

[illegible]

D. FLOW MEASUREMENTS

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calibration Date
N/A						

Measurements N/A

E. NARRATIVE/REMARKS/COMMENTS

DOMESTIC USE: Assessor information per: ArcMap photo, tax lot research confirmed dwelling on site for identified owner.

Well logs attached.

Annual volume reflects indoor and outdoor use.

Have conditions of permit approval been met? ☒ Yes ☐ No

F. FLOW CALCULATIONS

Measured Method:

ALLOW PERMIT RATE

☐ Additional Computation Sheets Attached

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation: N/A

VI.R. = (Acres Irrigated) x (Irrigation Requirement) =

VD.R. = [Diversion Rate (cfs)] x (Days in Irrigation Season) x 1.9835 =

V = Smaller of VI.R. and VD.R. =

2. Volume Calculations for Other Uses: ALLOW
1.2 AF

H. RECOMMENDATIONS

1. Recommended Amount

BENEFICIAL USE	PERIOD OF USE		RATE OF DIVERSION ANNUAL	
	From	To	Q(cfs)	V(afa)
DOMESTIC	01/01	12/31	0.04	1.20
TOTALS			0.04	1.20

2. Recommended Amendments

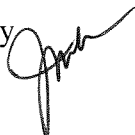
☐ Change P.D. as reflected above
☐ Change P.U. as reflected above

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

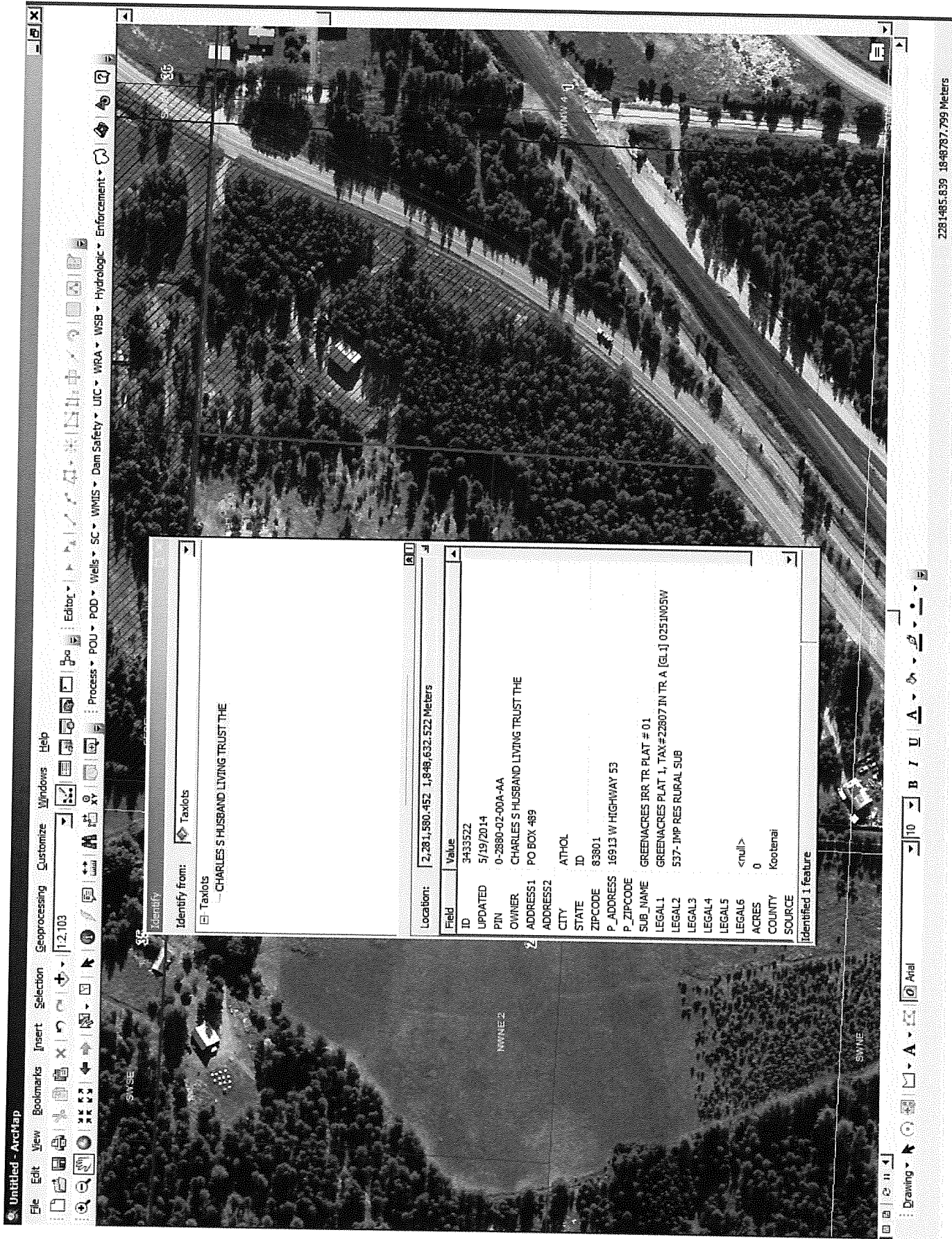
☒ None
☐ Other

I. AUTHENTICATION

Field Examiner's Name Jean Hersley
Reviewer



Date 8/25/14
Date



Identify from: Taxlots
...CHARLES S HUSBAND LIVING TRUST THE

Location: 2,281,580.452 1,848,632.522 Meters

Field	Value
ID	3433522
UPDATED	5/19/2014
PIN	0-2880-02-004-AA
OWNER	CHARLES S HUSBAND LIVING TRUST THE
ADDRESS1	PO BOX 489
ADDRESS2	
CITY	ATHOL
STATE	ID
ZIPCODE	83801
P_ADDRESS	16913 W HIGHWAY 53
P_ZIPCODE	
SUB_NAME	GREENACRES IRR TR PLAT # 01
LEGAL1	GREENACRES PLAT 1, TAX#22807 IN TR A [GL] 0251N05W
LEGAL2	537-IMP RES RURAL SUB
LEGAL3	
LEGAL4	
LEGAL5	
LEGAL6	<null>
ACRES	0
COUNTY	Kootenai
SOURCE	

Identified 1 feature

Kootenai County, Idaho

generated on 8/25/2014 10:14:06 AM CDT

Parcel

Parcel Number	AIN	Situs Address
028800200AAA	134751	16913 W HIGHWAY 53, RATHDRUM

Owner Information

Owner Name	CHARLES S HUSBAND LIVING TRUST THE
Owner Address	PO BOX 489 ATHOL ID 83801
Transfer Date	01/01/2011
Document #	
Deed Book/Page	

Location / Description

Tax Authority Group	103000	Current Legal Desc.	GREENACRES IRR DISTRICT PLAT 1, TAX#22807 IN TR A [GL1] Section 02 Township 51N Range 05W
Situs Address	16913 W HIGHWAY 53, RATHDRUM		
Acreage	7.3325		

Parcel Type

Property Class Code	537- Imp res rural sub
Neighborhood Code	1260 STEPPING STONES

Assessment Information

Appraisal Date	01-01-2014	Current Year - 2014	0	Prior Year - 2013	0
Market Value Land	\$75,153	Homeowners Eligible Amt Land	\$0	Homeowners Eligible Amt Land	\$0
Market Value Improvement	\$20,620	Homeowners Eligible Amt Imp	\$0	Homeowners Eligible Amt Imp	\$0
Total Market Value	\$95,773	Sum Homeowners Eligible Amt	\$0	Sum Homeowners Eligible Amt	\$0
		Homeowners Exemption Allowed	\$0	Homeowners Exemption Allowed	\$0
Acreage	7.3325	Total Market Value	\$95,773	Total Market Value	\$92,513
		Homeowners Exemption Allowed	\$0	Homeowners Exemption	\$0
		Ag/Timber Exemption	\$21,713	Ag/Timber Exemption	\$18,453
		Net Taxable Value	\$74,060	Net Taxable Value	\$74,060

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0028968
Drilling Permit No: 80 7 3 6 9
Other IDWR No. _____

2. OWNER NAGEL, STEVE #2 Well Number: 667

Address P.O. BOX 806
City RATHDRUM State ID Zip 83858

3. LOCATION OF WELL by legal description
sketch map location must agree with written location

N					
		X			
W				E	
S					

Twp. 51N ☒ North or ☐ South
Rge. 5W ☐ East or ☒ West
Sec. 2 1/4 SW 1/4 NE 1/4
Gov't Lot _____ County KOOTENAI
Lat: _____ Long: _____
Address of Well Site PRIVATE DRIVE
X FRM GREENSFERRY City RATHDRUM
(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 _____

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
DRY GRANULE				
BENTONITE	0	18	6 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 26'

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:					Casing	Liner	Welded	Threaded
Diameter	From	To	Gauge	Material				
6	+2	26	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

0 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 41 ft. Describe access port or control devices: _____

51N 5W 2

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
TRICKLE			

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Water Temp. N/A Bottom Hole Temp N/A
Water Quality test or comments: N/A
Depth first Water encountered 41

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	2	Top Soil	☐	☐
8	2	24	Sand & Gravel	☐	☐
8	24	26	Granite	☐	☐
6	26	41	Soft Fractured Granite	☒	☐
6	41	380	Granite	☐	☐

Completed Depth 380 (Measurable)
Date: Started 10/1/03 Completed 10/2/03

13. DRILLER'S CERTIFICATION

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

Firm Name H2O Well Service, Inc. Firm No. 448
Firm Official Thomas R. Schaefer Date 10-6-03
and _____
Supervisor or Operator Todd Morgan Date 10-3-03
(Sign Once if Firm Official and Operator)
(Todd Morgan)

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0028966

Drilling Permit No: 807232

Other IDWR No. _____

2. OWNER

Well Number:

Name NAGEL, STEVE #1 666

Address P.O. BOX 806

City RATHDRUM State ID Zip 83858

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N		Twp. 51N ☒ North or ☐ South	
W		Rge. 5W ☐ East or ☒ West	
E		Sec. 2 <u>1/4 SW 1/4 NE 1/4</u>	
S		Gov't Lot _____ County <u>KOOTENAI</u>	
		Lat: _____ Long: _____	
Address of Well Site <u>PRVT. DRIVE</u>			
<u>X FRM GREENSFERRY</u> City <u>RATHDRUM</u>			
(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/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
DRY GRANULE				
BENTONITE	0	18	5 BAGS	OVERBORE

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) R.B.

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	102	.250	STEEL	☒	☐	☒	☐
4	-8	308	.160	PVC	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
288	308	1/8 X 6	50	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

105 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 110 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
1 TO 2			1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 105

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	3	Top Soil	☐	☐
8	3	87	Sand & Gravels	☐	☐
8	87	102	White, Copper, Black Granite	☐	☐
6	102	110	White, Copper, Black Granite	☒	☐
6	110	199	White w/ Black Granite	☐	☐
6	199	214	Black w/ White Granite	☐	☐
6	214	308	White w/ Black Granite	☐	☐

RECEIVED
OCT 15 2003
IDWR/North

Completed Depth 308 (Measurable)
Date: Started 9/29/03 Completed 9/30/03

13. DRILLER'S CERTIFICATION

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

Firm Name H2O Well Service, Inc. Firm No. 448

Firm Official Todd Morgan Date 10-6-03

and
Supervisor or Operator Todd Morgan Date 10-3-03

(Sign Once if Firm Official and Operator)

(Todd Morgan)

51N 5W 2