

Permit No. 94-7501

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
Staff Analysis Field Report for Exempted Wells

1. ☒ Copy of Permit
2. ☒ Copy of proof of beneficial use
3. ☐ Copies of amendments, orders with conditions
4. ☒ Permit is for one owner
5. ☐ Confirm one owner of the place of use
 - ☒ Tax lot Research
 - ☐ Telephone call
 - ☐ Office visit
6. ☒ Aerial photo of parcel for the water right file (copy of aerial required)
7. ☒ Well driller's report
8. ☒ Domestic use only
9. ☒ 0.04 cfs or less on water permit
10. ☐ Check if alternative source of water is available for domestic use
11. ☐ Other information:

AUTHENTICATION

Examiner Name Eric J. Palmer Date 2-24-2011
Reviewer Beth L. Dandekar Date 2/25/2011

State of Idaho
Department of Water Resources
Permit to Appropriate Water

NO. 94-07501

Priority: April 23, 2009

Maximum Diversion Rate: 0.02 CFS

This is to certify, that DAVID CHRIS CARLSON
PO BOX 30847
SPOKANE WA 99223

has applied for a permit to appropriate water from:

Source: GROUND WATER

and a permit is APPROVED for development of water as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>
DOMESTIC	01/01 to 12/31	0.02 CFS

LOCATION OF POINT(S) OF DIVERSION:

GROUND WATER, L2 (SE $\frac{1}{4}$ NW $\frac{1}{4}$), Sec. 33, Twp 48N, Rge 02W, B.M., KOOTENAI County

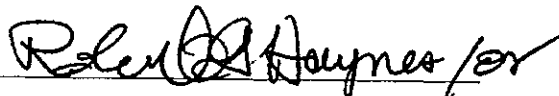
PLACE OF USE: DOMESTIC

Twp	Rge	Sec	NE				NW				SW				SE				
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	Totals
48N	02W	33																	
										X									
										L 2									

CONDITIONS OF APPROVAL

1. Proof of application of water to beneficial use shall be submitted on or before **July 01, 2010**.
2. Subject to all prior water rights.
3. This right does not grant any right-of-way or easement across the land of another.
4. The irrigation occurring under this domestic use shall not exceed 1/2 acre.
5. Right holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code and applicable Well Construction Rules of the Department.
6. Domestic use is for 1 home.

This permit is issued pursuant to the provisions of Section 42-204, Idaho Code. Witness the signature of the Director, affixed at Coeur d'Alene, this 22nd day of June, 2009.



DAVID R. TUTHILL, JR., Director

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0055371

Drilling Permit No. 853791
Water right or injection well # _____

2. OWNER:

Name DAVID CHRIS CARLSON
Address PO Box 30347
City SPOKANE State WA Zip 99223

3. WELL LOCATION:

Twp. 48 North ☒ or South ☐ Rge. 2 East ☐ or West ☒
Sec. 33 1/4 SE 1/4 SW 1/4

Gov't Lot _____ County KOOTENAI
Lat. _____ (Deg. and Decimal minutes)
Long. _____ (Deg. and Decimal minutes)

Address of Well Site 13496 E LAYLANE
City MEDIMONT

(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 ft ³)	Placement method/procedure
<u>Bentonite</u>	<u>0</u>	<u>60</u>	<u>85X</u>	<u>Pour Around Pipe</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
<u>6</u>	<u>+2</u>	<u>-98</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 96

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Terch

Manufactured screen ☐ Y ☒ N Type _____

Method of installation N/A

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>60'</u>	<u>98'</u>	<u>1/8x1/16</u>	<u>12</u>	<u>6</u>	<u>Steel</u>	<u>250</u>

Length of Headpipe none Length of Tailpipe _____

Packer ☒ Y ☐ N Type Formation Packer @ 60'

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
<u>none</u>				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device well cap

48N 02W 33

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 60 Static water level (ft) 18'

Water temp. (°F) 50° Bottom hole temp. (°F) _____

Describe access port well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	<u>4gpm</u>	<u>60</u>

Test method:

Pump ☐ Bailer ☐ Air ☒ Flowing artesian ☐

Water quality test or comments: Cloudy

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
<u>8</u>	<u>0</u>	<u>2</u>	<u>Top soil</u>		
	<u>2</u>	<u>10</u>	<u>Basalt - gray</u>		
	<u>10</u>	<u>13</u>	<u>Clay - Tan</u>		
	<u>13</u>	<u>15</u>	<u>- Basalt - gray</u>		
	<u>15</u>	<u>28</u>	<u>- Clay - Tan w/ Basalt</u>		
	<u>28</u>	<u>60</u>	<u>Clay - Tan</u>		
	<u>60</u>	<u>68</u>	<u>Basalt - Broken w/ Tan</u>		
			<u>Clay & water</u>		
			<u>4gpm</u>		
	<u>68</u>	<u>96</u>	<u>Basalt - Gray</u>		
<u>6</u>	<u>96</u>	<u>103</u>	<u>Basalt - Gray</u>		

RECEIVED

NOV 07 2008

IDWR/North

SCANNED

DEC 09 2008

Date Completed: 10-1

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 ACTION Drilling Inc Co. No. 618

*Principal Driller ALVIN CARRIS Date 11-6-08

*Driller Alvin Carris Date 11-6-08

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

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JUL 16 2009

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USEFOR OFFICE USE ONLY
Amt. of Fee \$: _____
Receipt No. _____
Receipt By: _____
Date Received: _____

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. 94-07501 Telephone No. 509-448-51012. Name of Permit Holder(s): David Chris Carlson3. Mailing Address: PO Box 30847 City SpokaneState WA Zip 99223 Email: sempa.fic@yahoo.com4. Source of Water: ground water (well) 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): 1 Stockwater (No. and type of stock): 0Irrigation (No. of acres): 0 Other: 06. Total rate of diversion or storage volume for which proof is submitted: 0.02 cfs OR _____ acre-feet.

7. Compliance with a Measuring Device requirement and/or other Conditions of Permit: (Refer to the approval conditions on your permit and respond accordingly.)

Measuring Device: Is a measuring device required?
If yes, has the measuring device been installed?Yes ☐ or No ☒
Yes ☐ or No ☒

Conditions of Permit: Does your permit require you to submit additional information in connection with your proof of beneficial use? (If yes, please list the conditions below and provide documents if necessary.)

Completed?

Yes ☐ or No ☒

Completed?

Yes ☐ or No ☒8. Fee Enclosed: \$ already paid (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: David Chris Carlson Telephone Number: 509-448-5101Mailing Address: P.O. Box 30847 City SpokaneState WA Zip 99223 Email: sempa.fic@yahoo.com

10. 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: David Chris Carlson Date: 7/6/09
(include your title, if on behalf of company or organization)