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JUN 03 2013

IDWR / NORTH

STATE 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. W029887
Receipt By: [Signature]
Date Received: 6/3/13

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 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.: 95-09447 Telephone No.: 208-664-6079
- Name of Permit Holder(s): Jeffery A. Tobin Carol A. Tobin
- Mailing Address: 260 S Young Ave City: Post-Falls
State: ID Zip: 83854 Email: [Signature]
- Source of Water: Ground/well If **GROUND WATER** (well), Date Drilled: mo. / yr. 2008
Well Driller: Horsley Drilling Permit Number:
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 3 Stockwater (No. and type of stock): [Signature]
Irrigation (No. of acres): 0.8 Other: Commercial kitchen
- Total rate of diversion or storage volume for which proof is submitted: 0.11 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?

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.

WATER SAMPLING

Completed?

Yes ☒	No ☐
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- 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.

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

Name: Jeffery A. Tobin Telephone Number: 208 664-6079
Mailing Address: 260 S Young Ave City: Post-Falls ID
State: ID Zip: 83854 Email: [Signature]

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:

Jeffery A. Tobin Carol A. Tobin
(Include your title, if on behalf of company or organization)

Date:

5-31-13

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

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0055497
Drilling Permit No. 254129
Water right or injection well # _____

2. OWNER:
Name Jeff Tobin
Address 5268 Seeley Rd.
City Post Falls State Id. Zip 83854

3. WELL LOCATION:
Twp. 50 North ☒ or South ☐ Rge. 04 East ☐ or West ☒
Sec. 5 SE 1/4 SW 1/4 1/4
Gov't Lot _____ County Kootenai
Lat. _____ (Deg. and Decimal minutes)
Long. _____ (Deg. and Decimal minutes)
Address of Well Site 5268 Seeley Rd.
City Post Falls

(Give at least name of road + Distance to Road or Landmark)

Lot. _____ Blk. _____ Sub. Name _____

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK:
☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:
☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method/procedure
Bentonite	0	20	350#	Overbored

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	+1	180	.250	STEEL	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 180' Ring

9. PERFORATIONS/SCREENS:
Perforations ☒ Y ☐ N Method Air Perforator
Manufactured screen ☐ Y ☒ N Type _____
Method of installation N/A

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
180	170	1/4x1	85	6	STEEL	.250
135	141	1/4x1	35	6	STEEL	.250

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

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
	N/A			

11. FLOWING ARTESIAN:
Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____
Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) 131' Static water level (ft) 120'
Water temp. (°F) _____ Bottom hole temp. (°F) _____
Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	6.4	4 Hours

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
10	0	20	SAND		X
8	20	131	SAND		X
8	131	141	SMALL GRAVEL	X	
8	141	159	SAND and SMALL GRAVEL		X
8	159	180	LARGE GRAVEL	X	

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Completed Depth (Measurable): 180'
Date Started: 11-5-08 Date Completed: 11-6-08

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 Heisley Drilling Co. No. 632
*Principal Driller C. Mark Heisley Date 11-6-08
*Driller _____ Date _____
*Operator II _____ Date _____
Operator I _____ Date _____
* Signature of Principal Driller and rig operator are required.

SON 04W 05

Form 235-3, 6/2004

Idaho Dept. of Water Resources

Write Tag Number Here

Start Card/Permit - Single Family Domestic Well Only

(Cold Water less than 85 degrees F.)

D0055497

1. Owner's Name (please print): Jeff Tobin
2. Owner's Mailing Address: S. 268 Seeley St.
City: Post Falls State: Id Zip Code: 83854 Telephone: (208) 664-6079
3. Proposed Well Location: Twp. 50 N. Rge. 04 W. Sec. 5 SE 1/4 SW 1/4 1/4
Gov't Lot No. _____ County Kootenai Lat. _____: _____: _____ Long. _____: _____: _____
Street Address of Well Site S. 268 Seeley St. City Post Falls
Must give at least name of road & Distance to Road or Landmark

Lot _____ Block _____ and Subdivision _____

4. Are all adjacent septic tanks and drain fields accurately located? By Property Owner: Yes ☒ No ☐ By Health District: Yes ☐ No ☒

5. Well Construction Information:

A. ☒ New well ☐ Replace ☐ Deepen ☐ Modify Previous well #: _____ B. Proposed Casing Dia. 6 C. Proposed Maximum Depth: 200'

6. Construction Start Date: 11-5-08 7. Well Driller: Horsley Drilling Inc. Driller's Lic. No. 632

8. The Driller hereby accepts the terms and conditions of the Start Card/Permit.

Driller's Signature: C. Mark Horsley Date: 11-5-08

9. The Well Owner affirms to have read this Start Card/Permit, validates its accuracy and accepts the conditions.

Owner's Signature: _____ Date: _____

CONDITIONS FOR USE OF START CARD:

1. This permit authorizes the construction or modification of one domestic well for a single-family residence. No additional residences, businesses, or dwellings may be connected to this well without a valid water right. Limited to irrigation of 1/2 acre lawn/garden and 13,000 gpd.
2. This form must be complete, including the prepaid tag number and signature of the driller. The owner should sign the start card after reviewing these conditions. Mailing must take place no less than 72 hours prior to construction (Dept. address below), hand delivered or faxed to the Dept. prior to commencing construction. The start construction date shall be no more than 10 days after the Department receives the permit. An incomplete form will not be considered a valid permit to drill.
3. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare. All wells must be drilled a minimum distance of 100' from a drain field. Domestic wells must be drilled a minimum of 50' from a septic tank.
4. Only Well Drillers licensed in Idaho may use a Start Card for construction of a well. The driller shall maintain a copy of the Start Card and the well I.D. tag at the drilling site during construction.
5. This drilling permit does not authorize trespass on the land of another party.
6. This drilling permit does not constitute other local, county, state or federal approvals, which may be required for construction of a well.
7. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
8. If a bottom hole temperature of 85 F. or greater is encountered, well construction shall cease and the well driller shall contact the Department immediately.
9. Idaho Code, S 55-2201 - 55-2210 requires the applicant and/or his contractors to contact "Digline" (Digline is a one-call center for utility notification) not less than 2 working days prior to the start of any excavation for this project. The "Digline" Number for your area is 1-800-342-1585.
10. The stainless steel I. D. tag must be welded to the well casing upon completing the well and must remain permanently attached above ground level for the life of the well. Other tags may be added following a repair or modification of the well. The well driller is responsible for permanently attaching the I.D. tag to the casing upon completing the well. The well tag shall be attached by welding at least 3 sides or using Four (4) stainless steel, closed-end pop rivets.
11. A start card is not valid for drilling in Areas of Drilling Concern, Critical Groundwater Areas, Groundwater Management Areas or Areas Identified by the Department as Contaminated.
12. The possession of a well tag does not authorize construction of a well.
13. Any well being replaced by a new well, shall be properly abandoned by the well driller prior to removing the drilling equipment, unless otherwise authorized by the department.

Effective Feb. 1, 2005

Your Start Card/Application and Tag purchase may be submitted to one of the following offices:

Western Region

Idaho Department of Water Resources
2735 Airport Way Boise, ID 83705-5082
Phone: (208) 334-2190 Fax: (208) 334-2348

Northern Region

Idaho Department of Water Resources
100 Northwest Blvd. STE 210 Coeur d'Alene, ID 83814-2615
Phone: (208) 769-1450 Fax (208) 769-1454

Eastern Region

Idaho Department of Water Resources
900 North Skyline Drive STE A Idaho Falls, ID 83402-1718
Phone: (208) 525-7161 Fax: (208) 525-7177

Southern Region

Idaho Department of Water Resources
1341 Fillmore Street, STE 200 Twin Falls, ID 83301-3380
Phone: (208) 736-3033 Fax (208) 736-3037