

RECEIVED

MAY 22 2013

DEPARTMENT OF
WATER RESOURCES

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

FOR OFFICE USE ONLY
Amt. of Fee \$: 175.00
Receipt No. 0091197
Receipt By: HP
Date Received: 5-22-13

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.: 81-11894 Telephone No.: 208-765-0841
- Name of Permit Holder(s): Peter H Grubb + Betsy J Bowen
- Mailing Address: PO Box 579, Coeur d'Alene City: _____
State: ID Zip: 83814 Email: peter@rowadventures.com, betsyjbowen@gmail.com
- Source of Water: ground water If **GROUND WATER** (well), Date Drilled: mo. 4 / yr. 2003
Well Driller: Stivenga Vessey Drilling Permit Number: 813419
- Extent of use(s) completed (as authorized by the water right permit):
 Domestic (No. of households): 0 Stockwater (No. and type of stock): _____
 Irrigation (No. of acres): 4 Other: Commercial restaurant + resort cabins
27 cfs Diversion to storage: 27
- Total rate of diversion or storage volume for which proof is submitted: _____ cfs OR 3.5 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.

did not build home or fishing pond Completed? Yes ☐ No ☒

- Fee Enclosed: \$ 175.00 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: River Dance Lodge Manager Telephone Number: 208-926-4300

Mailing Address: 7743 US HWY 12 City: Kootenai

State: ID Zip: 83539 Email: betsy@rowadventures.com

manager@riverdance lodge.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: [Signature] Member River Dance Lodge LLC Date: 5-17-13
(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

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

1. WELL TAG NO. D 0033610 **RECEIVED**

DRILLING PERMIT NO. 813419
Other IDWR No. MAY 11 2004

2. OWNER
Name River Dance Lodge IDWFW/North
Address P.O. Box 579
City Coeur D'Alene State ID Zip 83814

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>33</u> North ☒ or South ☐	
E		Rge. <u>6</u> East ☒ or West ☐	
S		Sec. <u>32</u> SE 1/4 SE 1/4 1/4	
W		Gov't-Lot _____ County <u>Idaho</u>	
X		Lat _____ Long _____	
Address of Well Site _____			
City <u>Syringa</u>			

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

City Syringa

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	
Portland Cement	0 58 46 Sacks	Pumped

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

Was drive shoe seal tested? ☒ Y ☐ N How? Air Test

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+2	58	250	Steel	☒	☐	☐	☐
6	-5	80	160	PVC	☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

- ☒ Perforations Method Saw Cut
Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
40	80	1/8x6	40	6	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

41 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 78 ft. Describe access port or control devices: Well Cap

11. WELL TESTS:

- ☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15			1 hour

Water Temp. 52 Bottom hole temp. _____

Water Quality test or comments: Cool & Clear

Depth first Water Encountered 65

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12	0	10	Overburden		X
12	10	25	Brown Clay		X
12	25	55	River Rock, Sand & Gravel		X
12	55	58	Granite		X
8	58	75	Granite	X	
8	75	85	Fractured Granite	X	
8	85	105	Granite		X
8	105	120	Broken Granite - Caving		X

Completed Depth 80 (Measurable)

Date: Started 4/20/04 Completed 4/28/04

13. DRILLER'S CERTIFICATION

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

Company Name Stuvenga Vessey Drilling Firm No. 545

Firm Official [Signature] Date 5-4-04

and [Signature] Date 5-4-04

Driller or Operator [Signature] Date 5-4-04

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

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