

RECEIVED

JUL 30 2013

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.         | CD97546 |
| Receipt By:         | HP      |
| Date Received:      | 7-30-13 |

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](http://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.: 95-12597 Telephone No.: 509-990-1645  
 2. Name of Permit Holder(s): James F Karel 6518 S. Highland Park Dr.  
 3. Mailing Address: 1210 E Warden Ave City: Spokane  
 State: WA Zip: 99223 Email: jankarel1@yahoo.com  
 4. Source of Water: Lake Coeur d'Alene 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): \_\_\_\_\_ Stockwater (No. and type of stock): \_\_\_\_\_

☒ Irrigation (No. of acres): \_\_\_\_\_ Other: \_\_\_\_\_

6. Total rate of diversion or storage volume for which proof is submitted: .20 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 <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/>            |

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

If yes, has the lockable device been installed?

|                              |                                        |
|------------------------------|----------------------------------------|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/>            |

**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 <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------------|-----------------------------|

8. 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.

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

Name: United Crown Pump & Drill Telephone Number: 208-772-7867

Mailing Address: 3125 W Hardy City: Hardy

State: ID Zip: 83839 Email: Chris@unitedcrown.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.

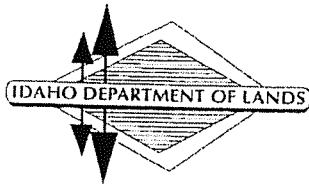
Signature of permit holder:

(Include your title, if on behalf of company or organization)

Date:

7/10/13

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



Application Number \_\_\_\_\_

## COMMERCIAL/COMMUNITY/NON-NAVIGATIONAL ENCROACHMENT PERMIT APPLICATION

This information sheet and checklist must be completed when submitting an encroachment permit application. Incomplete applications will be returned without processing.

**ENCROACHMENT TYPE:**

(Check all that apply)

- |                                                                          |                                            |
|--------------------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> - Community dock                                | <input type="checkbox"/> - Float home      |
| <input type="checkbox"/> - Commercial marina                             | <input type="checkbox"/> - Boat garage     |
| <input type="checkbox"/> - Bank stabilization                            | <input type="checkbox"/> - Mooring buoy(s) |
| <input checked="" type="checkbox"/> - Other – describe: <u>waterline</u> |                                            |

**Applicant's Littoral Rights Are:**

☐ - Signature of littoral rights owner is obtained if applicant is not the owner of the riparian/littoral rights

- ☐ - Owned, fee simple title holder  
☐ - Leased  
☐ - Other – describe: \_\_\_\_\_

**Provide a Black/White Copy of Each Required Document on 8½"x14" or Smaller Paper:**

- ☐ - County plat map showing both neighboring littoral lots.
- ☐ - Tax record identifying the owner of the upland parcel(s) - DUMAIS Guy - 22165 Progress RD
- ☐ - Lakebed profile with encroachment and water levels of winter and summer
- ☐ - General vicinity map that allows Department to find the encroachment ✓
- ☐ - Scaled air photo or map showing lengths of nearby encroachments, distances to adjacent encroachments, and location and orientation of the proposed encroachment. SPOKANE WA

**Are Existing Docks or Other Encroachment(s) Permitted On This Parcel(s)?**

☐ - No

☒ - Yes Please attach a current photograph and a "to scale" drawing (see Document Requirements Above)

Permit # 95-12597 Date of Construction: \_\_\_\_\_

What will happen to the existing dock or encroachment if this permit application is approved?

- ☐ - Remain unchanged  
☐ - Complete removal  
☐ - Modification  
☐ - Other: \_\_\_\_\_

(Please note that old dock materials must be removed from the lake. Discarding these materials creates serious boating safety issues and offenders will be subject to prosecution and penalties.)

**How Many Feet Does the Proposed Encroachment Extend Beyond the Ordinary (or Artificial) High Water Mark?** 160 feet

**The Proposed Dock Length Is:**

- ☐ The same or shorter than the two adjacent docks  
☐ Longer than the two adjacent docks  
☐ Longer than the two adjacent docks, but within the line of navigability established by the majority of existing docks in the area.  
☐ \_\_\_\_\_ feet and not located near any other docks or other encroachments.

NA

**For Community Docks, Does the Proposed Dock Exceed the Maximum Square Footage of 7 ft<sup>2</sup> per Littoral Front Foot?**

- ☐ - No  
☐ - Yes

Total square footage: \_\_\_\_\_ ft<sup>2</sup>

NA

**For Community Docks, Does the Property Have at Least 50 Feet of Littoral Frontage?**

- ☐ - Yes  
☐ - No

Total front footage: \_\_\_\_\_ feet

NA

**Will the Proposed Encroachment Exceed the Maximum Width of 10 Feet?**

☒ - No

☐ - Yes

If yes, explain why: \_\_\_\_\_

**Will the Proposed Encroachment Be Located Closer Than 25 Feet to the Riparian/Littoral Right Lines Established With Your Neighbors?**

☒ - No

☐ - Yes

If yes, what are the proposed distances? \_\_\_\_\_ feet

☐ - Consent of affected neighbor was obtained

**Determining Riparian/Littoral Right Lines**

Littoral right lines are not simple extensions of the upland property lines. Littoral right lines are generally perpendicular, or at right angles, to the shoreline. Curved shorelines or unusual circumstances may require Department Staff, or other professionals, to closely examine littoral right lines and assess the potential for infringement on adjacent littoral property owners.

James F. Kavel 7/10/13  
Printed Name Date

James F. Kavel  
Signature of Applicant or Agent

# JOINT APPLICATION FOR PERMITS

**Authorities:** The Department of Army Corps of Engineers (Corps), Idaho Department of Water Resources (IDWR), and Idaho Department of Lands (IDL) established a joint process for activities impacting jurisdictional waterways that require review and/or approval of both the Corps and State of Idaho. Department of Army permits are required by Section 10 of the Rivers & Harbors Act of 1899 for any structure(s) or work in or affecting navigable waters of the United States and by Section 404 of the Clean Water Act for the discharge of dredged or fill material into waters of the United States, including adjacent wetlands. State permits are required under the State of Idaho, Stream Protection Act (Title 42, Chapter 38, Idaho Code and Lake Protection Act (Section 58, Chapter 13 et seq., Idaho Code).

**Joint Application:** Applicant will need to send a completed application, along with one (1) set of legible and reproducible drawings illustrating the location and character of the proposed activities/project to both the Corps and the State of Idaho. Information provided on this application will be used in evaluating the proposed activities. Disclosure of requested information is voluntary, however, if the information is not provided, the application may not be processed and permits may not be issued. Information requested in Block 26 and Block 27 are not required to process the application. DO NOT START WORK UNTIL YOU RECEIVE ALL PERMITS FROM BOTH THE CORPS AND THE STATE OF IDAHO.

**Drawings & Supplemental Requirements:** See Instruction Guide for required vicinity map, plan-view, and section-view drawings on 8-1/2 x 11 paper size.

## INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED

|                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                 |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------|--------------|
| 1 DATE: 7/10/13                                                                                                                                                                                                                                                                                                 |                                                                            | 3 CONTACT INFORMATION - AGENT: Completion of Block #29 Required |              |
| 2 CONTACT INFORMATION - APPLICANT: Required                                                                                                                                                                                                                                                                     |                                                                            | 3 CONTACT INFORMATION - AGENT: Completion of Block #29 Required |              |
| Name: Jan + Jim Karel                                                                                                                                                                                                                                                                                           |                                                                            | Name:                                                           |              |
| Company:                                                                                                                                                                                                                                                                                                        |                                                                            | Company:                                                        |              |
| Mailing Address: 6578 S. Highland PK Dr                                                                                                                                                                                                                                                                         |                                                                            | Mailing Address:                                                |              |
| City: Spokane State: WA Zip: 99223                                                                                                                                                                                                                                                                              |                                                                            | City: State: Zip:                                               |              |
| PH #: (509) 555-9900 E-mail: jan.karel@yahoo.com                                                                                                                                                                                                                                                                |                                                                            | PH #: ( ) E-mail:                                               |              |
| 4 PROJECT NAME or TITLE:                                                                                                                                                                                                                                                                                        |                                                                            | 5 PROJECT STREET ADDRESS:                                       |              |
| 6 PROJECT CITY:                                                                                                                                                                                                                                                                                                 |                                                                            | 7 PROJECT COUNTY:                                               |              |
| 8 PROJECT ZIP CODE:                                                                                                                                                                                                                                                                                             |                                                                            | 9 NEAREST WATERWAY/WATERBODY:                                   |              |
| 10 TAX PARCEL ID#: 7067, 7251, 8988                                                                                                                                                                                                                                                                             | 11 LATITUDE/LONGITUDE (Required with vicinity Map): 47.529722 - 116.839282 | 12a 1/4                                                         | 12b 1/4      |
|                                                                                                                                                                                                                                                                                                                 |                                                                            | 12c SECTION                                                     | 12d TOWNSHIP |
|                                                                                                                                                                                                                                                                                                                 |                                                                            | 12e RANGE                                                       |              |
| 13a ESTIMATED START DATE:                                                                                                                                                                                                                                                                                       |                                                                            | 13b ESTIMATED END DATE:                                         |              |
| 14 DESCRIBE INTENDED USE (Commercial, Industrial, Public, Private, Other): Lake Home Water                                                                                                                                                                                                                      |                                                                            |                                                                 |              |
| 15 HAVE ALL ADJACENT PROPERTY OWNERS BEEN NOTIFIED OF PROPOSED ACTIVITY OR PROJECT? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES<br>Complete the attached sheet by providing list of contact information (including names, address, phone number) of all adjacent property owners.       |                                                                            |                                                                 |              |
| 16 <input type="checkbox"/> CHECK BOX IF ALTERATION(S) ARE LOCATED ON PUBLIC TRUST LANDS ADMINISTERED BY STATE OF IDAHO DEPARTMENT OF LANDS.                                                                                                                                                                    |                                                                            |                                                                 |              |
| 17 DIRECTIONS TO PROJECT SITE Include vicinity map with legible crossroads, street numbers/names, landmarks, attach additional sheet(s), if needed:                                                                                                                                                             |                                                                            |                                                                 |              |
| 18 HAS WORK BEGAN ON THIS PROJECT/ACTIVITY? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES If yes, describe ALL work that has occurred, including dates; attach additional sheet(s), if needed:<br>Innigation Pump Install                                                                 |                                                                            |                                                                 |              |
| 19 PREVIOUSLY ISSUED PERMIT AUTHORIZATIONS:                                                                                                                                                                                                                                                                     |                                                                            |                                                                 |              |
| 20 TYPE(S) AND MATERIALS BEING DISCHARGED AND THE AMOUNT OF EACH TYPE IN CUBIC YARDS:<br>(1) TYPE Cubic Yards (2) TYPE Cubic Yards (3) TYPE MA Cubic Yards                                                                                                                                                      |                                                                            |                                                                 |              |
| 21 SURFACE AREA IN ACRES OF WETLAND OR OTHER WATERS FILLED See Instructions Guide:<br>Acres OR Square Feet                                                                                                                                                                                                      |                                                                            |                                                                 |              |
| 22 SIZE AND FLOW CAPACITY OF BRIDGE OR CULVERT & DRAINAGE AREA SERVED: Square Miles                                                                                                                                                                                                                             |                                                                            |                                                                 |              |
| 23 IS PROJECT LOCATED IN A MAPPED FLOODWAY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES If yes, contact the floodplain administrator in the local government jurisdiction in which the project is located. A Floodplain Development permit and a No-Rise Certification may be required. |                                                                            |                                                                 |              |

## FOR AGENCY USE ONLY

Corps of Engineers #:

Date Received:

☐ Incomplete App. - Return Date:

ID Water Resources #:

Date Received:

Fee Received:

Receipt #:

ID Dept of Lands #:

Date Received:

Fee Received:

Receipt #:

24a OVERALL DESCRIPTION & PURPOSE OF PROJECT TO WATERS OF U.S., INCLUDING WETLANDS Attach additional sheet(s), if needed:

Install Lake Pump For Irrigation & Domestic  
Use

24b DETAILED DESCRIPTION OF EACH INDIVIDUAL ACTIVITY, WITHIN OVERALL PROJECT (Include dimensions, equipment, construction, methods, etc.):

Install Lake Pump 100' out From HWM

25a DESCRIBE MEASURES TAKEN TO AVOID, MINIMIZE, COMPENSATE FOR IMPACTS TO WATERS OF THE UNITED STATES, INCLUDING WETLANDS:  
See Instruction Guide for specific details.

Pipe & Pump to Be Set on top of Ground

25b PROPOSED MITIGATION PLAN: Attach copy of proposed mitigation plan or statement/reasoning why no mitigation plan is required. Attach additional sheet(s), if needed.

26 LIST EACH IMPACT TO STREAM, RIVER, LAKE, RESERVOIR, INCLUDING SHORELINE. Attach site map with location of EACH impact listed; attach additional sheet(s)

| Activity Number | Name of Waterbody | Seasonal or Perennial | Avg. Stream Width (Linear Feet) | Description of Impact (road crossing, impound, culvert, etc.) | Impact Length (Linear Feet) |
|-----------------|-------------------|-----------------------|---------------------------------|---------------------------------------------------------------|-----------------------------|
| 1               |                   |                       |                                 |                                                               |                             |
| 2               |                   |                       |                                 |                                                               |                             |
| 3               |                   |                       |                                 |                                                               |                             |
| 4               |                   |                       |                                 |                                                               |                             |

TOTAL STREAM IMPACTS (Linear Feet):

27 LIST EACH WETLAND IMPACT, INCLUDING MECHANIZED CLEARING, FILL, EXCAVATION, FLOOD, DRAINAGE, ETC.  
Attach site map with location of EACH impact listed; attach additional sheet(s).

| Activity Number | Wetland Type (Emergent, Forested, Scrub/Shrub) | Distance to Waterbody (Linear Feet) | Description of Impact (purpose of road crossing, impoundment, culvert, etc.) | Impact Size (Acres or Square Feet) |
|-----------------|------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------|------------------------------------|
| 1               |                                                |                                     |                                                                              |                                    |
| 2               |                                                |                                     |                                                                              |                                    |
| 3               |                                                |                                     |                                                                              |                                    |
| 4               |                                                |                                     |                                                                              |                                    |

TOTAL WETLAND IMPACTS (Linear Feet):

28 AUTHORIZATION OF AGENT: I hereby authorize the Agent (listed in Block 3 of this application) to act in my behalf in the processing of this application and to furnish all information, drawings, maps, and supplemental information in support of this application.

Signature of Applicant

Date

29 CERTIFICATION: Application is hereby made for permit, or permits, to authorize the work and uses of the work as described in this application and all supporting documentation. I certify that the information in this application is complete and accurate. I further certify that I possess the authority to undertake the work described herein, or I am acting as the duly authorized agent for the applicant.

Signature of Applicant

Date

Signature of Agent

Date

\* The application must be signed by the person who desires to undertake the proposed activity AND signed by a duly authorized agent, if the authorization statement in both Blocks 3 & 28 have been completed and signed. 18 USC Section 1001 provides that: Whoever, in any manner within the jurisdiction of any department of the United States knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or disguises a material fact or makes any false, fictitious, or fraudulent statements or representations or makes or uses any false writing or document knowing same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

## ADJACENT PROPERTY OWNERS NOTIFICATION REQUIREMENT

Provide the name, physical address, and telephone number of ALL adjacent property owners.

This includes adjacent property owners with ownership located on both sides of the near stream bank AND/OR all other ownership on the waterway that may be affected by the proposed activities/project. Also, include homeowner or community associations within the proposed project area.

### CONTACT INFORMATION - OWNERSHIP NEAR STREAM BANK

#### DOWNSTREAM NOTIFICATION

Name: Lynn Whitings  
Mailing Address: S 4810 Feelts RD  
City: Spokane State: WA Zip: 99205  
PH #:( ) E-mail:

#### UPSTREAM NOTIFICATION

Name: Michael Wilson  
Mailing Address: 2005 W Canyon  
City: IDA State: ID Zip: 83815  
PH #:( ) E-mail:

### CONTACT INFORMATION - OWNERSHIP ON WATERWAY

Name:  
Mailing Address:  
City: State: Zip:  
PH #:( ) E-mail:

Name:  
Mailing Address:  
City: State: Zip:  
PH #:( ) E-mail:

Name:  
Mailing Address:  
City: State: Zip:  
PH #:( ) E-mail:

Name:  
Mailing Address:  
City: State: Zip:  
PH #:( ) E-mail:

Name:  
Mailing Address:  
City: State: Zip:  
PH #:( ) E-mail:

Name:  
Mailing Address:  
City: State: Zip:  
PH #:( ) E-mail:

Attach as many additional sheets as needed.