager

c: IDWR - Region

Enclosure

DEC 31 1991



State of Idaho  
DEPARTMENT OF WATER RESOURCES

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

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

CECIL D. ANDRUS  
GOVERNOR

R. KEITH HIGGINSON  
DIRECTOR

November 12, 1991

Bitterroot Lodge  
Lakeview Landing  
Lakeview, ID 83803

Re: Permit No. 96-08601

Dear Permit Holder:

In the department's review of the proof of beneficial use submitted in connection with the above referenced permit, the department was not able to locate a well log which should have been submitted by your well driller 30 days after completion of the construction of your well.

If you have a copy of the well log, please provide this office with a copy. If you do not, please contact your driller and ask that he submit a copy. In your return letter, please be sure to show the above referenced permit number on any documents. Also, please address any correspondence directly to me. Your response should be received within 20 days of the date of this mailing.

This information is needed before the department can proceed further with the examination of your system and the eventual issuance of a license of water right.

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

Sincerely,

*Karen L. Gustafson*  
Karen L. Gustafson  
Secretary/Records Manager

11/12/91

DEC 31 1991

9/89

Drilling Permit No. 96-90-N-56

Water Right Permit No. \_\_\_\_\_

Injection Permit No. \_\_\_\_\_

3 plates  
# 448State of Idaho  
Department of Water Resources

## DRILLING PERMIT

RECEIVED  
JUN 1 1990

Department of Water Resources

1. Applicant Bitterroot Lodge Lakeview Cliff Gentry
2. Mailing Address Lakeview Landing  
Bayview Rd 83803 Telephone 263-6885#1043
- (☒) Well Owner ( ) Well Operator ( ) Other, specify \_\_\_\_\_
3. Proposed well location \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4, or Gov't lot No. \_\_\_\_\_,  
Sec. 3, Twp. 53N, Rge. 1W, County BONAVILLE,  
Street Address of Well Site \_\_\_\_\_,  
Lot, block and subdivision \_\_\_\_\_
4. Proposed use of well:  
(☒) Single family or stockwater use (less than 13,000 gallons per day)  
( ) Irrigation (more than 1/2 acre)  
( ) Monitoring - A well bore schematic and map is required for each well.  
No. of proposed wells: \_\_\_\_\_  
( ) Other (describe fully) \_\_\_\_\_
5. Well construction information:  
A. (☒) New well ( ) Deepen ( ) Replace - See Condition 9.  
B. Proposed surface diameter 6" Maximum depth 150  
C. Anticipated bottom hole temperature:  
( ) 85°F or less (Cold water well)  
( ) 85°F to 212°F (Low temp. geothermal well)  
( ) 212°F or more (Geothermal well)
6. Construction Start Date 5-24-96
7. Anticipated Well Driller H2O well Service Inc  
NOTE: The actual well driller must be identified prior to drilling.
8. Applicant's signature John Wheeler Date 5-24-90  
Title pres  
(Owner, Firm Representative, Other)

MICROFILMED

DEC 31 1991

## ACTION OF DEPARTMENT OF WATER RESOURCES

This Permit is approved Date 5/25/90

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

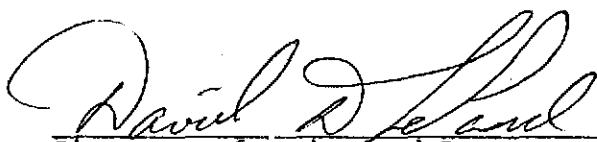
GENERAL CONDITIONS:

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 the 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°F 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.

SPECIAL CONDITIONS:

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DEC 31 1991



Signature of Authorized Department Representative



Title

Receipt No. W00 3792 Received by DL Fee \$10 Date 5/25/90EXTENSION OF DRILLING PERMIT

Extension approved by \_\_\_\_\_ Approval Date \_\_\_\_\_

This extension is good for 60 days beyond the above extension approval date.

**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.**

INTER-DEPARTMENT MEMO

TO: # 96-8601

SUBJECT: Lapse error

FROM: [Signature]

DATE: 11-7-91

*Permit # 96-8601 was sent a  
lapse notice in error. The prog had been  
filed in the wrong file.  
Prog was received on time.*

DEC 31 1991

( ) For your information

( ) Response required

[Signature]  
signature

October 8, 1991

BITTERROOT MOUNTAIN LODGE  
LAKEVIEW LANDING  
LAKEVIEW ID 83803

LAPSE NOTICE

RE: PERMIT NO. 96-08601

Dear Permit Holder:

You are hereby notified that under the provisions of Section 42-218A, Idaho Code, the above referenced permit has lapsed and is of no further force nor effect. The department provided the proper forms to you in our proof due notice dated July 31, 1991. No further construction or additional development is authorized under this permit unless it is reinstated.

The permit can only be reinstated if you submit an acceptable proof of beneficial use or an acceptable request for extension of time to the department within sixty (60) days of the mailing of this lapse notice. An acceptable proof of beneficial use submittal must include the examination fee or a completed field examination report. A request for extension of time must be accompanied by a fifteen dollar (\$15) fee.

Enclosed again for your use are a proof of beneficial use form and a request for extension of time form. Please note that only one extension of time can be granted unless the project has not been completed because of lack of a necessary approval by a government agency or by litigation which may bring title to the water in question.

DEC 31 1991

L. GLEN SAXTON  
Chief, Water Allocation Bureau

LGS:rf

Enclosures

**CERTIFICATION OF MAILING**

I hereby certify that on 10-11-91  
a copy/an original of this document was  
deposited in the United States mail,  
postage prepaid addressed to the  
individual(s) named above.

138966  
July 31, 1991

BITTERROOT MOUNTAIN LODGE  
LAKEVIEW LANDING  
LAKEVIEW, ID 83803

PROOF DUE NOTICE

RE: PERMIT NO. 96-08601

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, 1991. (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,

Rita Fleck  
Secretary/Records Manager

Enclosures

MICROFILMED  
DEC 31 1991

S T A T E   O F   I D A H O

DEPARTMENT OF WATER RESOURCES

-----

Statehouse  
Boise, Idaho 83720  
(208) 327-7900  
September 28, 1990

BITTERROOT MOUNTAIN LODGE  
LAKEVIEW LANDING  
LAKEVIEW, ID 83803

PERMIT APPROVAL NOTICE

RE: PERMIT NO.        96-08601

Dear Permit Holder:

Enclosed is a copy of your approved application for permit. We direct your attention to the conditions of approval on the final page.

Section 42-235, Idaho Code, requires that a "drilling permit" must be obtained from the department for all wells constructed after July 1, 1987. A drilling permit is a separate permit that must be issued in addition to your permit to appropriate water. Commencement of well construction or diversion of water under your permit to appropriate water is prohibited unless a drilling permit is obtained.

Please be advised that water quality is subject to regulations of the Idaho Department of Health and Welfare. We suggest that you check with them before starting construction.

We have enclosed 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 for your convenience is a form entitled "Proof of Beneficial Use" that must be submitted to the Department when your project is completed. If development is complete, you may submit proof of beneficial use immediately.

**MICROFILMED**

NOV 02 1990

Sincerely,

JIM JOHNSON  
Water Rights Supervisor

JJ: SC  
Enclosures

**MICROFILMED**

NOV 02 1990

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES  
Northern Region Office

1910 Northwest Blvd. \* Suite 210 \* Coeur d'Alene, Id. \* 83814 \* (208) 765-4639

Cecil D. Andrus  
Governor

R. Keith Higginson  
Director

August 24, 1990

Bitterroot Mtn. Lodge  
Lakeview Landing  
Lakeview, Id. 83803

Re: Water Appropriation Application #96-08601

Dear Applicant:

*see  
response  
below  
app. kw  
9/21/90*

NOTICE OF PENDING ORDER VOIDING APPLICATION

On June 4, 1990, you filed with the Department of Water Resources an application to appropriate the public water of the state of Idaho. This application was given the above referenced number, and you were instructed to furnish additional information to the department within 30 days of receipt of the letter.

As of this date we have not received the below listed information:

Item #1: You must provide this department with a list of names and addresses of the partners, board of directors, or other governing officials, as well as the name and title of the person which signed the application.

The size of the establishment will determine the nature of use and the amount of water required to fulfill your needs. You must provide this office with the number of overnight occupants of the lodge, the seating capacity of the restaurant, the seating capacity of the bar (if any) and the number of washers in the laundry (if any).

It is therefore necessary to ask you to withdraw your application by signing the enclosed withdrawal form and returning it to this office or to explain why the Department should not void your application.

If you fail to respond to this inquiry prior to September 7, 1990, the Department will void your application on the grounds that it does not contain the information necessary for the director to make a determination of the impacts and implications of the proposed project in accordance with IC 42-204.

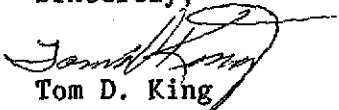
**MicroFILMED**

NOV 02 1990

Bitterroot Mtn. Lodge  
Page Two  
August 24, 1990

If you have any questions concerning this matter you may contact me at this office prior the above date.

Sincerely,

  
Tom D. King  
Sr. Water Resource Agent

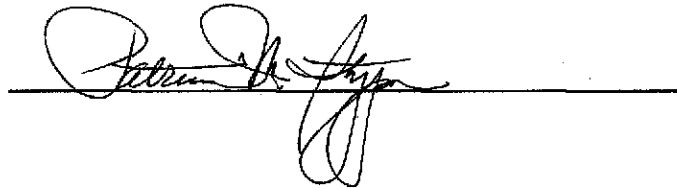
Enc: Relinquishment

**MICROFILMED**

NOV 02 1990

CERTIFICATION

I hereby certify that on this 24<sup>th</sup> day of August, 19~~88~~<sup>90</sup>, I mailed the original copy of this letter, postage prepaid to the person and address listed below.

A handwritten signature, "Steven D. Jypa", is written in cursive over a horizontal line.

Bitterroot Mtn. Lodge  
Lakeview Landing  
Lakeview, Id. 83803

**MICROFILMED**

NOV 02 1990

MEMORANDUM

TO: NORTHERN REGION - TOM KING

FROM: KAY WALKER *kay*

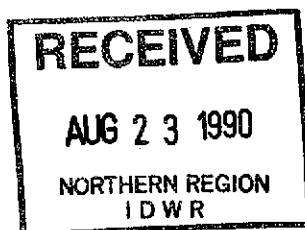
RE: APPLICATION 96-8601

DATE: 20-AUG-1990

=====

TOM: In my first glance at this application I see that we need to have more information.

1. The signee's title and/or status in Bitterroot Mtn. Lodge as requested in your letter. Also, are there other persons able to sign papers in regard to this application?
2. What does the lodge consist of? How many rooms? Shouldn't we have requested that they change the domestic use to commercial use?
3. Please notate which government lot the point of diversion and place of use are in.



STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES  
Northern Region Office

1910 Northwest Blvd. \* Suite 210 \* Coeur d'Alene, Id. \* 83814 \* (208) 765-4639

Cecil D. Andrus  
Governor

R. Keith Higginson  
Director

June 5, 1990  
Bitterroot Mtn. Lodge  
Lakeview Landing  
Lakeview, Id. 83803

Re: Water Appropriation Application # 96-08601

Dear Applicant:

The Idaho Department of Water Resources acknowledges receipt of your Application For Permit To appropriate the Public Waters Of The State Of Idaho and have assigned to it the above referenced number. To assist us in providing you with prompt, accurate service, please refer to this number in all future matters concerning this application.

Your appropriation application is currently in the process of being advertised in the county newspaper. The advertisement will be published for two consecutive weeks followed by a waiting period of ten days to allow for the submittal of protests.

If the application is protested, you will be sent a copy of the protest and instructions to aid you in resolving the protest without a hearing. However all protests must be resolved before the application can be approved or denied, so if the protestant does not voluntarily withdraw the protest, this department will conduct a conference and/or hearing on the matter.

If the application is not protested it would normally be forwarded to the main office in Boise for a complete review and approval or denial. However before the application can be forwarded to Boise, you must supply this department with the following additional information:

Item #1: You must provide this department with a list of names and address of the partners, board of directors, or other governing officials, as well as the title of the person that signed the application.

The size of the establishment will determine the amount of space required to fulfill your needs. To assist us in determining this, please inform us of the number of overnight occupants of the lodge, the seating capacity of the restaurant, the seating capacity of the bar (if any) and the number of washers in the laundry (if any).

This information must be submitted to this office with any other information you deem appropriate within 30 days of the above date. Failure to communicate with this office within that time may result in the voiding of your application. The time limit may be extended upon request and showing of good cause that additional time is required for submittal of the information.

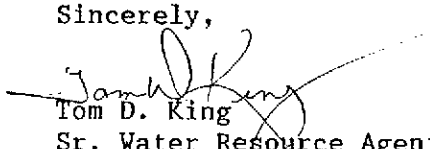
RECEIVED  
NOV 02 1990

Bitterroot Mtn. Lodge  
Page Two  
June 5, 1990

Unless you are using a well that was constructed prior to July 1, 1987, it will be necessary for you to apply for well drilling permit if or when the appropriation application is approved. Well drilling permits can be issued by this office only to holders of approved appropriation permits.

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

Sincerely,

  
Tom D. King  
Sr. Water Resource Agent

MICROFILMED  
NOV 12 1990

96-08601

BITTERROOT MOUNTAIN LODGE  
LAKEVIEW LANDING  
LAKEVIEW, ID 83803

Source: GROUNDWATER

Diversion Pt:                SENW        Sec 3 T 53N R 01W

Use: DOMESTIC                                ( .200 CFS)  
Total Diversion: ( .200 CFS)

Date Filed: 6/ 4/ 1990

In: T53N R01W S03                        SENW

**MICROFILMED**

NOV 02 1990