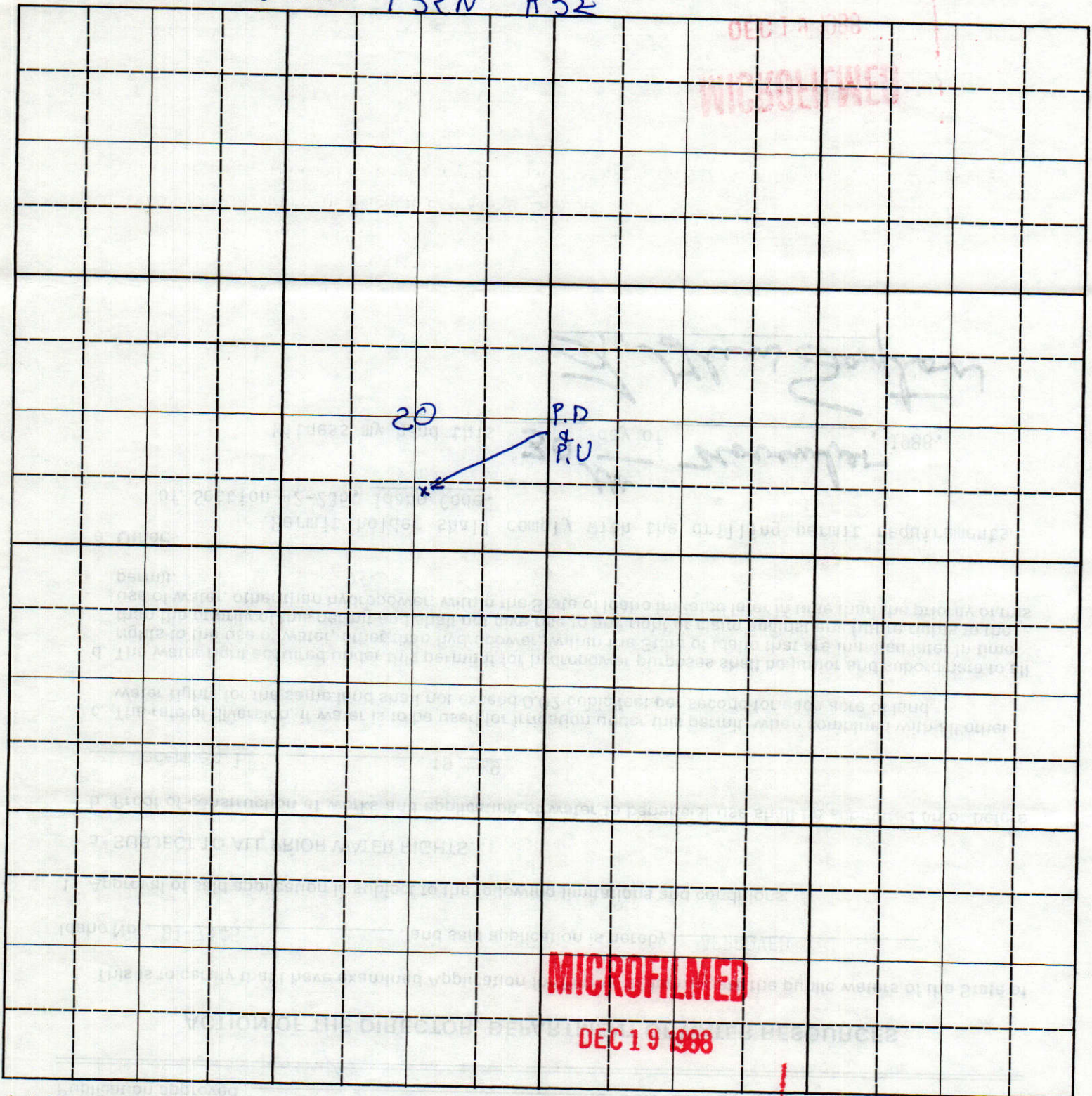


13. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.

T32N R5E



Scale: 2 inches equal 1 mile.

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

Philip Welborn  
PRES (Applicant)

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
BENEFICIAL USE FIELD REPORT SUPPLEMENT  
C O N T E N T S

( ) B/U Acknowledgment Letter Sent

This Examination Report Contains the Following Documents.

(☒) Field Report

(☒) Quad Sheet

( ) Gov. Lot Plat

( ) Sr. Agent Review

( ) Aerial Photo

( ) Photo PD/PU

(☒) Well Log

Number of Diagrams Attached \_\_\_\_\_

Number of Calculation Sheets Attached \_\_\_\_\_

( ) Correspondence (Date) \_\_\_\_\_

( ) Other (List) \_\_\_\_\_

Contacts: Well  
5, 6

Remarks:

Exam Completed By [Signature]

Date 6/14/88

Sr. Agent Review \_\_\_\_\_

Date \_\_\_\_\_

Regional Manager Review [Signature]

Date 3/8/90

PERMIT NUMBER

81-7145

RECORDED  
JUN 28 1990

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

**RECEIVED**  
MAR 12 1990

Department of Water Resources

**A. GENERAL INFORMATION**

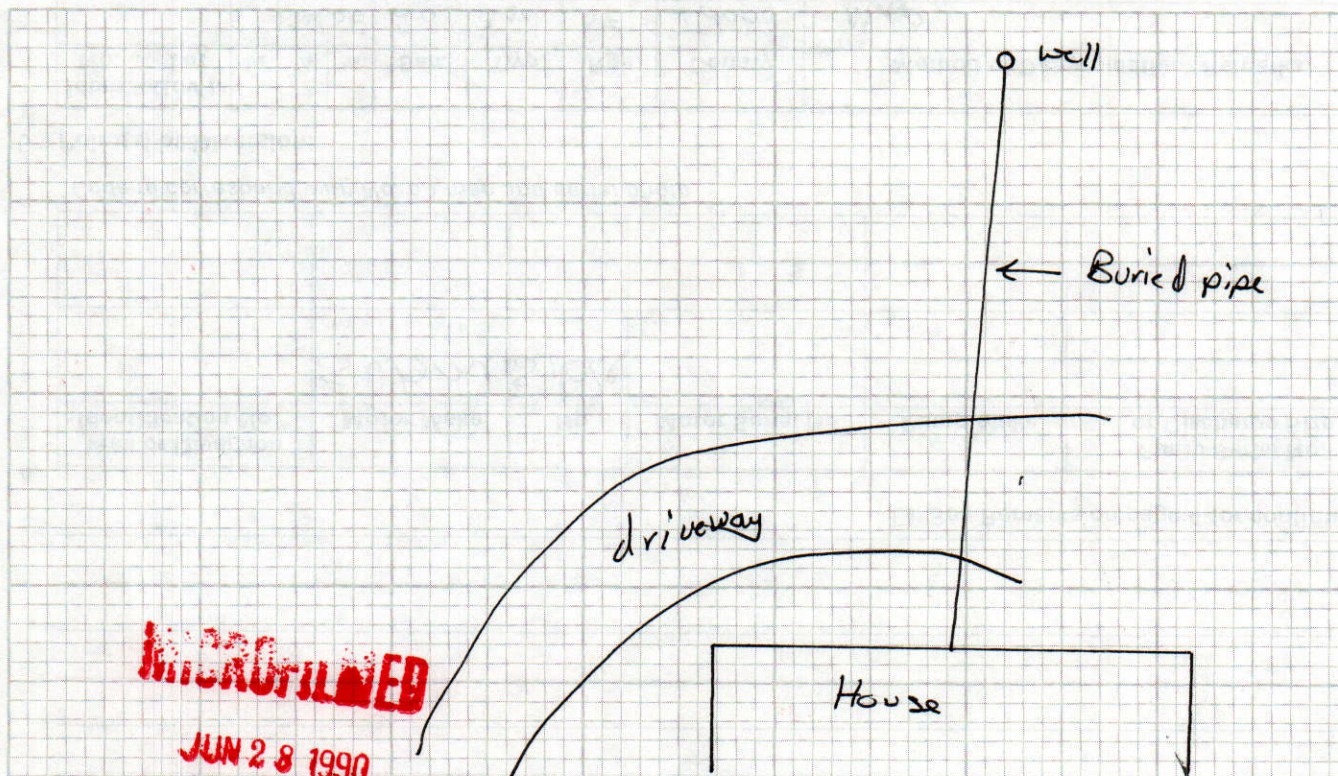
Permit No. 81-7145  
1. Owner: Mountain View Inc. Phone No. 924-5767  
Current Address: P.O. Box 129 Winchester Id 83555  
2. Accompanied by: George Preston EXAM. DATE: 6/13/89  
Address: Same Phone No. Same  
Relationship to Permit Holder: employee  
3. Source: groundwater tributary to —

**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**

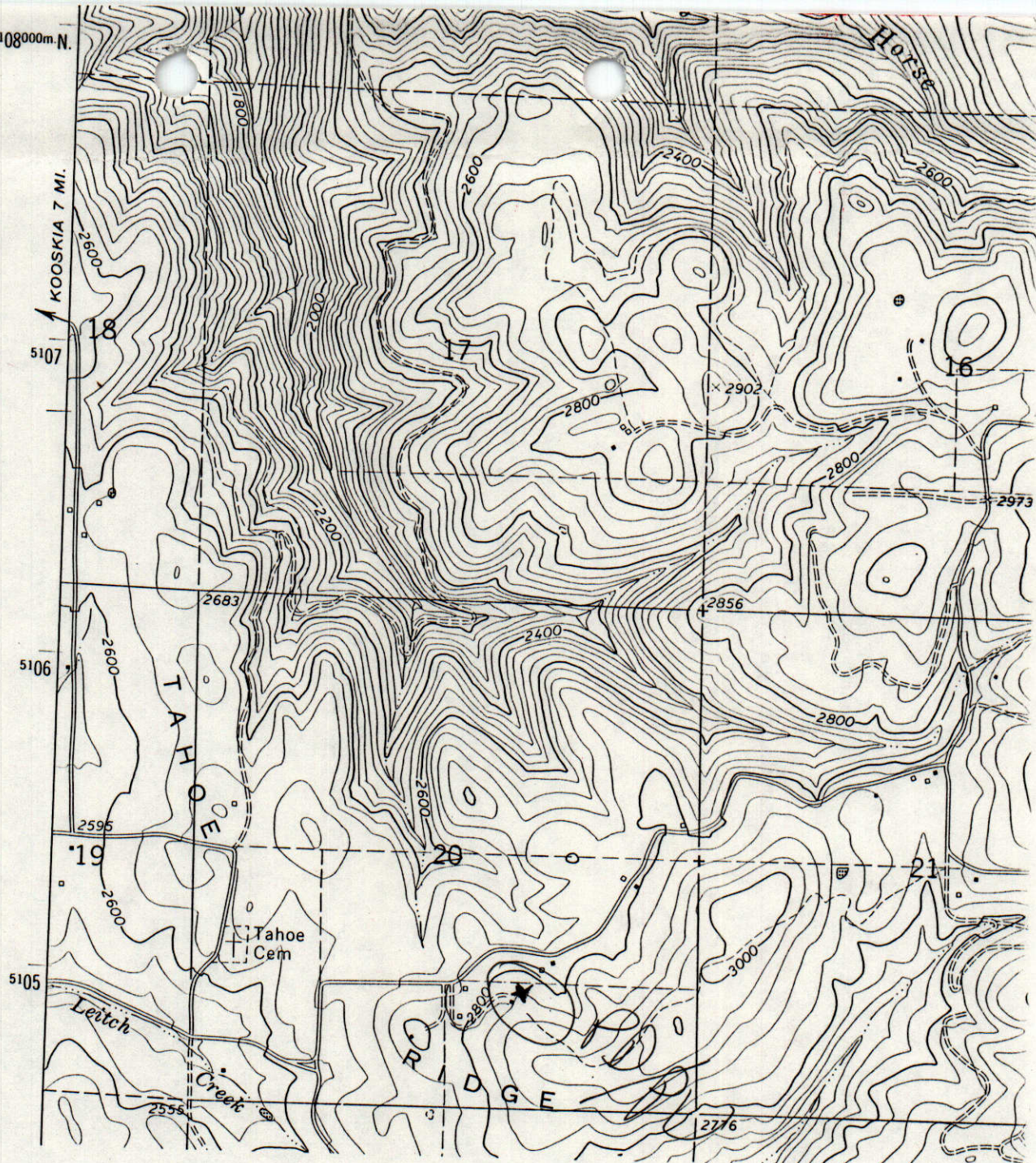
1. **Diversion System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



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).

5108000m N.



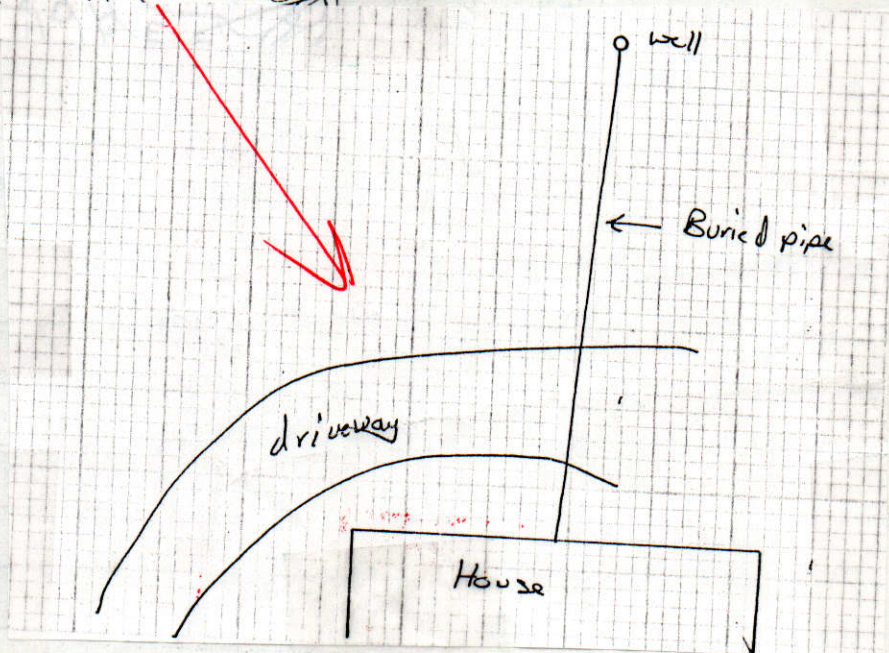
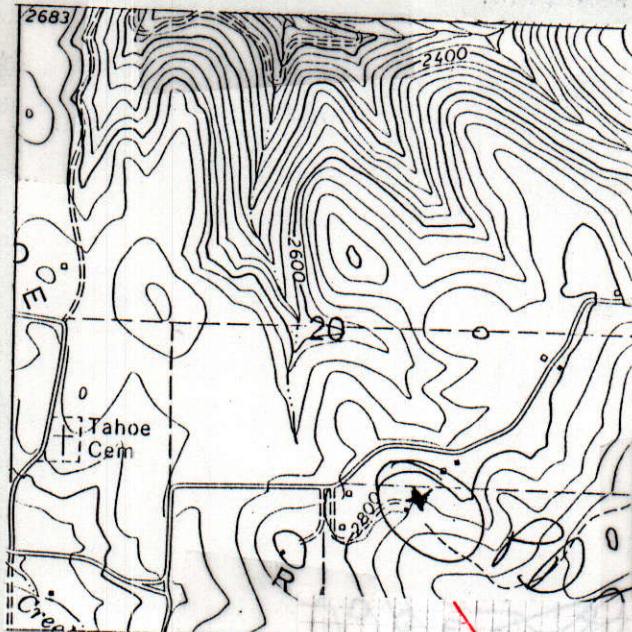
NAME: Mountain View Inc. PERMIT NUMBER: 81-7145  
PD: T3N, R 5E, SEC. 20, NW SW SE GL = MAP: #  
PU: T3N, R 5E, SEC. 20, SE SW SW SE AC/IRR: QUAD: 11K62  
SOURCE: Ground Water TRIBUTARY TO: \_\_\_\_\_

**MICROFILMED**

JUN 28 1990

SCHEMATIC

Provide a schematic diagram showing the location of the well in the quarter-quarter with respect to houses, roads, other wells or readily identifiable features.



MICROFILMED

Inspected by Zai Subert

Date 6/13/89

MICROFILMED

JUN 28 1990

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 81-07145

Priority: June 13, 1988

Maximum Diversion Rate:

0.04 CFS

Maximum Diversion Volume:<sup>1</sup>

4.2 AF

This is to certify, that MOUNTAIN VIEW INC.

C/O FLOYD L. WELBORN

P.O. BOX 129

WINCHESTER, ID 83555

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated June 13, 1988; and has submitted Proof of Beneficial Use on December 19, 1988. An examination indicates that the works have a diversion capacity of .040 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> |
|-----------------------|----------------------|--------------------------|----------------------|
| COMMERCIAL            | 01/01 to 12/31       | 0.04 CFS                 | 4.2 AF               |

LOCATION OF POINT(S) OF DIVERSION:

SWSE , Sec. 20, Township 32N, Range 05E  
IDAHO County

PLACE OF USE: COMMERCIAL

TWN RGE SEC

32N 05E 20

SWSE

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. Commercial use is for a shelter-care home.

**MICROFILMED**

JUN 28 1990

State of Idaho  
Department of Water Resources

**WATER RIGHT LICENSE**

WATER RIGHT NO. 81-07145

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 27<sup>TH</sup>  
day of April, 1990.

Acting for Norm Cyguy  
R. Keith Higginson, Director

**MICROFILMED**

JUN 28 1990

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

**APPROVED**

To appropriate the public waters of the State of Idaho

- 208-926-4482  
208 924-5767  
Phone
1. Name of applicant MOUNTAIN VIEW INCORPORATED  
C/O FLOYD L. WELBORN  
Post office address P.O. Box 129, WINCHESTER, ID 83555
2. Source of water supply GROUNDWATER which is a tributary of \_\_\_\_\_
3. Location of point of diversion is NW  $\frac{1}{4}$  of SW  $\frac{1}{4}$  of SE  $\frac{1}{4}$ , Govt. Lot \_\_\_\_\_  
Sec. 20 Township 32N Range 5E B.M. IDAHO County; additional  
points of diversion if any: \_\_\_\_\_
4. Water will be used for the following purposes:  
Amount .04 cfs for COMMERCIAL 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) .04 cfs and/or (b) \_\_\_\_\_  
cubic feet per second acre feet per annum
6. Proposed diverting works:  
a. Description of ditches, flumes, pumps, headgates, etc. DRILLED WELL 360' DEPTH,  
6" CASING  
\_\_\_\_\_  
\_\_\_\_\_  
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 6" inches; proposed depth of well is 360' feet.  
d. Is ground water with a temperature of greater than 90°F being sought? \_\_\_\_\_
7. Time required for the completion of the works and application of the water to the proposed beneficial use is  
1 YR years (minimum 1 year).

**MICROFILMED**

DEC 19 1988

**CONFIDENTIAL**

**Total number of acres to be irrigated.**

[illegible]

ponding place of use below. See instructions for standard symbols.

b. If water is used for other purposes, place a symbol of the use (example: *D for Domestic*) in the corresponding

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

9. Description of place of use:

e. Other, describe fully. Commercial is Domestic Use Shelter  
Care Home With Up To 10 Residents

d. Domestic; show number of households.

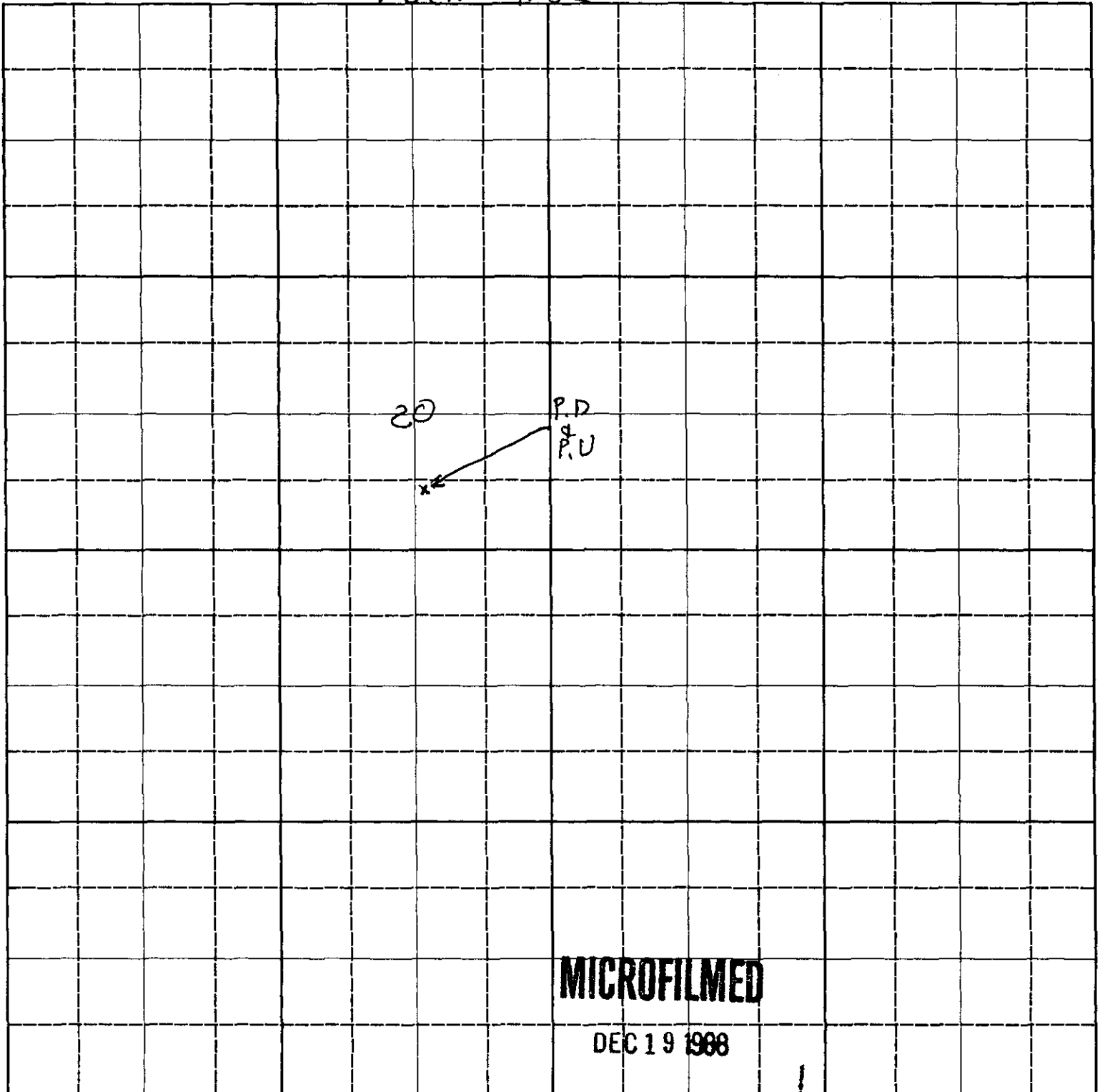
c. Municipal; show name of municipality.

b. Stockwatering; list number and kind of livestock.

a. Hydropower; show total feet of head and proposed capacity in kW.

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

13. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number. T32N R5E



Scale: 2 inches equal 1 mile.

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

Frederic Welbourn  
PRES (Applicant)

Received by [Signature] Date 6/9/88 Time 12:30 AM Preliminary check by [Signature]  
Fee \$ 30.00 Receipted by [Signature] # N242 Date 6/13/88  
Publication prepared by [Signature] Date 9/14/88 Published in Idaho News  
Publication approved [Signature] Date 10/1/88

### 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. 81-7145, 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 December 1, 19 89.
- 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 comply with the drilling permit requirements of Section 42-235, Idaho Code.

Witness my hand this 30<sup>th</sup> day of November, 1988.

[Signature]

MICROFILMED

DEC 19 1988



State of Idaho  
**DEPARTMENT OF WATER RESOURCES**

NORTHERN REGION, Suite No. 9 • 4055 Government Way • Coeur d'Alene, Idaho 83814 • (208) 765-4639

CECIL D. ANDRUS  
Governor

R. KEITH HIGGINSON  
Director

June 14, 1988

Mr. Floyd Welborn  
Mountain View Inc.  
P.O. Box 129  
Winchester, Id. 83555

Dear Mr. Welborn:

Idaho Code requires that our Department obtain a mailing list of all officers and directors of any corporation filing a water right.

Please provide us with this information so that we may proceed with the filing of your water right.

Sincerely,

ROBERT G. HAYNES, P.E.  
Regional Manager

RGH/pms

RECEIVED

SEP 1 1988

Department of Water Resources  
Northern District Office

Floyd Welborn (Sec. Treas)  
Box 129 Winchester Ida. 83555  
B

Susan (Forth) Dillig Pres  
Box 129 Winchester Idaho 83555

MICROFILMED

DEC 19 1988

By Floyd:  
Contact me if any other  
celebrate info needed

CELEBRATE  
IDAHO  
1890 • CENTENNIAL • 1990

**NOTICE OF APPLICATION  
FOR WATER RIGHT**

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

**81-07126**

C AND B MINING CLAIMS  
PARTNERSHIP; P.O. BOX 192;  
GRANGEVILLE, ID 83530  
Source: SMITH CREEK Tributary;  
CLEARWATER RIVER, MIDDLE F  
Diversion Pt: SENWSE Sec 32 T 33N R  
06E  
Use: MINING (2.000 CFS) DOMESTIC  
(.240 CFS) INDUSTRIAL (2.000 CFS)  
Date Filed: 9/1/1988  
In: T33N R06E S32 NWSE.

**81-07144**

SMITH, STEPHEN A.; HC 75 BOX 14;  
KOOSKIA, ID 83539  
Source: RED PINE CREEK Tributary;  
CLEARWATER RIVER, MIDDLE F  
Diversion Pt: LOT 5 (SWNW) Sec 6 T  
32N R 05E  
Use: IRRIGATION (.090 CFS)  
STOCKWATER (.020 CFS)  
Date Filed: 9/14/1988  
In: T32N R05E S06 SWNW SENW.

**81-07145**

MOUNTAIN VIEW INC.; C/O FLOYD L.  
WELBORN; P.O. BOX 129;  
WINCHESTER, ID 83555  
Source: GROUNDWATER  
Diversion Pt: NWSWSE Sec 20 T 32N  
R 05E  
Use: COMMERCIAL (.040 CFS)  
Date Filed: 9/01/1988  
In: T32N R 05E S20 SWSE.

**82-07181**

ALACCA BIBLE CONFERENCE; HCR  
67 BOX 40; GRANGEVILLE, ID 83530  
Source: GROUNDWATER  
Diversion Pt: NWNE Sec 33 T 31N R  
04E  
Use: IRRIGATION (.050 CFS)  
DOMESTIC (.050 CFS)  
Date Filed: 8/23/1988  
In: T31N R04E S33 NWNE  
6.0 ACRES TOTAL.

**84-07214**

NIMS, LAWRENCE R.; NIMS, SHERYL  
L.; STAR RT. BOX 85A; KAMIAH, ID  
83536  
Source: SPRING Tributary: LINDER  
CREEK  
Diversion Pt: NENW Sec 31 T 34N R  
04E  
Use: DOMESTIC (.040 CFS)  
Date Filed: 9/06/1988  
In: T34N R04E S31 NENW.

**84-07215**

NIMS, LAWRENCE R.; NIMS, SHERYL  
L.; STAR RT. BOX 85A; KAMIAH, ID  
83536  
Source: SPRING Tributary: LINDER  
CREEK  
Diversion Pt: NWNW Sec 31 T 34N R  
04E  
Use: DOMESTIC (.020 CFS)  
Date Filed: 9/06/1988  
In: T34N R04E S31 NWNW.

**84-07216**

NIMS, LAWRENCE R.; NIMS, SHERYL  
L.; STAR RT. BOX 85A; KAMIAH, ID  
83536  
Source: SPRING Tributary: LINDER  
CREEK  
Diversion Pt: NWNW Sec 31 T 34N R  
04E  
Use: STOCKWATER (.020 CFS)  
DOMESTIC (.020 CFS)  
Date Filed: 9/14/1988  
In: T34N R04E S31 NWNW NWNW.

**AFFIDAVIT OF PUBLICATION**

Charlotte Sotin

being first duly

sworn, says he is the Bookkeeper  
of the IDAHO COUNTY FREE PRESS, a weekly newspaper which  
is published and issued weekly at Grangeville, Idaho County,  
State of Idaho, and which is of general circulation in said county  
and state; that the said notice, of which the one hereto attached  
is a true copy, was published in said paper for two weeks,  
being published two times, the first publication being  
on the 21st day of September, 1988,  
and the last publication on the 28th day of  
September, 1988; and that the said notice  
was published in the newspaper proper and not a supplement;  
that said newspaper has been continuously and uninterruptedly  
published in said county during a period of more than seventy-  
eight consecutive weeks prior to the first publication of said  
notice or advertisement.

Charlotte Sotin

Subscribed and sworn to before me this 28th day  
of September, 1988.

James D. Welch

Notary Public

for State of Idaho, residing at Grangeville, Idaho.

**85-07505**

WEDDLE, CHARLES H.; WEDDLE,  
MARGARET R.; RT. 2 BOX 26;  
KAMIAH, ID 83536  
Source: SEVENMILE CREEK Tributary;  
LAWYER CREEK  
Diversion Pt: SWSESW Sec 22 T 33N R  
03E  
Use: IRRIGATION (.040 CFS)  
STOCKWATER (.020 CFS)  
Date Filed: 8/30/1988  
In: T33N R03E S22 SESW  
2.0 ACRES TOTAL.

The permit(s) will be subject to all prior  
water rights. Protests must be filed with  
the Director, Dept. of Water Resources,  
Northern Region, Government Way  
Suite 9, Coeur d'Alene, Idaho 83814 on  
or before OCTOBER 11, 1988.

R. KEITH HIGGINSON, Director  
Published 9/21/1988 & 9/28/1988

S21-28

**MICROFILMED**

DEC 19 1988

April 30, 1990

MOUNTAIN VIEW INC.  
C/O FLOYD L. WELBORN  
P.O. BOX 129  
WINCHESTER, ID 83555

RE: PERMIT NO. 81-07145

Dear Permit Holder(s):

Enclosed herewith is a copy of the Water Right License issued on the above referenced permit.

Sincerely,

JIM JOHNSON  
Water Rights Supervisor

JJ:sc

Enclosure

**RECEIVED**  
JUN 28 1990

SENIOR AGENT REVIEW

Check List  
for  
Beneficial Use Field Report

Permit 81-07145

**A. GENERAL INFORMATION**

- ✓ 1. Name and address are most current available. (Check BU statement)  
✓ 2. Exam Date  
✓ 3. Source (Check Permit)

**B. OVERLAP REVIEW**

- ✓ 1. & 2. (Rule 5,1,4)

**C. SYSTEM DESCRIPTION**

- ✓ 1. Diversion System Diagram (Rule 5,1,3 / 5,1,4)  
✓ 2. USGS (Rule 5,1,7 / 5,1,9) Aerial (Rule 5,1,17)  
✓ 3. Word Picture (Rule 5,1,3 / 5,1,4)  
✓ 4. Diversion (Rule 5,1,3)  
✓ 5. Compare with USGS Map, Land Survey Maps, Aerial Photos and Permit.  
✓ 6. Irrigation (Rule 5,1,8)

**D. FLOW MEASUREMENTS** Check math (Rule 5,1,13 / 5,1,14)

**E. FLOW CALCULATIONS** Check math (Rule 5,1,13 / 5,1,14)

**F. OPTIONAL**

**G. VOLUME CALCULATIONS**

- ✓ Three significant figures and no more than 1/10's (Rule 6,1,2)  
Fish (Rule 5,1,11) number stock, homes, etc... (Rule 5,1,12)

**H. REMARKS AND OVERLAP ANALYSES**

- ✓ All actual uses listed; all permitted uses not used, also listed; (Rule 5,1,2):  
✓ Overlaps (Rule 5,1,4):  
✓ Return flows (Rule 5,1,5):  
✓ Conditions (Rule 5,1,6).

**I. RECOMMENDATIONS**

- ✓ 1. Municipal (Rule 5,1,10): Compare with items E & G, permit, fee, capacity  
(Rule 5,1,15): Measured flows for each use listed separately (Rule 5,1,14).  
Period of year (Rule 5,1,13)  
✓ 2. Compare permit to exam for amendments (Rule 5,1,16)

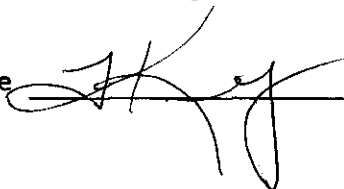
**J. AUTHENTICATION**

✓ Name, Signature, Certification Date, Exam Date.

**WELL INSPECTION REPORT**

✓ Check with permit and well log for discrepancies

Signature



Date

8/3/89

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
BENEFICIAL USE FIELD REPORT SUPPLEMENT  
C O N T E N T S

( ) B/U Acknowledgment Letter Sent

This Examination Report Contains the Following Documents.

|                                                  |                                                |                                              |                                           |
|--------------------------------------------------|------------------------------------------------|----------------------------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/> Field Report | <input checked="" type="checkbox"/> Quad Sheet | <input type="checkbox"/> Gov. Lot Plat       | <input type="checkbox"/> Sr. Agent Review |
| <input type="checkbox"/> Aerial Photo            | <input type="checkbox"/> Photo PD/PU           | <input checked="" type="checkbox"/> Well Log |                                           |

Number of Diagrams Attached \_\_\_\_\_ Number of Calculation Sheets Attached \_\_\_\_\_

( ) Correspondence (Date) \_\_\_\_\_

( ) Other (List) \_\_\_\_\_

Contacts: Well  
5' x

Remarks:

Exam Completed By [Signature] Date 6/14/88

Sr. Agent Review \_\_\_\_\_ Date \_\_\_\_\_

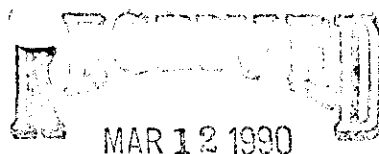
Regional Manager Review [Signature] Date 3/8/90

PERMIT NUMBER

81-7145

RECORDED  
JUN 28 1990

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



**A. GENERAL INFORMATION**

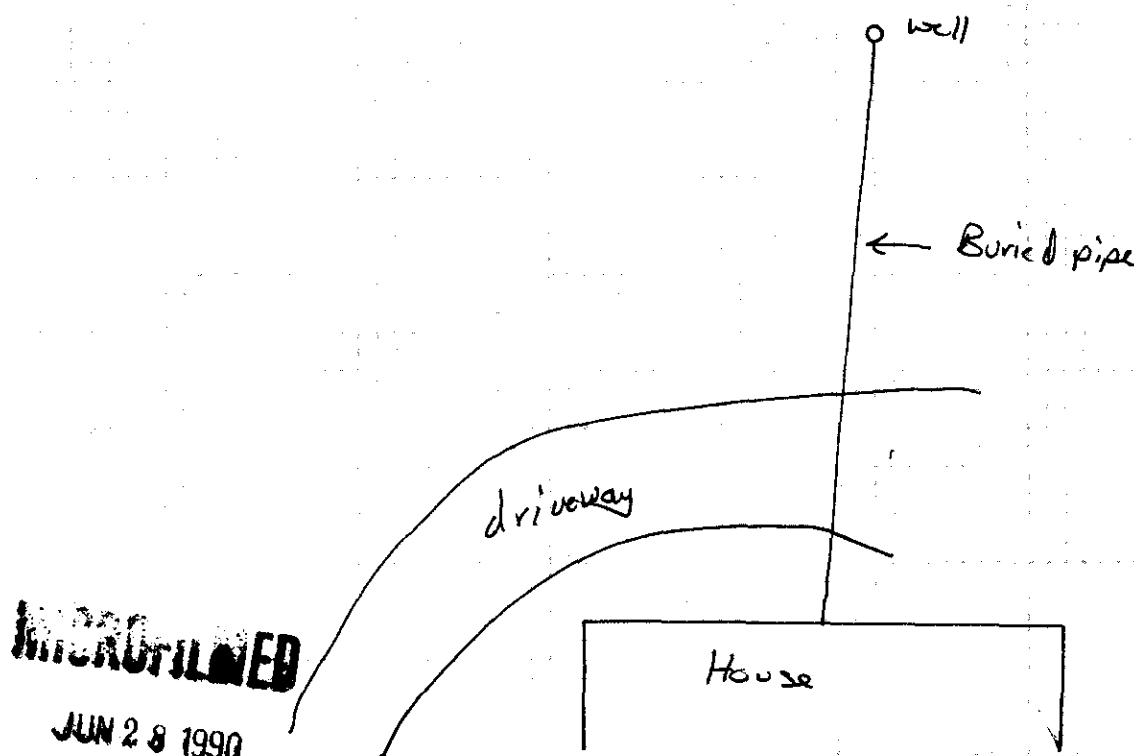
Permit No. 81-7145  
Phone No. 924-5767  
1. Owner: Mountain View Inc.  
Current Address: P.O. Box 129 Winchester Id 83555  
2. Accompanied by: George Preston EXAM. DATE: 6/13/89  
Address: Same Phone No. Same  
Relationship to Permit Holder: employee  
3. Source: groundwater tributary to —

**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).  
☒ Photo of Diversion and System Attached  
(required for all but single household domestic groundwater, and stockwater.)  
☐ Aerial Photo Attached  
(required for irrigation of 10 acres or more).

**System Description (continued)**

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

well with buried pipe line to house.

☐ 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 |    |                  |           |                                   |
|                                       |             |    |                  |           |                                   |
|                                       |             |    |                  |           |                                   |
|                                       |             |    |                  |           |                                   |

\*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 |
|------------|------------|-----|-----|-----|------|------|------|--------|---------------------------------|
|            |            |     | SW  | SE  | 20   | 32N  | 5E   | Idaho  | Map                             |
|            |            |     |     |     |      |      |      |        |                                 |
|            |            |     |     |     |      |      |      |        |                                 |
|            |            |     |     |     |      |      |      |        |                                 |

6. Place(s) of Use:

Indicate Method of Determination MAP

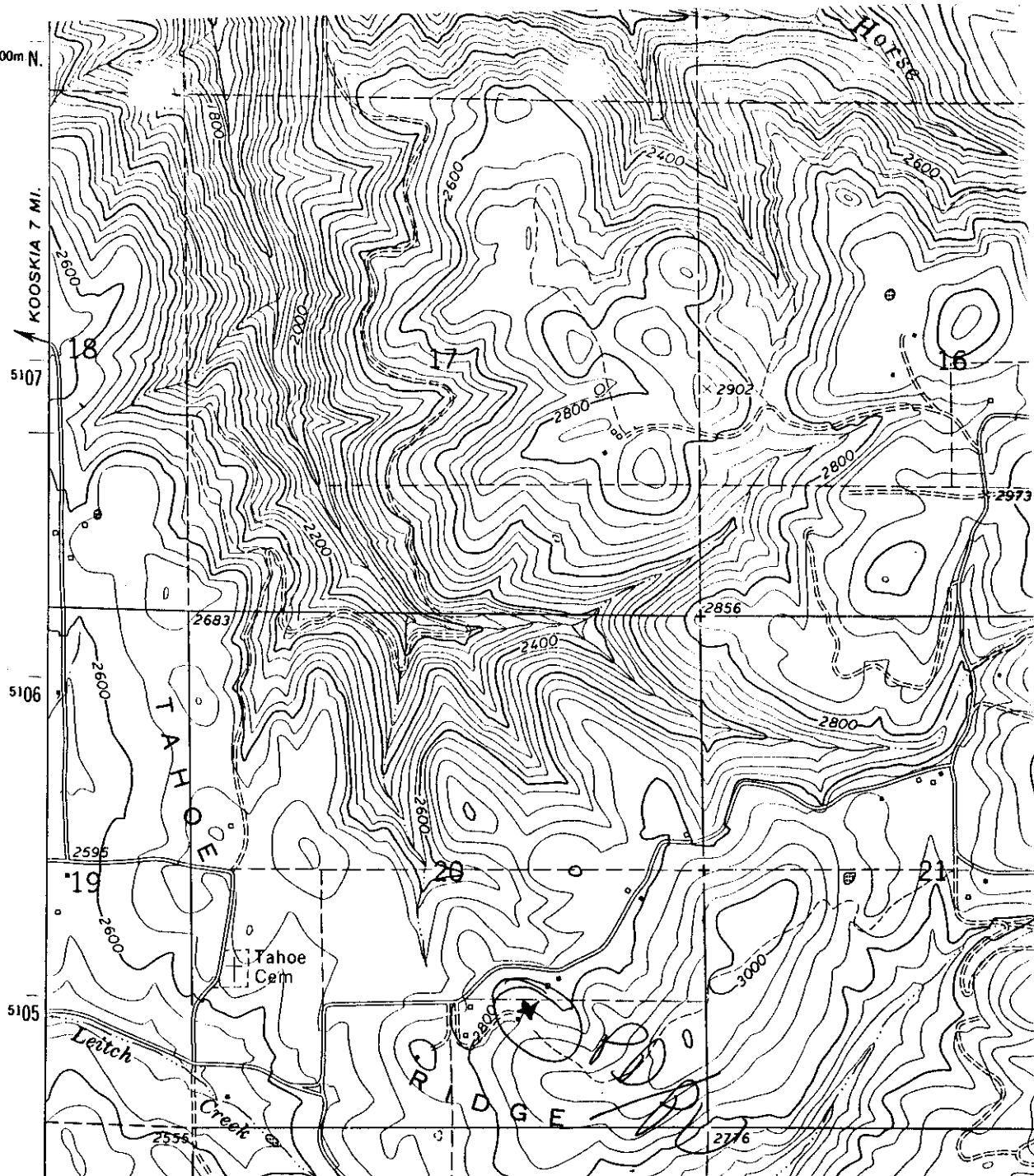
| Twp. | Rge. | Sec. | NE 1/4 |        |        |        | NW 1/4 |        |        |        | SW 1/4 |        |        |        | SE 1/4 |        |        |        | Totals |
|------|------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|      |      |      | 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 |        |
| 32N  | 5E   | 20   |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
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**MICROFILMED**

JUN 28 1990

Do not use this space

5108000m N.



NAME: Mountain View Inc. PERMIT NUMBER: 81-7145  
PD: T32N, R 5E, SEC. 20, NW SW SE GL - MAP: #  
PU: T32N, R 5E, SEC. 20, SE SW SW SE AC/IRR QUAD: AA62  
SOURCE: Ground Water TRIBUTARY TO: \_\_\_\_\_

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JUN 28 1990



Do not use this space

#### D. FLOW MEASUREMENTS

NONE

☐ Additional Data Sheets Attached

1.

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

2. Measurements:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:



limited by fee sheet to  
0.04 cfs

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:

Boarding house 30gal day per person 10 people.

$$\frac{10(50)(365)}{43,560} = 4.19 \text{ afa}$$

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# H. REMARKS AND OVERLAP REVIEW ANALYSIS

This is a boarding house

## I. RECOMMENDATIONS

### 1. Recommended Amounts

| Beneficial Use        | Period of Use                | Rate of Diversion   | Annual Volume       |
|-----------------------|------------------------------|---------------------|---------------------|
| Commercial            | From 1/1 To 12/31            | 0.04 cfs            | 4.2 af/a            |
| <del>Commercial</del> | <del>From 1/1 To 12/31</del> | <del>0.04 cfs</del> | <del>4.2 af/a</del> |

### 2. Recommended Amendments

- ☐ Change P.D. as reflected above
- ☐ Add P.D. as reflected above
- ☐ Change P.U. as reflected above
- ☐ Add P.U. as reflected above

☒ None

## J. AUTHENTICATION

Field Examiner's Name Louis Sukoraty  
 Signature [Signature]  
 Certification Date 2/17/89  
 Field Report Preparation Date 6/14/89



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

MICROFILMED  
JUN 28 1990

State of Idaho  
Department of Water Resources  
WELL INSPECTION FORM

This form should be completed by the examiner when conducting a field examination to determine the extent of beneficial use of water from a well or whenever a well is inspected for other reasons. The form should be forwarded to Groundwater Protection Section in the State Office upon completion.

1. Legal Description of well location. Twp. 32N, Rge.: 5E,  
Sec. 20, Qtr./Qtr. SWSE or Lot \_\_\_\_\_
2. Owner Mountain View Inc.  
Address P.O. Box 129, City Winchester, State Id
3. Approx. date of well construction 1989  
Well Driller Uhlenkott Drilling
4. Casing: Diameter 6" Condition good
5. Casing length above land surface 1'+
6. Well depth (ft) 440' Flowing \_\_\_\_\_ Temp. \_\_\_\_\_  
Access port
7. Condition of piping and valving good
8. Evidence of well seal yes
9. Shut in pressure or static water level 270
10. Evidence of leakage around the casing no
11. Does well need repair no
12. Comments none

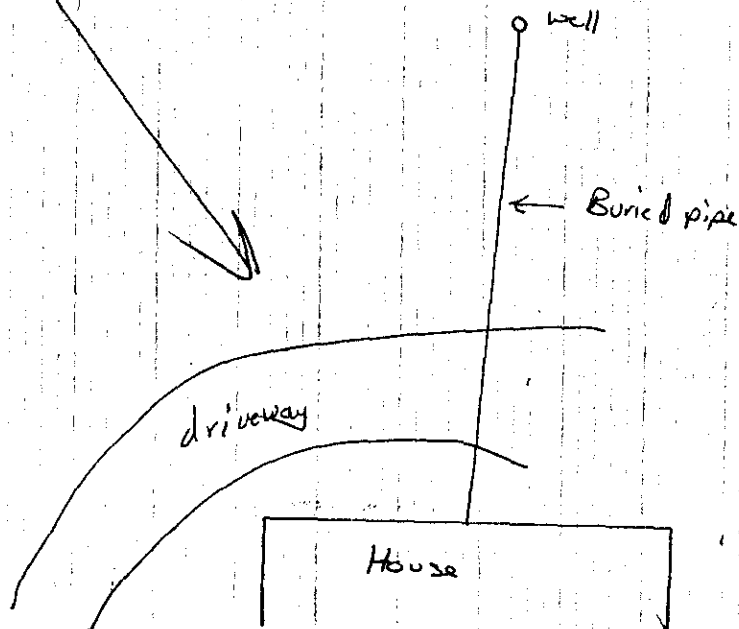
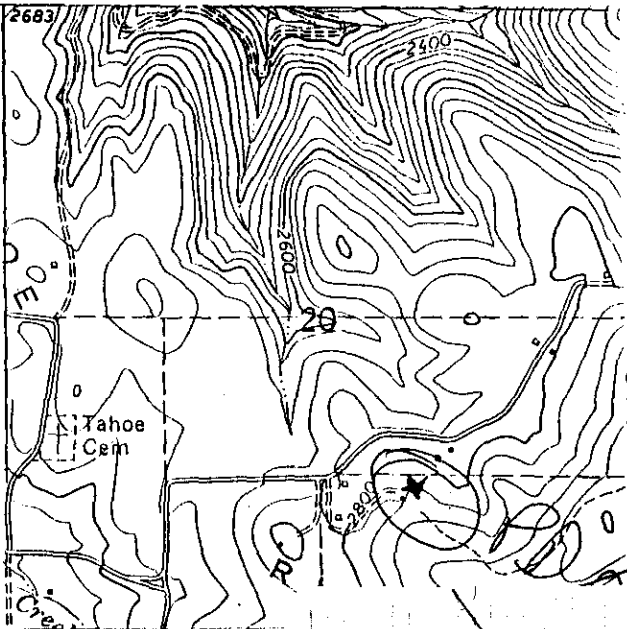
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JUN 28 1990

# SCHEMATIC

Provide a schematic diagram showing the location of the well in the quarter-quarter with respect to houses, roads, other wells or readily identifiable features.



Inspected by Zain Duband

Date 6/13/89

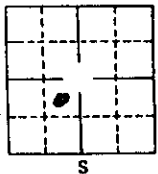
**MICROFILMED**

JUN 28 1990

## WELL DRILLER'S REPORT

JAN 30 1989

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>Department of Water Resources<br>Name <u>Floyd Welborn</u><br>Address <u>Kooskia Td.</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | <b>7. WATER LEVEL</b><br>Static water level <u>270</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 _____ OF. Quality <u>Good</u><br><small>Describe artesian or temperature zones below.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                  |                                     |                   |                 |               |                 |              |              |            |            |              |              |            |                   |              |                                     |            |            |           |                   |    |                                     |            |            |                    |                               |            |                                     |            |            |           |                 |  |                                     |  |           |           |                       |  |                                     |  |           |           |                      |  |                                     |  |           |           |                               |  |                                     |  |           |            |                           |  |                                     |  |            |            |                   |  |                                     |  |            |            |                          |  |                                     |  |            |            |                            |  |                                     |  |            |            |                              |  |                                     |  |            |            |               |  |                                     |  |            |            |                     |  |                                     |  |            |            |                     |  |                                     |  |            |            |                               |  |                                     |  |            |            |                           |  |                                     |  |            |            |                     |  |                                     |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> 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"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>10</u></td><td></td><td><u>.50</u></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>10</u>       |               | <u>.50</u>      |              |              |            |            |              |              |            |                   |              |                                     |            |            |           |                   |    |                                     |            |            |                    |                               |            |                                     |            |            |           |                 |  |                                     |  |           |           |                       |  |                                     |  |           |           |                      |  |                                     |  |           |           |                               |  |                                     |  |           |            |                           |  |                                     |  |            |            |                   |  |                                     |  |            |            |                          |  |                                     |  |            |            |                            |  |                                     |  |            |            |                              |  |                                     |  |            |            |               |  |                                     |  |            |            |                     |  |                                     |  |            |            |                     |  |                                     |  |            |            |                               |  |                                     |  |            |            |                           |  |                                     |  |            |            |                     |  |                                     |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                           |  |                                     |  |            |            |                           |  |                                     |  |            |            |                     |  |                                     |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Bore<br/>Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td><u>10</u></td><td><u>0</u></td><td><u>3</u></td><td><u>overburden</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>3</u></td><td><u>22</u></td><td><u>Brown clay</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>22</u></td><td><u>28</u></td><td><u>Gray basalt (Med hard)</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>28</u></td><td><u>39</u></td><td><u>Tan clay</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>39</u></td><td><u>63</u></td><td><u>Grayish scoria</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>63</u></td><td><u>75</u></td><td><u>Orange scoria</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>75</u></td><td><u>84</u></td><td><u>Gray basalt (Med hard)</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>84</u></td><td><u>110</u></td><td><u>Gray basalt (hard)</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>110</u></td><td><u>160</u></td><td><u>Brown clay</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>160</u></td><td><u>209</u></td><td><u>Brown clay (soft)</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>209</u></td><td><u>244</u></td><td><u>Brown clay (sticky)</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>244</u></td><td><u>265</u></td><td><u>Gray basalt (M. hard)</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>265</u></td><td><u>270</u></td><td><u>SCORIA</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>270</u></td><td><u>311</u></td><td><u>Black basalt</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>311</u></td><td><u>326</u></td><td><u>Brown scoria</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>326</u></td><td><u>378</u></td><td><u>Gray basalt (Med hard)</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>378</u></td><td><u>408</u></td><td><u>Decomposed granite</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>408</u></td><td><u>440</u></td><td><u>Hard granite</u></td><td></td><td><input checked="" type="checkbox"/></td></tr></tbody></table> |                               | Bore<br>Diam.    | Depth                               |                   | Material        | Water         |                 | From         | To           | Yes        | No         | <u>10</u>    | <u>0</u>     | <u>3</u>   | <u>overburden</u> |              | <input checked="" type="checkbox"/> |            | <u>3</u>   | <u>22</u> | <u>Brown clay</u> |    | <input checked="" type="checkbox"/> |            | <u>22</u>  | <u>28</u>          | <u>Gray basalt (Med hard)</u> |            | <input checked="" type="checkbox"/> |            | <u>28</u>  | <u>39</u> | <u>Tan clay</u> |  | <input checked="" type="checkbox"/> |  | <u>39</u> | <u>63</u> | <u>Grayish scoria</u> |  | <input checked="" type="checkbox"/> |  | <u>63</u> | <u>75</u> | <u>Orange scoria</u> |  | <input checked="" type="checkbox"/> |  | <u>75</u> | <u>84</u> | <u>Gray basalt (Med hard)</u> |  | <input checked="" type="checkbox"/> |  | <u>84</u> | <u>110</u> | <u>Gray basalt (hard)</u> |  | <input checked="" type="checkbox"/> |  | <u>110</u> | <u>160</u> | <u>Brown clay</u> |  | <input checked="" type="checkbox"/> |  | <u>160</u> | <u>209</u> | <u>Brown clay (soft)</u> |  | <input checked="" type="checkbox"/> |  | <u>209</u> | <u>244</u> | <u>Brown clay (sticky)</u> |  | <input checked="" type="checkbox"/> |  | <u>244</u> | <u>265</u> | <u>Gray basalt (M. hard)</u> |  | <input checked="" type="checkbox"/> |  | <u>265</u> | <u>270</u> | <u>SCORIA</u> |  | <input checked="" type="checkbox"/> |  | <u>270</u> | <u>311</u> | <u>Black basalt</u> |  | <input checked="" type="checkbox"/> |  | <u>311</u> | <u>326</u> | <u>Brown scoria</u> |  | <input checked="" type="checkbox"/> |  | <u>326</u> | <u>378</u> | <u>Gray basalt (Med hard)</u> |  | <input checked="" type="checkbox"/> |  | <u>378</u> | <u>408</u> | <u>Decomposed granite</u> |  | <input checked="" type="checkbox"/> |  | <u>408</u> | <u>440</u> | <u>Hard granite</u> |  | <input checked="" type="checkbox"/> |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br><table border="1"><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>6</u> inches</td><td><u>2</u> feet</td><td><u>249</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br><table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ 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>20</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input 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>250</u> inches | <u>6</u> inches | <u>2</u> feet | <u>249</u> feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches | _____ feet | _____ feet        | _____ inches | _____ inches                        | _____ feet | _____ feet | Number    | From              | To | _____ perforations                  | _____ feet | _____ feet | _____ perforations | _____ feet                    | _____ feet | _____ perforations                  | _____ feet | _____ feet |           |                 |  |                                     |  |           |           |                       |  |            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| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                           |  |                                     |  |            |            |                           |  |                                     |  |            |            |                     |  |                                     |
| <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 _____<br><u>NE 1/4 SW 1/4 Sec. 21, T. 32 N, R. 5 E.</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>Whelan Kott Drilling</u> Firm No. <u>125</u><br>Address <u>Rt. 1 Box 20 T. 32 N. R. 5 E.</u> Date <u>1-25-89</u><br>Signed by (Firm Official) <u>John J. Whelan</u><br>and<br>(Operator) <u>Pat Whelan</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                  |                                     |                   |                 |               |                 |              |              |            |            |              |              |            |                   |              |                                     |            |            |           |                   |    |                                     |            |            |                    |                               |            |                                     |            |            |           |                 |  |                                     |  |           |           |                       |  |                                     |  |           |           |                      |  |                                     |  |           |           |                               |  |                                     |  |           |            |                           |  |                                     |  |            |            |                   |  |                                     |  |            |            |                          |  |                                     |  |            |            |                            |  |                                     |  |            |            |                              |  |                                     |  |            |            |               |  |                                     |  |            |            |                     |  |                                     |  |            |            |                     |  |                                     |  |            |            |                               |  |                                     |  |            |            |                           |  |                                     |  |            |            |                     |  |                                     |

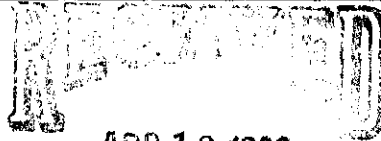


State of Idaho

# DEPARTMENT OF WATER RESOURCES

NORTHERN REGION, Suite 210 • 1910 Northwest Blvd. • Coeur d'Alene, Idaho 83814 • (208) 765-4639

CECIL D. ANDRUS  
Governor



R. KEITH HIGGINSON  
Director

April 7, 1989

APR 12 1989

Mountain View Inc.  
Box 129  
Winchester, Id. 83555

Department of Water Resources

Re: 81-7145

Gentlemen:

Dear Permitholder:

We acknowledge receipt of your statement of completion of water development use for the above-referenced permit.

Before a license can be issued, a field examination must be made by a representative of this Department. We do not know at this time when he will be able to conduct the examination; however, the examiner will try to contact you prior to the time the examination is made so that you may demonstrate the system. If you will not be available to show the system, please provide this office with the name and address of someone who will be able to do so. Your permit will remain valid until the examination is made.

If you have any questions concerning the field examination, please contact this office. Please be sure to use the above-referenced permit number in all future correspondence concerning this examination.

Sincerely,

/s/  
TOM D. KING  
Senior Water Resource Agent

TDK/pms

MICROFILMED

MAY 15 1989



1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 81-7145

Date: 3.22.89

General Considerations:

Y Name same as permit  
Y Signature the same as permit holder  
N Address change \_\_\_\_\_ If yes, prepare a data entry  
Y Proof received timely \_\_\_\_\_  
\_\_\_\_\_ Reinstated

Source of Water:

\_\_\_\_\_ Surface water  
Y Groundwater  
\_\_\_\_\_ 1. well log in file  
N/A 2. drilling permit  
\_\_\_\_\_ A. amount of drilling fee paid for proposed uses

Extent of Use and Rate of Diversion:

Y Rate of diversion appropriate for uses  
Y Is rate or volume and fee appropriate?  
N Has permit holder indicated when water was first put to a beneficial use?

Measuring Device:

N/A Is a measuring device or access port required?  
N/A Has one been installed?  
N/A Waiver or modification of measuring device requested

Remarks:

Proof acceptable

N/A

Priority Calculation:

|                     |       |       |
|---------------------|-------|-------|
| Date proof received | _____ | _____ |
| Date proof due      | _____ | -     |
| No. of days late    | _____ | =     |
| Priority date       | _____ | +     |
| NEW PRIORITY DATE   | _____ | =     |

SEND FILES TO DATA ENTRY AND THEN TO MICROFILM

03/86

**RECEIVED**

DEC 19 1988

No \$ enc. Hm  
Department of Water Resources

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

## PROOF OF BENEFICIAL USE

For Office Use Only  
 Fee Received \_\_\_\_\_  
 Date \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Receipt by \_\_\_\_\_  
 Reviewed by JS  
 Sent to region \_\_\_\_\_

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. 81-07105 <sup>81-7145-</sup>Name(s) of Permit Holder: Mt View IncPost Office Address: Box 129 Winchester, Ida 83555Telephone No. 924-5767Source of Water: Well Groundwater

Extent of Use:

Domestic ✓ 10 (number of households) Stockwater \_\_\_\_\_ (number and type of stock)

Irrigation \_\_\_\_\_ (acres) Other/Remark \_\_\_\_\_

Total rate and/or volume for which proof is submitted 0.4 CFS cfs \_\_\_\_\_ acre-feet

Show the date water was first diverted and beneficially used under this permit: \_\_\_\_\_

Measuring Device: Required? Yes X No  
 Installed? Yes No

Fee enclosed \$ 0  
 (See License Examination Fee Schedule)

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

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

Pat Ripe 926-4482  
 (Name) (Telephone Number)

Rt 1 Box 63 Keosauha Ida  
 (Address)

The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho.

MAY 15 1989

12-14-88  
 Date

Lloyd Welton Osborn  
 Signature of Permit Holder (and title, if appropriate)

JAN 30 1989

## 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.

| <div style="text-align: center;">Department of Water Resources</div> <b>1. WELL OWNER</b><br><br>Name <u>Floyd Welborn</u><br>Address <u>Keosauqua Td.</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>7. WATER LEVEL</b><br><br>Static water level <u>270</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature _____ °F. Quality <u>Good</u><br><small>Describe artesian or temperature zones below.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <b>2. NATURE OF WORK</b><br><br><input checked="" 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><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> 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 style="text-align: center;"><u>10</u></td><td></td><td style="text-align: center;"><u>1.50</u></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>10</u>          |                 | <u>1.50</u>     |                  |              |              |            |            |              |              |                   |            |              |              |            |            |                   |      |          |                    |            |            |                               |            |            |                    |            |            |                 |  |          |  |           |           |                       |  |          |  |           |           |                      |  |          |  |           |           |                               |  |          |  |           |            |                           |  |          |  |            |            |                   |  |          |  |            |            |                          |  |          |  |            |            |                            |  |          |  |            |            |                              |  |          |  |            |            |               |  | 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| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <u>10</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>3. PROPOSED USE</b><br><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>9. LITHOLOGIC LOG</b> <table border="1" 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 colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>N</th></tr></thead><tbody><tr><td style="text-align: center;"><u>10</u></td><td style="text-align: center;"><u>0</u></td><td style="text-align: center;"><u>3</u></td><td><u>overburden</u></td><td></td><td style="text-align: center;"><u>X</u></td></tr><tr><td></td><td style="text-align: center;"><u>3</u></td><td style="text-align: center;"><u>22</u></td><td><u>Brown Clay</u></td><td></td><td style="text-align: center;"><u>!</u></td></tr><tr><td></td><td style="text-align: center;"><u>22</u></td><td style="text-align: center;"><u>28</u></td><td><u>Gray basalt (Med hard)</u></td><td></td><td style="text-align: center;"><u>!</u></td></tr><tr><td></td><td style="text-align: center;"><u>28</u></td><td style="text-align: center;"><u>39</u></td><td><u>Tan clay</u></td><td></td><td style="text-align: center;"><u>X</u></td></tr><tr><td></td><td style="text-align: center;"><u>39</u></td><td style="text-align: center;"><u>63</u></td><td><u>Grayish scoria</u></td><td></td><td style="text-align: center;"><u>X</u></td></tr><tr><td></td><td style="text-align: center;"><u>63</u></td><td style="text-align: center;"><u>75</u></td><td><u>Orange scoria</u></td><td></td><td style="text-align: center;"><u>X</u></td></tr><tr><td></td><td style="text-align: center;"><u>75</u></td><td style="text-align: center;"><u>84</u></td><td><u>Gray basalt (Med hard)</u></td><td></td><td style="text-align: center;"><u>X</u></td></tr><tr><td></td><td style="text-align: center;"><u>84</u></td><td style="text-align: center;"><u>110</u></td><td><u>Gray basalt (hard)</u></td><td></td><td style="text-align: center;"><u>!</u></td></tr><tr><td></td><td style="text-align: center;"><u>110</u></td><td style="text-align: center;"><u>160</u></td><td><u>Brown clay</u></td><td></td><td style="text-align: center;"><u>X</u></td></tr><tr><td></td><td style="text-align: center;"><u>160</u></td><td style="text-align: center;"><u>209</u></td><td><u>Brown clay (soft)</u></td><td></td><td style="text-align: center;"><u>X</u></td></tr><tr><td></td><td style="text-align: center;"><u>209</u></td><td style="text-align: center;"><u>244</u></td><td><u>Brown clay (sticky)</u></td><td></td><td style="text-align: center;"><u>!</u></td></tr><tr><td></td><td style="text-align: center;"><u>244</u></td><td style="text-align: center;"><u>265</u></td><td><u>Gray basalt (M. hard)</u></td><td></td><td style="text-align: center;"><u>!</u></td></tr><tr><td></td><td style="text-align: center;"><u>265</u></td><td style="text-align: center;"><u>270</u></td><td><u>Scoria</u></td><td></td><td style="text-align: center;"><u>X</u></td></tr><tr><td></td><td style="text-align: center;"><u>270</u></td><td style="text-align: center;"><u>311</u></td><td><u>Block basalt</u></td><td></td><td style="text-align: center;"><u>X</u></td></tr><tr><td></td><td style="text-align: center;"><u>311</u></td><td style="text-align: center;"><u>326</u></td><td><u>Brown scoria</u></td><td></td><td style="text-align: center;"><u>X</u></td></tr><tr><td></td><td style="text-align: center;"><u>326</u></td><td style="text-align: center;"><u>378</u></td><td><u>Gray basalt (Med hard)</u></td><td></td><td style="text-align: center;"><u>X</u></td></tr><tr><td></td><td style="text-align: center;"><u>378</u></td><td style="text-align: center;"><u>408</u></td><td><u>Decomposed granite</u></td><td></td><td style="text-align: center;"><u>X</u></td></tr><tr><td></td><td style="text-align: center;"><u>408</u></td><td style="text-align: center;"><u>440</u></td><td><u>Hard granite</u></td><td></td><td style="text-align: center;"><u>X</u></td></tr></tbody></table> | Bore<br>Diam.    | Depth                         |              | Material           | Water           |                 | From             | To           | Yes          | N          | <u>10</u>  | <u>0</u>     | <u>3</u>     | <u>overburden</u> |            | <u>X</u>     |              | <u>3</u>   | <u>22</u>  | <u>Brown Clay</u> |      | <u>!</u> |                    | <u>22</u>  | <u>28</u>  | <u>Gray basalt (Med hard)</u> |            | <u>!</u>   |                    | <u>28</u>  | <u>39</u>  | <u>Tan clay</u> |  | <u>X</u> |  | <u>39</u> | <u>63</u> | <u>Grayish scoria</u> |  | <u>X</u> |  | <u>63</u> | <u>75</u> | <u>Orange scoria</u> |  | <u>X</u> |  | <u>75</u> | <u>84</u> | <u>Gray basalt (Med hard)</u> |  | <u>X</u> |  | <u>84</u> | <u>110</u> | <u>Gray basalt (hard)</u> |  | <u>!</u> |  | <u>110</u> | <u>160</u> | <u>Brown clay</u> |  | <u>X</u> |  | <u>160</u> | <u>209</u> | <u>Brown clay (soft)</u> |  | <u>X</u> |  | <u>209</u> | <u>244</u> | <u>Brown clay (sticky)</u> |  | <u>!</u> |  | <u>244</u> | <u>265</u> | <u>Gray basalt (M. hard)</u> |  | <u>!</u> |  | <u>265</u> | <u>270</u> | <u>Scoria</u> |  | <u>X</u> |  | <u>270</u> | <u>311</u> | <u>Block basalt</u> |  | <u>X</u> |  | <u>311</u> | <u>326</u> | <u>Brown scoria</u> |  | <u>X</u> |  | <u>326</u> | <u>378</u> | <u>Gray basalt (Med hard)</u> |  | <u>X</u> |  | <u>378</u> | <u>408</u> | <u>Decomposed granite</u> |  | <u>X</u> |  | <u>408</u> | <u>440</u> | <u>Hard granite</u> |  | <u>X</u> |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <b>4. METHOD DRILLED</b><br><br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>10.</b><br><br>Work started <u>June 6, 1977</u> finished <u>June 14, 1977</u>                                                                                                                                                                                                                                                                                                                                                            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| <b>5. WELL CONSTRUCTION</b><br><br>Casing schedule: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ <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>6</u> inches</td><td><u>+ 2</u> feet</td><td><u>-249</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ 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>_____ perforations</td><td>_____ feet</td><td>_____ 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>20</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld<br><input type="checkbox"/> Cemented between strata<br><br>Describe access port _____ | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                         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   |           |                       |  |          |  |           |           |                      |  |          |  |           |           |                               |  |          |  |           |            |                           |  |          |  |            |            |                   |  |          |  |            |            |                          |  |          |  |            |            |                            |  |          |  |            |            |                              |  |          |  |            |            |               |  |          |  |            |            |                     |  |          |  |            |            |                     |  |          |  |            |            |                               |  |          |  |            |            |                           |  |          |  |            |            |                     |  |          |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>.250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <b>6. LOCATION OF WELL</b><br><br>Sketch map location <u>must</u> agree with written location. <div style="text-align: center;">N<br/>W E<br/>S</div> <div style="text-align: center;">Subdivision Name <u>MICROFILMED</u><br/>Lot No. _____ Block No. <u>15</u><br/>County <u>NE 1/4 SW 1/4 Sec. 21, T. 32 N. R. 5 E.</u></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>11. DRILLERS CERTIFICATION</b><br><br>I/We certify that all minimum well construction standards were<br>complied with at the time the rig was removed.<br><br>Firm Name <u>Uhlenkott Drilling</u> Firm No. <u>125</u><br>Address <u>Rt. 1 Box 20 FENN</u> Date <u>1 25 79</u><br>Signed by (Firm Official) <u>Uhlenkott</u><br>and<br>(Operator) <u>Pat Uhlenkott</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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State of Idaho  
DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 - (208) 334-7900

CECIL D. ANDRUS  
GOVERNOR  
R. KEITH HIGGINSON  
DIRECTOR

January 20, 1989

Ray Uhlenkott  
Uhlenkott Well Drilling  
Route 1, Box 20  
Fenn, ID 83531

RE: Well Log - Floyd Welborn

Dear Mr. Uhlenkott:

Please provide a driller's report for the above referenced well which you drilled in 1977.

The well is located in SW $\frac{1}{4}$ SE $\frac{1}{4}$  Sec. 20, T32N, R5E; however, your records may show the well in the NE $\frac{1}{4}$ SW $\frac{1}{4}$  Sec. 21, T32N, R5E.

Please provide the log within 30 days. If you did not drill the well or cannot provide a log, please let me know.

Sincerely,

JOHN E. BEAL  
Groundwater Protection Section

JEB:ldt

CC: 81-7145

MICROFILMED

MAY 15 1989



State of Idaho  
DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 - (208) 334-7900

CECIL D. ANDRUS  
GOVERNOR  
R. KEITH HIGGINSON  
DIRECTOR

January 12, 1989

Ray Uhlenkott  
Uhlenkott Well Drilling  
Route 1, Box 20  
Fenn, ID 83531

RE: Well Log

Dear Mr. Uhlenkott:

Please provide a drillers report for the above referenced well which you drilled in 1979, 1980 or 1981.

Please provide the log within 30 days. If you did not drill the well or cannot provide a log, please let me know.

Sincerely,

A handwritten signature in cursive script that reads "John E. Beal".

JOHN E. BEAL  
Groundwater Protection Section

JEB:ldt(GP14-1.35)

CC: 81-7145

RECEIVED  
MAY 15 1989

WELL LOG

Department of Water Resources

# UHLENKOTT WELL DRILLING AND SUPPLIES

PUMP SALES AND SERVICE

FENN, IDAHO 83531

Phone 962-3923

WELL NO. CP#1-Well  
#249

Well log is  
on page (2)

OWNER OF WELL Floyd Welborn  
LOCATION OF WELL NE 1/4 / SW 1/4 / S-21 / T-32N / R-5-E  
NEAREST POST OFFICE Winchester Kootenai  
STATE Idaho COUNTY Latah  
DRILLING BEGUN June 6, 1977 WELL FINISHED June 14, 1977

## Well Record

4" liner X 160 PSI  
CASING SIZE 6 5/8" X .250 CASING DEPTH 4" From 240' to 440'  
HOLE SIZE 6 inch HOLE DEPTH 6 5/8" to 250' 2" A.G.S.  
CAPACITY OF WELL 8 to 10 GPM Static: 270 feet B.G.S.  
PUMP SETTINGS Check pump records  
CASING PERFORATIONS 60 feet of 4" liner From 380' to 440'

## Invoice

DATE August 4, 1977

| Item                       | Unit Price | Amount      |
|----------------------------|------------|-------------|
| 6inch drilling -- 440 feet | \$ 9.00    | \$ 3,960.00 |
| 8 inch reaming -- 248 feet | 4.00       | 992.00      |
| 6 inch casing -- 251 feet  | 5.00       | 1,255.00    |
| 6 inch drive shoe -- 1     | 27.50      | 27.50       |
| 4 inch PVC -- 200 feet     | 2.70       | 540.00      |
| Bentonite -- 3 sacks       | 6.00       | 18.00       |

Hit water between  
355 feet & 380 feet

TOTAL AMOUNT DUE \$ 6,774.50

(pat)

MEMO:

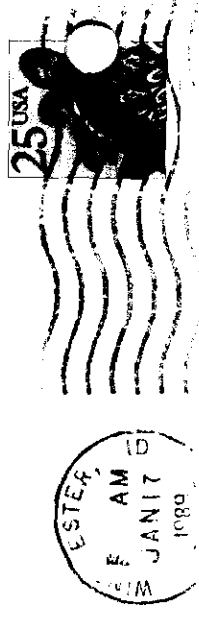
*Paid in full 8-9-77*

**MICROFILMED**

MAY 15 1989

William  
Winchester  
Ida.

Permit # 81-7145  
at Pita Creek



State of Idaho  
Department of Water Resources  
1301 North Orchard Street  
Boise, Idaho )  
83706-2237

## CONVERSATION MEMORANDUM

DATE 1-11-1989FILE 81-7145NAME OF PARTY Floyd Welborn  
EMPLOYEE Pete Fleck

RE: \_\_\_\_\_

well driller - Uhlem Cott 962-3209  
year - 79, 80 or 81 962-7790  
Casing - as far as possible to bedrock  
output (gpm) approx. - 45  
depth - approx. 420 ft

Mr. Floyd L. Welborn called per  
our letter dated January 9. He have  
me what information he could  
recall. He is attempting to get a  
copy of well log from driller.  
(Note the year well was drilled.  
Permit holder does not require a  
drilling permit.

MICROFILMED

MAY 15 1989

January 9, 1989

Mountain View Inc.  
P.O. Box 129  
Winchester, ID 83555

RE: Permit No. 81-7145

Dear Permit Holder:

The department has reviewed the proof of beneficial use (proof) which you submitted in connection with the above referenced permit. A review of the file shows that you have not applied for a drilling permit (which is a separate requirement from the water right permit).

A drilling permit is required for all wells drilled, deepened or enlarged after July 1, 1987 (Section 42-235, Idaho Code). As a condition of the water right permit, you need to submit a completed drilling permit form together with a drilling permit fee in the amount of \$10 made payable to the Idaho Department of Water Resources. Enclosed is a form for your use.

Also, the department does not have a copy of the well log. If you have a well driller's report, please send a copy to the department.

Please provide the appropriate information by February 9, 1989. Upon receipt of the requested information, the department will continue processing the proof by notifying the region that a field exam is needed.

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

Sincerely,

RITA I. FLECK  
Secretary/Records Manager

Encl: 1

c: Region

MicroFILMED

MAY 15 1989

MAY 15 1989

December 22, 1988

Mt. View Inc.  
Floyd Welborn  
P.O. Box 129  
Winchester, ID 83555

RE: Permit No. ~~81-7105~~ 81-7145

Dear Mr. Welborn:

The department reviewed the proof of beneficial use form received in this office December 19, 1988. Please note that the water right permit is real property, therefore, the permit should be assigned to you.

If Charles W. and Charlotte G. Cram wish to assign the water right to you or have both your names on the permit, they may fill out the Assignment form enclosed with their copy of this letter and have it notarized.

Upon receipt of the Assignment form the department will convey the permit and continue processing the proof of beneficial use.

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

Sincerely,

RITA I. FLECK  
Secretary/Records Manager

Enclosures

c: Charles W. and Charlotte G. Cram/Assignment Form  
N. Region

MICROFILMED

MAY 15 1989

*This letter went out in error since the proof had the wrong permit number on it.*

1-3-88

*ry*

S T A T E   O F   I D A H O  
D E P A R T M E N T   O F   W A T E R   R E S O U R C E S

-----

Statehouse  
Boise, Idaho 83720  
(208) 334-7900  
December 5, 1988

MOUNTAIN VIEW INC.  
C/O FLOYD L. WELBORN  
P.O. BOX 129  
WINCHESTER, ID 83555

P E R M I T   A P P R O V A L   N O T I C E

RE: PERMIT NO.            81-07145

Dear Permit Holder:

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

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

We have enclosed a form entitled "Instructions for Proof of Beneficial Use". Please read the instructions carefully since you must take further action to develop this permit. Also enclosed for your convenience is a form entitled "Proof of Beneficial Use" that must be submitted to the Department when your project is completed.

Sincerely,

GARY SPACKMAN, Supervisor  
Water Rights Permits Section

GS: SC  
Enclosures

**MICROFILMED**

DEC 19 1988

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY RGH DATE 6/17/88 APPLICATION NUMBER 81-7145

REQUIRED INFORMATION

- ☒ Name (If applicant is a corporation or partnership, names must be provided for the director, officers, & other partners.)  
☒ Address  
☒ Source (See USGS Quad for names of water sources)  
☒ Point of Diversion (10 acres for spring, lot & block descriptions for subdivisions, local name, flow and/or volume)  
☒ County  
☒ Quantity (flow and/or volume)  
☒ Period of Use  
☒ Nature of proposed use (Include description of use.)  
☒ Description of diverting works  
☒ Time required for beneficial use of water  
☒ Place of use or acres irrigated  
☒ Map  
☒ Signature (If applicant is corp. partnership, or municipality, title of signator is required)  
☒ Fee  
☒ Yes ☐ No\* In form to receipt

ADDITIONAL INFORMATION

- ☐ Overlapping place of use (Describe source & relationship to present application on the back.)  
☐ Overlapping point of diversion  
☐ Yes ☒ No Field check required  
Field check by \_\_\_\_\_  
☐ Yes ☒ No Field report attached  
☐ Yes ☒ No Critical groundwater area  
☐ Yes ☒ No Groundwater management area  
☐ Yes ☒ No Send dam safety information  
☐ Yes ☒ No Send power requirement letter  
☐ Yes ☒ No Send fish farm requirement letter  
☐ Yes ☒ No Power residency affidavit  
☐ Yes ☒ No Power efficiency form  
☐ Yes ☒ No Within trustwater boundary (If yes, attach trust water supplementary analysis sheet.)  
☐ Yes ☒ No Diversion greater than 5 cfs or 500 acre ft. (If yes, attach large diversion supplementary analysis sheet.)  
☐ See reverse side for additional information

\*REQUEST THE FOLLOWING ADDITIONAL INFORMATION FROM THE APPLICANT

Date Requested

OCT 24 1988

Department of Water Resources

PROCESSING

☒ Yes ☒ No In form for advertising  
☐ Yes ☒ No Statewide advertising  
☒ Yes ☐ No Fee amount, receipt date & No. recorded on application

SEND COPIES TO

☐ Idaho Dept. of Health & Welfare ☐ U.S. BLM  
☐ Idaho Dept. of Fish & Game ☐ U.S. Forest Service  
☐ Idaho Dept. of Lands ☐ Water District  
☐ Adjudication Bureau Unit ☐ Other \_\_\_\_\_

FINAL REGIONAL PROCESSING REVIEW

☒ Yes ☐ No Affidavit of publication received  
☒ Yes ☐ No Application published correctly. If not, record action taken.

☒ Yes ☐ No Publication dates & paper, recorded on application  
☐ Yes ☒ No Protests received  
Final date for protest 10/11/88  
☐ Yes ☒ No Protests, dates, resolution of protest, recorded on application  
☐ Yes ☒ No Recommendations attached  
☐ Yes ☒ No Measuring device required  
☐ Yes ☒ No Access port required  
☐ Yes ☒ No Will water be delivered by watermaster? If yes, what Dist. \_\_\_\_\_  
☐ Yes ☒ No Special conditions of approval or cover letter below. \_\_\_\_\_

☐ See below for additional information  
Date of priority recommended 6/13/1988  
By RyA Date 10/13/88

STATE OFFICE REVIEW

P23

P16

46

☐ See below for additional information  
By KW Date 11/28/88

ADDITIONAL INFORMATION



State of Idaho  
**DEPARTMENT OF WATER RESOURCES**

NORTHERN REGION, Suite No. 9 • 4055 Government Way • Coeur d'Alene, Idaho 83814 • (208) 765-4639

CECIL D. ANDRUS  
Governor

R. KEITH HIGGINSON  
Director

Dear Claimant:

The Department of Water Resources acknowledges receipt of your water right application for permit.

This office is currently in the process of advertising the application in the local county newspaper. 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 for the fee involved in filing this application.

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

Sincerely,

ROBERT G. HAYNES, P.E.  
Regional Manager

RGH/pms  
Enc. - Receipt

**MICROFILMED**

DEC 19 1988

81-07145

MOUNTAIN VIEW INC.  
C/O FLOYD L. WELBORN  
P.O. BOX 129  
WINCHESTER, ID 83555

Source: GROUNDWATER

Diversion Pt: NWSWSE Sec 20 T 32N R 05E

Use: COMMERCIAL ( .040 CFS)

Date Filed: 9/01/1988

In: T32N R05E S20 SWSE

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DEC 19 1988



State of Idaho  
**DEPARTMENT OF WATER RESOURCES**  
NORTHERN REGION, Suite No. 9 • 4055 Government Way • Coeur d'Alene, Idaho 83814 • (208) 765-4639

CECIL D. ANDRUS  
Governor

R. KEITH HIGGINSON  
Director

June 14, 1988

Mr. Floyd Welborn  
Mountain View Inc.  
P.O. Box 129  
Winchester, Id. 83555

Dear Mr. Welborn:

Idaho Code requires that our Department obtain a mailing list of all officers and directors of any corporation filing a water right.

Please provide us with this information so that we may proceed with the filing of your water right.

Sincerely,

ROBERT G. HAYNES, P.E.  
Regional Manager

RGH/pms

8/30/88

SPOKE WITH MANAGER  
LEFT MSG. GIVING  
30 DAYS FOR MR.  
WELBORN TO SEND  
LIST OF BOARD OF  
DIRECTORS

JK

**MICROFILMED**

DEC 19 1988