

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 95-8735

Exam Date: 8/29/2013

1. Current Owner: EAGLE CREST WATER USERS ASSN INC
720 W SAXON DR
SPOKANE WA 99203
(509)624-9088
2. Accompanied by: IN OFFICE EXAM AND ON SITE PHOTOS

3. **SOURCE**

COEUR D ALENE LAKE

TRIBUTARY

SPOKANE RIVER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: NONE
2. Other water rights with the same point of diversion: NONE

C. DIVERSION AND DELIVERY SYSTEM1. **LOCATION OF POINT(S) OF DIVERSION:**

COEUR D ALENE LAKE L3 NE1/4SW1/4 Sec. 33, Twp 50N, Rge 03W, B.M KOOTENAI County

Method of Determination:

Aerial photography, Bing Maps and Arc Map Data.

2.

PLACE OF USE: DOMESTIC

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 03W 33									X					X			
									L 3					L 3			

Method of Determination:

3. N/A Delivery System Diagram Attached (required). Indicate all major components and distances between components. Indicate weir size/pipe as applicable.
- Yes Map Attached Showing Location(s) of point(s) of diversion and place(s) of use (required). Scale must be 1:24,000 or greater.
- Yes Aerial Photo Attached (required for irrigation of 10+ acres).
- Yes Photo of Diversion and System Attached

4. Flow measurement not required as per IDAPA Rule 37.03.02.035.01.r.iii.

E. FLOW CALCULATIONS

The diversion rate for this domestic right is limited to 0.04 cfs or 18 gpm.

F. VOLUME CALCULATIONS

The annual volume for this domestic right is limited to 1.2 acft.

G. NARRATIVE/REMARKS/COMMENTS

Photos are attached of the homes and tax lot for the use of water. The POD is in a culvert and the water lines go underground to the lake bed. This office exam is conducted in accordance with IDAPA RULE 37.03.02.035.01. The verification for this right is based upon the following:

1. Statement of completion
2. Tax Lot information
3. Aerial photography, Bing Maps and Arc Map Data

Have conditions of permit approval been met? x Yes No

H. RECOMMENDATIONS

1. Recommended Amounts

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
DOMESTIC	01/01 to 12/31	0.110 CFS	4.80 AF
	Totals:	0.110 CFS	4.80 AF

2. Recommended Amendments

☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☒ None

Change P.U. as reflected above Add P.U. as reflected above Other

I. AUTHENTICATION

Field Examiner's Name E. J. Miller Date 9-4-2013
Reviewer _____ Date _____

Reviewer _____ Date _____

State of Idaho
Department of Water Resources
Water Right License
95-8735



- Point of Diversion
- Place Of Use Boundary
- Townships
- PLS Sections
- Quarter Quarters

0 0.02 0.04 0.08 Miles





HOME #3.JPG



POD.JPG



POD TO LAKE.JPG



HOME #2.JPG



HOME #1.JPG



PUMP HOUSE.JPG



TAX LOT POU.JPG



POWER.JPG



HOME #1 WATER
LINE.JPG

95-8735



95-8735

↑
LINES in CA/VERT.



DND



95-8735



← WATER LINE



95-8735



Pump station

RECEIVED

JUN 28 2012

IDWR/NORTHERN

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

RECEIVED

JUL 02 2012

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. 1929318
Receipt By: RK
Date Received: 6/28/12

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.

1. Permit No.: 95-8735 Telephone No.: 208/660-5368
2. Name of Permit Holder(s): EAGLE CREST WATER USERS ASSN INC
3. Mailing Address: 720 W SAXON DR. City: SPOKANE
State: WA Zip: 99203 Email: gloriajl@msn.com
4. Source of Water: Coeur d'Alene Lake If GROUND WATER (well), Date Drilled: mo. ____ / yr. ____
Well Driller: _____ Drilling Permit Number: _____

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

Domestic (No. of households): 4 Stockwater (No. and type of stock): _____

Irrigation (No. of acres): _____ Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: 0.11 cfs OR _____ acre-feet.

7. 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?

If yes, has the measuring device been installed?

Yes ☐ No ☒
Yes ☐ No ☐

Lockable Controlling Device: Is a lockable device required to control the diversion?

If yes, has the lockable device been installed?

Yes ☐ No ☒
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 ☒

8. Fee Enclosed: \$ 50.00 See fee schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.

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

Name: Gloria LeKander Telephone Number: 509/624-9088 ^(H) 208/660-5368 ^{cell}
Mailing Address: 720 W SAXON DR. City: SPOKANE
State: WA Zip: 99203 Email: gloriajl@msn.com

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:

Gloria J. LeKander Secretary/Treas. Eagle Crest Water Users Assoc. Date: June 27, 2012
(Include your title, if on behalf of company or organization)

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