

JAN 24 2022

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY	
Amt. of Fee \$	<u>50</u>
Receipt No.	<u>C111768</u>
Received By	<u>LM</u>
Date Received	<u>1.24.22</u>

The Idaho Department of Water Resources (Department) considers this form a statement that the permit holder(s) applied water to beneficial use and completed development of a water right to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner (CWRE).** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, complete an Assignment of Permit form. If you wish to relinquish your permit because you have not established the authorized water use and are not applying for an extension, please notify the Department in writing.

1. Permit No. 95-17259 Name of Permit Holder(s) GALLOWAY HOMEOWNERS ASSOC.
 Telephone No. 208-446-9930 Email mr.dave.galloway@gmail.com
 Mailing Address 3283 E Axehandle RD City HARRISON State ID Zip 83833
2. Source of Water _____ If Ground Water (well), Date Drilled mo. 6/1 / yr. 2017
 Drilling Permit/Tag No. 0073547 Drilling Company's Name INTERSTATE Drilling LLC

3. Extent of use(s) completed as authorized by the water right permit:

Domestic (No. households) 2 Irrigation (No. acres) 0 Stockwater (No. and stock type) NONE
 Other _____ (NOTE TOTAL USE = .018 CFS)

4. Total diversion rate or volume (storage only) for which proof is submitted 0.10 cfs OR _____ af
 If the total developed water use is 5 acres of irrigation or less, is stockwater storage of 14.6 acre-feet or less, or has a diversion rate of less than 0.24 cfs, attach a map of the place of use and point of diversion and photographs showing beneficial use.

5. Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)

Single pump 1.5 HP in 500' well to shared well house.
well house is Diversion point to split to (2) Homes

6. Permit condition compliance. Refer to the permit approval conditions and check all the items required, then check "Yes" or "No" to indicate whether the required items were established, submitted, and/or installed:

Required? Yes No (If "Yes", attach required data, evidence of compliance, or evidence of installation)

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|--|
| ☒ | ☐ | ☐ | Ground water level data, pumping information, or other diversion data |
| ☒ | ☐ | ☐ | Mitigation plan |
| ☒ | ☐ | ☐ | Lockable controlling works |
| ☒ | ☐ | ☐ | Measuring device |
| ☒ | ☐ | ☐ | Fish screen |
| ☒ | ☒ | ☐ | Other requirements of the water right permit <u>Commence within 1 year of 2017 (2 Homes vs. 3)</u> |
| ☐ | ☒ | ☐ | Reasonably Anticipated Future Needs ("RAFN") Municipal use |

If RAFN Municipal use, additional increment of beneficial use developed? ☐ Yes (attach CWRE report) ☒ No

7. Fee Enclosed \$ 50 or ☐ CWRE field report attached or ☒ No fee required? 8 gpm = 0.017 CFS
 See fee schedule on page 3 of the instructions. Proof statements filed without an appropriate fee are incomplete.

8. Person to contact to accompany a Department representative during the field examination of the water system:

Name: DAVID GALLOWAY Telephone No. 208-446-9930 Email mr.dave.galloway@gmail.com
 Mailing Address 3283 E Axehandle RD City HARRISON State ID Zip 83833

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

David R Galloway
 SIGNATURE OF PERMIT HOLDER*

DAVID R GALLOWAY
 PRINTED NAME AND TITLE

1/18/22
 DATE

*Attach power of attorney if completing on behalf of permit holder.

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0073547

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER: _____

Name David Galloway & Amber Loewe

Address 9007 N. Government St

City Spokane State WA Zip 99208

3. WELL LOCATION:

Twp 49 North ☒ or South ☐ Rge 3 East ☐ or West ☒

Sec. 16 1/4 NW 1/4 SW 1/4

Gov't Lot _____ County Kootenai

Lat. 47 35.339N (Deg. and Decimal minutes)

Long 116 44.457W (Deg. and Decimal minutes)

Address of Well Site 5340 E. Burma Rd

City Harrison

Lot _____ Blk _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection

☐ Other _____

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well

☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite	0	38	1150lbs	pour around pipe

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	-38	2.50	Steel	☒	☐	☐	☒
4"	-18	-508	sch40	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) -38ft georocfor shoe

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skillsaw

Manufactured screen ☐ Y ☐ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
-308	-508	1/4x8	50	4"	PVC	Sch 40

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
None				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device Well Cap

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 155 ft Static water level (ft) 162 ft

Water temp. (°F) Cold Bottom hole temp. (°F) _____

Describe access port Well Cap

Well test: _____ Test method: _____

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Barter	Air	Flowing artesian
8 gpm from	508 ft for	1.5 hrs	☐	☐	☒	☐

Water quality test or comments: Cold & Clear/ No Odor

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
10"	0	2	topsoil		X
	2	31	clay with little shale		X
	31	55	shale broken with little clay		X
6"	55	118	shale tan		X
	118	135	shale grey		X
	135	240	shale tan 1/2 gpm	X	
	240	340	shale grey 3 gpm total	X	
	340	355	shale brown 4 gpm total	X	
	355	380	shale blue 5.5 gpm total	X	
	380	415	shale brown 6 gpm total	X	
	415	508	shale blue 8 gpm total	X	

Total of 8 gpm at 508 Ft



IDAHO DEPARTMENT OF
WATER RESOURCES

322 E Front Street, Suite 648, Boise ID 83702 • PO Box 83720, Boise ID 83720-0098
Phone: 208-287-4800 • Fax: 208-287-6700 • Email: idwrinfo@idwr.idaho.gov • Website: idwr.idaho.gov

Governor Brad Little
January 26, 2022

Director Gary Spackman

GALLOWAY HOMEOWNERS ASSN
C/O DAVE GALLOWAY
3283 E AXEHANDLE
HARRISON ID 83833-0056

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 95-17259

Dear Permit Holder:

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the Department to conduct a field examination to determine and confirm the use being made of the water.

Please be advised that Idaho Code § 42-248, requires you or the owner of this water right to maintain current ownership and address records on file with the Department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any Department office or at the Department's website at www.idwr.idaho.gov.

If you have any questions concerning the field examination, please contact the Northern Region Office of the Department located in Coeur d'Alene at (208) 762-2800.

Sincerely,

Debbi Judd
Technical Records Specialist

Enclosures

c: HMM ENGINEERING – *via email*