

76627
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT
To appropriate the public waters of the State of Idaho

95-12887
Ident. No. **RECEIVED**
JUN 30 2010
IDWR/NORTHERN

1. Name of applicant(s) KILDAIRE HOMEOWNERS ASSN Phone 208-667-0206
Name connector (check one): ☐ and ☐ or ☐ and/or
Mailing address: 3200 S LOCHURST LANE City COEUR D ALENE
State ID Zip 83814 Email: _____
2. Source of water supply GROUNDWATER which is a tributary of N/A
3. Location of point(s) of diversion:

Twp	Rge	Sec	Govt Lot	1/4	1/4	1/4	County	Source	Local name or tag #
50N	3W	28	2		SW	SW	KOOTENAI	GROUNDWATER	

4. Water will be used for the following purposes:

Amount 0.11 CFS for DOMESTIC purposes from 1/1 to 12/31 (both dates inclusive)
(cfs or acre-feet per year)

Amount 0.09 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)

5. Total quantity to be appropriated is (a) 0.2 cubic feet per second (cfs) and/or (b) _____ acre-feet per year (af).

6. Proposed diverting works:

a. Describe type and size of devices used to divert water from the source. SUBMERSIBLE PUMP IN WELL

b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total reservoir capacity _____ acre-feet. If the reservoir will be filled more than once each year, describe the refill plan in item 11.

For dams 10 feet or more in height OR reservoirs with a total storage capacity of 50 acre-feet or more, submit a separate Application for Construction or Enlargement of a New or Existing Dam. Application required? ☐ Yes ☐ No

c. Proposed well diameter is _____ inches; proposed depth of well is _____ feet.

d. Is ground water with a temperature of greater than 85°F being sought? ☐ Yes ☒ No

e. If well is already drilled, when? 6/2/1992; drilling firm H2O WELLSERVICE INC.

Well was drilled for (well owner) DAN HALLINGER; Drilling Permit No. 95-92-N-72

7. Description of proposed uses (if irrigation only, go to item 8):

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 or the applicant's qualifications as a municipal provider. _____

d. Domestic; show number of households 5 HOMES

e. Other; describe fully. _____

8. 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	
50N	3W	28											D	D					
													1.0	1.5					

Total number of acres to be irrigated: 2.5

9. 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? NONE

10. a. Who owns the property at the point of diversion? WILLIAM CLARK
- b. Who owns the land to be irrigated or place of use? APPLICANT
- c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: EASEMENT AND H.O.A. AGREEMENT and CCR's

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

12. Time required for completion of works and application of water to proposed beneficial use is 5 years (minimum 1 year).
13. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½" x 11" 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.

The information contained in this application is true to the best of my knowledge. I understand that any willful misrepresentations made in this application may result in rejection of the application or cancellation of an approval.

Signature of Applicant

Signature of Applicant

Print Name (and title, if applicable)

KATIE MARCUS, PRESIDENT
Print Name (and title, if applicable)

For Department Use:

Received by _____ Date _____ Time _____ Preliminary check by _____
 Fee \$ 265.00 Received by SRJ Receipt No. C090814 Date 5/19/2010

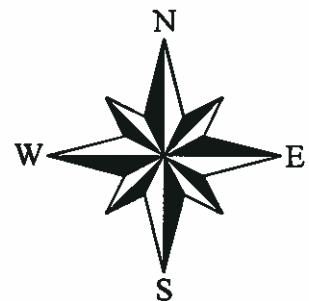
95-12887



0 80 160 320 480 640 Feet

Legend

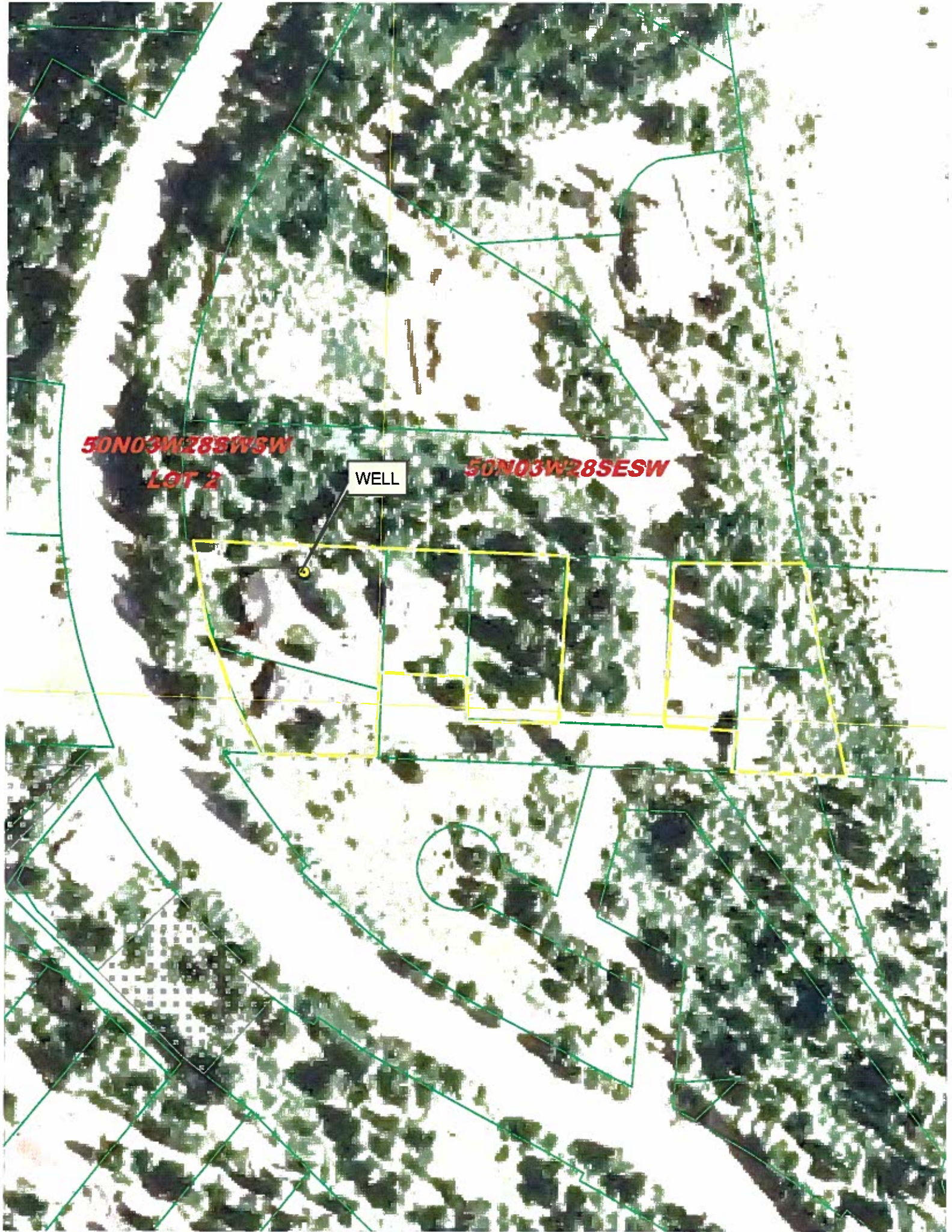
-  workingpod
-  workingpou
-  Taxlots



50N03W28SW
LOT 2

WELL

50N03W28SESW





50N03W28SWSW
LOT 2

50N03W28SESW

WELL