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MAY 05 2016

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 \$: 50.00
Receipt No. 0701979
Receipt By: d
Date Received: 5-5-16

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** and that water has been applied to beneficial use 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.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, please contact any Department office or visit the Department's website at: www.idwr.idaho.gov for an *Assignment of Permit* form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

- Permit No.: 95-14337 Telephone No.: 208.373.3831
- Name of Permit Holder(s): U.S.D.I., BLM; IDAHO STATE OFFICE
- Mailing Address: 1387 S VINNELL WAY City: BOISE
State: ID Zip: 83709 Email: fwprice@blm.gov
- Source of Water: GROUNDWATER If **GROUND WATER** (well), Date Drilled: mo. 11 / yr. 1999
Well Driller: UNITED DRILLING INC. Drilling Permit Number: 754967
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): _____ Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 2.5 Other: _____
- Total rate of diversion or storage volume for which proof is submitted: 0.05 cfs OR _____ acre-feet.
- Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit: **Refer to the approval conditions on your permit and respond accordingly. The Department will not issue a license if permit conditions are not met.**
Measuring Device: Is a measuring device required? Yes ☐ No ☒
If yes, has the measuring device been installed? Yes ☐ No ☒
Lockable Controlling Device: Is a lockable device required to control the diversion? Yes ☐ No ☒
If yes, has the lockable device been installed? Yes ☐ No ☒
Other Conditions of Permit: Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

Completed? Yes ☐ No ☐
- Fee Enclosed: \$ 50 See fee schedule on back of the instructions for filing proof of beneficial use.
Proofs filed without an appropriate fee, will be considered incomplete.

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

Name: CYNTHIA WESTON Telephone Number: 208.769.5114
Mailing Address: 3815 SCHREIBER WAY City: COEUR D'ALENE
State: ID Zip: 83815 Email: cweston@blm.gov

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 a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of permit holder: Gary A. Madenford, Water Rights Team Leader Date: 5-5-2016
(Include your title, if on behalf of company or organization)

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT 076782

RECEIVED

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: : : Long: : :

1. WELL TAG NO. D0010952

DRILLING PERMIT NO NOV 22 1999

Other IDWR No. 95-99-N-197

2. OWNER: IDWR/North

Name US Dept. of Interior

Address Bureau of Land Management / 1808 N Third Street

City Coeur d'Alene State ID Zip 83814

3. LOCATION OF WELL by legal description:

N Twp 49N North ☒ or South ☐
Rge 04W East ☐ or West ☒
Sec 16 1/4 SW 1/4 NE 1/4
10 Ac 40 Ac 160 Ac
Gov't Lot _____ County Kootenai
Lat _____ Long _____
Address of Well Site: (see next line)
HWY 95 to Mica Bay to Loffs Bay r, to park on left City Coeur d'Alene
Lot _____ Bk _____ Sub. Name (see next line)
Mica Bay Recreation Site

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/FILTER PACK			Amount	Method
Material	From	To	Sacks/Lbs	
Bentonite	0	10	9 sacks	dry pour in
Grout	10	37	9 bags	pump in grout

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 37

Drive Shoe Seal Tested? ☐ Y ☒ N How?

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
8	3	37	0.322	Steel	☒	☐	☒	☐
6	10	230	0.26	Sch 40	☐	☒	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations? Method _____

☒ Screens? Screen Type Bart Longear - PVC

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
210	230	.20			PVC	☐	☒

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

10 ft. below ground. Artesian pressure _____ lb.

Depth flow encountered 66 ft. Describe access port or

control devices: Bolt on cap

11. WELL TESTS

- ☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
10	100%	229	2.0 hrs.

Water Temp. _____ cold Bottom hole temp. _____ cold

Water Quality test or comments: (below) Depth first Water Encountered 27

slight color, no smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water
				Y N
13	0	4	Topsoils	☐ ☒
13	4	10	Decomposed granite-brown & white with quartz	☐ ☒
13	10	15	Broken granite - brown & white	☐ ☒
13	15	20	Granite - brown & white - soft	☐ ☒
10	20	25	Granite - black & white - firm	☐ ☒
10	25	31	Granite - brown & white - soft	☒ ☐
10	31	37	Granite - black & white - medium to hard	☐ ☒
8	37	66	Granite - black & white - hard	☐ ☒
8	66	67	Granite - brown/black/white-soft	☒ ☐
8	67	130	Granite - black/brown/white-hard	☐ ☒
8	130	133	Granite - black/green/white-soft	☐ ☒
8	133	230	Granite - black/white-med to hard	☐ ☒
			6 GPM was encountered at 28 to 31 feet. We were not in hard rock until 37 feet. Casing was driven to refusal then pressure grouted to 10 feet below grade and topped off with dry bentonite.	☐ ☐

Completed Depth 230 (Measurable)

Date: Started 11/15/99 Completed 11/17/99

13. DRILLERS CERTIFICATION

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

Firm Name United Drilling Inc. Firm No 414

Firm Official and *Tam M. Williams* Date 11/18/99

Supervisor or Operator Jason C. Beckham Date 11/18/99

FORWARD WHITE COPY TO WATER RESOURCES

49N 4W 16

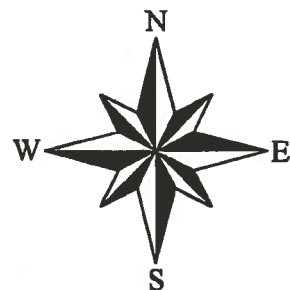
95-14337



0 175 350 700 1,050 1,400 Feet

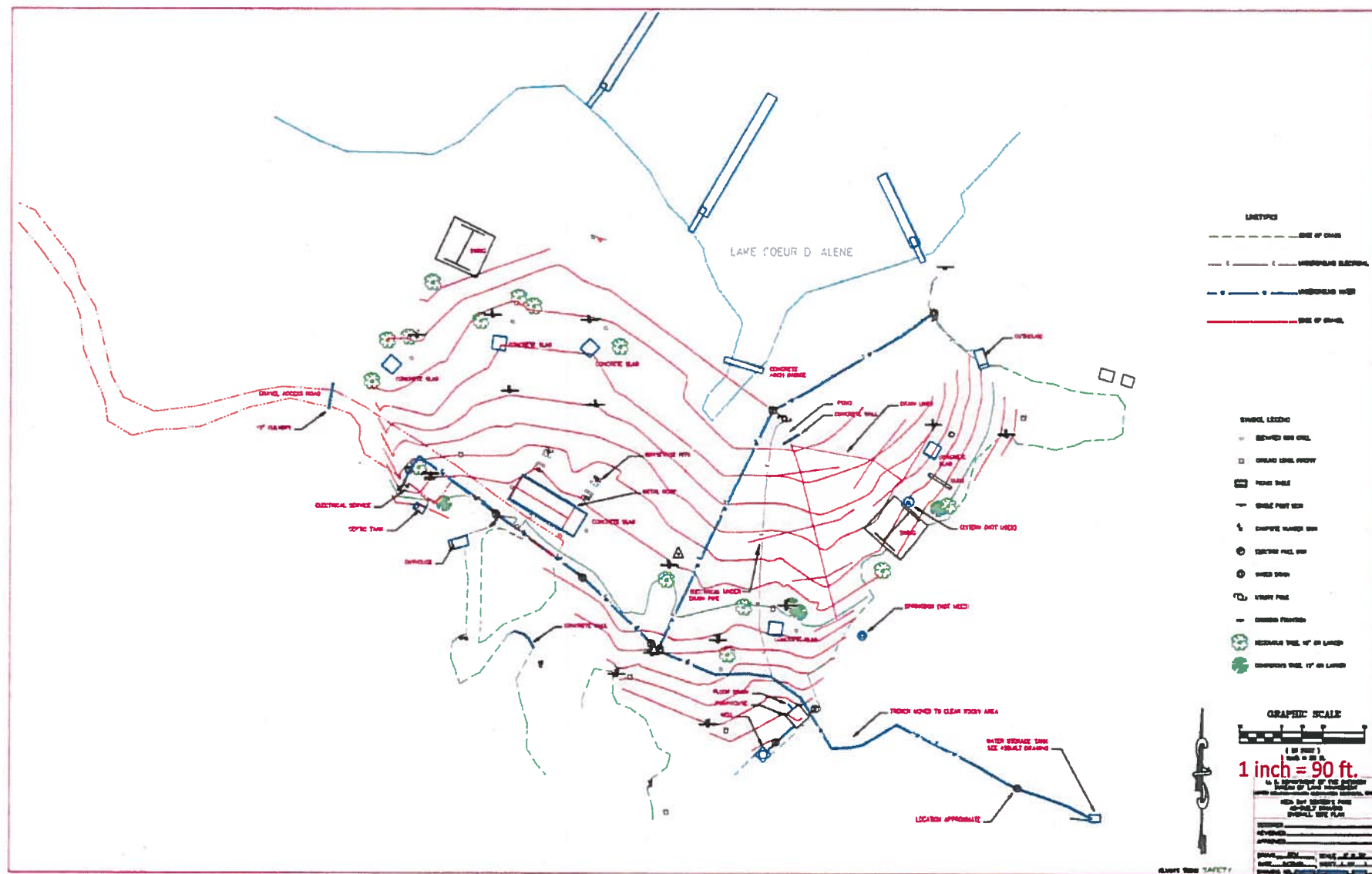
Legend

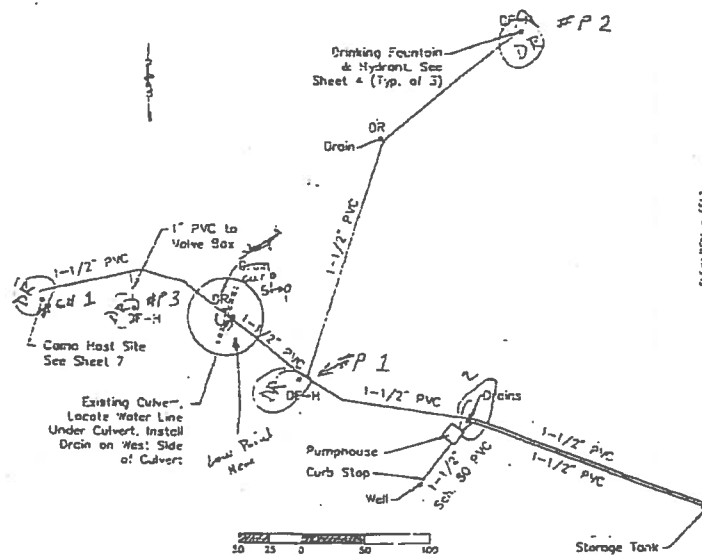
-  workingpod
-  workingpou
-  QQ
-  Taxlots



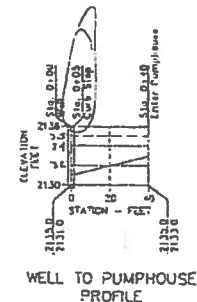
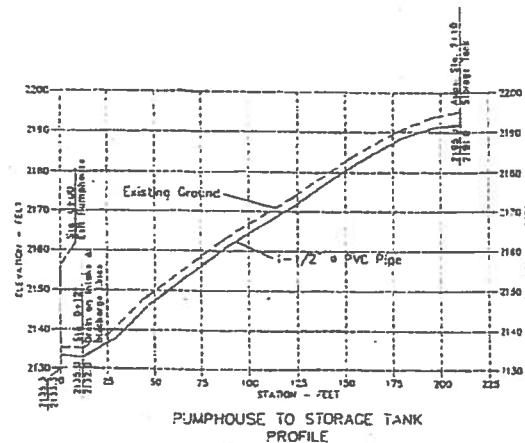
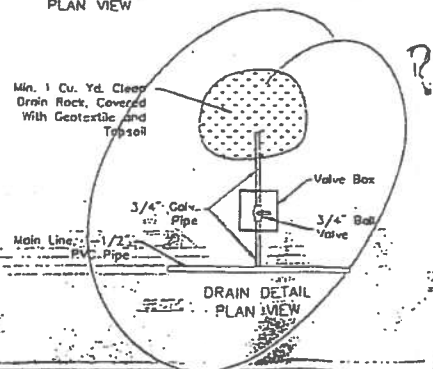


0.5 acres of the POU shapefile is covered by water right claim #95-10528. The total area watered is 3.0 acres



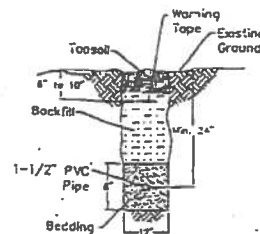


POTABLE WATER SYSTEM
PLAN VIEW



NOTES

1. All pipe to be schedule 40 PVC, unless shown otherwise.
2. Slope all lines to drains to provide for gravity drainage of all lines.
3. Install electrical underground wiring in water system trenching where practical.



WATER LINE
TRENCH DETAIL

UNITED STATES DEPARTMENT OF THE INTERIOR	
BUREAU OF LAND MANAGEMENT	
UPPER COLUMBIA - SALMON CLEVERLY DISTRICTS	
MICA BAY WATER SYSTEM & PAVILION	
POTABLE WATER SYSTEM	
DESIGNED: <i>Stan E. P. S.</i>	
REVIEWED: <i>W. J. P. S.</i>	
APPROVED: <i>Robert H. Henderson</i>	
DRAWN: <i>S. R. F. P. S.</i>	SCALE: AS SHOWN
DATE: June 14, 1999	SHEET: 2 OF 2
DRAWING NO: 10080-99-8407	

location of faucets/fountains

U.S. DEPARTMENT OF THE INTERIOR
Bureau of Land Management



Mica Bay

BOATER PARK





