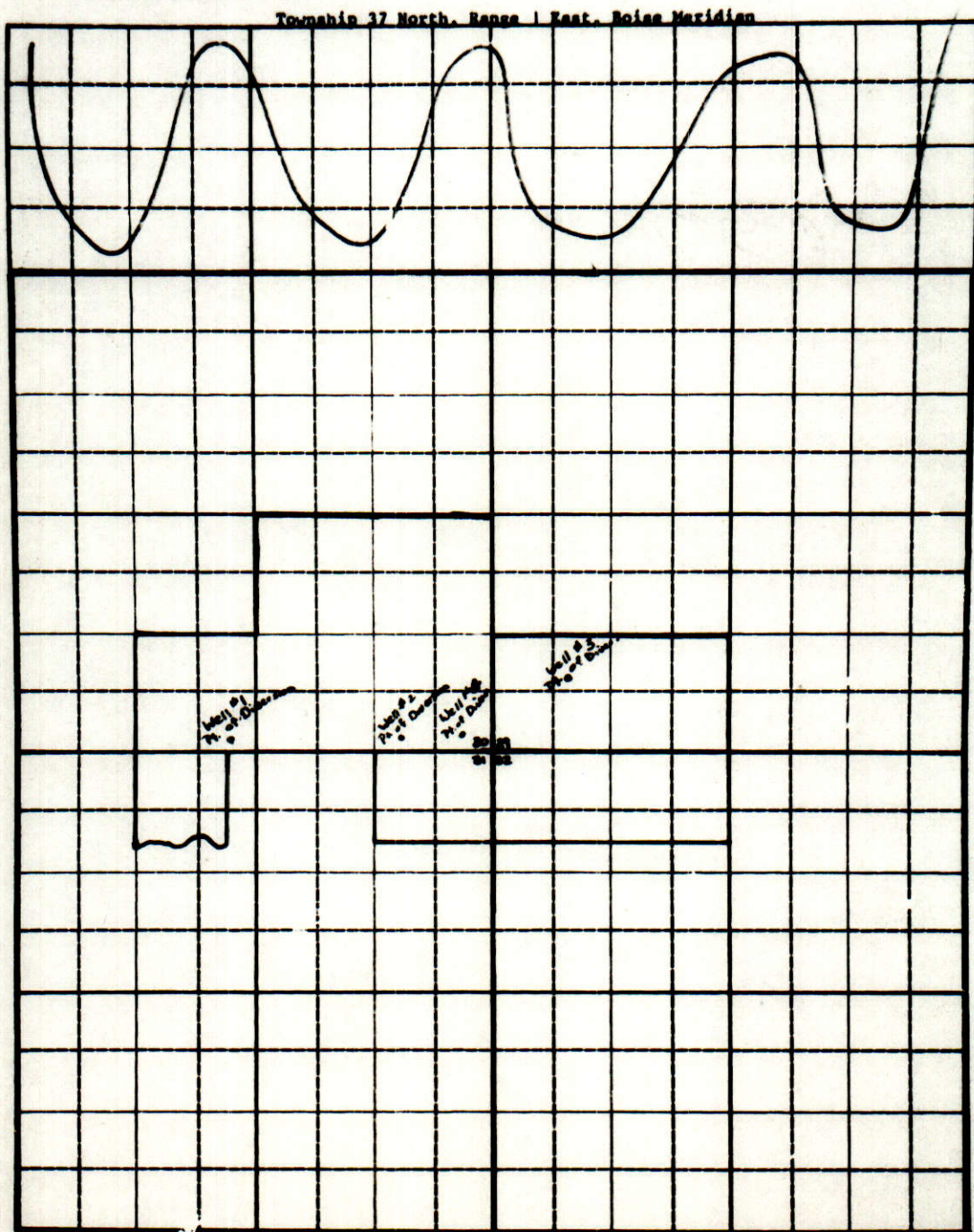


11. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



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.

New Hope Water Corporation

Daniel Brown President
(Applicant)

AFFIDAVIT OF PUBLICATION

STA IDAHO, ss.
 Court Clearwater

Nancy Noble

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

That I am and at all times herein mentioned have been a citizen of the United States and of the State of Idaho, over 21 years of age, and that I am not a party to nor interested in the above entitled proceeding; that I am and at all times herein mentioned have been the Editor, Foreman, of THE CLEARWATER TRIBUNE; That said Clearwater Tribune is a newspaper of general circulation, printed and published weekly at Orofino, in the County of Clearwater and State of Idaho; that the Clearwater Tribune has been continuously and uninterruptedly published in Clearwater County, Idaho during the period of seventy-eight consecutive weeks prior to the first publication of attached copy of

Notice of Application for

Water Right 86-7129 & 86-7130

That said Notice

of which the annexed is a full, true and correct printed copy, was published in the regular and entire issue of said newspaper, and not in any supplement thereof, for full period of two consecutive issues commencing on the 16th day of July, 1981, and ending on the 30th day of July, 1981

Subscribed and sworn to before me this 30th day of July, 1981

Bevelly T. Reed
 NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO
 RESIDING AT OROFINO THEREIN

NOTICE OF APPLICATION
 FOR WATER RIGHT
 Notice is hereby given that the following application(s) have been submitted for permit to appropriate the public waters of the State of Idaho:

86-7129
NEW HOPE WATER CORP.
 P.O. Box 1918, Orofino, ID 83444
 Source: Groundwater
 Date Filed: 07/01/1981
 Amount: 1.00 CFS
 Diversion Point: SWSW Sec 20 T 37N R 01E SESE SWSW Sec 20 T 37N R 01E, Clearwater Co.
 Use: Irrigation (1.00 CFS) from 04/01 to 10/31; Domestic (0.22 CFS) from 01/01 to 12/31
 Place of Use: SWSW SWSW Sec 20 T 37N R 01E SWSW NENE NWSW SWSW SWSW Sec 20 T 37N R 01E NENE NENE Sec 22 T 37N R 01E NENE NWNW Sec 22 T 37N R 01E for 22 Acres
 Diversion Means: Wells, Pumps and Facilities

86-7130
NEW HOPE WATER CORP.
 P.O. Box 1918, Orofino, ID 83444
 Source: Spring tributary to Clearwater River, Wheeler Spring tributary to Clearwater River
 Date Filed: 07/01/1981
 Amount: 1.00 CFS
 Diversion Point: SWSW Sec 20 T 37N R 01E Clearwater Co.
 Use: Irrigation (1.00 CFS) from 04/01 to 10/31; Domestic (0.22 CFS) from 01/01 to 12/31
 Place of Use: SWSW SWSW Sec 20 T 37N R 01E SWSW NENE NWSW SWSW SWSW Sec 20 T 37N R 01E NENE NENE Sec 22 T 37N R 01E NENE NWNW Sec 22 T 37N R 01E for 22 Acres
 Diversion Means: Spring

It is noted, the permit(s) will be subject to all prior water rights. Protests against the granting of any permit must be filed with the Director of the Idaho Department of Water Resources, 400 Gateway, Coeur d'Alene, ID 83814 on or before AUGUST 2, 1981.
 A. KENNETH DUNE
 Director

RECEIVED

AUG 3 1981

Department of Water Resources
 Northern District Office

BEFORE THE DEPARTMENT OF WATER RESOURCES
OF THE
STATE OF IDAHO

IN THE MATTER OF PERMIT NO. 86-07129	)	
	)	ORDER OF
IN THE NAME OF NEW HOPE SUBDIVISION	)	REINSTATEMENT
	)	

This matter having come before the Idaho Department of Water Resources (Department), the Department finds as follows:

FINDINGS OF FACT

1. On September 24, 1981, the Director of the Department of Water Resources issued Permit No. 86-07129 with a condition of approval that proof of construction of works and application of water to beneficial use be submitted on or before September 1, 1986.

2. On August 20, 1986, the Department of Water Resources issued an extension of time for permit no. 86-07129, extending the proof of construction of works and application of water to beneficial use to September 1, 1991.

3. On June 30, 1991, the Department sent a proof due notice to the permit holder.

4. On September 5, 1991, the Department sent a lapse notice to the permit holder.

5. On August 19, 1992, the permit holder submitted Proof of Beneficial Use to the Department.

6. Section 42-218a.2., Idaho Code, authorizes the Department to reinstate a lapsed permit, with the priority date advanced to the date that proof of beneficial use was received, upon submittal of evidence clearly establishing the extent of beneficial use prior to the proof due date and a showing of reasonable cause why the proof was submitted late.

7. The permit holder has submitted evidence to confirm that water has been put to beneficial use prior to the proof due date. Evidence includes a well log dated February 10, 1991, proving that the well was drilled prior to the proof due date. Other evidence includes water quality tests conducted by the Department of Health and Welfare, Division of Environment Quality, and copies of dated bills and customer histories from the Clearwater Power Company.

MICROFILMED

SEP 17 1992

8. The permit holder stated, in correspondence to the Department, that it was his understanding that all of the lots in the subdivision had to be using water to prove beneficial use. Since all of the lots were not complete at the time, he did not file.

CONCLUSIONS OF LAW

1. The permit holder has submitted proof of beneficial use along with supporting evidence which establishes that water was in fact beneficially used as identified on the permit.

2. The permit holder has shown sufficient cause why the proof of beneficial use was not submitted in a timely manner.

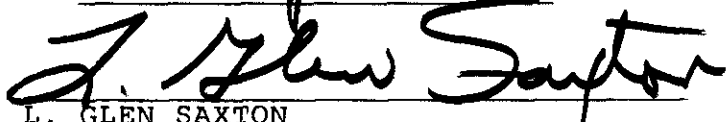
3. The permit can be reinstated with the date of priority advanced to the date proof of beneficial use was received by the Department.

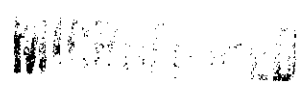
ORDER

IT IS HEREBY ORDERED that Permit No. 86-07129 is REINSTATED.

IT IS FURTHER ORDERED that the date of priority of this permit is advanced to August 19, 1992.

Dated this 25th day of August, 1992.


L. GLEN SAXTON
Chief, Water Allocation Bureau


SEP 17 1992

Form 204
4/86

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

For Office Use Only
\$15 FEE Received by af
Date 8-14-86
Receipt # 28921

REQUEST FOR EXTENSION OF TIME

To provide additional time in which to submit proof
of beneficial use for a water right permit

RECEIVED

AUG 21 1986

The Idaho Department of Water Resources will consider this form as a request that Department of Water Resources grant an additional period of time in which to complete development of a water right under the provisions of Section 42-204, Idaho Code.

Permit No. 86-7129

Name(s) of Permit Holder: New Hope Water Corporation

Post Office Address: P.O. Box 1918 Orofino Idaho 83544

Telephone No. 476-3168

Date Proof is Due: September 1, 1986

Describe what work has been completed toward the development of this water right: Wells have been
(This must be filled out! If no work has been completed, show "none".)

drilled and water piped to each lot. Pumps are in each
well & water is being used on 10 parcels.

Costing \$ 100,000 +

The permit holder(s) has been unable to complete the remainder of the work for the following reasons:

Lack of sales within the subdivision & homes not being
built on each lot to put the water to beneficial use.

Permit holder(s) request an extension to 9/1, 19 91. Harold S. Lewis
(1 yr. minimum) (Signature)

*IF OTHER THAN PERMIT HOLDER,
POWER OF ATTORNEY MUST BE SUPPLIED.

FEE: \$15.00

ACTION OF THE DEPARTMENT OF WATER RESOURCES

IT IS HEREBY ORDERED that the above request for extension of time be APPROVED and the time within which to submit proof of beneficial use is extended to September 1, 1991.

Signed this 20th day of August, 19 86.

J. Glen Saxton
Chief, Operations Bureau

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT **APPROVED**

To appropriate the public waters of the State of Idaho

1. Name of applicant New Hope Water Corporation Phone 476-3168

Post office address P. O. Box 1918 Orofino, Idaho 83544

2. Source of water supply Ground water which is a tributary of Clearwater River

3. Location of point of diversion is SW $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 29 Township 37 North

Range 1 East B.M. Clearwater County, additional points of diversion if any:

2 pts - SE $\frac{1}{4}$ SE $\frac{1}{4}$ Section 30, Township 37 North, Range 1 East BM, Clearwater County.

SE $\frac{1}{4}$ SW $\frac{1}{4}$ Section 30, Township 37 North, Range 1 East BM, Clearwater County.

4. Water will be used for the following purposes:

Amount 32 cfs for Domestic purposes from Jan. 1 to Dec. 31 (both dates inclusive)

Amount 1,000 cfs for Irrigation purposes from April 1 to Oct. 31 (both dates inclusive)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)

5. Total quantity to be appropriated:

a. 1.00 cubic feet per second and/or b. _____ acre-feet per annum.

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. Well #1 325' deep with 4AM 19-1 Berkeley Pump, Well #2 425' deep with SD12-150 Aermotor pump, Well #3 300' deep with 4AM 19-1 Berkeley Pump, Well #4 60' deep with SE50-5003 Aermotor Pump. All pumped into 4" to 6" water lines and to a 40,000 gallon concrete reservoir.

b. Height of storage dam N/A feet, active reservoir capacity _____ acre-feet; total reservoir capacity _____ acre-feet, materials used in storage dam: _____

Period of year when water will be diverted to storage _____ to _____ inclusive.

c. Proposed well diameter is 6" inches; proposed depth of well is 300' & 60' feet.

7. Time required for the completion of the works and application of the water to the proposed beneficial use is 5 years (minimum 1 year -- maximum 5 years).

8. Description of proposed uses:

a. If water is not for irrigation: See remarks section

(1) Give the place of use of water: _____ % of _____ % of Section _____ Township 37 North

Range 1 East B.M.

(2) Amount of power to be generated: None horsepower under _____ feet of head.

(3) List number of each kind of livestock to be watered _____

(4) Name of municipality to be served _____, or number of families to be supplied with domestic water 52

(5) If water is to be used for other purposes describe: _____

b. If water is for irrigation, indicate acreage in each subdivision in the tabulation below:

TWP	RANGE	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	1 E	29										7	7						14
37N	1 E	30										7	2	2	3	6			20
37N	1 E	31	5			2													7
37N	1 E	32				6	5												11

Total number of acres to be irrigated 52

c. Describe any other water rights used for the same purposes as described above.

App For Permit # 5-7-75

9. a. Who owns the property at the point of diversion Well#1: Clearwater Investments, Inc. & Co-Equities, Inc. Well#2 #3 & #4 5 G's, Inc.
- b. Who owns the land to be irrigated or place of use 5 G's Inc., Clearwater Investments, Inc., Co-Equities, Inc.
- c. If the property is owned by a person other than the applicant, describe the arrangement enabling the

applicant to make this filing Property was subdivided jointly by 5G's, Inc., Clearwater Investments, Inc., and Co-Equities, Inc. Property at points of diversion belongs to 5 G's Inc., Clearwater Investments, Inc., Co-Equities, Inc. Owners of the three above corporations are the incorporators of New Hope Water Corp.

10. Remarks Section 29: SE 1/4 SW 1/4, SW 1/4 SW 1/4, Section 30: SE 1/4, SE 1/4 SW 1/4

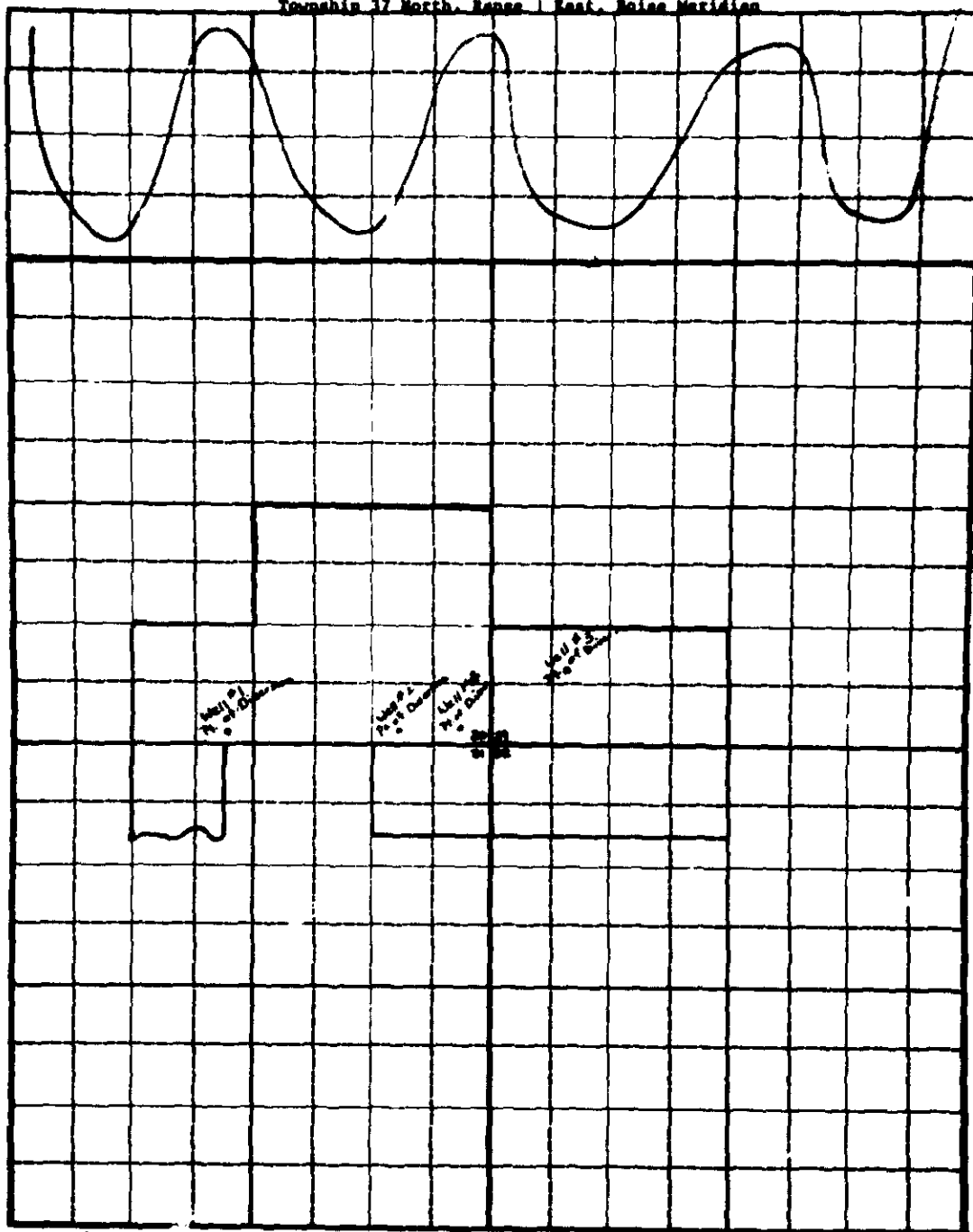
Township 37 North, Range 1 East, Boise Meridian. All in and adjacent to New Hope School Subdivision and New Hope School Subdivision First Addition of Clearwater County.

Section 31: NE 1/4 NW 1/4, NE 1/4 NE 1/4, Section 32: NW 1/4 NW 1/4, NE 1/4 NW 1/4

Township 37 North, Range 1 East, Boise Meridian. All in and adjacent to New Hope School Subdivision and New Hope School Subdivision First Addition of Clearwater County, Idaho.

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

Township 17 North, Range 1 East, Boise Meridian



Scale: 1/4 inch equals 1 mile.

BE IT KNOWN that the undersigned hereby makes application for permit to appropriate the public waters of the State of Idaho as herein set forth.

New Boise Water Corporation

David J. Brown President
(Applicant)

Proposed Priority

7/1/1981

Received by [Signature] Date 7/1/81 Time 1:00 PM

Preliminary check by T.K. Fee \$ \$5.00

Received by [Signature] Date 7/1/81 (18223)

Publication prepared by [Signature] Date 7/9/81

Published in Chambers Tribune

Publication dates 7/16-23/81

Publication approved [Signature] Date 8/6/81

Protests filed by: None

Copies of protests forwarded by _____

Hearing held by _____ Date _____

Recommended for approval denial by [Signature] [Signature]

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. 86-7129, 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 September 1, 19 86.
- 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. Other: An access port or other device as specified by the Department shall be installed by the permit holder to provide for the installation of measuring equipment and the determination of the rate of diversion by the Department.

The issuance of this permit in no way grants any right-of-way or easement across the land of another.

Witness my hand this 24th day of September, 19 81.

J. Glen Saxton
Chief, Operations Bureau

AFFIDAVIT OF PUBLICATION

STA. IDAHO }
 Court. Clearwater }

James Noble

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

That I am and at all times herein mentioned have been a citizen of the United States and of the State of Idaho, over 21 years of age, and that I am not a party to nor interested in the above entitled proceeding; that I am and at all times herein mentioned have been the Editor, Foreman, of THE CLEARWATER TRIBUNE: That said Clearwater Tribune is a newspaper of general circulation, printed and published weekly at Orofino, in the County of Clearwater and State of Idaho; that the Clearwater Tribune has been continuously and uninterruptedly published in Clearwater County, Idaho during the period of seventy-eight consecutive weeks prior to the first publication of attached copy of

That said

of which the annexed is a full, true and correct printed copy, was published in the regular and entire issue of said newspaper, and not in any supplement thereof, for full period of two consecutive issues commencing on the 10th day of July 1911, and ending on the 30th day of July 1911

Subscribed and sworn to before me this 30th day of July 1911

Notary Public in and for the State of Idaho
 Residing at Orofino therein

RECEIVED

AUG 3 1911

Department of Water Resources
 Northern District Office



WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name New Hope Water Corp.

Address Orofino, Idaho

Drilling Permit No. 86-90-N-13

Water Right Permit No. 86-07129

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>.250</u> inches	<u>8"</u> inches	<u>1</u> feet	<u>19</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☐ Yes ☒ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 19' Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing
☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☐ Welded ☐ Solvent Weld
☐ Cemented between strata
Describe access port welded plate

7. WATER LEVEL

Static water level N/A feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>Dry</u>		

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
10"	0	5	Clay mixed with Basalt Rocks		
"	5	15	Sandy Clay		
"	15	19	Gray Clay		
8"	19	49	Broken Basalt + Clay		
"	49	60	Clay, Brown		
"	60	88	Brown Shale Clay		
"	88	108	Brown Shale Harder		
"	108	122	Basalt Soft		
"	122	135	Basalt Broken		
"	135	150	" "		
"	150	193	Basalt Firm		
"	193	200	Basalt Broken		
"	200	220	Basalt Firm		
"	220	298	Basalt Soft		
"	298	310	Basalt Broken		
"	310	323	Basalt Hard		
"	323	357	Basalt Firm some Fractures		
"	357	365	Basalt Broken		
"	365	410	Soft Shale Clay		
"	410	440	Decomposed Granite		
8"	440	490	Granite Firm		

10.

Work started 2-26-91 finished _____

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
AQUA Drilling & Exploration Inc.
Firm Name _____ Firm No. 163
Address P.O. Box 225 Date 11-19-1992
CDA, Idaho
Signed by (Firm Official) Scott M. Braum
and
(Operator) Scott M. Braum

6. LOCATION OF WELL

Sketch map location must agree with written location.

N			
W	<u>X</u>	<u>29</u>	E
S			

Subdivision Name _____
Lot No. _____ Block No. _____
County Clearwater
NW SW 29
NE SE Sec. 30 T. 37 N ☒ S ☐ R. 1 E ☒ W ☐

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

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.

1. WELL OWNER

Name New Hope Water Corp.
Address Orofino, Idaho
Drilling Permit No. 86-92-N-31
Water Right Permit No. 86-07129

2. NATURE OF WORK

- ☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)

3. PROPOSED USE

- ☒ Domestic ☒ Irrigation ☐ Monitor
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☒ Other Commercial (specify type)
housing Development

4. METHOD DRILLED

- ☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____
(backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☒ Other PVC
Thickness 2.50 inches Diameter 8 inches + 1 1/2 feet 99 feet
160 PSI inches 6 inches - 16 feet 153 feet
Was casing drive shoe used? ☒ Yes ☐ No 8" shoe
Was a packer or seal used? ☒ Yes ☐ No AT 119 feet
Perforated? ☒ Yes ☐ No 6" PVC only
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation? 1/8 inches by 4 inches SAW
112 Number 126 From 152 To
perforations feet feet
perforations feet feet
perforations feet feet
Well screen installed? ☐ Yes ☒ No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____

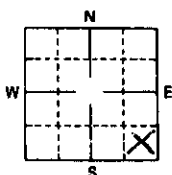
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal depth 35' Plus Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ 14 Sacks
Sealing procedure used: ☐ Slurry pit
☐ Temp. surface casing ☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded
☒ Solvent Weld ☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County Clearwater

SE 1/4 SE 1/4 Sec. 30, T. 37 N ☒ E ☒
S ☐ R. 1 W ☐

7. WATER LEVEL

Static water level 50' feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature cold °F. Quality Good
Describe artesian or temperature zones below.

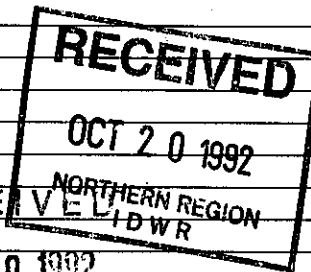
8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>Est 300 GPM's</u>		

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
10"	0	5	Broken Basalt		
"	5	10	Dark Brown Clay		
"	10	20	Light Brown Clay		
"	20	55	Broken Basalt + Clay		
"	55	75	Broken Basalt-Gravel Form	X	
			Est. AT least 25 GPM's		
			cased out		
8"	75	90	Hard Clay Shale	X	
			Brown, Green, Yellow		
			20 GPM's - Clean water		
			CASED OUT		
"	90	95	Soft Shale		
			Dark Green		
"	95	105	Slightly Hard Shale		
			Dark Blue		
"	105	111	Shale - ~~Dark~~		
			Soft Shale - Green		
"	111	119	Clay Shale - Gray		
"	119	144	Very Soft Granite		
			Est. 300 GPM's	X	
"	144	149	Soft Granite	?	
"	149	153	Med Soft Granite	?	



10.

Work started 7-21-92 finished 7-24-92

11. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name AQUA DRILLING & EXPLORATION INC. Firm No. 163
P.O. Box 225 CDA, IDAHO
Address 83814 Date 7-24-92

Signed by Drilling Supervisor Scott M. Braum
and
(Operator) Scott M. Braum
(If different than the Drilling Supervisor)

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name NEW Hope Water Corp.
Address Orofino, Idaho
Drilling Permit No. 86-90-N-12
Water Right Permit No. 16-07129

2. NATURE OF WORK

- ☐ New well ☒ Deepened ☐ Replacement
☐ Well diameter increase
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

- ☐ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

- ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION N/ACasing schedule: ☐ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

- Was casing drive shoe used? ☐ Yes ☐ No
Was a packer or seal used? ☐ Yes ☐ No
Perforated? ☐ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☐ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth N/A Material used in seal: ☐ Cement grout☐ Bentonite ☐ Puddling clay ☐ _____Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☐ Overbore to seal depthMethod of joining casing: ☐ Threaded ☐ Welded ☐ Solvent

Weld

☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

N
W X E
S

Subdivision Name _____
Lot No. _____ Block No. _____

County Clearwater

SE SE 39 SW 1/4 NW 1/4 Sec. 29, T. 37 N, R. 1 E

7. WATER LEVEL

Static water level 80' feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature cold °F. Quality Good
Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>Est 13 1/2 GPM</u>		

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
	0	425	Existing Well		
6"	425	450	Granite		
6"	450	575	Granite Med Hard		
"	575	625	Granite Fractured	X	
"	625	650	Granite Hard		
"	650	700	Granite Softer w/ Fractures		
"	700	750	Granite Hard		
"	750	775	Granite Softer		
"	775	801	Granite Hard		

NOTE: CORRECTION
OF LEGAL BY
DRILLER
TDR

RECEIVED

AUG 12 1992

Department of Water Resources

10.

Work started 1-31-91 finished 2-9-91

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.

AQUA Drilling & Exploration Inc.

Firm Name P.O. Box 225 Firm No. 163Address CDA, Idaho Date 2-10-91Signed by (Firm Official) Scott M. Braum

and

(Operator) Scott M. Braum

August 28, 1992

NEW HOPE WATER CORP.
C/O STEVE LAWS & DAVE BRAUN
PO BOX 1918
OROFINO ID 83544

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 86-07129

Dear Permit Holder:

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

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

Sincerely,

Karen L. Gustafson
Secretary/Records Manager

c: IDWR - Region

Enclosure

MICROFILMED

SEP 17 1992

OFFICE USE ONLY
Amt. of Fee \$ _____
Date _____
Receipt No. _____
Receipt by _____

RECEIVED

AUG 19 1992

Department of Water Resources

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

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

1. Permit No. 86-07129 Telephone No. (208) 476-3168
2. Name(s) of Permit Holder(s): New Hope Subdivision, c/o Steve Laws, Dave Braun
3. Mailing Address: P.O. Box 1918 Orofino, ID 83544
4. Source of Water: 2 Wells

If **GROUNDWATER**, Well Driller's Name: Aqua Drilling and Exploration Date Drilled: 2/91 deepened
7/92 new well

OPTIONAL:

Pump horsepower: _____ Pressure (psi): _____ Dynamic pumping level (ft.): _____

5. Extent of Use (as authorized by the permit):

Domestic 52 (No. of households) Stockwater none (No. and type of stock)
Irrigation none (No. of acres) Other fire protection

6. Total rate and/or volume for which proof is submitted 0.2 cfs OR _____ acre/feet

7. Refer to the approval conditions on your permit and respond accordingly:

Measuring device: Required? ☒ Yes ☐ No Installed? ☐ Yes ☐ No

OR

Flow Measurement Port: Required? ☐ Yes ☐ No Installed? ☐ Yes ☐ No

8. Fee Enclosed: \$ _____ (See License Fee Schedule on back of Instruction Sheet)

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

Steve Laws, Clearwater Realty (208) 476-3168
Name Telephone No.

P.O. Box 1918 Orofino, Idaho 83544
Address

10. 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.

8/12/92
Date

New Hope Water Corp. by Steve Laws, Sec.
Signature (and title, if on behalf of a company or organization)

SEP 17 1992

RECEIVED

AUG 19 1992

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESDate 8-19-92
Receipt No. 6025256
Receipt by sf 850⁰⁰

Department of Water Resources

PROOF OF BENEFICIAL USE

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

1. Permit No. 86-07129 Telephone No. (208) 476-3168
2. Name(s) of Permit Holder(s): New Hope Subdivision, c/o Steve Laws, Dave Braun
3. Mailing Address: P.O. Box 1918 Orofino, ID 83544
4. Source of Water: 4 wells

If GROUNDWATER, Well Driller's Name: Aqua Drilling and Exploration Date Drilled: 11/80

OPTIONAL:

Pump horsepower: _____ Pressure (psi): _____ Dynamic pumping level (ft.): _____

5. Extent of Use (as authorized by the permit):

Domestic 52 (No. of households) Stockwater none (No. and type of stock)

Irrigation none (No. of acres) Other none

6. Total rate and/or volume for which proof is submitted .17 cfs OR _____ acre/feet

7. Refer to the approval conditions on your permit and respond accordingly:

Measuring device: Required? ☒ Yes ☐ No Installed? ☐ Yes ☐ No

OR

Flow Measurement Port: Required? ☐ Yes ☐ No Installed? ☐ Yes ☐ No

8. Fee Enclosed: \$ 50 (See License Fee Schedule on back of Instruction Sheet)

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

Steve Laws, Clearwater Realty (208) 476-3168
Name Telephone No.

P.O. Box 1918 Orofino, Idaho 83544
Address

10. 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.

8/12/92
Date

New Hope Water Corp by Karl A. Laws, Sec.
Signature (and title, if on behalf of a company or organization)

MICROFILMED

SEP 17 1992

ANALYSIS SHEET
FOR
PROOF OF BENEFICIAL USE

Permit No. 86-07129

Reviewed by Klg

Date 8/20/92

GENERAL CONSIDERATIONS

TYPES OF USE

yes Name same as permit?

domestic -52

yes Address same as permit?

no Proof timely received?

Correct Uses? yes

If not, complete calculation below.

SOURCE OF WATER

 Surface water source

✓ Ground water source

yes Drilling permit required?

86-90-N-12

yes Copy in the file?

Drilling Permit No. 86-92-N-31

700/35 Amount paid for permit

yes/yes correct?

yes Well log in the file?

LICENSE EXAMINATION FEE

MEASURING DEVICE

yes Required?

yes Required?

50 Amount Submitted

yes Installed?

yes Correct?

NA Waiver requested?

PRIORITY CALCULATION

Date proof received advance to day that

Date proof due proof was received - Beyond

No. of days late 60 day simple re-statement

Priority Date advance to

New Priority Date 8/19/92

DEFICIENCIES OR ACTION ITEMS

proof acceptable

DATA ENTRY

New Address data entry done on 8/25/92

Proof Made 8/19/92

Klg

8/28/92 Klg

9/89

Drilling Permit No.

86-90-N-12

Water Right Permit No.

86-07129

Injection Permit No.

State of Idaho
Department of Water Resources

DRILLING PERMIT

RECEIVED

JUL 02 1990

NORTHERN REGION
IDWR1. Applicant NEW HOPE WATER CORP.2. Mailing Address P.O. Box 1918 Crofino, Idaho 83544

Telephone _____

☒ Well Owner () Well Operator () Other, specify _____3. Proposed well location 5 1/2 - ~~SEE~~ SE 1/4, or Gov't lot No. _____Sec. 30, Twp. 37 N, Rge. 1 E, County Clearwater

Street Address of Well Site _____

Lot, block and subdivision _____

4. Proposed use of well:

() Single family or stockwater use (less than 13,000 gallons per day)

() Irrigation (more than 1/2 acre)

() Monitoring - A well bore schematic and map is required for each well.
No. of proposed wells: _____☒ Other (describe fully) For Water System for Domestic Use
should enough water is Encountered

5. Well construction information:

A. ☒ New well () Deepen () Replace - See Condition 9.B. Proposed surface diameter 6" Maximum depth ?

C. Anticipated bottom hole temperature:

- ☒ 85°F or less (Cold water well)
 () 85°F to 212°F (Low temp. geothermal well)
 () 212°F or more (Geothermal well)

6. Construction Start Date July 1990

SEP 17 1992

7. Anticipated Well Driller AQUA DRILLING & EXPLORATION INC

NOTE: The actual well driller must be identified prior to drilling.

8. Applicant's signature Scott M. Brumbaugh Date June 30, 1990Title Agent for getting permit

(Owner, Firm Representative, Other)

This Permit is appeal Date 7/2/90

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

GENERAL CONDITIONS:

1. The well must be constructed in compliance with the applicable statutes, specific conditions of approval shown on the water right permit, injection well permit, transfer or amendment and the rules and regulations of the Department for water appropriation, injection wells and well construction standards.
2. This drilling permit is valid for two (2) months from the above approval date for the start of construction and is valid for one (1) year from the approval date for completion of the well unless an extension has been granted.
3. This permit does not constitute the approval of the District Health Department or the Idaho Department of Health and Welfare which may be required before construction of this well.
4. The well shall be constructed by a driller currently licensed in the State of Idaho who must maintain a copy of the drilling permit at the drilling site.
5. Approval of this drilling permit does not authorize trespass on the land of another party.
6. This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.
7. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
8. If a bottom hole temperature of 85°F or greater is encountered, well construction shall cease and the well driller and the well owner shall contact the Department immediately.
9. If this permit is for a replacement well, the well being replaced must be abandoned in accordance with Department Rules and Regulations.

SPECIAL CONDITIONS:

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SEP 17 1992

David D. Ladd
Signature of Authorized Department Representative

Engineering Geologist
Title

Receipt No. N3886 Received by [Signature] Fee \$10.50 Date 7/2/90

EXTENSION OF DRILLING PERMIT

Extension approved by David D. Ladd Approval Date 8/31/90

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

Drilling Permit No. 86-92-N-31
Water Right Permit No. _____
Injection Permit No. _____

VERBAL: 86-92-N-31

State of Idaho
Department of Water Resources

APPLICATION FOR DRILLING PERMIT

1. Applicant (please print) DAVE BRAUN (New Hope)

2. Mailing Address Crofino, Idaho

Telephone _____

☒ Well Owner () Well Operator () Other, specify _____

3. Proposed well location SE 1/4 1/4, or Gov't Lot No. _____

Sec. 30, Twp. 37N, Rge. 1E, County Clearwater

Street Address of Well Site _____

Lot, block and subdivision _____

4. Proposed use of well:

- ☒ Domestic: The use of water for homes, organization camps, public campgrounds, livestock and for any other purpose in connection therewith, including irrigation of up to 1/2 acre of land, if the total use is not in excess of 13,000 gpd; or any other uses, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.
Test Well To See If Any Volume
Domestic does not include water for multiple ownership subdivisions, mobile home parks, commercial or business establishments, unless the use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

() Non-Domestic: Any beneficial use not included within the definition of domestic.

() Injection

() Monitoring - A well bore schematic and map is required for each well.
No. of proposed wells: _____

5. Well construction information:

A. ☒ New well () Deepen () Replace - See Condition 9

B. Proposed Surface Diameter 8" Proposed Maximum Depth ?

C. Anticipated bottom hole temperature:

- ☒ 85°F or less (Cold water well)
() 85°F to 212°F (Low temp. geothermal well)
() 212° or more (Geothermal well)

MICROFILMED

SEP 17 1992

Construction Start Date July 14, 1992

Anticipated Well Driller Aqua Drilling & Exploration, Inc. Scott N Braun/President

NOTE: The actual well driller must be identified prior to drilling.

Applicant's signature Scott N. Braun Date July 14, 1992

Title Driller

(Owner, Firm Representative)

ELIZABETH B. MILLER, P.E.

civil/environmental engineering

p.o. box 163
ahsahka, idaho 83520
phone (208) 476-5079

August 12, 1992

Karen L. Gustafson
Idaho Department of Water Resources
1301 N. Orchard St.
Boise, Idaho 83720-9000

RECEIVED

AUG 19 1992

Department of Water Resources

Re: Permits No. 36-07129 and 36-07130

Dear Ms. Gustafson,

I am forwarding to you two completed proofs of beneficial use for New Hope Subdivision, Clearwater Co., along with evidence of the use of water for domestic purposes and a letter from the owner explaining the late filing.

The first proof of beneficial use relate to the original application and the water supply that existed until now. The second is updated to relate to new conditions, i.e. a deepened well and a new well to replace a well deemed unsuitable for potable water supply.

The new well is approximately thirty feet east of the existing well and is in an aquifer 30 feet deeper. Unlike the existing well, this one is not under the direct influence of surface water and is of greater capacity. The other well to be included in this permit had lost production and was deepened. It now produces 13 gpm and will be used as a second well as per Department of Environmental Quality Requirements.

Please reinstate permit No. 36-07129 for this new water supply, used for the same domestic purpose as the existing development. Permit No. 36-07130 is not needed for the domestic water supply of New Hope Subdivision.

The current conditions of the water supply are as follows.

- . Wells 1 and 3 abandoned
- . Well 2 deepened. It now produces 13 gpm
- . Well 4 pump removed. The well is to be retained for future household irrigation needs.
- . Well 5 is new and will replace well 4. 35 gpm well 4 pump will be used in well 5 until further development of the subdivision requires increased pump capacity.
- . Springs of Permit No. 36-07130 have not been developed for domestic use.

Elizabeth B. Miller
Yours truly,

Elizabeth B. Miller
Elizabeth Miller, P.E.

enc. 2

RECEIVED

AUG 19 1992

Department of Water Resources

WATER CONSUMPTION RATES

NEW HOPE SUBDIVISION
Clearwater County, Idaho

Total capacity at full development:	52 homes
Total population (52 homes X 3.5 persons):	182 persons
Current development (8/92):	14 homes

WATER DEMAND

Ave. day (150 gpd X 132) = 27300 gal/day	0.04 cfs
Ave day max month (1.5 X ave.) = 40950 g/d	0.06 cfs
Peak day (2.5 X ave) = 68250 g/d	0.10 cfs
Peak hour (.5 g/c/min X 132) = 90 gpm	0.20 cfs

FIRE PROTECTION: County fire services have not expanded to this area. Fire protection (1 cfs) will be incorporated into the system later.

STORAGE: 40,000 gal (5343 cu ft) in use

IRRIGATION: Law watering provided by potable water supply

STOCK WATERING: No commercial farming. Family animals such as dogs and cats, horses and goats to keep vegetation under control.

MICROFILMED

SEP 17 1992

RECEIVED

AUG 19 1992

Department of Water Resources

NEW HOPE WATER CORPORATION

P.O. Box 1918

Orofino, Idaho 83544-1918

August 14, 1992

Karen L. Gustafson
State of Idaho Department of Water Resource
1301 North Orchard Street
State House Mail
Boise, Idaho 83720-9000

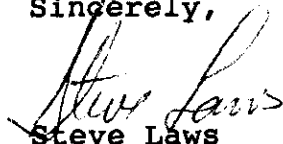
Dear Ms. Gustafson:

This letter is a request for your consideration to reinstate Permit No. 86-07129.

I did not file for proof of beneficial use because we have not sold all the lots in the subdivision. It was my understanding that all lots had to be using water to prove beneficial use; which is apparently not the case. Enclosed are copies of Power Bills and Water Samples indicating the water was put to beneficial use for the authorized permit period.

I do not wish to reinstate Permit No. 86-07130. This was for the use of two springs which will not be allowed for use by the Idaho Department of Health and Welfare, Department of Environmental Quality. Please give this request for reinstatement of Permit No. 86-07129 your full consideration. Thank you.

Sincerely,



Steve Laws
Secretary-Treasure

SL/cl

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SEP 17 1992

COPY DISTRIBUTION

White - PWS Owner
 Canary - H & W Region / District
 Pink - H & W Region / District
 Goldenrod - Laboratory

STATE OF IDAHO
 DEPARTMENT OF HEALTH & WELFARE

WATER QUALITY REPORT
 COLIFORM BACTERIA
 PUBLIC DRINKING WATER SYSTEM

See Back For Instructions

LAB NAME (Check One)

- ☐ Boise
☐ Caldwell
☐ Coeur D' Alene
☐ Idaho Falls
☒ Lewiston
☐ Pocatello
☐ Twin Falls

Name of Water System

New Hope

County

Clearwater

REPORT RESULTS TO:

Name

Steve Laws

Collected By

S Laws

Address

Box 1918

City

OneFino

State

Idaho

Zip Code

83544

Month

8

Day

31

Year

82

OFFICE USE ONLY

PWS Ident. (1-7)

Lab Ident. (8-12)

Contam. Ident.
(13-16)Trans Code
(17-18)

0 0 0 0 5
 3 0 0 0 0 5

For Sampler's Use

For Lab Use

TIME OF COLLECTION	SAMPLING LOCATION	CHECK METHOD USED										
		☐ TUBE FERMENTATION					3 0 5		☒ MEMBRANE FILTER		3 0 3	
		10 cc	10 cc	10 cc	10 cc	10 cc	No. Confirmed Tests Pos.		COLIFORMS / 100 ml.			
								Count		Office Use		
(25-28) 12:15 (1) AM ☒ P (29)	Well #4	(30-32)							(33)			(34-37)
(38-41) : M ☐ PM		(43-45)							(46)			(47-50)
(51-54) : ☐ AM ☐ PM		(56-58)							(59)			(60-63)
(55) (64-67) : ☐ AM ☐ PM		(69-71)							(72)			(73-76)
(68) (77-80) : ☐ AM ☐ PM		(82-84)							(85)			(86-89)
(81) (90-93) : ☐ AM ☐ PM		(95-97)							(98)			(99-102)
(94) : ☐ AM ☐ PM												

Type of Sample (Mark only one. Use a separate form for each type of sample) (103)

- ☐ C - Check Sample
☒ D - Reg. Distribution
☐ P - Plant Tap
☐ R - Raw
☐ S - Special

See Reverse Side For Explanations

ES

Testing Date (104-109)

Month Day Year

09 01 82

Time

2:15

☐ AM
☒ PM

Test Performed By

SN Maria E. Entz

Date Reported

9-2-82
MICROFILMED

NOTES

SEP 17 1992

COPY DISTRIBUTION

White - PWS Owner
 Canary - H & W Region / District
 Pink - H & W Region / District
 Goldenrod - Laboratory

 STATE OF IDAHO
 DEPARTMENT OF HEALTH & WELFARE

 WATER QUALITY REPORT
 COLIFORM BACTERIA

PUBLIC DRINKING WATER SYSTEM

See Back For Instructions

LAB NAME (Check One)

- ☐ Boise
☐ Caldwell
☐ Coeur D' Alene
☐ Idaho Falls
☒ Lewiston
☐ Pocatello
☐ Twin Falls

Name of Water System

New Hope

County

Clearwater

REPORT RESULTS TO:

Name

Steve Laws

Address

Box 1918

City

Orofino

State

Idaho

Zip Code

83544

Date Collected (10-24)

1/14/82

OFFICE USE ONLY

PWS Ident. (1-7)

Lab Ident. (8-12)

Contam. Ident.
(13-16)Trans Code
(17-18)00005
300005

For Sampler's Use

For Lab Use

TIME OF COLLECTION	SAMPLING LOCATION	CHECK METHOD USED										No. Confirmed Tests Pos.	COLIFORMS / 100 ml.	
		☐ TUBE FERMENTATION					☒ MEMBRANE FILTER						Count	Office Use
		10 cc	10 cc	10 cc	10 cc	10 cc	3	0	5	3	0			
(25-28)	(30-32)											(33)		(34-37)
(29)	(33-36)											(36)	<1	(37-40)
(38-41)	(43-45)											(46)		(47-50)
(42-45)	(46-48)											(49)		(51-54)
(46-49)	(56-58)											(59)		(60-63)
(50-53)	(69-71)											(72)		(73-76)
(54-57)	(82-84)											(85)		(86-89)
(58-61)	(95-97)											(98)		(99-102)
(62-65)														
(66-69)														
(70-73)														
(74-77)														
(78-81)														
(82-85)														
(86-89)														
(90-93)														
(94-97)														

Type of Sample (Mark only one. Use a separate form for each type of sample)

- ☒ C - Check Sample
☒ D - Reg. Distribution
☐ P - Plant Tap
☐ R - Raw
☐ S - Special

See Reverse Side For Explanations

Testing Date (104-109)

Month Day Year

01 15 82

Time

13:15

Test Performed By

Marvin E. Entz

Date Reported

JAN 16 1982

NOTES

NOTES

PLEASE FILL IN CIRCLED AREA
 THANK YOU SEP 17 1992

COPY DISTRIBUTION

White - PWS Owner
 Canary - H & W Region / District
 Pink - H & W Region / District
 Goldenrod - Laboratory

STATE OF IDAHO
 DEPARTMENT OF HEALTH & WELFARE

WATER QUALITY REPORT
 COLIFORM BACTERIA
 PUBLIC DRINKING WATER SYSTEM

See Back For Instructions

LAB NAME (Check One)

- ☐ Boise
☐ Caldwell
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☒ Lewiston
☐ Pocatello
☐ Twin Falls

Name of Water System

New Hope

County

Clearwater

OFFICE USE ONLY

PWS Ident. (1-7)

REPORT RESULTS TO:

Name

Steve Laws

Collected By

S. Laws

Lab Ident. (8-12)

00005

Address

Box 1918

Date Collected (19-24)

1/18/83

Contam. Ident. (13-16)

3000

Trans Code (17-18)

05

City

Orting

State

Idaho

Zip Code

83544

Month

1

Day

18

Year

83

For Sampler's Use

For Lab Use

TIME OF COLLECTION	SAMPLING LOCATION	CHECK METHOD USED										
		☐ TUBE FERMENTATION					3 0 5		☒ MEMBRANE FILTER		3 0 3	
		10 cc	10 cc	10 cc	10 cc	10 cc	No. Confirmed Tests Pos.		COLIFORMS / 100 ml.		Count	Office Use
(25-28) 2:00 () AM () PM (29) (38-41)	Well #4	(30-32)	133						(33)		<1	(34-37)
(43-45)								(46)		(47-50)		
(56-58)									(59)			(60-63)
(69-71)									(72)			(73-76)
(82-84)									(85)			(86-89)
(90-93)		(95-97)							(98)		(99-102)	

Type of Sample (Mark only one. Use a separate form for each type of sample) (103)

- ☐ C - Check Sample
☐ D - Reg. Distribution
☐ P - Plant Tap
☐ R - Raw
☐ S - Special

See Reverse Side For Explanations

Testing Date (104-109)

Month Day Year

01 19 83

Time

11:00

- ☒ AM
☐ PM

Test Performed By

070

Date Reported

1/19/83

NOTES

Send your note to Dir. of Environment.
 Hopefully they will answer it.
 Lab
 It's not up to us.

BR

SEP 17 1992

HWH 0295

COPY DISTRIBUTION

White - PWS Owner
 Canary - H & W Region / District
 Pink - H & W Region / District
 Goldenrod - Laboratory

STATE OF IDAHO
 DEPARTMENT OF HEALTH & WELFARE

WATER QUALITY REPORT
 COLIFORM BACTERIA
 PUBLIC DRINKING WATER SYSTEM

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☒ Lewiston
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☐ Twin Falls

Name of Water System

New Hope

County

Clearwater

OFFICE USE ONLY

PWS Ident. (1-7)

Name

Steve Laws

Collected By

S. Laws

Lab Ident. (8-12)

00005

Address

Box 1918

Date Collected (19-24)

1 25 84

Contam. Ident. (13-16)

3 0 0 0

Trans Code (17-18)

0 5

City

Orotimo

State

Idaho

Zip Code

83544

For Sampler's Use

For Lab Use

TIME
OF
COLLECTIONSAMPLING
LOCATION

CHECK METHOD USED

☐ TUBE
 FERMENTATION

3 0 5

☒ MEMBRANE
 FILTER

3 0 3

10 cc 10 cc 10 cc 10 cc 10 cc

No. Confirmed
Tests Pos.

COLIFORMS / 100 ml.

Count

Office Use

(25-28)

(30-32)

175

(33)

<1

(34-37)

9:10

AM PM

Well #4

(29)

(43-45)

(46)

(47-50)

AM PM

(51-54)

(56-58)

(59)

(60-63)

AM PM

(55)

(69-71)

(72)

(73-76)

AM PM

(68)

(82-84)

(85)

(86-89)

AM PM

(81)

(95-97)

(98)

(99-102)

AM PM

(94)

Type of Sample (Mark only one. Use a separate (103)
 form for each type of sample) See Reverse Side for Explanations.

- ☐ C - Check Sample—Previous Sample Contaminated
☐ D - Reg. Distribution
☐ P - Plant Tap
☐ R - Raw
☐ S - Special
☐ N - Survey Sample
 No Charge*

*Must be submitted by an environmentalist.

Testing Date (104-109)

Month Day Year

01 25 84

Time

11:00

Test Performed By

Date Reported

INVOICE TO:

11-26-84
 MICROFILMED
 SEP 17 1992

ES
 Wouldn't take bottle, said ODE mailed to
 him every Jan & June.

COPY DISTRIBUTION

White - PWS Owner
 Canary - H & W Region / District
 Pink - H & W Region / District
 Goldenrod - Laboratory

STATE OF IDAHO
 DEPARTMENT OF HEALTH & WELFARE

WATER QUALITY REPORT
 COLIFORM BACTERIA
 PUBLIC DRINKING WATER SYSTEM

See Back For Instructions

LAB NAME (Check One)

- ☐ Boise
☐ Caldwell
☐ Coeur D' Alene
☐ Idaho Falls
☒ Lewiston
☐ Pocatello
☐ Twin Falls

Name of Water System

New Hope

County

Clearwater

REPORT RESULTS TO:

Name

Steve Laws

Collected By

S. Laws

Address

Box 1918

Date Collected (19-24)

City

Orotino

State

Idaho

Zip Code

83544

Month

Day

Year

1 23 85

Lab Ident. (8-12)

0 0 0 0 5

Contam. Ident. (13-16)

3 0 0 0

Trans Code (17-18)

0 5

For Sampler's Use

For Lab Use

TIME OF COLLECTION	SAMPLING LOCATION	CHECK METHOD USED										COLIFORMS / 100 ml.	
		☐ TUBE FERMENTATION					No. Confirmed Tests Pos.	☒ MEMBRANE FILTER		Count	Office Use		
		10 cc	10 cc	10 cc	10 cc	10 cc		3	0			5	3
(25-28) 6:30 ☒ AM ☐ PM	Laws Home 186	(30-32)						(33)				(34-37)	
(38-41) : ☐ AM ☐ PM		(43-45)							(46)			(47-50)	
(51-54) : ☐ AM ☐ PM		(56-58)						(59)			(60-63)		
(64-67) : ☐ AM ☐ PM		(69-71)							(72)			(73-76)	
(77-80) : ☐ AM ☐ PM		(82-84)						(85)			(86-89)		
(90-93) : ☐ AM ☐ PM		(95-97)							(98)			(99-102)	
(94) : ☐ AM ☐ PM													

Type of Sample (Mark only one. Use a separate form for each type of sample) See Reverse Side for Explanations. (103)

- ☐ C - Check Sample—Previous Sample Contaminated
☒ D - Reg. Distribution
☐ P - Plant Tap
☐ R - Raw
☐ S - Special
☐ N - Survey Sample
 No Charge*

*Must be submitted by an environmentalist.

Testing Date (104-109)

Month Day Year

0 1 2 4 8 5

Time

11:15

INVOICE TO:

Test Performed By

M. E. E. DHW

Date Reported

Low. Lab

MICROFILMED

SEP 17 1992

COPY DISTRIBUTION

White - PWS Owner

Canary - Laboratory

Pink - H & W Region/District

Goldenrod - H & W Region/District

STATE OF IDAHO
DEPARTMENT OF HEALTH & WELFAREWATER QUALITY REPORT
COLIFORM BACTERIA
PUBLIC DRINKING WATER SYSTEM

See Back For Instructions

LAB NAME (Check One)

- ☐ Boise
☐ Caldwell
☐ Coeur D' Alene
☐ Idaho Falls
☒ Lewiston
☐ Pocatello
☐ Twin Falls

Name of Water System

New Hope

County

Clearwater

OFFICE USE ONLY

PWS Ident. (1-7)

Name

Steve Laws

Collected By

S. Laws

Lab Ident. (8-12)

00005

Address

Box 1918

Date Collected (19-24)

Month Day Year

1 0 7 8 6

Contam. Ident. (13-16)

3 0 0 0

Trans Code (17-18)

0 5

City

Orofino

State

Idaho

Zip Code

83544

For Sampler's Use

For Lab Use

TIME
OF
COLLECTIONSAMPLING
LOCATION
☐ TUBE
FERMENTATION

CHECK METHOD USED

3, 0, 5

☒ MEMBRANE
FILTER

3, 0, 3

(25-28)

8:40

☒ AM ☐ PM
(29)

Laws Home

(30-32)

25/15

(33)

<1

(34-37)

(38-41)

☐ AM ☐ PM
(42)

(43-45)

(46)

(47-50)

(51-54)

☐ AM ☐ PM
(55)

(56-58)

(59)

(60-63)

(64-67)

☐ AM ☐ PM
(68)

(69-71)

(72)

(73-76)

(77-80)

☐ AM ☐ PM
(81)

(82-84)

(85)

(86-89)

(90-93)

☐ AM ☐ PM
(94)

(95-97)

(98)

(99-102)

Type of Sample (Mark only one. Use a separate form for each type of sample) See Reverse Side for Explanations.

- ☐ C - Check Sample—Previous Sample Contaminated
☐ D - Reg. Distribution
☐ P - Plant Tap
☐ R - Raw
☐ S - Special
☐ N - Survey Sample
☐ No Charge*

*Must be submitted by an environmentalist.

Testing Date (104-109)

Month Day Year

1 0 0 8 8 6

Time

11:30

Test Performed By

Date Reported

SN

Date Reported

Date Reported

Date Reported

Date Reported

Date Reported

Date Reported

Date Reported

Date Reported

Date Reported

Date Reported

Date Reported

Date Reported

INVOICE TO:

BR

SEP 17 1992

COPY DISTRIBUTION

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Pink - H & W Region/District

Goldenrod - H & W Region/District

STATE OF IDAHO
DEPARTMENT OF HEALTH & WELFAREWATER QUALITY REPORT
COLIFORM BACTERIA
PUBLIC DRINKING WATER SYSTEM

See Back For Instructions

LAB NAME (Check One)

- NC*
- ☐ Boise
☐ Coeur D' Alene
☒ Idaho Falls
☐ Lewiston
☐ Pocatello
☐ Twin Falls

Name of Water System

County

OFFICE USE ONLY

REPORT RESULTS TO:

PWS Ident. (1-7)

Name

Collected By

Lab Ident. (8-12)

Address

Date Collected (19-24)

Contam. Ident.
(13-16)Trans Code
(17-18)

City

State

Zip Code

Month

Day

Year

3, 0, 0, 0

0, 5

For Sampler's Use

For Lab Use

TIME OF COLLECTION	SAMPLING LOCATION	CHECK METHOD USED									
		☐ TUBE FERMENTATION					No. Confirmed Tests Pos.	☒ MEMBRANE FILTER			
		10 cc	10 cc	10 cc	10 cc	10 cc		Count	Office Use		
(25-28) 7:30 ☒ AM ☐ PM (29)	Lot 13	(30-32)	457					(33)	<1	(34-37)	
(38-41)		(43-45)						(46)		(47-50)	
(54)		(56-58)						(59)		(60-63)	
(64-67)		(69-71)						(72)		(73-76)	
(77-80)		(82-84)						(85)		(86-89)	
(90-93)	(95-97)						(98)		(99-102)		

Type of Sample (Mark only one. Use a separate form for each type of sample) See Reverse Side for Explanations.

- ☐ C - Check Sample—Previous Sample Contaminated
☐ D - Reg. Distribution
☐ P - Plant Tap
☐ R - Raw
☐ S - Special
☐ N - Survey Sample
☐ No Charge*

*Must be submitted by an environmentalist.

NOTES

BR

Testing Date (104-109)

Month Day Year

03 04 87

Time

1:03

☒ AM☐ PM

Test Performed By

SN

Date Reported

MAR 05 1987

INVOICE TO:

MICROFILMED
SEP 17 1992

COPY DISTRIBUTION

White - PWS Owner

Canary - Laboratory

Pink - H & W Region/District

Goldenrod - H & W Region/District

STATE OF IDAHO
DEPARTMENT OF HEALTH & WELFAREWATER QUALITY REPORT
COLIFORM BACTERIA
PUBLIC DRINKING WATER SYSTEM

See Back For Instructions

LAB NUMBER (Check One)

- ☐ Boise
☐ Coeur D' Alene
☐ Idaho Falls
☒ Lewiston
☐ Pocatello
☐ Twin Falls

Name of Water System

New Hope

County

Clearwater

OFFICE USE ONLY

PWS Ident. (1-7)

REPORT RESULTS TO:

Name

Steve Laws

Collected By

SLaws

Lab Ident. (8-12)

0.0.0.0.5

Address

Box 1918

Date Collected (19-24)

Month Day Year
2 1 88Contam. Ident.
(13-16)

3 0 0 0

Trans Code
(17-18)

0 5

City

Orofino

State

Idaho

Zip Code

83544

For Sampler's Use

For Lab Use

TIME OF COLLECTION	SAMPLING LOCATION	CHECK METHOD USED										COLIFORMS / 100 ml.	
		☐ TUBE FERMENTATION					No. Confirmed Tests Pos.	☒ MEMBRANE FILTER		Count	Office Use		
		10 cc	10 cc	10 cc	10 cc	10 cc		3	0			5	3
(25-28) 7:30 ☒ AM ☐ PM	Laws Home	(30-32)	252						(33)			(34-37)	
(38-41) : ☐ AM ☐ PM		(43-45)							(46)			(47-50)	
(51-54) : ☐ AM ☐ PM		(56-58)							(59)			(60-63)	
(64-67) : ☐ AM ☐ PM		(69-71)							(72)			(73-76)	
(77-80) : ☐ AM ☐ PM		(82-84)							(85)			(86-89)	
(90-93) : ☐ AM ☐ PM		(95-97)							(98)			(99-102)	

Type of Sample (Mark only one. Use a separate form for each type of sample) See Reverse Side for Explanations.

- ☐ C - Check Sample—Previous Sample Contaminated
☐ D - Reg. Distribution
☐ P - Plant Tap
☐ R - Raw
☐ S - Special
☐ N - Survey Sample
☐ No Charge*

*Must be submitted by an environmentalist.

Testing Date (104-109)

Month Day Year
0 2 0 2 88Time
09:10 ☒ AM ☐ PM

Test Performed By

Date Reported

DHW FEB - 3 1988
Low. Lab

INVOICE TO:

Paid Invoice # 1118
Jan - # 110
Feb # 252MICROFILMED
5.50 - 10 samples
8.50 - (3)
9.50 - (1)
= 9.50 - 1
1100 5 Samples

COPY DISTRIBUTION

White - PWS Owner

Canary - Laboratory

Pink - H & W Region/District

Goldenrod - H & W Region/District

STATE OF IDAHO
DEPARTMENT OF HEALTH & WELFAREWATER QUALITY REPORT
COLIFORM BACTERIA

PUBLIC DRINKING WATER SYSTEM

See Back For Instructions

LAB NAME (Check One)

- ☐ Boise
☐ Coeur D' Alene
☐ Idaho Falls
☒ Lewiston
☐ Pocatello
☐ Twin Falls

Name of Water System

New Hope

County

Clearwater

OFFICE USE ONLY

PWS Ident. (1-7)

Name

Steve Laws

Collected By

S Laws

Lab Ident. (8-12)

000,05

Address

Box 1918

Date Collected (19-24)

Month Day Year

City

Orotino

State

Idaho

Zip Code

83544

Contam. Ident. (13-16)

3, 0, 0, 0

Trans Code (17-18)

0, 5

For Sampler's Use

For Lab Use

TIME
OF
COLLECTIONSAMPLING
LOCATION

CHECK METHOD USED

☐ TUBE
FERMENTATION

3, 0, 5

☒ MEMBRANE
FILTER

3, 0, 3

10 cc 10 cc 10 cc 10 cc 10 cc

No. Confirmed
Tests Pos.

COLIFORMS / 100 ml.

Count

Office Use

(25-28)

(30-32)

403

(33)

<1

(34-37)

8:00

☒ AM ☐ PM

Laws Home

(38-41)

(43-45)

(46)

(47-50)

:

☐ AM ☐ PM

(51-54)

(56-58)

(59)

(60-63)

:

☐ AM ☐ PM

(64-67)

(69-71)

(72)

(73-76)

:

☐ AM ☐ PM

(77-80)

(82-84)

(85)

(86-89)

:

☐ AM ☐ PM

(90-93)

(95-97)

(98)

(99-102)

:

☐ AM ☐ PM

(94)

Type of Sample (Mark only one. Use a separate (103)
form for each type of sample) See Reverse Side for Explanations.

- ☐ C - Check Sample—Previous Sample Contaminated
☐ D - Reg. Distribution
☐ P - Plant Tap
☐ R - Raw
☐ S - Special
☐ N - Survey Sample
☐ No Charge*

*Must be submitted by an environmentalist.

BILLING INFORMATION:

- ☒ Prepaid 3 samples left
☐ Payment received with sample
☐ Bill
☐ No Charge

Testing Date (104-109)

Month Day Year

Time

11

Test Performed By

SN

Date Reported

NOTES:

MICROFILMED

SEP 17 1992

APR 12 1989

COPY DISTRIBUTION

White - PWS Owner

Canary - Laboratory

Pink - H & W Region/District

Goldenrod - H & W Region/District

STATE OF IDAHO
DEPARTMENT OF HEALTH & WELFAREWATER QUALITY REPORT
COLIFORM BACTERIA
PUBLIC DRINKING WATER SYSTEM

See Back For Instructions

LAB NAME (Check One)

- ☐ Boise
☐ Coeur D' Alene
☐ Idaho Falls
☒ Lewiston
☐ Pocatello
☐ Twin Falls

Name of Water System

New Hope

County

Clearwater

REPORT RESULTS TO:

Name

Steve Laws

Collected By

S Laws

Address

Box 1918

Date Collected (19-24)

City

Oratio

State

Idaho

Zip Code

83544

Month

11

Day

14

Year

90

OFFICE USE ONLY

PWS Ident. (1-7)

Lab Ident. (8-12)

00005

Contam. Ident.
(13-16)

3000

Trans Code
(17-18)

05

For Sampler's Use

For Lab Use

TIME OF COLLECTION	SAMPLING LOCATION	CHECK METHOD USED										COLIFORMS / 100 ml.	
		☐ TUBE FERMENTATION					No. Confirmed Tests Pos.	☒ MEMBRANE FILTER		Count	Office Use		
		10 cc	10 cc	10 cc	10 cc	10 cc		3	0			5	3
(25-28) 8:50 ☒ AM ☐ PM (29)	Beck Lot 3277	(30-32)						1/1	(33)	1	(34-37)		
(38-41) : ☐ AM ☐ PM (51-54)		(43-45)											(46)
(55) (64-67) : ☐ AM ☐ PM (68)		(56-58)							(59)		(60-63)		
(77-80) : ☐ AM ☐ PM (81)		(69-71)											(72)
(90-93) : ☐ AM ☐ PM (94)		(82-84)							(85)		(86-89)		
		(95-97)											(98)

Type of Sample (Mark only one. Use a separate (103)
form for each type of sample) See Reverse Side for Explanations.

- ☐ C - Check Sample--Previous Sample Contaminated
☒ D - Reg. Distribution
☐ P - Plant Tap
☐ R - Raw
☐ S - Special
☐ N - Survey Sample
 No Charge*

*Must be submitted by an environmentalist.

Testing Date (104-109)

Month Day Year

11 15 90

Time

11:45

- ☒ AM
☐ PM

Test Performed By

Date Reported

NOV 17 1990

BILLING INFORMATION:

- ☐ Prepaid _____ samples left
☐ Payment received with sample
☒ Bill
☐ No Charge

NOTES:

MICROFILMED
SEP 17 1992

COPY DISTRIBUTION

White - PWS Owner

Canary - Laboratory

Pink - H & W Region/District

Goldenrod - H & W Region/District

STATE OF IDAHO
DEPARTMENT OF HEALTH & WELFAREWATER QUALITY REPORT
COLIFORM BACTERIA

PUBLIC DRINKING WATER SYSTEM

See Back For Instructions

LAB NAME (Check One)

- ☐ Boise
☐ Coeur D' Alene
☐ Idaho Falls
☒ Lewiston
☐ Pocatello
☐ Twin Falls

Name of Water System

New Hope

County

Clearwater

OFFICE USE ONLY

PWS Ident. (1-7)

Name

Steve Laws

Collected By

S. Laws

Lab Ident. (8-12)

0,0,0,0,5

Address

Box 1918

Date Collected (19-24)

Month 3 Day 4 Year 91

Contam. Ident. (13-16)

3,0,0,0

Trans Code (17-18)

0,5

City

Oronogo

State

Idaho

Zip Code

83544

For Sampler's Use

For Lab Use

TIME OF COLLECTION	SAMPLING LOCATION	CHECK METHOD USED										COLIFORMS / 100 ml.	
		☐ TUBE FERMENTATION					No. Confirmed Tests Pos.	☒ MEMBRANE FILTER		Count	Office Use		
		10 cc	10 cc	10 cc	10 cc	10 cc		3	0			5	3
(25-28) 1:30 ☐ AM ☒ PM	Bartholomew Home	(30-32)	5	4	7						(33)	A	(34-37)
(38-41) : : ☐ AM ☐ PM		(43-45)									(46)		(47-50)
(51-54) : : ☐ AM ☐ PM		(56-58)									(59)		(60-63)
(64-67) : : ☐ AM ☐ PM		(69-71)									(72)		(73-76)
(77-80) : : ☐ AM ☐ PM		(82-84)									(85)		(86-89)
(90-93) : : ☐ AM ☐ PM		(95-97)									(98)		(99-102)
(94) : : ☐ AM ☐ PM													

Type of Sample (Mark only one. Use a separate form for each type of sample) See Reverse Side for Explanations.

- ☐ C - Check Sample—Previous
☐ D - Reg. Distribution
☐ P - Plant Tap
☐ R - Raw
☐ S - Special
☐ N - Survey Sample
☐ No Charge*

*Must be submitted by an environmentalist.

Testing Date (104-109)

Month 03 Day 05 Year 91

Time

10:15 ☒ AM ☐ PM

Test Performed By

SN

Date Reported

7-10-91

DHW MAR - 6 1991

LAW. LEE

NOTES:

SEP 17 1992

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE
COLIFORM BACTERIA ANALYSIS REPORT
CONTAMINANT ID# 3000

Water System Name New Hope	PWS ID No. 2180023
Collector S. J. [unclear]	County Blaine
Date Collected 5/1/88	Report Made To Clarifier
Name Steve Lewis	
Address Box 1918	
City Blaine	Zip Code 83546

☐ Public Drinking Water System
☒ Private Drinking Water

Shaded areas only must be fully filled out by the person requesting the test. Private samples need not have pws# or Chlorine residual. Samples will not be run, otherwise. Clear areas are for lab use only. For information on sample collection and interpretation, see the back of this form.

Laboratory Name: (Check one)
☐ Boise ☐ Pocatello
☐ Coeur d'Alene ☐ Twin Falls
☐ Idaho Falls ☐ Private Lab.
☒ Lewiston (Enter name in field below.)
Lab Name
Lab ID No. **20005**

Sample Type	Time Collected	Chlorine Residual PPM	TOTAL COLIFORMS		FECAL COLIFORMS		ESCHERICHIA COLI.		HPC
			Method Code	(P) res (A) bsent	Method Code	(P) res (A) bsent	Method Code	(P) res (A) bsent	
53	8:30am	1.01	MF	P A		P A		P A	
				P A		P A		P A	
				P A		P A		P A	
				P A		P A		P A	
				P A		P A		P A	
				P A		P A		P A	
				P A		P A		P A	

REMARKS

ANALYST **SN** DATE ANALYZED **3-24-92**
SUPERVISOR **SN** DATE REVIEWED **MAR 25 1992**

TOTAL COLIFORM
Method Codes
MF WMF
MTF WMTF
ONPG WPMO

E. COLI
Method Codes
NA-MUG WNAM
EC-MUG WECM
MUG WMMO

FECAL COLIFORM
Method Codes
EC Broth WEC

Sample Type Codes
S - Routine Sample
P - Repeat Sample (At original tap)
U - Upstream Repeat
D - Downstream Repeat
O - Other Repeat
W - Untreated (source)
V - Invalidated by lab.

707

CLEARWATER POWER COMPANY

P.O. BOX 997 • PH (208) 743-1501 • LEWISTON, IDAHO 83501

RETAIN FOR
YOUR RECORDS

PREVIOUS	PRESENT	MULT.	KWH USED
5924	6050	1	126

CUST- 4343
11/24/82

ACCOUNT # 227-153

SCH 2-4

SMALL COMMERCIAL	14.14
*** TOTAL DUE ***	14.14

pd 12/14/82

METER # - 3713

MICROFILMED

SEP 17 1992

CLEARWATER POWER COMPANY

P.O. BOX 997 • PH (208) 743-1501 • LEWISTON, IDAHO 83501

RETAIN FOR
YOUR RECORDS

PREVIOUS	PRESENT	MULT.	KWH USED
9843	EST	1	633

CUST- 4343
11/23/83

ACCOUNT # 227-153

SCH 2-4

SMALL COMMERCIAL	27.37
*** PREVIOUS BALANCE ***	~~37.54~~
GROSS RATE FEE	79.45
	3.09
*** TOTAL DUE ***	~~120.08~~
	103.91
* * * ESTIMATED * * *	

PD 12/8/83

METER # - 3713

MICROFILMED

SEP 17 1992

CLEARWATER POWER COMPANY

P.O. BOX 997 • PH (208) 743-1501 • LEWISTON, IDAHO 83501

RETAIN FOR
YOUR RECORDS

PREVIOUS	PRESENT	MULT.	KWH USED
182	303	10	1210

CUST- 4343
9/24/84

ACCOUNT # 227-153

SCH 2-4

SMALL COMMERCIAL

63.10

*** TOTAL DUE ***

63.10

*pd
10/11/84*

METER # - 20261

MICROFILMED

SEP 17 1992

CLEARWATER POWER COMPANY

P.O. BOX 997 • PH (208) 743-1501 • LEWISTON, IDAHO 83501

PREVIOUS	PRESENT	MULT.	KWH USED
1023	1080	10	570

ACCOUNT # 227-153

RETAIN FOR
YOUR RECORDSCUST- 4343
11/25/85

SCH 2-4

SMALL COMMERCIAL	38.73
*** TOTAL DUE ***	38.73

12/2/85

METER # - 20261

MICROFILMED

SEP 17 1992

CLEARWATER POWER COMPANY

P.O. BOX 997 • PH (208) 743-1501 • LEWISTON, IDAHO 83501

PREVIOUS	PRESENT	MULT.	KWH USED
2451	2513	10	620

ACCOUNT # 227-153

RETAIN FOR
YOUR RECORDSCUST- 4343
12/24/86

SCH 2-4

SMALL COMMERCIAL	41.25
*** TOTAL DUE ***	41.25

12/31/86

METER # - 20261

MICROFILMED

SEP 17 1992

CLEARWATER POWER COMPANY

P.O. BOX 997 • PH (208) 743-1501 • LEWISTON, IDAHO 83501

RETAIN FOR
YOUR RECORDS

PREVIOUS	PRESENT	MULT.	KWH USED
3137	3184	10	470

4343

11/23/87

ACCOUNT NO. 227-153

SCH 2-4

SMALL COMMERCIAL	37.09
*** TOTAL DUE ***	37.09

12/2/87

METER # - 20261

MICROFILMED

SEP 17 1992

CLEARWATER POWER COMPANY

P.O. BOX 997 • PH (208) 743-1501 • LEWISTON, IDAHO 83501

RETAIN FOR
YOUR RECORDS

PREVIOUS	PRESENT	MULT	KWH USED
3830	3880	10	500

4343
11/23/88

ACCOUNT NO. 227-153

SCH 2-4

SMALL COMMERCIAL	38.75
*** TOTAL DUE ***	38.75

Handwritten: 12/2/88

WELL

METER # - 20261

MICROFILMED

SEP 17 1992

CLEARWATER POWER COMPANY

P.O. BOX 997 • PH (208) 743-1501 • LEWISTON, IDAHO 83501

RETAIN FOR
YOUR RECORDS

PREVIOUS	PRESENT	MULT.	KWH USED
4471	4570	10	990

4343
11/27/89

ACCOUNT NO. 227-153

SCH 2-4

SMALL COMMERCIAL

71.30

*** TOTAL DUE ***

71.30

pd 12/4/89

WELL

METER # - 20261

MICROFILMED

SEP 17 1992

CLEARWATER POWER COMPANY

P.O. BOX 997 • PH (208) 743-1501 • LEWISTON, IDAHO 83501

RETURN FOR
YOUR RECORDS

PREVIOUS	PRESENT	MULT.	KWH USED
5337	5422	10	850

4343
11/26/90

ACCOUNT NO. 227-153

SCH 2-4

SMALL COMMERCIAL	62.92
*** TOTAL DJE ***	62.92
<i>Pd 11/26/90</i>	

WELL

METER # - 20251

MICROFILMED

SEP 17 1992

CERTIFICATE OF MEMBERSHIP

in



This Certifies that

NEW HOPE WATER CORPORATION

is a Member of

CLEARWATER POWER COMPANY

This certificate and the membership evidenced hereby are transferable only upon and subject to the provisions of the By-Laws of the Corporation. The Corporation reserves and shall have the exclusive right and option to purchase such membership, provided, however, that if the Corporation shall not have exercised its option as provided in the By-Laws, such membership shall not be transferred or sold to any person, partnership or corporation unless such person, partnership or corporation is eligible to membership and becomes a member of the corporation pursuant to the provisions of the Articles of Incorporation. Upon termination of the membership of the holder hereof as provided in the By-Laws, this certificate shall thereupon be surrendered to the Corporation. Each member of the Corporation shall be entitled to one vote and no more at all meetings of the members of the Corporation.

This certificate and the membership evidenced hereby are subject to all the terms, conditions and limitations of the Articles of Incorporation and By-Laws of the Corporation and all amendments thereto and to the application of the holder hereof for membership in the Corporation.

IN WITNESS WHEREOF, the Corporation has caused this certificate to be signed by its President and Secretary and its corporation seal to be hereto affixed

this 18TH day of FEBRUARY 19 81

Secretary

Walter C. Allen

President

R. L. Lamm

MICROFILMED

SEP 17 1992

 **
 ** PRINT KEY FROM-W6 BY USER-JANICE 08/10/92 16.50.24
 **

C U S T O M E R H I S T O R Y

CUST # 4343

DETAIL DATE

NAME NEW HOPE WATER CORP.

DATE	TYPE	ELEC USE	READING	AMOUNT	BALANCE
12/31/88	BAL			24.88	24.88
1/05/89	PAY			24.88-	
1/26/89	CHG	410	3946	33.76	33.76
2/07/89	PAY			33.76-	
2/24/89	CHG	390	3985	32.65	32.65
3/06/89	PAY			32.65-	
3/27/89	CHG	470	4032	37.09	37.09
4/03/89	PAY			37.09-	
4/25/89	CHG	230	4055	23.77	23.77
5/03/89	PAY			23.77-	
5/25/89	CHG	400	4095	33.20	33.20
6/07/89	PAY			33.20-	
6/26/89	CHG	380	4133	32.09	32.09
7/06/89	PAY			32.09-	
7/25/89	CHG	290	4162	27.10	27.10

----- A G I N G -----
 1 - 30 31 - 60 61 - 90 OVER 90

RECEIVED

SEP 17 1992

 **
 ** PRINT KEY FROM-W6 BY USER-JANICE 08/10/92 16.50.26
 **

C U S T O M E R H I S T O R Y

CUST # 4343

DETAIL DATE

NAME NEW HOPE WATER CORP.

DATE	TYPE	ELEC USE	READING	AMOUNT	BALANCE
8/07/89	PAY			27.10-	
8/25/89	CHG	940	4256	63.17	63.17
9/07/89	PAY			63.17-	
9/26/89	CHG	1060	4362	69.83	69.83
10/03/89	PAY			69.83-	
10/25/89	CHG	1090	4471	77.29	77.29
11/02/89	PAY			77.29-	
11/27/89	CHG	990	4570	71.30	71.30
12/05/89	PAY			71.30-	
12/26/89	CHG	940	4664	68.31	68.31
1/04/90	PAY			68.31-	
1/26/90	CHG	320	4696	31.17	31.17
2/02/90	PAY			31.17-	
2/23/90	CHG	360	4732	33.56	33.56
3/05/90	PAY			33.56-	

----- A G I N G -----
 1 ~ 30 31 - 60 61 - 90 OVER 90

MICROFILMED

SEP 17 1992

 **
 ** PRINT KEY FROM-W6 BY USER-JANICE 08/10/92 16.50.29
 **

C U S T O M E R H I S T O R Y

CUST # 4343

DETAIL DATE

NAME NEW HOPE WATER CORP.

DATE	TYPE	ELEC	USE	READING	AMOUNT	BALANCE
3/27/90	CHG		390	4771	35.36	35.36
4/03/90	PAY				35.36-	
4/25/90	CHG		340	4805	32.37	32.37
5/08/90	PAY				32.37-	
5/25/90	CHG		770	4882	58.12	58.12
6/05/90	PAY				58.12-	
6/26/90	CHG		810	4963	60.52	60.52
7/16/90	PAY				60.52-	
7/25/90	CHG		570	5020	46.14	46.14
8/03/90	PAY				46.14-	
8/27/90	CHG		980	5118	70.70	70.70
9/05/90	PAY				70.70-	
9/25/90	CHG		1000	5218	71.90	71.90
10/05/90	PAY				71.90-	
10/26/90	CHG		1190	5337	83.28	83.28

----- A G I N G -----
 1 - 30 31 - 60 61 - 90 OVER 90

MICROFILMED
 SEP 17 1992

 **
 ** PRINT KEY FROM-W6 BY USER-JANICE 08/10/92 16.50.32
 **

C U S T O M E R H I S T O R Y

CUST # 4343
 DETAIL DATE

NAME NEW HOPE WATER CORP.

DATE	TYPE	ELEC USE	READING	AMOUNT	BALANCE
11/07/90	PAY			83.28-	
11/26/90	CHG	850	5422	62.92	62.92
12/05/90	PAY			62.92-	
12/26/90	CHG	420	5464	37.16	37.16
1/04/91	PAY			37.16-	
1/28/91	CHG	530	5517	43.75	43.75
2/05/91	PAY			43.75-	
2/25/91	CHG	430	5560	37.76	37.76
3/05/91	PAY			37.76-	
3/26/91	CHG	140	5574	20.39	20.39
4/10/91	PAY			20.39-	
4/25/91	CHG	280	5602	28.77	28.77
5/02/91	PAY			28.77-	
5/28/91	CHG	80	5610	16.79	16.79
6/04/91	PAY			16.79-	

----- A G I N G -----
 1 - 30 31 - 60 61 - 90 OVER 90

MICROFILMED

SEP 17 1992

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

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.

1. WELL OWNER Name <u>New Hope Water Corp.</u> Address <u>Orofino, Idaho</u> Drilling Permit No. <u>86-92-N-31</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>50'</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature <u>cold</u> °F. Quality <u>Good</u> Describe artesian or temperature zones below.																																																																																																																																														
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Modification ☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)	8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ <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>Est 300 GPM's</u></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>Est 300 GPM's</u>																																																																																																																																										
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3. PROPOSED USE ☐ Domestic ☐ Irrigation ☐ Monitor ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <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>10"</td> <td>0</td> <td>5</td> <td>Broken Basalt</td> <td></td> <td></td> </tr> <tr> <td>"</td> <td>5</td> <td>10</td> <td>Dark Brown Clay</td> <td></td> <td></td> </tr> <tr> <td>"</td> <td>10</td> <td>20</td> <td>Light Brown Clay</td> <td></td> <td></td> </tr> <tr> <td>"</td> <td>20</td> <td>55</td> <td>Broken Basalt + Clay</td> <td></td> <td></td> </tr> <tr> <td>"</td> <td>55</td> <td>75</td> <td>Broken Basalt-Gravel Form</td> <td>X</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Est. AT Least 25 GPM's</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>cased out</td> <td></td> <td></td> </tr> <tr> <td>8"</td> <td>75</td> <td>90</td> <td>Hard Clay Shale</td> <td>X</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Brown, Green, Yellow</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>20 GPM's - clean water</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>CASED OUT</td> <td></td> <td></td> </tr> <tr> <td>"</td> <td>90</td> <td>95</td> <td>Soft Shale</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Dark Green</td> <td></td> <td></td> </tr> <tr> <td>"</td> <td>95</td> <td>105</td> <td>Slightly Hard Shale</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Dark Blue</td> <td></td> <td></td> </tr> <tr> <td>"</td> <td>105</td> <td>111</td> <td>Shale - ~~dark~~</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Soft Shale - Green</td> <td></td> <td></td> </tr> <tr> <td>"</td> <td>111</td> <td>119</td> <td>Clay Shale - Gray</td> <td></td> <td></td> </tr> <tr> <td>"</td> <td>119</td> <td>144</td> <td>Very Soft Granite</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Est. 300 GPM's</td> <td>X</td> <td></td> </tr> <tr> <td>"</td> <td>144</td> <td>149</td> <td>Soft Granite</td> <td></td> <td></td> </tr> <tr> <td>"</td> <td>149</td> <td>153</td> <td>Med soft Granite</td> <td></td> <td></td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	10"	0	5	Broken Basalt			"	5	10	Dark Brown Clay			"	10	20	Light Brown Clay			"	20	55	Broken Basalt + Clay			"	55	75	Broken Basalt-Gravel Form	X					Est. AT Least 25 GPM's						cased out			8"	75	90	Hard Clay Shale	X					Brown, Green, Yellow						20 GPM's - clean water						CASED OUT			"	90	95	Soft Shale						Dark Green			"	95	105	Slightly Hard Shale						Dark Blue			"	105	111	Shale - ~~dark~~						Soft Shale - Green			"	111	119	Clay Shale - Gray			"	119	144	Very Soft Granite						Est. 300 GPM's	X		"	144	149	Soft Granite			"	149	153	Med soft Granite		
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary ☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)	10. Work started <u>7-21-92</u> finished <u>7-24-92</u>																																																																																																																																														
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☒ Other <u>PVC</u> Thickness <u>250</u> inches Diameter <u>8"</u> inches + <u>1 1/2</u> feet From <u>99</u> feet To _____ feet <u>160 PSI</u> inches <u>6"</u> inches - <u>16</u> feet <u>153</u> feet Was casing drive shoe used? ☒ Yes → ☐ No <u>8" shoe</u> Was a packer or seal used? ☒ Yes → ☐ No <u>AT 119 feet</u> Perforated? ☒ Yes → ☐ No <u>6" PVC only</u> How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation? <u>1/8"</u> inches by <u>4"</u> inches <u>SAW</u> <u>112</u> perforations <u>126</u> feet <u>152</u> feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer _____ Type _____ Top Packer or Headpipe _____ Bottom of Tailpipe _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>35' plus</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding clay ☐ <u>14 Sacks</u> Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☒ Solvent Weld ☐ Cemented between strata Describe access port _____	11. DRILLER'S CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>AQUA DRILLING & EXPLORATION INC.</u> Firm No. <u>163</u> P.O. Box 225 CDA, IDAHO Address <u>83814</u> Date <u>7-24-92</u> Signed by Drilling Supervisor <u>Scott M. Braun</u> and <u>Scott M. Braun</u> (Operator) <u>Scott M. Braun</u> (If different than the Drilling Supervisor)																																																																																																																																														
6. LOCATION OF WELL Sketch map location must agree with written _____ Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Clearwater</u> <u>SE 1/4 SE 1/4 Sec. 30, T. 37 N. 1 E. 1</u>																																																																																																																																															

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.

[illegible]

I certify that file No. 86-7129

has been reviewed and is ready to be **MICROFILMED**
and **DESTROYED**.

Sam Skaggs
Signature

11-25-91
Date

The attached proof report is the water right as it appeared in the database
prior to the final status and deletion from the database.

UNDERSHIP
(00-26)

IDaho DEPARTMENT OF WATER RESOURCES
WATER RIGHT PROOF READING REPORT

11/29/91 15:16:18
Page 1

Water Right Number - 86-07129

Prefix Translation: WATER RIGHT

Old ID Number -

----- Last Name ----- + First Name ----- + Address ----- +

*** C - CURRENT OWNER ***
NEW HOPE WATER CORP.

1 - P.O. BOX 1918
2 -
3 -
City- DROFNO State- ID Zip- 83544
Phone -

----- Priority Date ----- +----- Region ----- +----- Stage ----- +----- Status ----- +
07/01/1981 18 NORTHERN P - PERMIT

----- Source ----- +----- Tributary ----- +
GROUNDWATER

----- Point of Diversion ----- +
Turn Rng Sec Tract Lot Rfig County Stream Index (Blank if no Index Code)

37N 01E 29 SW SW (35) CLEARWATER
37N 01E 30 SE SW (35) CLEARWATER
37N 01E 30 SE SE (35) CLEARWATER

----- Water Use ----- +
Code Description Period From Period To Diversion Rate Diversion Volume
01 - IRRIGATION 04/01 10/31 1.000
43 - DOMESTIC 01/01 12/31 0.320

----- Total Div. Rate ----- +----- Total Div. Volume ----- +----- Total Div. Capacity ----- +
1.000

----- Place of Use ----- +
Turn Rng Sec Tract Lot Acres Code Description County

37N 01E 29 SW SW 7.0 01 IRRIGATION (35) CLEARWATER
37N 01E 29 SE SW 7.0 01 IRRIGATION (35) CLEARWATER
37N 01E 30 SE SW 7.0 01 IRRIGATION (35) CLEARWATER
37N 01E 30 NE SE 2.0 01 IRRIGATION (35) CLEARWATER
37N 01E 30 NW SE 2.0 01 IRRIGATION (35) CLEARWATER
37N 01E 30 SW SE 3.0 01 IRRIGATION (35) CLEARWATER
37N 01E 30 SE SE 6.0 01 IRRIGATION (35) CLEARWATER
37N 01E 31 NE NE 5.0 01 IRRIGATION (35) CLEARWATER
37N 01E 31 NE NW 2.0 01 IRRIGATION (35) CLEARWATER
37N 01E 32 NE NW 6.0 01 IRRIGATION (35) CLEARWATER
37N 01E 32 NW NW 5.0 01 IRRIGATION (35) CLEARWATER

Total Acres: 52.0

----- Diversion Means ----- WELLS, PUMPS AND PIPELINE.

----- Non-Irrigation Use ----- 0/52 HOMES.

----- Other Rights for Same Use ----- 86-7130.

00000000
(00-00)

IDAHO DEPARTMENT OF WATER RESOURCES
WATER RIGHT PROOF READING REPORT

11/29/91 15:10:10
Page 2

Water right number - 86-07129 Prefix Translation: WATER RIGHT

----- Remarks -----
2 P/D IN SEBE S30, T37N, R1E.

----- Old Water Right Numbers -----
No Old Water Right Numbers found.

----- Conditions of Approval -----
01C - A flow measurement point or other device as specified by the
- Department shall be installed by the right holder to provide for
- the installation of measuring equipment and the determination of
- the rate of diversion by the Department.
004 - The issuance of this permit in no way grants any right-of-way or
- easement across the land of another.

----- Decree Plaintiff ----- ----- Decree Defendant ----- ----- Decree Date -----
00/00/0000

----- Comments -----
No Comments Found

----- Audit Fields - 08/21/86 05/14/88 CONVERT -----

----- Water Rights Dates and Flags Area -----

Proof Due Date - 09/01/1991	Field Exam Made - 00/00/0000	Field Exam Fee -
Approved/Denied - 09/24/1981	Protested Date - 00/00/0000	Swan Falls
Proof Made Date - 00/00/0000	Hearing Date - 00/00/0000	Temporary Right - P
Exam to S.O. Date - 00/00/0000	Verified Date - 00/00/0000	DLE/Carey Act -
Order Show Cause - 00/00/0000	Receipt Number -	Water District -
Licensed Date - 00/00/0000	Appl Received - 00/00/0000	Transfer/Amended -
Decree Date - 00/00/0000	Presumption Flag -	

NEW HOPE WATER CORP.
P.O. BOX 1918
OROFINO ID 83544

September 5, 1991

RE: PERMIT NO. 86-07129 LAPSE NOTICE

Dear Permit Holder:

You are hereby notified that under the provisions of Section 42-218A, Idaho Code, the above referenced permit has lapsed and is of no further force nor effect. The department provided the proper forms to you in our proof due notice dated June 30, 1991. No further construction or additional development is authorized under this permit unless it is reinstated.

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

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

L. GLEN SAXTON
Chief, Water Allocation Bureau

LGS:rf

Enclosures

CERTIFICATION OF MAILING
I hereby certify that on 7-7-91
a copy/en original of this document was
deposited in the United States mail,
postage prepaid addressed to the
individual(s) named above.

138864
June 30, 1991

NEW HOPE WATER CORP.
P.O. BOX 1918
OROFINO, ID 83544

PROOF DUE NOTICE
RE: PERMIT NO. 86-07129

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 September 1, 1991. (See last page of your approved permit or your last approved extension request.) Enclosed is a form which when accompanied by the license examination fee or a complete field examination report prepared by a certified water right examiner may be used to submit the required proof.

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

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

SINCERELY,

Rita Fleck
Secretary/Records Manager

Enclosures

Box 1918
Oakton, Idaho



Department of Water Resources

JUL 2 1962



IDAHO DEPARTMENT OF WATER RESOURCES
STEVENHOUSE
BOISE, IDAHO 83720

Form 554-2
7-80

STATE OF ILLINOIS
DEPARTMENT OF WATER RESOURCES
COMMENCEMENT OF WORKS

Permit No. 86-7129
Name(s) of Permit Holder(s): Harold Wayne Water Corporation
Post Office Address: Box 1918, Oakton, Illinois 60450
Tel. No. 815-386-3000

☒ I hereby certify that construction of diversion works for the above referenced permit began on June 22, 1987. I understand that I must continue to develop the water system with due diligence to maintain a valid permit.

☐ I hereby certify that construction of diverting works on the above referenced project has not yet begun due to the following reason beyond my control:

Sub 1, 1988, 8/1/88
Signature of Permit Holder

Note: A financing difficulty is not an acceptable reason.

August 28, 1956

New Hope Motor Corporation
P. O. Box 1036
Greenville ID 83844

Gentlemen:

Re: Permit No. 85-7129

Enclosed is a copy of the approved request for extension of time. The time within which to submit proof of bona fide ownership is extended to September 1, 1957.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

RITA I. FLECK
Secretary/Records Manager
Enclosure



State of Idaho
DEPARTMENT OF WATER RESOURCES
STATE OFFICE, 450 W. State Street, Boise, Idaho

JOHN V. EVANS
Governor

A. THOMAS BROWN
Deputy

Mailing address:
Statehouse
Boise, Idaho 83720
(208) 334-4440

EXTENSION OF TIME

August 18, 1986

New Hope Water Corporation
P. O. Box 1918
Orofino, ID 83544

PERMIT NO. 86-7129

We are in receipt of the \$15 extension fee for Extension(s) of Time to provide additional time in which to submit proof of beneficial use on a water right permit.

Your request for extension(s) of time is being reviewed by staff. You will be informed of our decision when review has been completed.

Enclosed is our receipt No. 38921.

Roberta Garrett
Records Supervisor

Enclosure

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

STATEHOUSE
BOISE, IDAHO 83720
(208) 334-4440
CERTIFIED MAIL
JUNE 30, 1986

138892

NEW HOPE WATER CORP.
P.O. BOX 1918
CROFIND, ID 83544

PROOF DUE NOTICE

RE: PERMIT NO. 86-7129

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 SEPTEMBER 1, 1986. (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 COMPLETED 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,

BITA FLECK
SECRETARY/RECORDS MANAGER

ENCLOSURES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

STATEHOUSE
BOISE, IDAHO 83720
(208) 334-4440

NEW HOPE WATER CORP.
P.O. BOX 1918
OROFINO, ID 83544

SEPTEMBER 29, 1981

RE: PERMIT NO. 86-7129

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.

BE SURE TO NOTE THE SPECIAL CONDITION REQUIRING YOU TO INSTALL A MEASURING DEVICE, OR AN ACCESS PORT TO PROVIDE FOR THE INSTALLATION OF MEASURING EQUIPMENT BY THE DEPARTMENT. ENCLOSED PLEASE FIND A LIST OF MEASURING DEVICE OPTIONS, AND SPECIFICATIONS FOR THE INSTALLATION OF THE ACCESS PORT.

WE HAVE ENCLOSED A FORM ENTITLED "MAKING PROOF OF BENEFICIAL USE". PLEASE READ THE INSTRUCTIONS CAREFULLY SINCE YOU MUST TAKE FURTHER ACTION TO DEVELOP THIS PERMIT INTO A LICENSE.

SINCERELY,

DAVID R. TUTHILL, JR., P.E.
SUPERVISOR, WATER ALLOCATION SECTION

ENCLOSURE

86-2129.

NEW HOPE WATER CORP.

P.O. BOX 1918. OROFIND. ID 83544

Source: GROUNDWATER

Date Filed: 07/01/1981

Amount: 1.00 CFS

Diversion Point: SWSW Sec 29 T 37N R 01E SESE SESH Sec 30 T 37N R 01E,
CLEARWATER Co.

Use: IRRIGATION (1.00 CFS) from 04/01 to 10/31
DOMESTIC (0.32 CFS) from 01/01 to 12/31

Place of Use: SWSW SESH Sec 29 T 37N R 01E SESH NESE NASE SASE SESE
Sec 30 T 37N R 01E NENE NENN Sec 31 T 37N R 01E NENN NNNN
Sec 32 T 37N R 01E FOR 32 ACRES

Diversion Means: WELLS, PUMPS AND PIPELINE.

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
Northern Region

JOHN V. EVANS
Governor
A. KENNETH DUNN
Director

4055 Government Way
Coeur d'Alene, ID 83814
(208) 667-6484

July 9, 1981

Mr. Ed Tulloch
Divn. of Environment
P. O. Drawer B
Lewiston, Id. 83501

RE: 86-7129

Dear Ed:

Enclosed is information which may be of interest to your Agency relating
to an application recently filed with the Department of Water Resources.

Very truly yours,

Robert G. Haynes, P.E.
Regional Supervisor

RGH/rms

Enclosure

CLEARWATER INVESTMENTS, INC.
BRANCH OFFICE
Box 1010, Orofino, Idaho 83844
AC 208/476-3100



STEVEN LAWS
Specializing in Land
Investments

June 25, 1981

Idaho Department of Water Resources
Route #5 Box 203 Suite 1
Coeur d'Alene, Idaho 83814

Dear Sir:

Please find enclosed two applications for Water Permits.
Also enclosed is a check for \$90 for the appropriate fees.
If there are any questions, please let me know.

Sincerely,

Steve Laws
Steve Laws

SL/lc

enc.

RECEIVED