

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

Sec 4 37N 3W Latah Co.

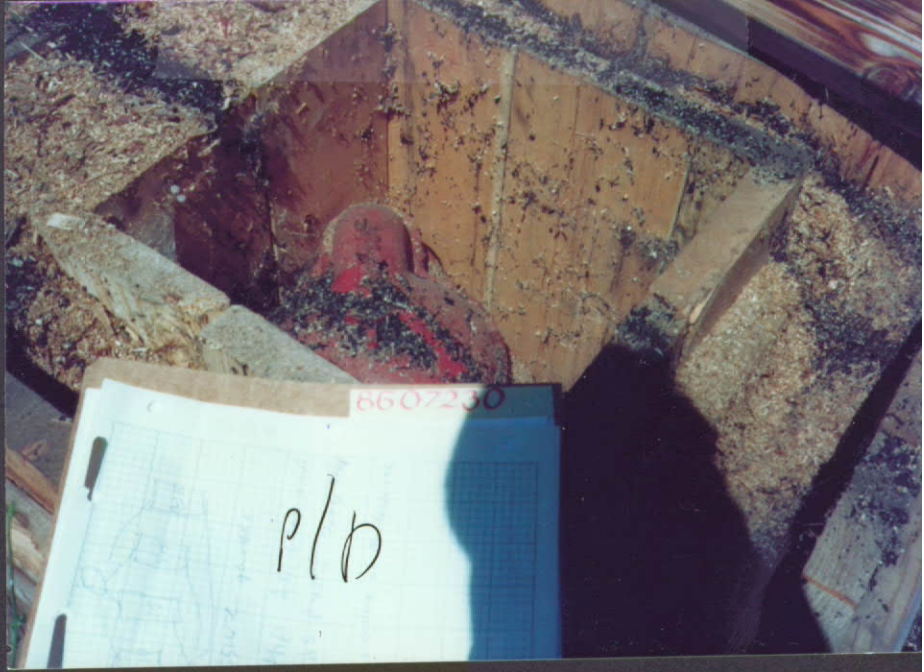
Scale: 2 inches equal 1 mile.

X point of well

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.

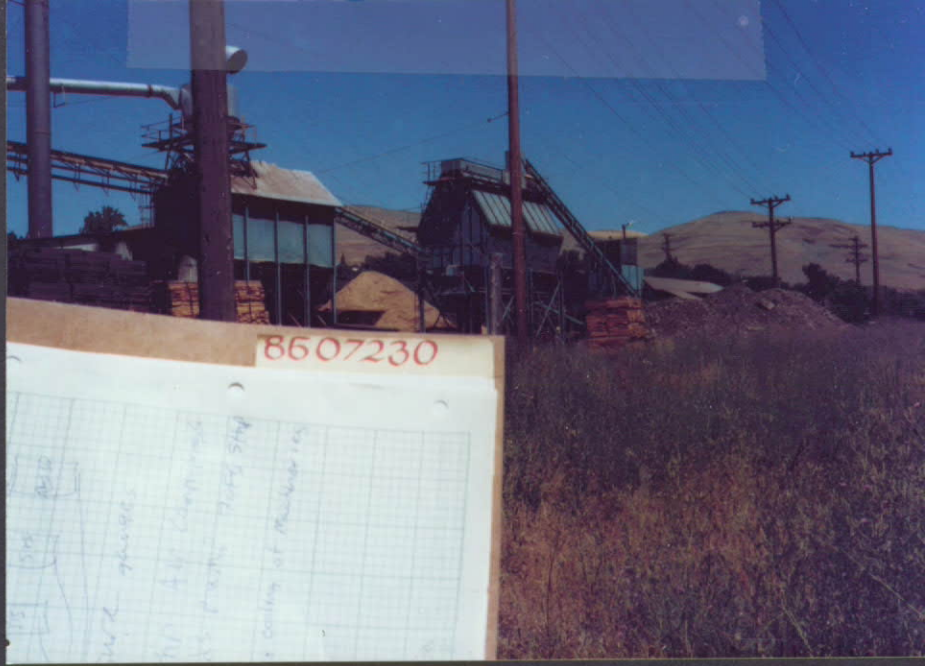
R A Hitchcock  
Manager \* (Applicant)

\* per drilling permit - kw 12/21/87









8507230

Handwritten notes on a grid-lined sheet of paper:

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

RECEIVED  
AUG 29 1994

Department of Water Resources

**A. GENERAL INFORMATION**

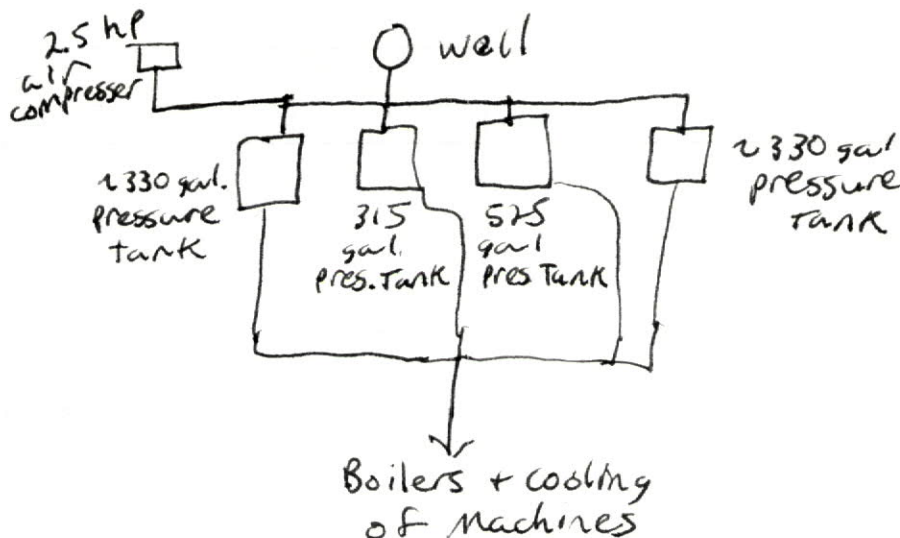
1. Owner: Gem State Lumber Co. Permit No. 86-07230  
Current Address: P.O. Box 379 Julietta ID 83535 Phone No. 276-3401  
2. Accompanied by: Richard Hitchcock EXAM. DATE: 7/18/19  
Address: P.O. Box 346 Julietta, ID Phone No. 276-2971  
Relationship to Permit Holder: owner of company  
3. Source: Groundwater tributary to —

**B. OVERLAP REVIEW**

1. Other water rights with same place of use: None ☐ Copies Attached  
2. Other water rights with same point of diversion: None ☐ Copies Attached ☐ Copies of Field Exam's Attached

**C. SYSTEM DESCRIPTION**

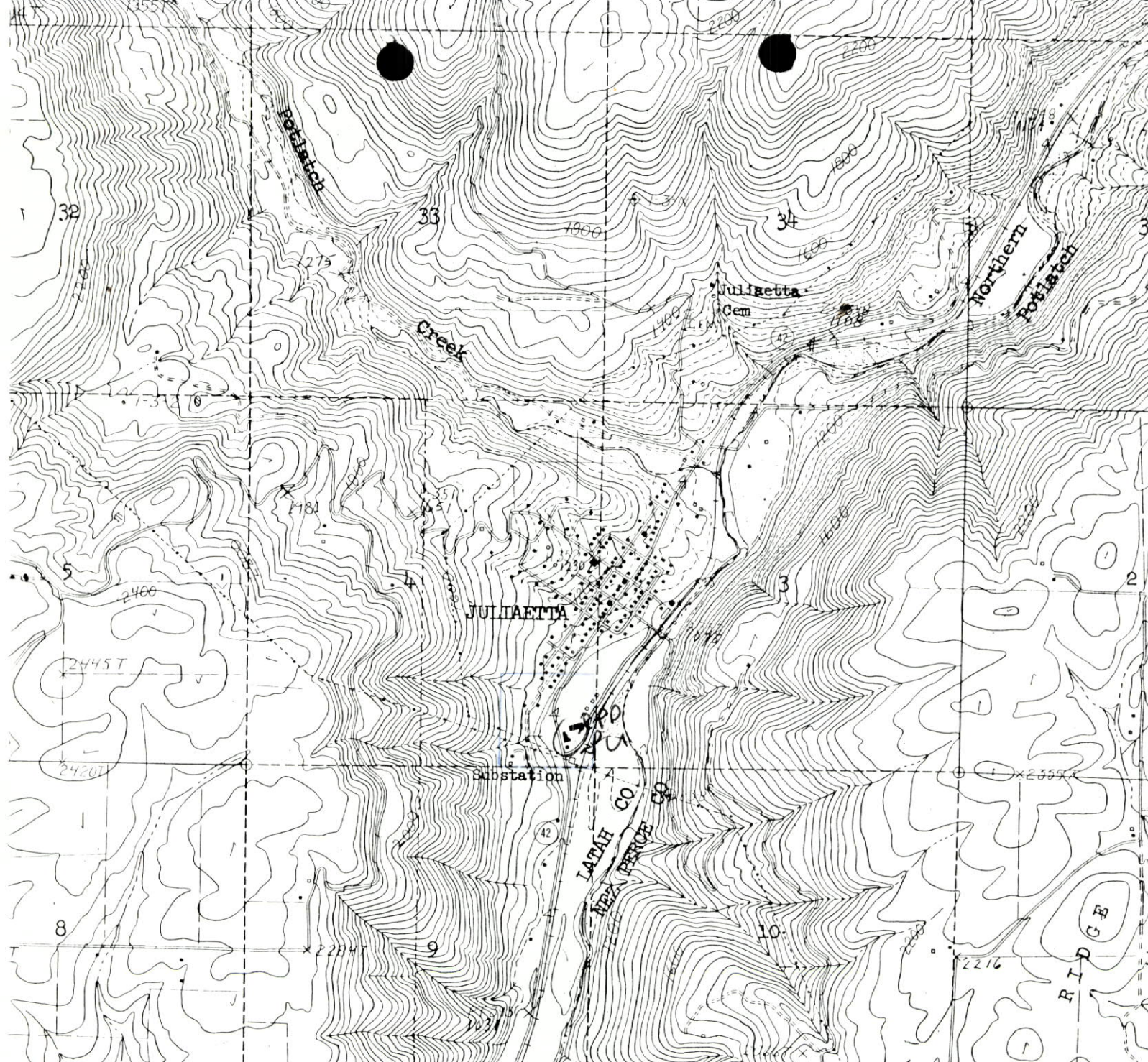
1. **Diversion System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



Scale: 1" = NTS

2. ☒ Copy of U.S.G.S. 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 or more).  
☒ Photo of Diversion and System Attached (required for all but single household domestic groundwater, and stockwater).

DEC 07 1994



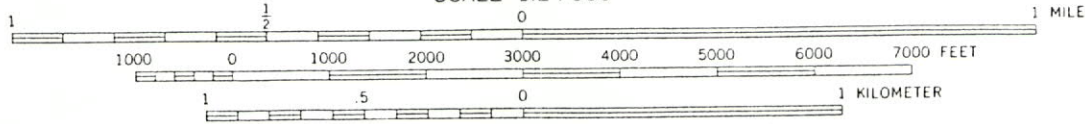
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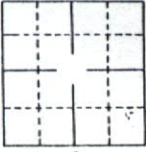
SCALE 1:24 000



CONTOUR INTERVAL 40 FEET  
NATIONAL GEODETIC VERTICAL DATUM OF 1929

LATAH CO  
NEZ PERCE CO

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>New State Lumber Mills</u><br><u>P.O. Box 379</u><br>Address <u>Julietta, Idaho</u><br><u>Julietta, Idaho</u> <u>83535</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>7. WATER LEVEL</b><br><br>Static water level <u>2</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 <u>unl.</u> OF. Quality <u>Good</u><br><i>Describe artesian or temperature zones below</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                                         |              |                    |                     |               |                |                   |                 |               |                 |                   |                 |                            |                 |        |      |           |                           |                            |                 |                    |            |            |                    |                            |            |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |
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| <b>2. NATURE OF WORK</b><br><input type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<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 type="checkbox"/> Pump <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td><u>100 plus</u></td> <td><u>Unknown</u></td> <td><u>1.5</u></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Discharge G.P.M. | Pumping Level                                                           | Hours Pumped | <u>100 plus</u>    | <u>Unknown</u>      | <u>1.5</u>    |                |                   |                 |               |                 |                   |                 |                            |                 |        |      |           |                           |                            |                 |                    |            |            |                    |                            |            |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Hours Pumped     |                                                                         |              |                    |                     |               |                |                   |                 |               |                 |                   |                 |                            |                 |        |      |           |                           |                            |                 |                    |            |            |                    |                            |            |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |
| <u>100 plus</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>Unknown</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>1.5</u>       |                                                                         |              |                    |                     |               |                |                   |                 |               |                 |                   |                 |                            |                 |        |      |           |                           |                            |                 |                    |            |            |                    |                            |            |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |
| <b>3. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input checked="" 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><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore 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>10</u></td> <td><u>0</u></td> <td><u>22</u></td> <td><u>boulders and gravel</u></td> <td></td> <td></td> </tr> <tr> <td></td> <td><u>22</u></td> <td><u>25</u></td> <td><u>Black basalt (L.H.)</u></td> <td></td> <td></td> </tr> <tr> <td></td> <td><u>25</u></td> <td><u>33</u></td> <td><u>Black basalt (M.H.)</u></td> <td></td> <td></td> </tr> <tr> <td></td> <td><u>33</u></td> <td><u>42</u></td> <td><u>black basalt (U.)</u></td> <td></td> <td></td> </tr> <tr> <td></td> <td><u>42</u></td> <td><u>48</u></td> <td><u>broken basalt rock w/<br/>Green deposits (H.S.)<br/>(water area)</u></td> <td></td> <td></td> </tr> <tr> <td></td> <td><u>48</u></td> <td><u>106</u></td> <td><u>Black basalt (H.H.)</u></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><u>Hit water at 42 to 48 ft</u></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><u>Blowing 100 plus G.P.M.</u></td> <td></td> <td></td> </tr> </tbody> </table> | Bore Diam.       | Depth                                                                   |              | Material           | Water               |               | From           | To                | Yes             | No            | <u>10</u>       | <u>0</u>          | <u>22</u>       | <u>boulders and gravel</u> |                 |        |      | <u>22</u> | <u>25</u>                 | <u>Black basalt (L.H.)</u> |                 |                    |            | <u>25</u>  | <u>33</u>          | <u>Black basalt (M.H.)</u> |            |  |  | <u>33</u> | <u>42</u> | <u>black basalt (U.)</u> |  |  |  | <u>42</u> | <u>48</u> | <u>broken basalt rock w/<br/>Green deposits (H.S.)<br/>(water area)</u> |  |  |  | <u>48</u> | <u>106</u> | <u>Black basalt (H.H.)</u> |  |  |  |  |  | <u>Hit water at 42 to 48 ft</u> |  |  |  |  |  | <u>Blowing 100 plus G.P.M.</u> |  |  |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | Material                                                                | Water        |                    |                     |               |                |                   |                 |               |                 |                   |                 |                            |                 |        |      |           |                           |                            |                 |                    |            |            |                    |                            |            |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |
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| <u>10</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>22</u>        | <u>boulders and gravel</u>                                              |              |                    |                     |               |                |                   |                 |               |                 |                   |                 |                            |                 |        |      |           |                           |                            |                 |                    |            |            |                    |                            |            |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  | <u>Blowing 100 plus G.P.M.</u>                                          |              |                    |                     |               |                |                   |                 |               |                 |                   |                 |                            |                 |        |      |           |                           |                            |                 |                    |            |            |                    |                            |            |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input 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><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other PVC<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>.250</u> inches</td> <td><u>8-5/8</u> inches</td> <td><u>2</u> feet</td> <td><u>28</u> feet</td> </tr> <tr> <td><u>1/2</u> inches</td> <td><u>6</u> inches</td> <td><u>7</u> feet</td> <td><u>106</u> feet</td> </tr> <tr> <td><u>1/2</u> inches</td> <td><u>6</u> inches</td> <td><u>7</u> feet</td> <td><u>106</u> feet</td> </tr> </tbody> </table> 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 checked="" type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation <u>1/8</u> inches by <u>4</u> inches<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>2/100</u> perforations</td> <td><u>66</u> feet</td> <td><u>106</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> Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>22'</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 x <input checked="" type="checkbox"/> Temp. surface casing<br><input type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Diameter         | From                                                                    | To           | <u>.250</u> inches | <u>8-5/8</u> inches | <u>2</u> feet | <u>28</u> feet | <u>1/2</u> inches | <u>6</u> inches | <u>7</u> feet | <u>106</u> feet | <u>1/2</u> inches | <u>6</u> inches | <u>7</u> feet              | <u>106</u> feet | Number | From | To        | <u>2/100</u> perforations | <u>66</u> feet             | <u>106</u> feet | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet                 | _____ feet |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Diameter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | From             | To                                                                      |              |                    |                     |               |                |                   |                 |               |                 |                   |                 |                            |                 |        |      |           |                           |                            |                 |                    |            |            |                    |                            |            |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |
| <u>.250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>8-5/8</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>2</u> feet    | <u>28</u> feet                                                          |              |                    |                     |               |                |                   |                 |               |                 |                   |                 |                            |                 |        |      |           |                           |                            |                 |                    |            |            |                    |                            |            |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |
| <u>1/2</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>6</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>7</u> feet    | <u>106</u> feet                                                         |              |                    |                     |               |                |                   |                 |               |                 |                   |                 |                            |                 |        |      |           |                           |                            |                 |                    |            |            |                    |                            |            |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |
| <u>1/2</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>6</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>7</u> feet    | <u>106</u> feet                                                         |              |                    |                     |               |                |                   |                 |               |                 |                   |                 |                            |                 |        |      |           |                           |                            |                 |                    |            |            |                    |                            |            |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | To               |                                                                         |              |                    |                     |               |                |                   |                 |               |                 |                   |                 |                            |                 |        |      |           |                           |                            |                 |                    |            |            |                    |                            |            |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |
| <u>2/100</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>66</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>106</u> feet  |                                                                         |              |                    |                     |               |                |                   |                 |               |                 |                   |                 |                            |                 |        |      |           |                           |                            |                 |                    |            |            |                    |                            |            |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _____ feet       |                                                                         |              |                    |                     |               |                |                   |                 |               |                 |                   |                 |                            |                 |        |      |           |                           |                            |                 |                    |            |            |                    |                            |            |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _____ feet       |                                                                         |              |                    |                     |               |                |                   |                 |               |                 |                   |                 |                            |                 |        |      |           |                           |                            |                 |                    |            |            |                    |                            |            |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>Idaho</u><br><u>1/4</u> Sec. <u>4</u> , T. <u>22N</u> , R. <u>2E</u> , E/W.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>10.</b><br>Work started <u>May 26, 88</u> finished <u>May 31, 1988</u><br><br><b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Firm Name <u>Uhlenkott Well Drilling</u> Firm No. <u>185</u><br>Address <u>Route 1, Box 20</u> Date <u>July 2, 1988</u><br><u>Kenn, Idaho 83531</u><br>Signed by (Firm Official) <u>[Signature]</u><br>and _____<br>(Operator) <u>[Signature]</u> DEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                         |              |                    |                     |               |                |                   |                 |               |                 |                   |                 |                            |                 |        |      |           |                           |                            |                 |                    |            |            |                    |                            |            |  |  |           |           |                          |  |  |  |           |           |                                                                         |  |  |  |           |            |                            |  |  |  |  |  |                                 |  |  |  |  |  |                                |  |  |

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JAN 17 1991

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I D W R

DEC 07 1994

# Affidavit of Publication

STATE OF IDAHO  
County of Latah

ss.

Theresa Myers

being first duly sworn, on oath,  
deposes and says:

That he is the printer of The  
IDAHONIAN, a newspaper of  
general circulation, printed and  
published daily except Sunday at  
Moscow, Latah County, Idaho, in  
compliance with Sections 60-106,  
60-107, and 60-108 of the Idaho  
Code and the amendments there-  
to; that the notice of which the  
annexed is a full, true and cor-  
rect printed copy was published  
in the regular and entire issues  
of said newspaper and not in a  
supplement thereto, upon the fol-  
lowing dates:

Nov. 5, 12, 1987

the same being the dates desig-  
nated for the publication of said  
legal notice.

Theresa Myers  
Subscribed and sworn to before

me this 13th day of November

19 87  
Eric A. Ahles

Notary Public,  
residing at Moscow, Idaho

## NOTICE OF APPLICATION FOR WATER RIGHTS

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

86-7230

GEM STATE LUMBER CO.

P.O. BOX 379, JULIAETTA, ID  
83535

Source: GROUNDWATER

Diversion Pt: SESE Sec 04 T 37N R  
03W

Use: INDUSTRIAL (0.330 CFS)

Date Filed; 10/14/1987

In: SESE Sec 04 37N R 03W

The permit(s) will be subject to  
all prior water rights. Protests must  
be filed with the Director, Dept. of  
Water Resources, 4055 Government  
Way, Suite 9, Coeur d'Alene, Idaho  
83814 on or before NOVEMBER 23,  
1987.

R. KEITH HIGGINSON, Dir.

Nov. 5, 12, 1987

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NOV 1987  
Department of Water Resources  
Northern District Office

RECORDED

MAR 04 1988

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 86-07230

Priority: October 14, 1987

Maximum Diversion Rate: 0.18 CFS

Maximum Diversion Volume: 130.3 AF

This is to certify, that GEM STATE LUMBER CO  
PO BOX 379

JULIAETTA ID 83535 has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated October 14, 1987; and has submitted Proof of Beneficial Use on November 6, 1989. An examination indicates that the works have a diversion capacity of .180 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> |
|-----------------------|----------------------|--------------------------|----------------------|
| INDUSTRIAL            | 01/01 to 12/31       | 0.18 CFS                 | 130.3 AF             |

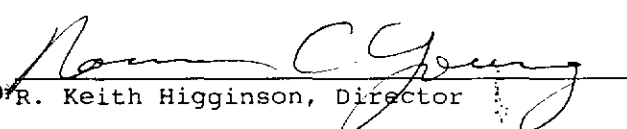
LOCATION OF POINT(S) OF DIVERSION: SESE, Sec. 4, Township 37N, Range 03W  
LATAH County

PLACE OF USE: INDUSTRIAL  
TWN RGE SEC  
37N 03W 4 SESE

CONDITIONS/REMARKS:

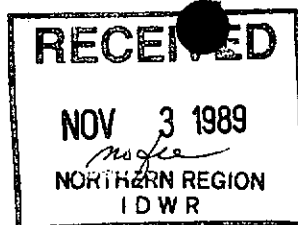
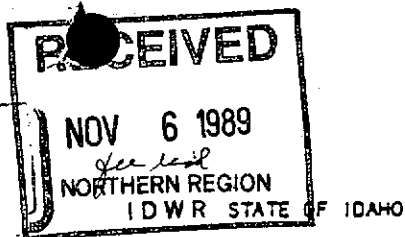
1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to 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. Water used under this right if discharged into a natural channel or subsurface system shall meet Idaho Water Quality Standards.
6. Industrial use is for a lumber mill operation.

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 18<sup>TH</sup> day of OCTOBER, 1994.

Acting for  R. Keith Higginson, Director

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NOV 13 1989



For Office Use Only

Fee Received \$100.00Date 11/6/89Receipt # N3445Receipt by [Signature]Reviewed by [Signature]Sent to region       

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 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. 86-07230Name(s) of Permit Holder: Gen State Lumber Co.Post Office Address: P.O. Box 379, Juliaetta, Idaho 83535Telephone No. (208) 276-3401Source of Water: Well

Extent of Use:

Domestic        (number of households) Stockwater        (number and type of stock)Irrigation 20 (acres) Other/Remark INDUSTRIALTotal rate and/or volume for which proof is submitted .33 cfs        acre-feetShow the date water was first diverted and beneficially used under this permit: April 1, 1989Measuring Device: Required? Yes No  
Installed? Yes NoFee enclosed \$ \$100.00  
(See License Examination Fee Schedule)Flow Measurement Port: Required? Yes No  
Installed? Yes No

Person to contact to accompany the Department representative during the field examination:

Richard A Hitchcock 276-3401

(Name) (Telephone Number)

MICROFILMED

(Address)

MAR 1 1990

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.

3/17/89

Date

R A Hitchcock (Owner)

Signature of Permit Holder (and title, if appropriate)

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

Ident. No. 86-7230

To appropriate the public waters of the State of Idaho

APPROVED

1. Name of applicant Gem State Lumber Co. Phone 276-3401  
Post office address PO Box 379 Juliaetta Id 83535
2. Source of water supply Ground water which is a tributary of N/A
3. Location of point of diversion is SE  $\frac{1}{4}$  of SE  $\frac{1}{4}$  of \_\_\_\_\_  $\frac{1}{4}$  Govt. Lot 3  
Sec. 4 Township 37N Range 3W B.M. Latch County; additional  
points of diversion if any: \_\_\_\_\_
4. Water will be used for the following purposes:  
Amount 33 cfs for industrial 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) 33 cubic feet per second and/or (b) \_\_\_\_\_ acre feet per annum
6. Proposed diverting works:  
a. Description of ditches, flumes, pumps, headgates, etc. well pump  
\_\_\_\_\_  
\_\_\_\_\_  
b. Height of storage dam \_\_\_\_\_ feet; active reservoir capacity \_\_\_\_\_ acre-feet; total  
reservoir capacity \_\_\_\_\_ acre-feet; period of year when water will be diverted to storage:  
\_\_\_\_\_ to \_\_\_\_\_ inclusive.  
c. Proposed well diameter is 8" inches; proposed depth of well is 200 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 to the proposed beneficial use is  
2 years (minimum 1 year).

MICROFILMED

MAR 04 1988

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

- a. Hydropower; show total feet of head and proposed capacity in KW. ONE 117 HP
- b. Stockwatering; list number and kind of livestock. \_\_\_\_\_
- c. Municipal; show name of municipality. \_\_\_\_\_
- d. Domestic; show number of households. \_\_\_\_\_
- e. Other; describe fully. Cooling of machines, boilers, log decks

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. 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           |                  |
| <del>37N</del> | <del>3W</del> | <del>4</del> |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | <del>30</del> | <del>30</del> JK |
| 37N            | 3W            | 4            |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | I             |                  |
|                |               |              |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |               |                  |
|                |               |              |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |               |                  |
|                |               |              |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |               |                  |
|                |               |              |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |               |                  |
|                |               |              |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |               |                  |
|                |               |              |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |               |                  |
|                |               |              |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |               |                  |

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

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

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

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

FILED

MAR 04 1968

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

Sec 4 37N 3W Latah Co.

Scale: 2 inches equal 1 mile.

X point of well

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.

R A Hitchcock  
Manager \* (Applicant)

\* per drilling permit - kw 12/21/87

Proposed Priority 10/14/87  
Received by [Signature] Date 10/14/87 Time 3:00 PM Preliminary check by TK  
Fee \$ 45.00 Received by [Signature] # 41790 Date 10/15/87  
Publication prepared by [Signature] Date 10/29/87 Published in Idaho Daily News  
Publication approved [Signature] Date 11/17/87

**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. 86-7230, and said application is hereby APPROVED.

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

a. SUBJECT TO ALL PRIOR WATER RIGHTS.

b. Proof of construction of works and application of water to beneficial use shall be submitted on or before January 1, 19 90.

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: Permit holder shall commence the excavation or construction of diverting works within one year of the date this permit is issued and shall proceed diligently until the project is complete.

Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.

Water used under this permit if discharged into a natural channel or subsurface system shall meet Idaho Water Quality Standards.

Witness my hand this 24 day of December, 1987.

[Signature]  
Director MS

**MICROFILMED**

**MAR 04 1988**



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

October 19, 1994

GEM STATE LUMBER CO  
PO BOX 379  
JULIAETTA ID 83535

RE: WATER RIGHT NO. 86-07230

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,

A handwritten signature in cursive script that reads "Shelley W. Keen".

Shelley W. Keen  
Water Rights Supervisor

SK:dc

Enclosure

MAILED  
DEC 07 1994

# LICENSE REVIEW CHECKLIST

PERMIT NO. 86-7230 DATE 9-2-94



NAME Yes      No ✓ Or Address Change?     

PRIORITY DATE      ✓ Advance?      Advanced to:       
 Order to reinstate needed?       
 Incorrect fee for rate recommended? NO

SOURCE           Changes or just clarification of originally intended source?       
 Notice of Intent to Void necessary?     

POINT OF DIV      ✓ Amendment needed?       
     ✓ Overlaps?     

PLACE OF USE      ✓ Amendment needed?       
     ✓ Overlaps?     

DIV RATE      ✓ Polysonic  
 Measurement Q = .18 Theoretical Q =       
8.8 X .7 X 5HP  
20 + (2.31 X 10) = .71 CFS  
 Capacity: .60 Combined rates exceed capacity       
 Permit/fee limits: .33 Allowable: .18

ANNUAL VOLUME      ✓ Season of use: (1-1 to 12-31)  
 Calculations:       
 Flow limit: .18 cfs x 365 x 1.9835 = 130.3  
 Combined volumes exceed capacity/allowable     

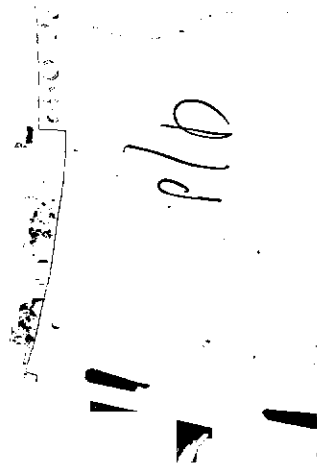
USES      ✓ Change in Nature of Use or additional uses?       
 Amendment necessary?     

REMARKS ✓ ✓ Multiple p/d(s) in ¼ ¼?  
✓      Other Industrial use for a lumber mill.

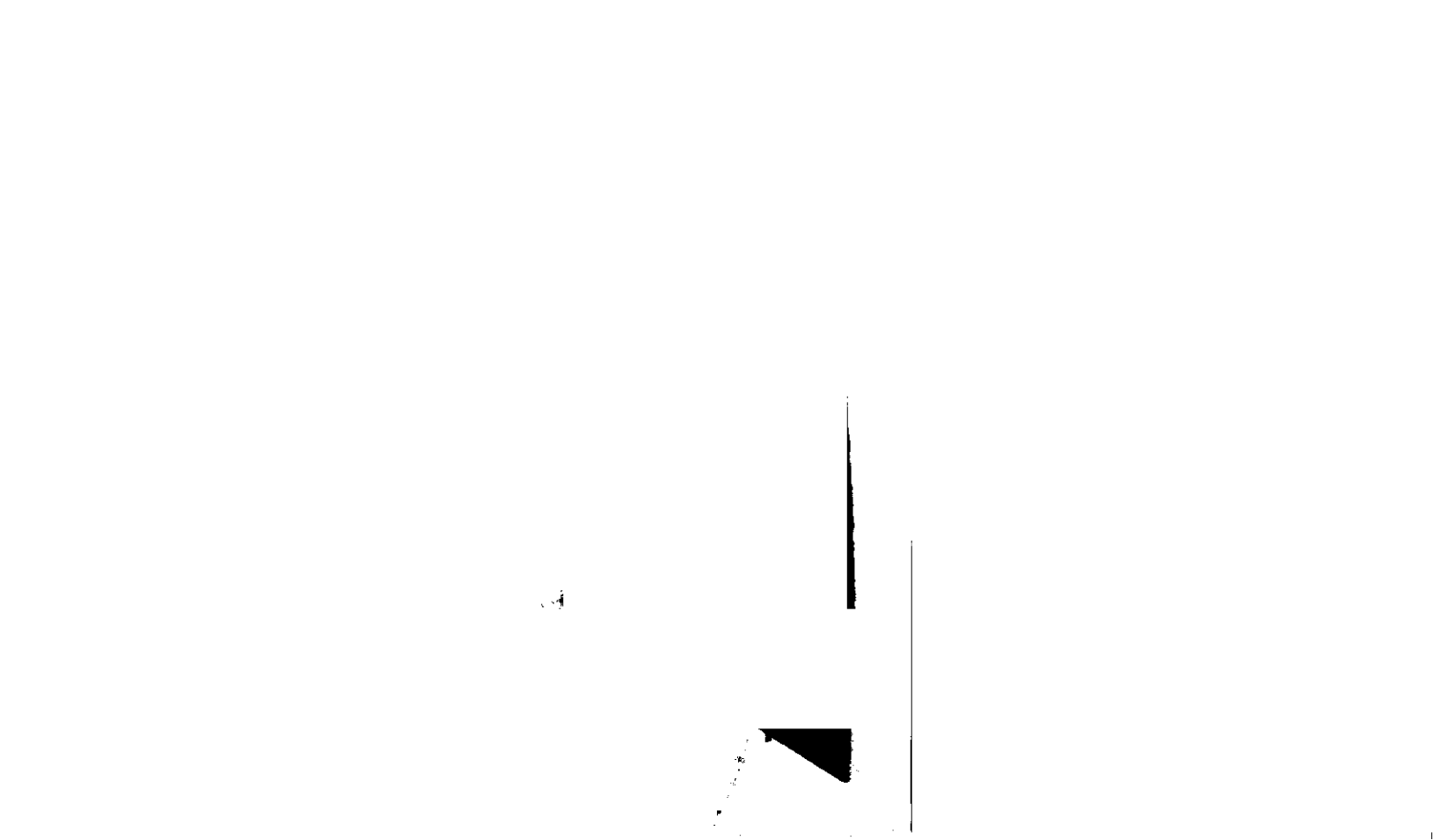
CONDITIONS      ✓ Measuring/Locking Devices  
     ✓ Watermaster control - District       
     ✓ Irrigation Overlap  
ROGE      Water Quality  
     ✓ Other     

COMMENTS: According to mill manager the boilers where most of the  
groundwater is used runs 24 hrs per day - 365 days per yr.  
(PER telephone conversation 9-8-94)

| RECOMMENDED       | CFS         | VOLUME       | LICENSE <u>✓</u>                   |
|-------------------|-------------|--------------|------------------------------------|
| <u>Industrial</u> | <u>.18</u>  | <u>130.3</u> | ADJUSTMENT MEMO NEEDED <u>No</u>   |
| <u>    </u>       | <u>    </u> | <u>    </u>  | 1ST AMENDMENT LETTER <u>    </u>   |
| <u>    </u>       | <u>    </u> | <u>    </u>  | FINAL AMENDMENT LETTER <u>    </u> |
| TOTALS            | <u>.18</u>  | <u>130.3</u> |                                    |



—





860/230



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

RECEIVED  
AUG 29 1994

Department of Water Resources

**A. GENERAL INFORMATION**

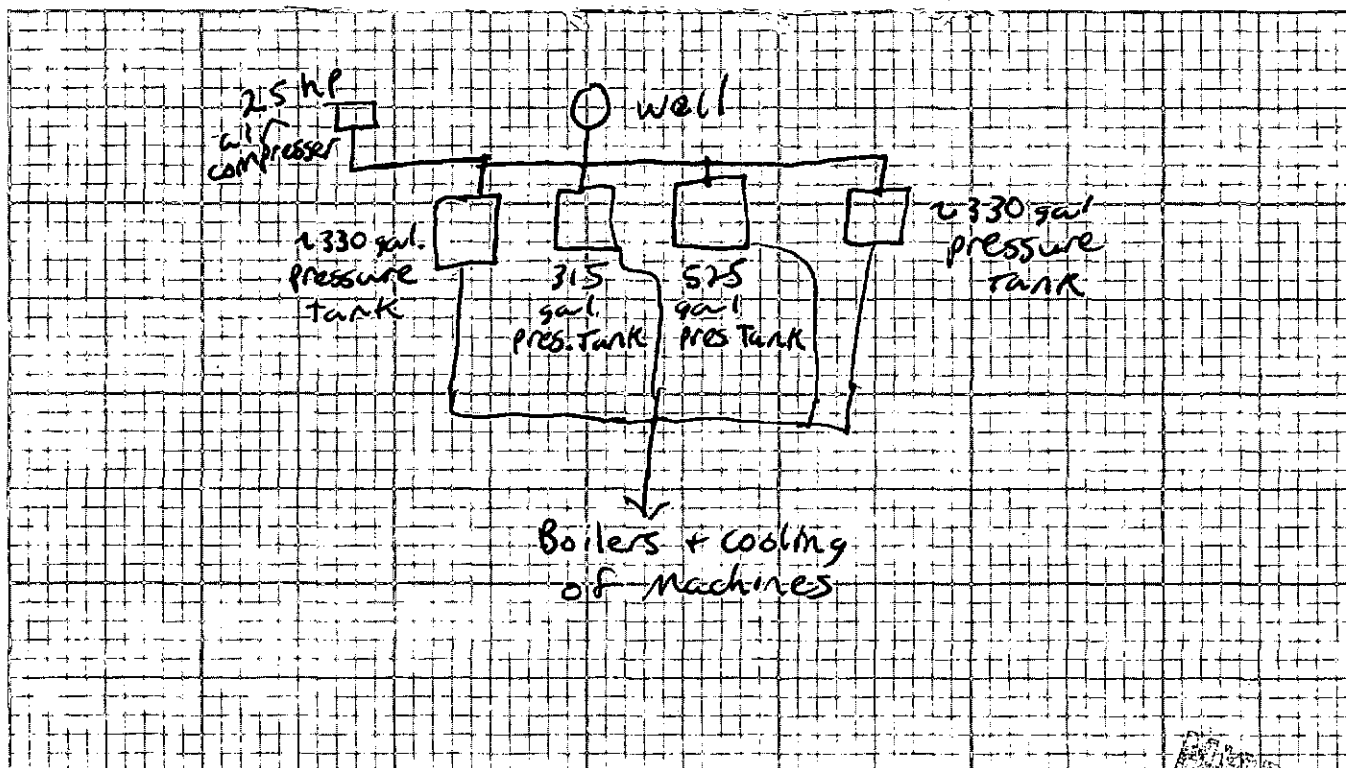
1. Owner: Gem State Lumber Co. Permit No. 86-07230  
Current Address: P.O. Box 379 Juliaetta ID 83535 Phone No. 276-3401  
2. Accompanied by: Richard Hitchcock EXAM. DATE: 7/18/19  
Address: P.O. Box 346 Juliaetta, ID Phone No. 276-2971  
Relationship to Permit Holder: Owner of Company  
3. Source: Groundwater tributary to —

**B. OVERLAP REVIEW**

1. Other water rights with same place of use: None ☐ Copies Attached  
2. Other water rights with same point of diversion: None ☐ Copies Attached ☐ Copies of Field Exam's Attached

**C. SYSTEM DESCRIPTION**

1. **Diversion System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



Scale: 1" = NTS

2. ☒ Copy of U.S.G.S. 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 or more).  
☒ Photo of Diversion and System Attached (required for all but single household domestic groundwater, and stockwater).

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**System Description (continued)**

3. Narrative: Description (As operating at time of measurement. Indicate pressure, number of sprinklers, etc.)

The water from the 8" x 200' well is pumped with a 5 hp pump into a pressure system that includes a 25 HP air compressor and 4 pressure tanks: 330 gal, 315 gal, 525 gal & 330 gal. The water is used for boiling and cooling of machineries

☐ See Remarks on page 4 for continuation

4.

| Well or Diversion Identification No.* | Motor Make | Hp | Motor Serial No. | Pump Make | Pump Serial No. or Discharge Size |
|---------------------------------------|------------|----|------------------|-----------|-----------------------------------|
| Submersible                           | —          | 5  | —                | Goulds    | 20FG                              |
|                                       |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |

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

5. Point(s) of Diversion:

| Ident. No. | Gov't. Lot | 1/4 | 1/4 | 1/4 | Sec. | Twp. | Rge. | County | Method of Determination/Remarks |
|------------|------------|-----|-----|-----|------|------|------|--------|---------------------------------|
| —          | —          | SE  | SE  | SE  | 4    | 37N  | 3W   | Utah   | Map                             |
|            |            |     |     |     |      |      |      |        |                                 |
|            |            |     |     |     |      |      |      |        |                                 |
|            |            |     |     |     |      |      |      |        |                                 |

6. Place(s) of Use:

Indicate Method of Determination Map

| Twp. | Rge. | Sec. | NE 1/4 |        |        |        | NW 1/4 |        |        |        | SW 1/4 |        |        |        | SE 1/4 |        |        |        | Totals |
|------|------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|      |      |      | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 |        |
| 37N  | 3W   | 4    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | I      |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

Do not use this space

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MODE SELECT  
INPUT

OUTER DIAMETER  
4.5197 IN

PIPE MATERIAL  
? CS.SS

WALL THICKNESS  
0.2300 IN

INNER LINING  
? NO LING.

KIND OF FLUID  
? WATER

SENSOR MOUNTING  
? (U)

TYPE OF SENSOR  
? SMALL

DATA CHANGE  
? NO

SPACING  
2.997 IN U

ZERO MODE  
CLEAR

ZERO MODE  
AUT ZERO

ZERO MODE  
ZERO OPR

06-26 13:5400 \*R  
+003.00 % AI2

MODE SELECT  
T0 CHECK

0155.3 MMSEC  
102.39 % T0

06-26 13:5500 \*R  
+811.2725-16PM

6.6mm 10.0mm  
NEW

DEC 07 1986

Do not use this space

#### D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

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

2. Measurements:

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#### E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

POLYSONIC MEASUREMENT

$$\frac{8.8(5)70\%}{2.3(20) + 2} = .64$$

2. Alternate Method for Checking Purposes:

#### F. PUMP EFFICIENCY DATA (Optional)

Discharge Pressure: \_\_\_\_\_ psi x 2.31 = \_\_\_\_\_ ft (1); Dynamic pumping level: \_\_\_\_\_ ft (2)

Total Head: (1) + (2) = \_\_\_\_\_ (3); Flow rate: \_\_\_\_\_ cfs (4)

Water HP: (3) x (4) ÷ 8.8 = \_\_\_\_\_ (5)

Meter Input KW: 3.6 x \_\_\_\_\_ KH x \_\_\_\_\_ CTR or \_\_\_\_\_ MULT x \_\_\_\_\_ PTR x \_\_\_\_\_ N/ \_\_\_\_\_ T = \_\_\_\_\_ (6)

Meter Input HP: (6) x 1.34 = \_\_\_\_\_ (7)

Panel Input KW: \_\_\_\_\_ Ave PF x \_\_\_\_\_ Ave Volts x \_\_\_\_\_ Ave Ampsx .001732 = \_\_\_\_\_ (6)

Panel Input HP: (6) x 1.34 = \_\_\_\_\_ (7) Efficiency: (5)/(7) x 100 = \_\_\_\_\_ %

#### G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$  \_\_\_\_\_

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

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

2. Volume Calculations for Other Uses:

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## H. REMARKS AND OVERLAP REVIEW ANALYSIS

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## I. RECOMMENDATIONS

### 1. Recommended Amounts

| Beneficial Use | Period of Use |       | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) |
|----------------|---------------|-------|------------------------------|--------------------------|
|                | From          | To    |                              |                          |
| * Industrial   | 111           | 12/81 | 0.18                         |                          |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
|                |               |       |                              |                          |

Totals: \_\_\_\_\_

### 2. Recommended Amendments

- |                                                         |                                                      |                                          |
|---------------------------------------------------------|------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Change P.D. as reflected above | <input type="checkbox"/> Add P.D. as reflected above | <input checked="" type="checkbox"/> None |
| <input type="checkbox"/> Change P.U. as reflected above | <input type="checkbox"/> Add P.U. as reflected above | <input type="checkbox"/> Other           |

## J. AUTHENTICATION

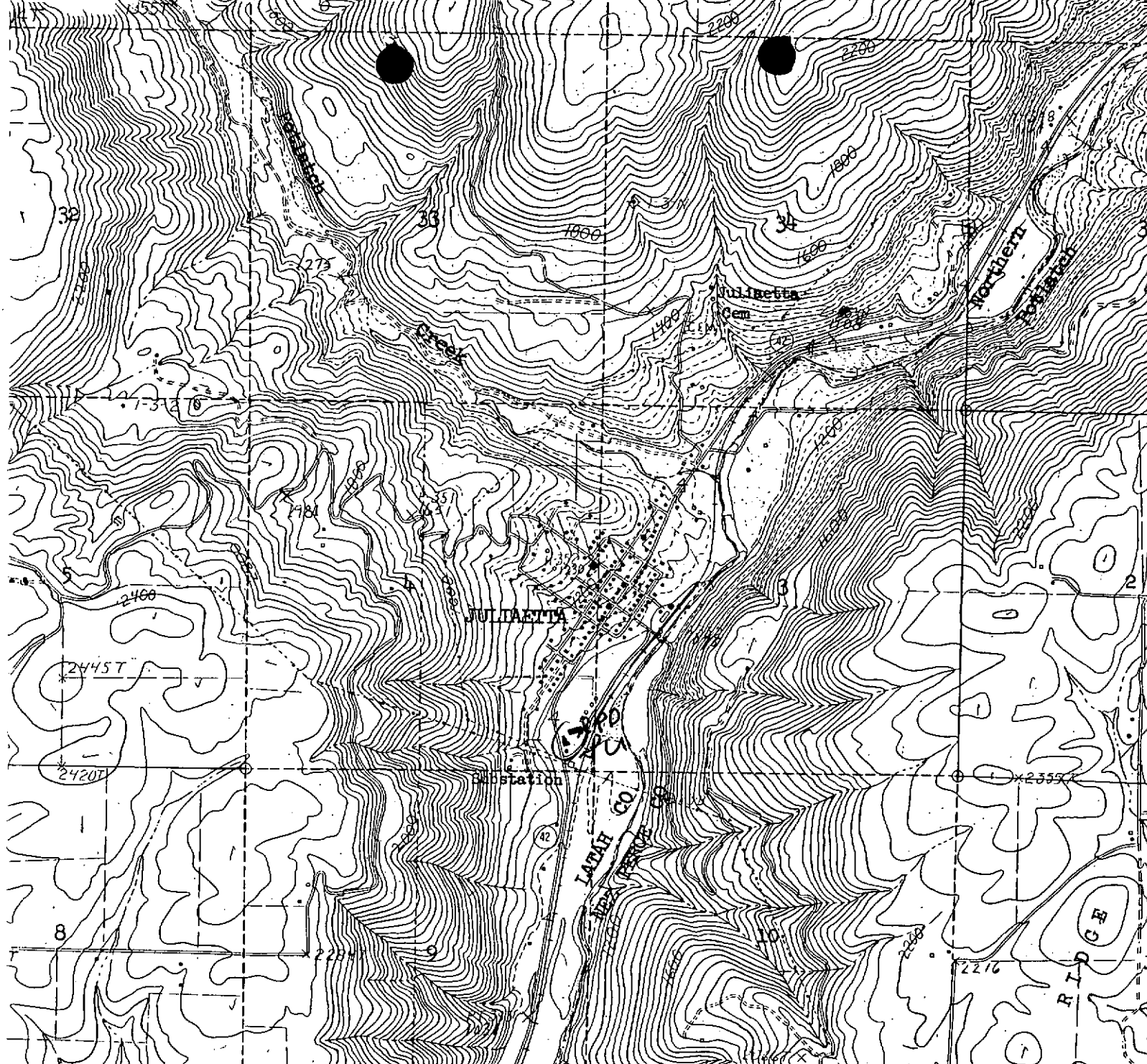
Field Examiner's Name Robert Knoblock  
Signature Robert Knoblock  
Certification Date \_\_\_\_\_  
Field Report Preparation Date 11/4/90

CONSULTANT SEAL

K. Licensing recommendation shall be prepared by an Idaho Department of Water Resources employee on a computer printout attached hereto.

\* See attached explanation memo. BC

APPROVED  
DEC 07 1994



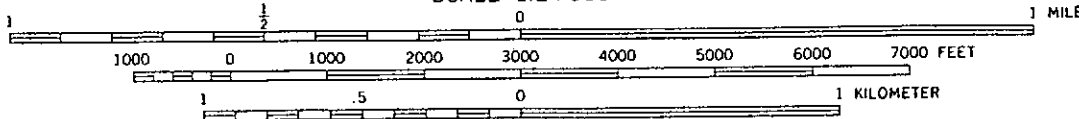
8607230

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T37N R3W Sec 4

SCALE 1:24 000



CONTOUR INTERVAL 40 FEET  
NATIONAL GEODETIC VERTICAL DATUM OF 1929

LATAH CO  
PERCE 60

State of Idaho  
Department Of Water Resources  
WELL INSPECTION FORM

If well is associated with water right, provide WR Permit No. 86-07230

Otherwise provide legal description and a sketch map and/or address so that the well can be located easily.

1. Legal Description of Well Location:

Twp. \_\_\_\_\_ N, Rge. \_\_\_\_\_ Sec. \_\_\_\_\_, \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Gov. Lot \_\_\_\_\_

2. Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_

3. Casing  $\geq$  12 inches above ground: Yes ☒ No ☐

4. Access Port: Y ☐ N ☒  
Pressure Gauge: Y ☐ N ☒  
Flowing: unknown ☐ N ☐

Static Water Level: unknown  
Casing Diameter: 8"  
Temperature: 60.01

5. Are there any obvious construction problems that may be a source for contamination or waste of water: Y ☐ N ☒

If answer to Item 5 is Yes, describe in remarks and attach photo.

Remarks : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**USE TYPEWRITER OR  
BALLPOINT PENState 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>Ham State Lumber Mills</u><br>Address <u>P.O. Box 370</u><br><u>Idaho</u><br>Owner's Permit No. <u>83534</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>7. WATER LEVEL</b><br>Static water level <u>7</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 <u>71</u> °F. Quality <u>Good</u><br><small>Describe artesian or temperature zones below.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                        |                 |                    |                     |               |                |                    |                 |               |                            |        |      |           |                           |                            |                 |                    |            |            |                            |            |            |           |           |                            |  |  |           |           |                                                        |  |  |           |            |                            |  |  |  |  |                              |  |  |  |  |                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------|-----------------|--------------------|---------------------|---------------|----------------|--------------------|-----------------|---------------|----------------------------|--------|------|-----------|---------------------------|----------------------------|-----------------|--------------------|------------|------------|----------------------------|------------|------------|-----------|-----------|----------------------------|--|--|-----------|-----------|--------------------------------------------------------|--|--|-----------|------------|----------------------------|--|--|--|--|------------------------------|--|--|--|--|--------------------------------|--|
| <b>2. NATURE OF WORK</b><br><input type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<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 type="checkbox"/> Pump <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr><tr><td><u>100 plus</u></td><td><u>Unknown</u></td><td><u>1.5</u></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Discharge G.P.M. | Pumping Level                                          | Hours Pumped    | <u>100 plus</u>    | <u>Unknown</u>      | <u>1.5</u>    |                |                    |                 |               |                            |        |      |           |                           |                            |                 |                    |            |            |                            |            |            |           |           |                            |  |  |           |           |                                                        |  |  |           |            |                            |  |  |  |  |                              |  |  |  |  |                                |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Hours Pumped     |                                                        |                 |                    |                     |               |                |                    |                 |               |                            |        |      |           |                           |                            |                 |                    |            |            |                            |            |            |           |           |                            |  |  |           |           |                                                        |  |  |           |            |                            |  |  |  |  |                              |  |  |  |  |                                |  |
| <u>100 plus</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Unknown</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>1.5</u>       |                                                        |                 |                    |                     |               |                |                    |                 |               |                            |        |      |           |                           |                            |                 |                    |            |            |                            |            |            |           |           |                            |  |  |           |           |                                                        |  |  |           |            |                            |  |  |  |  |                              |  |  |  |  |                                |  |
| <b>3. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input checked="" 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" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Bore<br/>Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th rowspan="2">Water<br/>Yes No</th></tr><tr><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>10</u></td><td><u>0</u></td><td><u>22</u></td><td><u>boulders and gravel</u></td><td></td></tr><tr><td></td><td><u>22</u></td><td><u>25</u></td><td><u>Black basalt (L.P.)</u></td><td></td></tr><tr><td></td><td><u>25</u></td><td><u>33</u></td><td><u>Black basalt (M.P.)</u></td><td></td></tr><tr><td></td><td><u>33</u></td><td><u>42</u></td><td><u>black basalt (H.P.)</u></td><td></td></tr><tr><td></td><td><u>42</u></td><td><u>48</u></td><td><u>Broken basalt rock w/<br/>Green deposits (L.P.)</u></td><td></td></tr><tr><td></td><td><u>48</u></td><td><u>106</u></td><td><u>Black basalt (H.P.)</u></td><td></td></tr><tr><td></td><td></td><td></td><td><u>Hit water at 42 to 48</u></td><td></td></tr><tr><td></td><td></td><td></td><td><u>Blowing 100 plus G.P.M.</u></td><td></td></tr></tbody></table> | Bore<br>Diam.    | Depth                                                  |                 | Material           | Water<br>Yes No     | From          | To             | <u>10</u>          | <u>0</u>        | <u>22</u>     | <u>boulders and gravel</u> |        |      | <u>22</u> | <u>25</u>                 | <u>Black basalt (L.P.)</u> |                 |                    | <u>25</u>  | <u>33</u>  | <u>Black basalt (M.P.)</u> |            |            | <u>33</u> | <u>42</u> | <u>black basalt (H.P.)</u> |  |  | <u>42</u> | <u>48</u> | <u>Broken basalt rock w/<br/>Green deposits (L.P.)</u> |  |  | <u>48</u> | <u>106</u> | <u>Black basalt (H.P.)</u> |  |  |  |  | <u>Hit water at 42 to 48</u> |  |  |  |  | <u>Blowing 100 plus G.P.M.</u> |  |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | Material                                               | Water<br>Yes No |                    |                     |               |                |                    |                 |               |                            |        |      |           |                           |                            |                 |                    |            |            |                            |            |            |           |           |                            |  |  |           |           |                                                        |  |  |           |            |                            |  |  |  |  |                              |  |  |  |  |                                |  |
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| <u>10</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>22</u>        | <u>boulders and gravel</u>                             |                 |                    |                     |               |                |                    |                 |               |                            |        |      |           |                           |                            |                 |                    |            |            |                            |            |            |           |           |                            |  |  |           |           |                                                        |  |  |           |            |                            |  |  |  |  |                              |  |  |  |  |                                |  |
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| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input 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 type="checkbox"/> Other <u>PVC</u><br><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>2.50</u> inches</td><td><u>8.5/8</u> inches</td><td><u>2</u> feet</td><td><u>25</u> feet</td></tr><tr><td><u>1.50</u> inches</td><td><u>6</u> inches</td><td><u>7</u> feet</td><td><u>106</u> 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 checked="" type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation <u>1/4</u> inches by <u>1/4</u> inches<br><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>2/100</u> perforations</td><td><u>66</u> feet</td><td><u>106</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 type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>22</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 checked="" type="checkbox"/> Temp. surface casing<br><input type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Diameter         | From                                                   | To              | <u>2.50</u> inches | <u>8.5/8</u> inches | <u>2</u> feet | <u>25</u> feet | <u>1.50</u> inches | <u>6</u> inches | <u>7</u> feet | <u>106</u> feet            | Number | From | To        | <u>2/100</u> perforations | <u>66</u> feet             | <u>106</u> feet | _____ perforations | _____ feet | _____ feet | _____ perforations         | _____ feet | _____ feet |           |           |                            |  |  |           |           |                                                        |  |  |           |            |                            |  |  |  |  |                              |  |  |  |  |                                |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Diameter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | From             | To                                                     |                 |                    |                     |               |                |                    |                 |               |                            |        |      |           |                           |                            |                 |                    |            |            |                            |            |            |           |           |                            |  |  |           |           |                                                        |  |  |           |            |                            |  |  |  |  |                              |  |  |  |  |                                |  |
| <u>2.50</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>8.5/8</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>2</u> feet    | <u>25</u> feet                                         |                 |                    |                     |               |                |                    |                 |               |                            |        |      |           |                           |                            |                 |                    |            |            |                            |            |            |           |           |                            |  |  |           |           |                                                        |  |  |           |            |                            |  |  |  |  |                              |  |  |  |  |                                |  |
| <u>1.50</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>6</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>7</u> feet    | <u>106</u> feet                                        |                 |                    |                     |               |                |                    |                 |               |                            |        |      |           |                           |                            |                 |                    |            |            |                            |            |            |           |           |                            |  |  |           |           |                                                        |  |  |           |            |                            |  |  |  |  |                              |  |  |  |  |                                |  |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | To               |                                                        |                 |                    |                     |               |                |                    |                 |               |                            |        |      |           |                           |                            |                 |                    |            |            |                            |            |            |           |           |                            |  |  |           |           |                                                        |  |  |           |            |                            |  |  |  |  |                              |  |  |  |  |                                |  |
| <u>2/100</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>66</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>106</u> feet  |                                                        |                 |                    |                     |               |                |                    |                 |               |                            |        |      |           |                           |                            |                 |                    |            |            |                            |            |            |           |           |                            |  |  |           |           |                                                        |  |  |           |            |                            |  |  |  |  |                              |  |  |  |  |                                |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____ feet       |                                                        |                 |                    |                     |               |                |                    |                 |               |                            |        |      |           |                           |                            |                 |                    |            |            |                            |            |            |           |           |                            |  |  |           |           |                                                        |  |  |           |            |                            |  |  |  |  |                              |  |  |  |  |                                |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____ feet       |                                                        |                 |                    |                     |               |                |                    |                 |               |                            |        |      |           |                           |                            |                 |                    |            |            |                            |            |            |           |           |                            |  |  |           |           |                                                        |  |  |           |            |                            |  |  |  |  |                              |  |  |  |  |                                |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><div style="text-align: center;">N<br/>W      E<br/>S</div> <div style="display: flex; justify-content: space-between;"><div>Subdivision Name _____</div><div>Lot No. _____ Block No. _____</div></div><br>County <u>Idaho</u><br>_____ % _____ % Sec. <u>4</u> T. <u>27N</u> R. <u>2E</u> E.W.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>10.</b><br>Work started <u>May 26, 88</u> finished <u>May 31, 1988</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                                        |                 |                    |                     |               |                |                    |                 |               |                            |        |      |           |                           |                            |                 |                    |            |            |                            |            |            |           |           |                            |  |  |           |           |                                                        |  |  |           |            |                            |  |  |  |  |                              |  |  |  |  |                                |  |
| <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were<br>complied with at the time the rig was removed.<br>Firm Name <u>Whlenkott Well Drilling</u> Firm No. <u>125</u><br>Address <u>Route 1, Box 20</u> Date <u>July 2, 1988</u><br><u>Idaho</u><br>Signed by (Firm Official) <u>[Signature]</u><br>and<br>(Operator) <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                        |                 |                    |                     |               |                |                    |                 |               |                            |        |      |           |                           |                            |                 |                    |            |            |                            |            |            |           |           |                            |  |  |           |           |                                                        |  |  |           |            |                            |  |  |  |  |                              |  |  |  |  |                                |  |

RECEIVED

JAN 17 1991

NORTHERN REGION  
IDWR

DEC 07 1994

March 9, 1990

GEM STATE LUMBER CO.  
P.O. BOX 379  
JULIAETTA, ID 835350000

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 86-07230

Dear Permit Holder:

The department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. 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,

Rita Fleck  
Secretary/Records Manager

c: IDWR - Region

**MICROFILMED**

MAR 19 1990

138848

October 31, 1989

GEM STATE LUMBER CO.  
P.O. BOX 379  
JULIAETTA, ID 835350000

PROOF DUE NOTICE

RE: PERMIT NO. 86-07230

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 January 1, 1990. (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**

MAR 19 1990

RECEIVED  
DEC 11 1987

State of Idaho  
Department of Water Resources

DRILLING PERMIT

Department of Water Resources (Authorizing Construction of a Well)\*

RECEIVED  
OCT 14 1987  
Department of Water Resources  
Northern District Office

1. Applicant Gem State Lumber Co.
2. Address Box 379  
Julietta, Id. 83535  
(☒ Well Owner    ( ) Well Operator    ( ) Other, specify \_\_\_\_\_)
3. Water right permit no. \_\_\_\_\_; Injection well permit no. \_\_\_\_\_
4. Proposed well location SE 1/4 SE 1/4 1/4, or Gov't lot No. 2,  
Sec. 4; Twp. 37N, Rge. 3W, County LATAH,  
Lot, block and subdivision \_\_\_\_\_
5. Proposed use of well: (Check all that apply)  
( ) Domestic                      ( ) Stockwater                      ( ) Monitoring  
( ) Irrigation                      (☒ Industrial                      ( ) Municipal  
( ) Injection                      ( ) Other, Specify \_\_\_\_\_
6. Well construction information:  
(☒ New well                      ( ) Deepen                      ( ) Replace  
Proposed surface diameter \_\_\_\_\_ Proposed depth \_\_\_\_\_  
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)
7. Anticipated construction start date \_\_\_\_\_
8. Well Driller (if known) Eal Witt Well Drilling #58  
Address Lewiston  
Date 10/1/87 Applicant's signature R. A. Nitchcock  
Title Manager

MICROFILMED

## ACTION OF IDWR

☒ Approved ☐ Denied

The approval of this permit authorizes the construction of a well as described on this application subject to the conditions on this permit.

## 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 its date of issuance for the start of construction and is valid for one (1) year from the date of issuance for completion of the well unless an extension has been granted.
3. The permit holder or his representative shall notify the Department ten (10) days prior to the start of construction unless good cause for later notification can be shown.
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. Issuance 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.

## SPECIFIC CONDITIONS:

Dated this 8 day of December, 1987.

Signed

Robert D. Humes

Title

REGIONAL SUPERVISOR

Received by

pm

Fee

\$100.00

Date

10/15/87

MICROFILMED

Receipt No.

441791

Construction start date

MAR 19 1990

Construction start extension to

Extension approved by

S T A T E   O F   I D A H O  
DEPARTMENT OF WATER RESOURCES

STATEHOUSE  
BOISE, IDAHO 83720  
(208) 334-4440  
JANUARY 14, 1988

GEM STATE LUMBER CO.  
P.O. BOX 379  
JULIAETTA, ID 83535

PERMIT APPROVAL NOTICE

RE: PERMIT NO. 86-7230

DEAR PERMIT HOLDER:

ENCLOSED IS A COPY OF YOUR APPROVED APPLICATION FOR PERMIT. WE DIRECT YOUR ATTENTION TO THE CONDITIONS OF APPROVAL ON THE FOURTH 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 NOTE THE REQUIREMENT THAT AS A PERMIT HOLDER YOU MUST COMMENCE THE EXCAVATION OR CONSTRUCTION OF DIVERTING WORKS WITHIN ONE YEAR OF THE DATE THE PERMIT WAS ISSUED, AND YOU MUST PROCEED DILIGENTLY UNTIL THE PROJECT IS COMPLETED. THE ENCLOSED BLUE CARD MUST BE COMPLETED AND RETURNED TO THIS OFFICE AS SOON AS YOU COMMENCE CONSTRUCTION, NO LATER THAN ONE YEAR FROM THE DATE THE PERMIT WAS APPROVED.

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 INTO A LICENSE.

SINCERELY,

GARY SPACKMAN  
SUPERVISOR, WATER ALLOCATION SECTION

GS: SC  
ENCLOSURES

RECORDED & INDEXED

MAR 04 1988

WR Number ?

86-7230  
APP.

Drilling Permit No. 86-87-N-8  
Water Permit No. \_\_\_\_\_  
Injection Permit No. \_\_\_\_\_



State of Idaho  
Department of Water Resources

DEC 11 1987

DRILLING PERMIT

Department of Water Resources (Authorizing Construction of a Well)\*

RECEIVED  
OCT 14 1987  
Department of Water Resources  
Northern District Office

1. Applicant Gem State Lumber Co.
2. Address Box 379  
Juliaetta, Id. 83535  
(☒) Well Owner    (☐) Well Operator    (☐) Other, specify \_\_\_\_\_
3. Water right permit no. \_\_\_\_\_; Injection well permit no. \_\_\_\_\_
4. Proposed well location SE 1/4 SE 1/4 1/4, or Gov't lot No. SE,  
Sec. 4; Twp. 37N, Rge. 3W, County LATAH,  
Lot, block and subdivision \_\_\_\_\_
5. Proposed use of well: (Check all that apply)  
(☐) Domestic    (☐) Stockwater    (☐) Monitoring  
(☐) Irrigation    (☒) Industrial    (☐) Municipal  
(☐) Injection    (☐) Other, Specify \_\_\_\_\_
6. Well construction information:  
(☒) New well    (☐) Deepen    (☐) Replace  
Proposed surface diameter \_\_\_\_\_ Proposed depth \_\_\_\_\_  
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)
7. Anticipated construction start date \_\_\_\_\_
8. Well Driller (if known) Earl Witt Well Drilling #58  
Address Lewiston  
Date 10/1/87 Applicant's signature R. A. Nitcher  
Title Manager

\* After other pre-requisite approvals have been obtained.

MAR 04 1988

## ACTION OF IDWR

☒ Approved☐ Denied

The approval of this permit authorizes the construction of a well as described on this application subject to the conditions on this permit.

## 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 its date of issuance for the start of construction and is valid for one (1) year from the date of issuance for completion of the well unless an extension has been granted.
3. The permit holder or his representative shall notify the Department ten (10) days prior to the start of construction unless good cause for later notification can be shown.
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. Issuance 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.

## SPECIFIC CONDITIONS:

Dated this 8 day of December, 1987.

Signed

Title

Robert D. Haynes  
**REGIONAL SUPERVISOR**Received by [Signature] Fee \$100.00 Date 10/15/87Receipt No. 41791 Construction start date

Construction start extension to

MAR 04 1988

Extension approved by

October 29, 1987

Gem State Lumber Co.  
P.O. Box 379  
Juliaetta, Id. 83535

Re: 86-7230

Gentlemen:

The Department of Water Resources acknowledges receipt of your water right application for permit. The application has been assigned Identification No. 86-7230. Please refer to this number in all further correspondence.

This office is currently in the process of advertising the application in the Idahonian/Daily News. The advertisement will be published for two weeks, and a period of ten days following the second publication will be allowed for the submittal of protests.

If the application is protested, you will be sent a copy of the protest. The protest must be resolved before the application is approved or denied. If the protest is not resolved voluntarily, this Department will conduct a conference and/or hearing on the matter.

If the application is not protested, it will be forwarded to our state office in about five weeks. State office personnel will conduct a complete review prior to the final processing of the application and will notify you of the outcome of this review. When a permit is issued, you will be sent a copy. A typical processing time for an unprotested application is about eight weeks.

Enclosed please find your Receipt No. 41790 for the amount of \$45.00.

Please feel free to contact this office if you have any questions regarding this procedure.

Sincerely,

ROBERT G. HAYNES, P.E.  
Regional Supervisor

RGH/pms  
Enc. - Receipt

COPY

RECEIVED

MAR 04 1988

# Affidavit of Publication

STATE OF IDAHO  
County of Latah

ss.

Theresa Myers

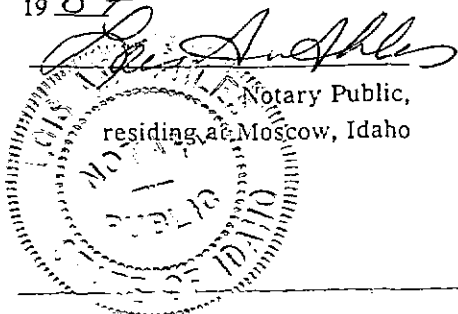
being first duly sworn, on oath,  
deposes and says:

That he is the printer of The  
IDAHONIAN, a newspaper of  
general circulation, printed and  
published daily except Sunday at  
Moscow, Latah County, Idaho, in  
compliance with Sections 60-106,  
60-107, and 60-108 of the Idaho  
Code and the amendments there-  
to; that the notice of which the  
annexed is a full, true and cor-  
rect printed copy was published  
in the regular and entire issues  
of said newspaper and not in a  
supplement thereto, upon the fol-  
lowing dates:

Nov. 5, 12, 1987

the same being the dates desig-  
nated for the publication of said  
legal notice.

Theresa Myers  
Subscribed and sworn to before  
me this 13th day of November  
19 87



## NOTICE OF APPLICATION FOR WATER RIGHTS

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

86-7230

GEM STATE LUMBER CO.

P.O. BOX 379, JULIAETTA, ID  
83535

Source: GROUNDWATER

Diversion Pt: SESE Sec 04 T 37N R  
03W

Use: INDUSTRIAL (0.330 CFS)

Date Filed: 10/14/1987

In: SESE Sec 04 37N R 03W

The permit(s) will be subject to  
all prior water rights. Protests must  
be filed with the Director, Dept. of  
Water Resources, 4055 Government  
Way, Suite 9, Coeur d'Alene, Idaho  
83814 on or before NOVEMBER 23,  
1987.

R. KEITH HIGGINSON, Dir.  
Nov. 5, 12, 1987

RECEIVED  
NOV 1987  
Department of Water Resources  
Northern District Office

RECORDED  
MAR 04 1988

66-7230

GEM STATE LUMBER CO.

P.O. BOX 379, JULIAETTA, ID 83535

Source: GROUNDWATER

Diversion Pt: SESE Sec 04 T. 37N R. 03W

Use: INDUSTRIAL (0.330 CFS)

Date Filed: 10/14/1987

In: SESE Sec 04 T. 37N R. 03W

RECEIVED

MAR 04 1988