

FORM 2007 Rev 10/9/16

84421

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

Ident. No. 95-18015

OCT 02 2020

APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

IDWR/NORTH

1. Name of applicant(s) FOREST & CATHERINE BROOKS Phone 907-351-3520

Mailing address 475 S PRESTIGE CT City POST FALLS
 State ID ZIP 83854-0123 Email scbrooks5042@hotmail.com

2. Name of representative, if any _____ Phone _____

Mailing address _____ City _____

State _____ ZIP _____ Email _____

- a. ☐ Send all correspondence for this application to the representative and not to the applicant OR
☐ Send original correspondence to the applicant and copies to the representative.
- b. ☐ The representative may submit information for the applicant but is not authorized to sign for the applicant OR
☐ The representative is authorized to sign for the applicant. Attach a Power of Attorney or other documentation.

3. Source of water supply GROUNDWATER which is a tributary of _____

4. Location of point(s) of diversion:

| Twp | Rge | Sec | Govt Lot | 1/4 | 1/4 | 1/4 | County | Source | Local name or tag # |
|-----|-----|-----|----------|-----|-----|-----|----------|-------------|---------------------|
| 50N | 05W | 8 | 4 | | NW | SW | KOOTENAI | GROUNDWATER | D0040245 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

5. Water will be used for the following purposes:

Amount 0.04 for DOMESTIC purposes from 1/1 to 12/31 (both dates inclusive)
 (cfs or acre-feet per year)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
 (cfs or acre-feet per year)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
 (cfs or acre-feet per year)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
 (cfs or acre-feet per year)

6. Total quantity to be appropriated is (a) 0.04 cubic feet per second (cfs) and/or (b) _____ acre-feet per year (af).

7. Proposed diverting works:

a. Describe type and size of devices used to divert water from the source. EXISTING WELL, PUMP, AND PIPES TO PRESSURE TANK

b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total reservoir capacity _____ acre-feet. If the reservoir will be filled more than once each year, describe the refill plan in item 12. For dams 10 feet or more in height AND having a storage capacity of 50 acre-feet or more, submit a separate [Application for Construction or Enlargement of a New or Existing Dam](#). Application required? ☐ Yes ☐ No

c. Proposed well diameter is 6 inches; proposed depth of well is 460 feet.

d. Is ground water with a temperature of greater than 85°F being sought? ☐ Yes ☒ No

e. If well is already drilled, when? 6-1-05; drilling firm AQUA DRILLING;
 well was drilled for (well owner) _____; Drilling Permit No. _____

For Department Use

Received by _____ Date _____ Time _____ Preliminary check by _____

Fee \$ 100 Received by NS Receipt No. N036470 Date 10-2-2020

8. Description of proposed uses (if irrigation only, go to item 9):
- Hydropower; show total feet of head and proposed capacity in kW. _____
 - Stockwatering; list number and kind of livestock. _____
 - Municipal; must complete and attach the [Municipal Water Right Application Checklist](#).
 - Domestic; show number of households 1HOME AND 1/2 ACRE IRRIGATION
 - Other; describe fully. _____
9. Description of place of use:
- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
 - If water is used for other purposes, place a symbol of the use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

| TWP | RGE | SEC | NE | | | | NW | | | | SW | | | | SE | | | | TOTALS |
|-----|-----|-----|----|----|----|----|----|----|----|----|----|-----|----|----|----|----|----|----|--------|
| | | | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE | |
| 50N | 05W | 8 | | | | | | | | | | D | | | | | | | |
| | | | | | | | | | | | | GL4 | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

Total number of acres to be irrigated: _____

10. Describe any other water rights used for the same purposes as described above. Include water delivered by a municipality, canal company, or irrigation district. If this application is for domestic purposes, do you intend to use this water, water from another source, or both, to irrigate your lawn, garden, and/or landscaping? _____
11. a. Who owns the property at the point of diversion? ALFRED AND SUZAN D SCARTH
- b. Who owns the land to be irrigated or place of use? APPLICANT
- c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: Verbal well user agreement in place, currently finalizing for print.
12. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. APPLICANT IS CONNECTED TO A SHARED WELL D0040245 LOCATED ON PARCEL NO. 50N05W085575, AND WANTS TO USE WELL WATER FOR DOMESTIC PURPOSES FOR 1 HOME AND 1/2 ACRE IRRIGATION LOCATED ON THEIR PARCEL. (SUSAN LESLIE PUNNING LIVING TRUST) IS WIFE OF AL SCARTH
13. Time required for completion of works and application of water to proposed beneficial use is 5 years (minimum 1 year).
14. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½" x 11" map or maps clearly identifying the proposed point of diversion, place of use, section #, township & range. The map scale shall not be less than two (2) inches equal to one (1) mile.

The information contained in this application is true to the best of my knowledge. I understand that any willful misrepresentations made in this application may result in rejection of the application or cancellation of an approval.

Forest C Brooks
 Signature of Applicant
FOREST C. BROOKS
 Print Name (and title, if applicable)

Catherine S. Brooks
 Signature of Applicant
CATHERINE S. BROOKS
 Print Name (and title, if applicable)

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0040245
 DRILLING PERMIT NO. 833543
 Water Right or Injection Well No. _____

2. OWNER:
Name AL Scarth Construction
Address 302 S. Madison
City Post Falls State Id. Zip 83854

3. LOCATION OF WELL by legal description:

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

Twp. 50 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 8 1/4 NW 1/4 SW 1/4
Gov't Lot _____
County Kootenai

Lat: : : Long: : :
Address of Well Site NW Corner W. Riverview Dr.
& Madison Road City Post Falls
(Give at least 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 | 20 | 300/lbs | over bore |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 20'
Was drive shoe seal tested? ☒ Y ☐ N How? Air Pressure

8. CASING/LINER:

| Diameter | From | To | Gauge | Material | Casing | Liner | Welded | Threaded |
|----------|------|------|-------|----------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 6 | +2 | 20 | 350 | Steel | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4 | -5 | 4/60 | 220 | PVC | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Sawcut
Screen Type & Method of Installation N/A

| From | To | Slot Size | Number | Diameter | Material | Casing | Liner |
|------|-----|-----------|--------|----------|----------|--------------------------|-------------------------------------|
| 385 | 460 | 1/8 x 4 | 270 | 4 | PVC | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

10. FILTER PACK

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

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

127 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____
Bolted Well Cap
50N 5W 8

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|-----------------|----------|---------------|------|
| 75 + | | | |
| | | | |
| | | | |


Water Temp. Cent Bottom hole temp. Cent

Water Quality test or comments: Good

Depth first Water Encounter **260**

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

| Bore Dia. | From | To | Remarks: Lithology, Water Quality & Temperature | Y | N |
|--|------|-----|---|---|---|
| 8 | 0 | 20 | | | |
| 6 | 20 | 460 | | | |
| | 0 | 12 | Sandy Loose Decomposed Granite | | |
| | 12 | 55 | Firm Decomposed Granite | | |
| | 55 | 260 | Salt & pepper Granite | | |
| | 260 | 395 | Hard Salt & pepper Granite | | X |
| | 395 | 430 | Soft Spot of Brownish Granite | | |
| | 430 | 460 | Hard Salt & pepper Granite | | X |
| RECEIVED | | | RECEIVED | | |
| AUG 11 2005 | | | JUL 11 2005 | | |
| IDWR North | | | IDWR/North | | |
|  AQUA DRILLING & EXPLORATION INC. PO BOX 2850 HAYDEN, ID 83835-2850 | | | | | |

| | | |
|-----------------|-----|--------------|
| Completed Depth | 460 | (Measurable) |
|-----------------|-----|--------------|

Date: Started 5-26-05 Completed 6-1-05

14. DRILLER'S CERTIFICATION

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

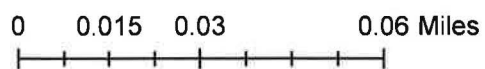
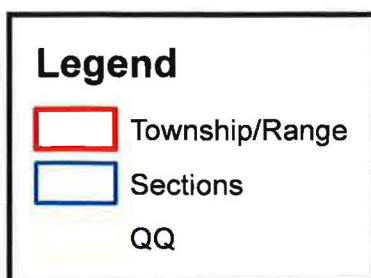
Company Name & EXPLORATION INC. Firm No. 63

Principal Driller Scott M. Braunter Date 6-2-05

and
Driller or Operator II Wayne Miller Date 6-2-05

Operator I _____ Date _____

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



| | | | |
|----------------------|------------|-------------------------------|-------------------|
| Parcel Number | AIN | Situs Address | Data as of |
| 50N05W085575 | 117240 | 427 S PRESTIGE CT, POST FALLS | 9/26/2020 |

Owner Information

| | |
|-----------------------|---|
| Owner Name | SUSAN LESLIE DUNNING LIVING TRUST |
| Owner Address | 302 S MADISON RD POST FALLS ID 83854 |
| Transfer Date | 01/01/2010 |
| Document # | |
| Deed Book/Page | |

Location / Description

| | | | |
|----------------------------|-------------------------------|----------------------------|--|
| Tax Authority Group | 073000 | Current Legal Desc. | TAX #20791 [IN GOVT LTS 3 & 4] Range 05W Section 08 Township 50N |
| Situs Address | 427 S PRESTIGE CT, POST FALLS | | |
| Acreage | 4.6530 | | |

Parcel Type

| | |
|----------------------------|-----------------------------------|
| Property Class Code | 534- Imp res rural tract |
| Neighborhood Code | 5868 RIVER PROPERTIES-WEST OF DAM |



State of Idaho

DEPARTMENT OF WATER RESOURCES

NORTHERN Region • 7600 N MINERAL DR STE 100 • COEUR D ALENE, ID 83815-7763
Phone: (208)762-2800 • Fax: (208)769-2819 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

October 7, 2020

FOREST C BROOKS
CATHERINE S BROOKS
475 S PRESTIGE CT
POST FALLS, ID 83854-0123

RE: Application for Permit No. 95-18015

Dear Applicants:

The Department of Water Resources has received your water right application. Please refer to the number referenced above in all future correspondence regarding this application.

A legal notice of the application has been prepared and is scheduled for publication in the COEUR D ALENE PRESS on 10/15/2020 and 10/22/2020. Protests to this application may be submitted for a period ending ten (10) days after the second publication.

If the application is protested, you will be sent a copy of each protest. All protests must be resolved before the application can be considered for approval. If the protest(s) cannot be resolved voluntarily, the Department will conduct a conference and/or hearing on the matter.

If the application is not protested, the Department will process your application and notify you of any action taken on the application. If your application is approved, the Department will send you a copy of the permit.

Please contact this office if you have any questions regarding the application.

Sincerely,

Tammy Alleman
Administrative Assistant

Alleman, Tammy

From: Alleman, Tammy
Sent: Wednesday, October 7, 2020 11:16 AM
To: 'LEGALS@CDAPRESS.COM'
Subject: Legal Notice
Attachments: Legal Notice 95-18015 & 95-18016.docx

Please publish the enclosed legal notice in the **Coeur d'Alene Press** on the dates indicated **October 15th & October 22nd, 2020** (once a week for two consecutive weekly issues). If you cannot publish the notice on the proposed dates, please contact us immediately. Please send a proof once you have the article ready for print for our review.

An affidavit of publication must be submitted to the Department along with the publication bill. Please send the affidavit and bill to this office before **November 2, 2020**. Your cooperation is appreciated.

Thank you,

Tammy

*Tammy Alleman
Administrative Assistant
Idaho Department of Water Resources
7600 N Mineral Drive, Suite 100
Coeur d'Alene, ID 83815-7763
Phone: (208) 762-2800
Fax (208) 762-2819*

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

95-18015

FOREST C BROOKS
CATHERINE S BROOKS
475 S PRESTIGE CT
POST FALLS, ID 83854-0123
Point of Diversion L4(NWSW)
S8 T50N R05W
KOOTENAI County
Source GROUND WATER
Use: DOMESTIC
01/01 to 12/31
Total Diversion: 0.04 CFS
Date Filed: 10-02-2020
Place Of Use: DOMESTIC
T50N R05W S8 L4(NWSW)

95-18016

DONALD ANDREWS
MARILYN ANDREWS
745 CHERRY DR
OREM, UT 84058-6004
Point of Diversion L1(SENSE)
S1 T48N R04W
KOOTENAI County
Source COEUR D ALENE LAKE
Tributary SPOKANE RIVER
Use: DOMESTIC
01/01 to 12/31
Total Diversion: 0.04 CFS
Date Filed: 09-30-2020
Place Of Use: DOMESTIC
T48N R04W S1 L1(SENSE)

Permits will be subject to all prior water rights. For additional information concerning the property location, contact the Northern office at (208)762-2800; or for a full description of the right(s), please see <https://idwr.idaho.gov/apps/ExtSearch/WRAApplicationResults/>. Protests may be submitted based on the criteria of Idaho Code § 42-203A. Any protest against the approval of this application must be filed with the Director, Dept. of Water Resources, Northern Region, 7600 N MINERAL DR STE 100, COEUR D ALENE ID 83815-7763 together with a protest fee of \$25.00 for each application on or before 11/2/2020. The protestant must also send a copy of the protest to the applicant.

GARY SPACKMAN, Director
10/22/2020

Published on 10/15/2020 and