

Ident. No. 95-1557677458

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of Applicant JANICE SHAND Phone 666-1669
Mailing address P.O. Box 2782 Email _____
2. Source of water supply GROUND WATER which is a tributary of _____
3. Location of point of diversion is Township 49 N Range 4 W Sec. 31, in the SE $\frac{1}{4}$, SE $\frac{1}{4}$, Govt. Lot _____, B.M., KOOTENAI County;
additional points of diversion if any: _____
4. Water will be used for the following purposes:
 Amount 0.12 for IRRIGATION purposes from 3/15 to 11/15 (both dates inclusive)
 (cfs or acre-feet per year)
 Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
 (cfs or acre-feet per year)
 Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
 (cfs or acre-feet per year)
 Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
 (cfs or acre-feet per year)
 Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
 (cfs or acre-feet per year)
 Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
 (cfs or acre-feet per year)
5. Total quantity to be appropriated is (a) 0.12 and/or (b) _____
 cubic feet per second acre feet per year
6. Proposed diverting works:
 - a. Describe type and size of devices used to divert water from the source Pump
 - b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet;
total reservoir capacity _____ acre-feet
 - c. Proposed well diameter is 6 inches; proposed depth of well is 454 feet
 - d. Is ground water with a temperature of greater than 85°F being sought? NO
 - e. If well is already drilled, when? 9-24-04; Drilling firm BRONSON
 Well was drilled for (well owner) JANICE McDONALD; Drilling Permit No. D0035318
7. Time required for completion of works and application of water to proposed beneficial use is 5 years (minimum 1 year)
8. Description of proposed uses (if irrigation only, go to item 9):
 - a. Hydropower; show total feet of head and proposed capacity in kW. _____
 - b. Stockwatering; list number and kind of livestock. _____
 - c. Municipal; show name of municipality. _____
 - d. Domestic; show number of households. _____
 - e. Other; describe fully. _____

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9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of the use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
49N	4W	31																2	2
48N	4W	6	2																2

Total number of acres to be irrigated: 4

10. Describe any other water rights used for the same purposes as described above. Include water delivered by a municipality, canal company, or irrigation district. If this application is for domestic purposes, do you intend to use this water, water from another source, or both, to irrigate your lawn, garden, and/or landscaping? _____

11. a. Who owns the property at the point of diversion? APPLICANT
- b. Who owns the land to be irrigated or place of use? 11
- c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: _____

12. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. _____

13. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½"x11" map clearly identifying the proposed point of diversion, place of use, section #, township & range. (A photocopy of a USGS 7.5 minute topographic quadrangle map is preferred.)

BE IT KNOWN that the undersigned hereby makes this application for permit to appropriate the public waters of the State of Idaho as herein set forth.

Janice Shano
Signature of Applicant

JANICE SHANO
Print Name (and title, if applicable)

For Department Use:

Received by _____ Date _____ Time _____ Preliminary check by _____

Fee \$ 100.00 Application Received by _____ Receipt No. NO27920 Date 8-8-2011

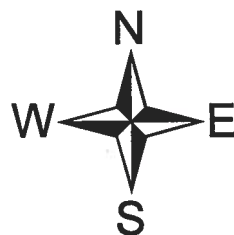
125.00 well up grade for D 0035318

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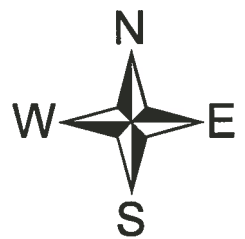
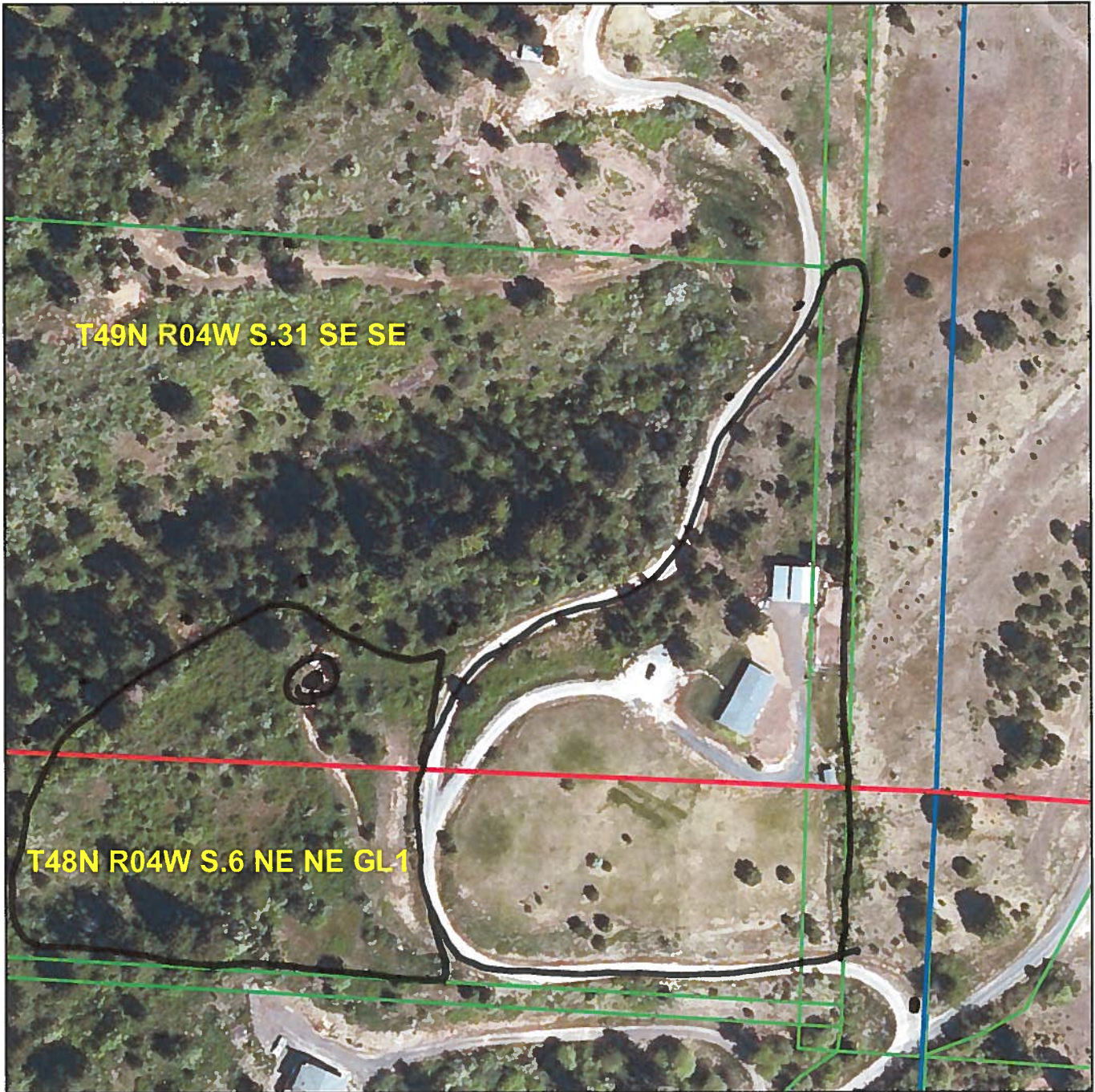
Legend

-  workingpod
-  workingpou
-  QQ
-  Taxlots



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SHANO APPLICATION PIN 49N04W-31-9200



IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

95-15576

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
	1/4	1/4	1/4
Lat:	:	:	Long: :

1. WELL TAG NO. D 0035318
 DRILLING PERMIT NO. 824765
 Water Right or Injection Well No. _____

2. OWNER:
 Name Janice McDonald
 Address P.O. Box 2782
 City Coeur d'Alene State ID Zip 83814

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 49 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 31 1/4 SE 1/4 SE 1/4
 Gov't Lot _____ County Kootenai

Lat: : : Long: : :
 Address of Well Site Belgrove Rd

(Give at least name of road + distance to Road or Landmark) City Rockford Bay

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 Material	From	To	Weight / Volume	Seal Placement Method
bentonite	0	18	150lbs	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18 1/2

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	18 1/2	250	steel	☒	☐	☒	☐
4	-4	454	160	pvc	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☒ Y ☐ N Type shale trap

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method drill
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
414	454	1/4	200	4	pvc	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
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11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
Approx 75		440-454	2hr

Water Temp. cold Bottom hole temp. _____

Water Quality test or comments: clear

Depth first Water Encounter 120

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	N
8	0	6	brown clay		
	6	18 1/2	salt&pepper granite		
6	18 1/2	40	firm salt&pepper granite		
	40	41	decomposed granite		
	41	90	firm salt&pepper granite		
	90	120	softer salt&pepper granite		
	120	123	decomposed granite (1 1/2 gpm)	x	
	123	225	firm salt&pepper granite		
	225	240	softer salt&pepper		
	240	330	firm salt&pepper		
	330	340	soft salt&pepper, some green (1/2 gpm)	x	
	340	390	firm salt&pepper granite		
	390	391	soft salt&pepper granite		
	391	410	firm salt&pepper granite		
	410	449	soft salt&pepper green granite		
	449	454	firm salt&pepper granite	x	

RECEIVED
 OCT 15 2004
 IDWR/North

Completed Depth 454ft (Measurable)
 Date: Started 9/22 Completed 9/24/04

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 Bronson Water Wells Firm No. 360

Principal Driller Clint Bronson Date 10/4/04

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

49N 4W 31 PERMIT 824765

WELL ID 395407 FORWARD WHITE COPY TO WATER RESOURCES