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JAN 10 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 \$ \_\_\_\_\_

Receipt No. \_\_\_\_\_

Received By \_\_\_\_\_

Date Received \_\_\_\_\_

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.

- Permit No. 809016 Name of Permit Holder(s) MARK & DOROTHY LADEWIG  
Telephone No. 425 922 0235 Email mark.ladewig@yahoo.com  
Mailing Address P.O. Box 690 City RATHDRUM State ID Zip 83858
- Source of Water ground water well Ground Water (well), Date Drilled mo. 11 / yr. 2003  
Drilling Permit/Tag No. 0033323 Drilling Company's Name BRONSON WATER WELLS
- Extent of use(s) completed as authorized by the water right permit:  
Domestic (No. households) 1 Irrigation (No. acres) 1 Stockwater (No. and stock type) \_\_\_\_\_  
Other USED FOR DRINKING, SHOWERS AND WATERING OUR LAWN.
- Total diversion rate or volume (storage only) for which proof is submitted 0.0178 cfs OR 12.91 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.*
- Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)  
PUMP @ 8 GPM STORAGE IN 3000 GALLON CISTERN  
USED FOR SINGLE FAMILY DWELLING (8 GPM = 0.0178 CFS)
- 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)  

|                          |                          |                                                                                                           |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Ground water level data, pumping information, or other diversion data |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Mitigation plan                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Lockable controlling works                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Measuring device                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Fish screen                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Other requirements of the water right permit _____                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Reasonably Anticipated Future Needs ("RAFN") Municipal use            |

If RAFN Municipal use, additional increment of beneficial use developed? ☐ Yes (attach CWRE report) ☐ No
- Fee Enclosed \$ \_\_\_\_\_ or ☐ CWRE field report attached or ☐ No fee required  
*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: SEE ABOVE Telephone No. \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

SIGNATURE OF PERMIT HOLDER

PRINTED NAME AND TITLE

DATE

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

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

|                    |           |             |  |
|--------------------|-----------|-------------|--|
| Office Use Only    |           |             |  |
| Well ID No. _____  |           |             |  |
| Inspected by _____ |           |             |  |
| Twp _____          | Rge _____ | Sec _____   |  |
| 1/4 _____          | 1/4 _____ | 1/4 _____   |  |
| Lat: _____         |           | Long: _____ |  |

1. WELL TAG NO. D 0033323  
DRILLING PERMIT NO. 809016  
Water Right or Injection Well No. \_\_\_\_\_

2. OWNER:

Name Mark & Dorothy Ladewig  
Address 12460 N E 164th St  
City Woodinville State WA Zip 98072

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 52 North ☒ or South ☐  
Rge. 5 East ☐ or West ☒  
Sec. 35 1/4 SE 1/4 NE 1/4  
Gov't Lot \_\_\_\_\_ County Kootenai  
Lat: \_\_\_\_\_ Long: \_\_\_\_\_  
Address of Well Site Hidden Valley RD  
City Rathdrum  
(Give all east name of road + distance to Road or Landmark)  
Lt. \_\_\_\_\_ Blk. \_\_\_\_\_ Sub. Name \_\_\_\_\_

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation  
☐ Thermal ☐ Injection ☐ Other \_\_\_\_\_

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other \_\_\_\_\_

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other \_\_\_\_\_

7. SEALING PROCEDURES

| Seal Material | From | To | Weight / Volume | Seal Placement Method |
|---------------|------|----|-----------------|-----------------------|
| bentonite     | 0    | 18 | 300lbs          | overbore              |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 35ft

Was drive shoe seal tested? ☐ Y ☒ N How? \_\_\_\_\_

8. CASING/LINER:

| Diameter | From | To  | Gauge | Material | Casing                              | Liner                               | Welded                              | Threaded                 |
|----------|------|-----|-------|----------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 6        | +2   | 35  | 250   | steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4        | -8   | 365 | 160   | pvc      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

Packer ☐ Y ☒ N Type \_\_\_\_\_

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method saw

Screen Type & Method of Installation pvc

| From | To  | Slot Size | Number | Diameter | Material | Casing                   | Liner                               |
|------|-----|-----------|--------|----------|----------|--------------------------|-------------------------------------|
| 277  | 297 | 1/8x5     | 30     | 4        | pvc      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 357  | 365 | .010      |        | 4        | pvc      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

10. FILTER PACK

| Filter Material | From | To | Weight / Volume | Placement Method |
|-----------------|------|----|-----------------|------------------|
|                 |      |    |                 |                  |

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

95 ft. below ground Artesian pressure \_\_\_\_\_ lb.  
Depth flow encountered \_\_\_\_\_ ft. Describe access port or control devices: cap

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

| Yield gal/min. | Drawdown | Pumping Level | Time |
|----------------|----------|---------------|------|
| 8              |          | 360           | 1hr  |

Water Temp. cold Bottom hole temp. \_\_\_\_\_

Water Quality test or comments: clear

Depth first Water Encounter 165

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

| Bore Dia. | From | To  | Remarks: Lithology, Water Quality & Temperature | Y | N |
|-----------|------|-----|-------------------------------------------------|---|---|
| 8         | 0    | 18  | sand&gravel                                     |   |   |
| 6         | 18   | 35  | sand&gravel                                     |   |   |
|           | 35   | 95  | decomposed broken granite                       |   |   |
|           | 95   | 130 | firm salt&pepper                                |   |   |
|           | 130  | 190 | decomposed broken granite                       |   |   |
|           | 190  | 225 | soft salt&pepper                                |   |   |
|           | 225  | 300 | firm salt&pepper                                |   |   |
|           | 300  | 302 | fractured granite                               |   | X |
|           | 302  | 343 | firm salt&pepper                                |   |   |
|           | 343  | 345 | fractured salt&pepper                           |   | X |
|           | 345  | 365 | salt&pepper                                     |   |   |

RECEIVED

IDWR North

Completed Depth 365ft (Measurable)

Date: Started 11-24 Completed 11-26-03

14. DRILLER'S CERTIFICATION

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

Company Name Bronson Water Wells Firm No. 360

Principal Driller Clint Bronson Date 11/28/03

and Driller or Operator II \_\_\_\_\_ Date \_\_\_\_\_

Operator I \_\_\_\_\_ Date \_\_\_\_\_

Principal Driller and Rig Operator Required.  
Operator I must have signature of Driller/Operator II.

52N 5W 35