



State of Idaho  
Department of Water Resources  
**Permit to Appropriate Water**

NO. 95-11307

PLACE OF USE: IRRIGATION

| Twp | Rge | Sec | NE |     |     |    | NW |    |    |    | SW |    |    |    | SE |    |    |    | Totals |
|-----|-----|-----|----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------|
| 48N | 04W | 4   | NE | NW  | SW  | SE | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE |        |
|     |     |     |    | 1.0 | 2.0 |    |    |    |    |    |    |    |    |    |    |    |    |    | 3.0    |
|     |     |     |    | L 2 |     |    |    |    |    |    |    |    |    |    |    |    |    |    |        |

Total Acres: 3

CONDITIONS OF APPROVAL

1. Proof of application of water to beneficial use shall be submitted on or before **March 01, 2013**.
2. Subject to all prior water rights.
3. Domestic use is for 1 home. Irrigation of lawn, garden and landscaping associated with the home is authorized under the irrigation component of this right.
4. Stockwater use is for 8 horses.
5. Project construction shall commence within one year from the date of permit issuance and shall proceed diligently to completion unless it can be shown to the satisfaction of the Director of the Department of Water Resources that delays were due to circumstances over which the permit holder had no control.
6. This right when combined with all other rights shall provide no more than 0.03 cfs per acre nor more than 3.0 afa per acre at the field headgate for irrigation of the lands above.
7. This right does not grant any right-of-way or easement across the land of another.

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 10th day of March, 2010.

  
GARY SPACKMAN, Interim Director



## State of Idaho

# DEPARTMENT OF WATER RESOURCES

Northern Region, 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815

Phone: (208) 762-2800 • Fax: (208) 762-2819 • Web Site: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

C. L. "BUTCH" OTTER  
Governor

GARY SPACKMAN  
Interim Director

March 11, 2010

PATRICK KEGLEY  
21946 S LOFFS BAY RD  
COEUR D ALENE ID 83814

SANDRA KEGLEY  
21946 S LOFFS BAY RD  
COEUR D ALENE ID 83814

RE: Permit No.95-11307

### Permit Approval Notice

Dear Permit Holder:

The Department of Water Resources has issued the enclosed permit authorizing you to establish a new water right. Please be sure to thoroughly review the conditions of approval and remarks listed on your permit.

The permit is a PRELIMINARY ORDER issued by the Department pursuant to Section 67-5243, Idaho Code. It can and will become a final order without further action by the Department unless a party petitions for reconsideration or files an exception and/or brief within fourteen (14) days of the service date as described in the enclosed information sheet.

As a permit owner you must commence the excavation or construction of the diverting works within one year of the date the permit was issued, and you must proceed diligently until the project is completed. The date shown under condition no. 1 is the date when the project must be completed.

The Department will send you a 'Proof Due Notice' approximately 60 days prior to the above referenced date requesting you to file either a Proof of Beneficial Use form or a Request for Extension of Time form.

Please note that a separate stream channel alteration permit must be obtained from the Department prior to any activity in the stream channel other than construction or maintenance of the diversion structure for your water right(s). Applications for stream channel alteration permits must be filed at least sixty days prior to the commencement of work in the stream.

Also, please note that water right owners are required to report any change of water right ownership and/or mailing address to the Department within 120 days of the change. Failure to report these changes could result in a \$100 late filing fee. Contact any office of the Department or visit the Department's homepage on the Internet to obtain the proper forms and instructions.

If you have any questions, please contact me at (208) 762-2800.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith E. Franklin". The signature is fluid and cursive, with the first name "Keith" being more prominent.

Keith E. Franklin

Sr. Water Resources Agent

Enclosure(s)

## **CERTIFICATE OF SERVICE**

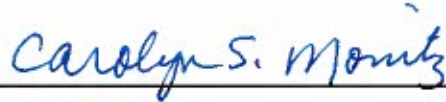
I hereby certify that on March 11, 2010 I mailed a true and correct copy, postage prepaid, of the foregoing PRELIMINARY ORDER(Approved Permit) to the person(s) listed below:

**RE: WATER RIGHT NO.**

**95-11307**

**PATRICK KEGLEY  
21946 S LOFFS BAY RD  
COEUR D ALENE ID 83814**

**SANDRA KEGLEY  
21946 S LOFFS BAY RD  
COEUR D ALENE ID 83814**



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**Carolyn S. Monitz  
Technical Records Clerk**

## **Statement of Available Procedures and Applicable Time Limits**

### **RESPONDING TO PRELIMINARY ORDERS ISSUED BY THE IDAHO DEPARTMENT OF WATER RESOURCES (To be used in connection with actions when a hearing was not held)**

(Required by Rule of Procedure 730.02)

The accompanying order or approved document is a "Preliminary Order" issued by the department pursuant to section 67-5243, Idaho Code. **It can and will become a final order without further action of the Department of Water Resources ("department") unless a party petitions for reconsideration, files an exception and brief, or requests a hearing as further described below:**

#### **PETITION FOR RECONSIDERATION**

Any party may file a petition for reconsideration of a preliminary order with the department within fourteen (14) days of the service date of this order. **Note: the petition must be received by the department within this fourteen (14) day period.** The department will act on a petition for reconsideration within twenty-one (21) days of its receipt, or the petition will be considered denied by operation of law. See Section 67-5243(3) Idaho Code.

#### **EXCEPTIONS AND BRIEFS**

Within fourteen (14) days after (a) the service date of a preliminary order, (b) the service date of a denial of a petition for reconsideration from this preliminary order, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration from this preliminary order, any party may in writing support or take exceptions to any part of a preliminary order and may file briefs in support of the party's position on any issue in the proceeding with the Director. Otherwise, this preliminary order will become a final order of the agency.

#### **REQUEST FOR HEARING**

Unless a right to a hearing before the Department or the Water Resource Board is otherwise provided by statute, any person aggrieved by any final decision, determination, order or action of the Director of the Department and who has not previously been afforded an opportunity for a hearing on the matter may request a hearing pursuant to section 42-1701A(3), Idaho Code. A written petition contesting the action of the Director and requesting a hearing shall be filed within fifteen (15) days after receipt of the denial or conditional approval.

#### **ORAL ARGUMENT**

If the Director grants a petition to review the preliminary order, the Director shall allow all parties an opportunity to file briefs in support of or taking exceptions to the preliminary order and may schedule oral argument in the matter before issuing a final order. If oral arguments are to be heard, the Director will within a reasonable time period notify each party of the place, date and hour for the argument of the case. Unless the Director orders otherwise, all oral arguments will be heard in Boise, Idaho.

### **CERTIFICATE OF SERVICE**

All exceptions, briefs, requests for oral argument and any other matters filed with the Director in connection with the preliminary order shall be served on all other parties to the proceedings in accordance with IDAPA Rules 37.01.01302 and 37.01.01303 (Rules of Procedure 302 and 303).

### **FINAL ORDER**

The Director will issue a final order within fifty-six (56) days of receipt of the written briefs, oral argument or response to briefs, whichever is later, unless waived by the parties or for good cause shown. The Director may remand the matter for further evidentiary hearings if further factual development of the record is necessary before issuing a final order. The department will serve a copy of the final order on all parties of record.

Section 67-5246(5), Idaho Code, provides as follows:

Unless a different date is stated in a final order, the order is effective fourteen (14) days after its issuance if a party has not filed a petition for reconsideration. If a party has filed a petition for reconsideration with the agency head, the final order becomes effective when:

- (a) the petition for reconsideration is disposed of; or
- (b) the petition is deemed denied because the agency head did not dispose of the petition within twenty-one (21) days.

### **APPEAL OF FINAL ORDER TO DISTRICT COURT**

Pursuant to sections 67-5270 and 67-5272, Idaho Code, if this preliminary order becomes final, any party aggrieved by the final order or orders previously issued in this case may appeal the final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which:

- i. A hearing was held,
- ii. The final agency action was taken,
- iii. The party seeking review of the order resides, or
- iv. The real property or personal property that was the subject of the agency action is located.

The appeal must be filed within twenty-eight (28) days of this preliminary order becoming final. See section 67-5273, Idaho Code. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.

**IDaho DEPARTMENT OF WATER RESOURCES  
APPROPRIATION APPLICATION ANALYSIS SHEET**

W.R. # 95 - 11307

APPLICATION ID # 76025

ENT. E.D.

BCA 12/28

OK to Publish 12/17/09

APPLICANT: Kegley

INITIAL REVIEW

BY: E.D.

DATE: 10/7/09

**ITEM REQUIRED INFORMATION**

1. ☒ Name and Address
2. ☐ Source
3. ☐ Point of Diversion & County
4. ☐ Quantity
5. ☐ Nature of Proposed Use
6. ☐ Period of Use
7. ☐ Total Quantity
8. ☐ Description of diverting works
9. ☐ Time required for b/u
10. ☐ Proposed use
11. ☐ Place of use or acres irrigated
12. ☐ Other water Rights
13. ☐ Ownership
14. ☐ Map
15. ☐ Signature
16. ☒ Fee (Amt, receipt, acknowledgement)

**PROCESSING**

(Yes)(No)

PRIORITY DATE: 10/7/09

☒

(Include Moratorium Remark)

☒

Statewide Advertising: (Diversion rate greater than 10 cfs or 1,000 af).

**ADVERTISE IN:**

Newspaper: Kootenai County

Dates scheduled for publication 1/7 + 14/10

Affidavit of Publication received: 1/15/10

Dates actually published: 1/7 + 14/10

Application published correctly. Yes ☒ No ☐

If not, action taken: \_\_\_\_\_

Final Date for Protest: 1/25

Protests Received: Yes ☐ No ☐

**LETTERS SENT REQUESTING:**

☐ Dam Information ☐ Fish Information

☐ Power Information ☐ Other: \_\_\_\_\_

**INFORMATION RECEIVED:**

☐ Dam Information ☐ Fish Information

☐ Power Information ☐ Other: \_\_\_\_\_

\*\*\* Send info sheet Y ( ) N ( )

**ADDITIONAL INFORMATION**

(Yes)(No)

☒ Shape File Created Date 10-7-09 By: ED

☐ Field check: by \_\_\_\_\_

☐ Field report attached

☐ Analysis Supp. Attached (>5cfs/500af)

☐ Water delivered by water master? Water District # \_\_\_\_\_

**GROUNDWATER SECTION**

| WD Permit No.'s: | Tag # | Type:                                                                                 | Fees                            | Receipt No.    | Upgrade Needed? |
|------------------|-------|---------------------------------------------------------------------------------------|---------------------------------|----------------|-----------------|
| <u>95-92N140</u> |       | Dom. <input checked="" type="checkbox"/> Non-Dom. <input checked="" type="checkbox"/> | Paid \$ <u>165<sup>00</sup></u> | <u>N022382</u> | Y (X) N ( )     |
|                  |       | Dom. <input type="checkbox"/> Non-Dom. <input type="checkbox"/>                       | Paid \$ _____                   | _____          | Y ( ) N ( )     |
|                  |       | Dom. <input type="checkbox"/> Non-Dom. <input type="checkbox"/>                       | Paid \$ _____                   | _____          | Y ( ) N ( )     |

☐ Groundwater management area

☐ Critical ground water area

☐ Well Drilling Permit required

☐ Well Drilling Application and Fees received

☐ Well Drilling Application approved?

Remarks: \_\_\_\_\_

**FINAL REGIONAL PROCESSING/REVIEW**

(Yes)(No)

☐ Notice of pending void order issued.

Final order response date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Further information required from applicant

☐ Measuring device required

☐ Measuring port required

☐ Special conditions: \_\_\_\_\_

☐ Special conditions of approval supplement and/or cover letter attached: \_\_\_\_\_

Approval Recommended by: E.D.

Date: 1/20/2010 Sr. Agent initial ED

RECEIVED

JAN 15 2010

IDWR / NORTH

## AFFIDAVIT OF PUBLICATION

STATE OF IDAHO, }  
County of Kootenai, } ss.

Kelli Buley being first duly sworn  
upon oath deposes and says:

1. I am now and at all times hereinafter mentioned was a citizen of the United States, resident of the State of Idaho, over the age of twenty-one years and not a party of the above entitled action.

2. I am now and at all times hereinafter mentioned was the printer (principal clerk) of the "Coeur d'Alene Press," a newspaper printed and published daily except Sunday in Coeur d'Alene, Kootenai County, Idaho, and having a general circulation in said county.

3. The Legal Notice

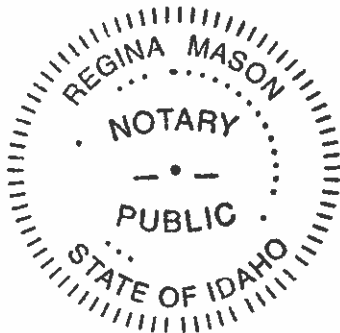
of which the annexed is a printed copy, was published in the regular Thursday issue of said newspaper for 2 consecutive weeks commencing on the 7 day of January, 20 10, and ending on the 14 day of January, 20 10, and such publication was made as often during said period as said Daily newspaper was regularly issued.

4. That said newspaper has been continuously and uninterruptedly published in said Kootenai County, during a period of more than seventy-eight consecutive weeks immediately prior to the first publication of said notice Kelli Buley. On this 14 day of January in the year of 2010, before me, a Notary Public, personally appeared Kelli Buley, known or identified to me to be the person whose name subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledged to me that he executed the same.

Regina Mason

Notary Public for the State of Idaho,  
residing at Coeur d'Alene, Idaho.

**MY COMMISSION EXPIRES 6/18/15**



The following application(s) have been filed to appropriate the public waters of the State of Idaho:

95-11260

ROBERT K WEST

34857 E HAYDEN LAKE RD

HAYDEN, ID 83835-7243

Point of Diversion L1(ENE) S33 T52N R03W KOOTENAI CO

Source HAYDEN LAKE Tributary SINKS

Use: IRRIGATION 03/15 to 11/15 0.03 CFS

Use: FIRE PROTECTION 01/01 to 12/31 0.06 CFS

Total Diversion 0.06 CFS

Date Filed: 9/30/2009

Place Of Use: IRRIGATION T52N R03W S33 L1(ENE)

Place Of Use: FIRE PROTECTION same as IRRIGATION

Total Acres: 0.25

95-11275

ROGER G HESKETT

2311 SOUTH STARLIGHT LANE

SPOKANE VLY, WA 99016

Point of Diversion L3(NENW) S13 T53N R05W KOOTENAI CO

Source SPIRIT LAKE Tributary CREEK

Use: DOMESTIC 01/01 to 12/31 0.04 CFS

Total Diversion: 0.04 CFS

Date Filed: 10/2/2009

Place Of Use: DOMESTIC T53N R05W S13 L3(NENW)

Domestic use is for 1 home.

95-11276

LEONARD MASON

MAXINE MASON

16155 N BUCKHORN RD

HAYDEN LAKE, ID 83835

Point of Diversion NWNWNE S33 T52N R03W KOOTENAI CO

Source SPRING Tributary HAYDEN LAKE

Point of Diversion NWNWNE S33 T52N R03W KOOTENAI CO

Source UNNAMED STREAM Tributary HAYDEN LAKE

Use: STOCKWATER 01/01 to 12/31 0.02 CFS

Use: STOCKWATER STORAGE 01/01 to 12/31 2 AF

Use: STOCKWATER FROM STORAGE 01/01 to 12/31 0.1 AF

Use: FIRE PROTECTION 01/01 to 12/31 0.2 CFS

Use: FIRE PROTECTION STORAGE 01/01 to 12/31 1.9 AF

Total Diversion: 0.2 CFS

Date Filed: 10/1/2009

Place Of Use: STOCKWATER STORAGE and

FIRE PROTECTION STORAGE T52N R03W S33 NWNE

Place Of Use: STOCKWATER T52N R03W S33 NWNE

Place Of Use: STOCKWATER T52N R03W S28 SWSE

Place Of Use: STOCKWATER FROM STORAGE

T52N R03W S33 NWNE and T52N R03W S28 SWSE

Place Of Use: FIRE PROTECTION

T52N R03W S33 NWNE and T52N R03W S28 SWSE

STOCKWATER USE IS FOR 10 HEAD OF MIXED STOCK

95-11289

JOHN AND SJOUKJE BUNGEN FAMILY TRUST

23148 NORTH RIMROCK RD

HAYDEN, ID 83835

Point of Diversion L1(NENWNW) S9 T52N R03W KOOTENAI CO

Source SPRING Tributary SINKS

Use: IRRIGATION 03/15 to 11/15 0.06 CFS

Use: STOCKWATER 01/01 to 12/31 0.02 CFS

Total Diversion: 0.06 CFS

Date Filed: 10/5/2009

Place Of Use: IRRIGATION T52N R03W S9 L1(NWNW)

Place Of Use: STOCKWATER T52N R03W S9 L1(NWNW)

Total Acres: 3

Stockwater use is for 4 head of range stock.

95-11307

PATRICK KEGLEY

SANDRA KEGLEY

21946 S LOFFS BAY RD

COEUR D ALENE, ID 83814

Point of Diversion SWNE S4 T48N R04W KOOTENAI County

Source GROUNDWATER

Use: IRRIGATION 03/15 to 11/15 0.09 CFS

Use: STOCKWATER 01/01 to 12/31 0.02 CFS

Use: DOMESTIC 01/01 to 12/31 0.04 CFS

Total Diversion: 0.15 CFS

Date Filed: 10/7/2009

Place Of Use: DOMESTIC T48N R04W S4 SWNE

Place Of Use: STOCKWATER same as DOMESTIC

Place Of Use: IRRIGATION T48N R04W S4 L2(NWNE) SWNE

Total Acres: 3

Domestic use is for 1 home. Stockwater use is for 8 horses

95-11308

PATRICK KEGLEY

SANDRA KEGLEY

21946 S LOFFS BAY RD

COEUR D ALENE, ID 83814

Point of Diversion L8(SENE) S11 T48N R05W KOOTENAI CO

Source GROUNDWATER

Use: IRRIGATION 03/15 to 11/15 0.06 CFS

Use: DOMESTIC 01/01 to 12/31 0.04 CFS

Use: FIRE PROTECTION 01/01 to 12/31 0.14 CFS

Total Diversion: 0.14 CFS

Date Filed: 10/7/2009

Place Of Use: DOMESTIC T48N R05W S11 L8(SENE)

Place Of Use: FIRE PROTECTION & IRRIGATION

T48N R05W S11 L8(SENE)

Total Acres: 2

Domestic use is for 1 home.

95-11311

JOSE J JARA

1094 SOUTH E STREET

SAN BERNARDINO, CA 92408

Points of Diversion(2) L3(NWNE) S10 T50N R05W KOOTENAI CO

Source SPOKANE RIVER Tributary COLUMBIA RIVER

Point of Diversion L3(NWNE) S10 T50N R05W KOOTENAI CO

Source UNNAMED STREAM Tributary SPOKANE RIVER

Use: IRRIGATION 03/15 to 11/15 0.09 CFS

Total Diversion: 0.09 CFS

Date Filed: 10/7/2009

Place Of Use: IRRIGATION T50N R05W S10 L3(NWNE)

95-11320

ROY L SOLTAU

20594 S LOFFS BAY RD

COEUR D ALENE, ID 83814

Point of Diversion L7(SESE) S33 T49N R04W KOOTENAI CO

Source GROUNDWATER

Use: IRRIGATION 03/15 to 11/15 0.12 CFS

Total Diversion: 0.12 CFS

Date Filed: 10/8/2009

Place Of Use: IRRIGATION

T48N R04W S4 L1(NENE) L2(NWNE)

T49N R04W S33 L7(SESE)

Total Acres: 7

Permits will be subject to all prior water rights. Protests may be submitted based on the criteria of Idaho Code § 42-211. Any protest against the approval of this application must be filed with the Director, Dept. of Water Resources, Northern Region, 7600 Mineral Drive, Suite 100, Coeur D'Alene ID 83815 together with a protest fee of \$25.00 for each application on or before 1/25/2010. The protestant must also send a copy of the protest to the applicant.

GARY SPACKMAN, Interim Director

Legal 8684

January 7, 14, 2010

The following application(s) have been submitted to appropriate the public waters of the State of Idaho:

**95-11260**

ROBERT K WEST

34857 E HAYDEN LAKE RD

HAYDEN, ID 83835-7243

Point of Diversion L1(SENE) S33 T52N R03W KOOTENAI CO

Source HAYDEN LAKE Tributary SINKS

Use: IRRIGATION 03/15 to 11/15 0.03 CFS

Use: FIRE PROTECTION 01/01 to 12/31 0.06 CFS

Total Diversion: 0.06 CFS

Date Filed: 9/30/2009

Place Of Use: IRRIGATION T52N R03W S33 L1(SENE)

Place Of Use: FIRE PROTECTION same as IRRIGATION

Total Acres: 0.25

**95-11275**

ROGER G HESKETT

2311 SOUTH STARLIGHT LANE

SPOKANE VLY, WA 99016

Point of Diversion L3(NENW) S13 T53N R05W KOOTENAI CO

Source SPIRIT LAKE Tributary SPIRIT CREEK

Use: DOMESTIC 01/01 to 12/31 0.04 CFS

Total Diversion: 0.04 CFS

Date Filed: 10/2/2009

Place Of Use: DOMESTIC T53N R05W S13 L3(NENW)

Domestic use is for 1 home.

**95-11276**

LEONARD MASON

MAXINE MASON

16155 N BUCKHORN RD

HAYDEN LAKE, ID 83835

Point of Diversion NWNWNE S33 T52N R03W KOOTENAI CO

Source SPRING Tributary HAYDEN LAKE

Point of Diversion NWNWNE S33 T52N R03W KOOTENAI CO

Source UNNAMED STREAM Tributary HAYDEN LAKE

Use: STOCKWATER 01/01 to 12/31 0.02 CFS

Use: STOCKWATER STORAGE 01/01 to 12/31 2 AF

Use: STOCKWATER FROM STORAGE 01/01 to 12/31 0.1 AF

Use: FIRE PROTECTION 01/01 to 12/31 0.2 CFS

Use: FIRE PROTECTION STORAGE 01/01 to 12/31 1.9 AF

Total Diversion: 0.2 CFS

Date Filed: 10/1/2009

Place Of Use: STOCKWATER STORAGE and

FIRE PROTECTION STORAGE T52N R03W S33 NWNE

Place Of Use: STOCKWATER T52N R03W S33 NWNE

Place Of Use: STOCKWATER T52N R03W S28 SWSE

Place Of Use: STOCKWATER FROM STORAGE

T52N R03W S33 NWNE and T52N R03W S28 SWSE

Place Of Use: FIRE PROTECTION

T52N R03W S33 NWNE and T52N R03W S28 SWSE

STOCKWATER USE IS FOR 10 HEAD OF MIXED STOCK

**95-11289**

JOHN AND SJOUKJE BUNGEN FAMILY TRUST

23148 NORTH RIMROCK RD

HAYDEN, ID 83835

Point of Diversion L1(NENWNW) S9 T52N R03W KOOTENAI CO

Source SPRING Tributary SINKS

Use: IRRIGATION 03/15 to 11/15 0.06 CFS

Use: STOCKWATER 01/01 to 12/31 0.02 CFS

Total Diversion: 0.06 CFS

Date Filed: 10/5/2009

Place Of Use: IRRIGATION T52N R03W S9 L1(NWNW)

Place Of Use: STOCKWATER T52N R03W S9 L1(NWNW)

Total Acres: 3

Stockwater use is for 4 head of range stock.

-- **95-11307**

PATRICK KEGLEY

SANDRA KEGLEY

21946 S LOFFS BAY RD

COEUR D ALENE, ID 83814

Point of Diversion SWNE S4 T48N R04W KOOTENAI County

Source GROUNDWATER

Use: IRRIGATION 03/15 to 11/15 0.09 CFS

Use: STOCKWATER 01/01 to 12/31 0.02 CFS

Use: DOMESTIC 01/01 to 12/31 0.04 CFS

Total Diversion: 0.15 CFS

Date Filed: 10/7/2009

Place Of Use: DOMESTIC T48N R04W S4 SWNE

Place Of Use: STOCKWATER same as DOMESTIC

Place Of Use: IRRIGATION T48N R04W S4 L2(NWNE) SWNE

Total Acres: 3

Domestic use is for 1 home. Stockwater use is for 8 horses

**95-11308**

PATRICK KEGLEY

SANDRA KEGLEY

21946 S LOFFS BAY RD

COEUR D'ALENE, ID 83814

Point of Diversion L8(SENE) S11 T48N R05W KOOTENAI CO

Source GROUNDWATER

Use: IRRIGATION 03/15 to 11/15 0.06 CFS

Use: DOMESTIC 01/01 to 12/31 0.04 CFS

Use: FIRE PROTECTION 01/01 to 12/31 0.14 CFS

Total Diversion: 0.14 CFS

Date Filed: 10/7/2009

Place Of Use: DOMESTIC T48N R05W S11 L8(SENE)

Place Of Use: FIRE PROTECTION & IRRIGATION

T48N R05W S11 L8(SENE)

Total Acres: 2

Domestic use is for 1 home.

**95-11311**

JOSE J JARA

1094 SOUTH E STREET

SAN BERNARDINO, CA 92408

Points of Diversion(2) L3(NWNE) S10 T50N R05W KOOTENAI CO

Source SPOKANE RIVER Tributary COLUMBIA RIVER

Point of Diversion L3(NWNE) S10 T50N R05W KOOTENAI CO

Source UNNAMED STREAM Tributary SPOKANE RIVER

Use: IRRIGATION 03/15 to 11/15 0.09 CFS

Total Diversion: 0.09 CFS

Date Filed: 10/7/2009

Place Of Use: IRRIGATION T50N R05W S10 L3(NWNE)

**95-11320**

ROY L SOLTAU

20594 S LOFFS BAY RD

COEUR D'ALENE, ID 83814

Point of Diversion L7(SESE) S33 T49N R04W KOOTENAI CO

Source GROUNDWATER

Use: IRRIGATION 03/15 to 11/15 0.12 CFS

Total Diversion: 0.12 CFS

Date Filed: 10/8/2009

Place Of Use: IRRIGATION

T48N R04W S4 L1(NENE) L2(NWNE)

T49N R04W S33 L7(SESE)

Total Acres: 7

Permits will be subject to all prior water rights. Protests may be submitted based on the criteria of Idaho Code § 42-211. Any protest against the approval of this application must be filed with the Director, Dept. of Water Resources, Northern Region, 7600 Mineral Drive, Suite 100, Coeur D'Alene ID 83815 together with a protest fee of \$25.00 for each application on or before 1/25/2010. The protestant must also send a copy of the protest to the applicant.

GARY SPACKMAN, Interim Director

Legal #

Published on 1/7/2010 and 1/14/2010

## Ball, Dianne

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**From:** Ball, Dianne  
**Sent:** Monday, December 28, 2009 1:13 PM  
**To:** Legal Notices-CdA Press; Legal Notices-CdAPress - Kelli Buley  
**Subject:** Application for Permit No. 95-11260, 95-11275, 95-11276, 95-11289, 95-11307, 95-11308, 95-11311, 95-11320

**Attachments:** LegalNotice 12-28-09 CDA e-mail 95-11260,75,76,89,307,08,11,20.doc

Good afternoon, Kelli,

This is one of our regular legal notices. I will try to get one more like this to you also for publication starting on January 7 - to run January 7 and 14, 2010.

Please publish the enclosed legal notice on the dates indicated, January 7 and 14, 2010, (once a week for two consecutive weekly issues). If you cannot publish the notice on the proposed dates, please contact us immediately.

Please send a proof copy to me for my review before this goes to press.

An affidavit of publication must be submitted to the Department along with the publication bill. Please send the affidavit and bill to this office before 1/25/2010.



LegalNotice  
2-28-09 CDA e-mai.

Your cooperation is greatly appreciated, as always.  
Thanks once again for all your wonderful help.

*Dianne Ball*

Administrative Assistant  
Idaho Department of Water Resources  
7600 N Mineral Dr., Ste. 100  
Coeur d'Alene, ID 83815  
208-762-2800 Fax 208-762-2819



State of Idaho

## DEPARTMENT OF WATER RESOURCES

Northern Region, 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815

Phone: (208) 762-2800 • Fax: (208) 762-2819 • Web Site: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

December 28, 2009

C. L. "BUTCH" OTTER  
Governor

GARY SPACKMAN  
Interim Director

PATRICK KEGLEY  
SANDRA KEGLEY  
21946 S LOFFS BAY RD  
COEUR D ALENE, ID 83814

Application For Permit No. 95-11307 and 95-11308

Dear Applicant(s):

The Department of Water Resources has received your water right applications. Please refer to the number referenced above in all future correspondence regarding these applications.

A legal notice of the application has been prepared and is scheduled for publication in the COEUR D ALENE PRESS on 1/7/2010 and 1/14/2010. Protests to this application may be submitted for a period ending ten (10) days after the second publication.

If the application is protested, you will be sent a copy of each protest. All protests must be resolved before the application(s) can be considered for approval. If the protest(s) cannot be resolved voluntarily, the Department will conduct a conference and/or hearing on the matter.

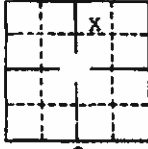
If the applications are not protested, the Department will process your applications and notify you of any action taken on the applications. If your applications are approved, the Department will send you a copy of the permits.

Please contact this office if you have any questions regarding these applications.

Sincerely,

Eric Davis  
Sr. Water Resource Agent

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**USL FEVERWRITER OR  
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.

| <b>1. WELL OWNER</b><br>Name <u>RICHARD ZIEGLE</u><br>Address <u>HC-12 BOX 404 LOFF'S BAY RD.</u><br><u>COEUR D' ALENE, ID 83814</u><br>Drilling Permit No. <u>95-92N140</u><br>Water Right Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | <b>7. WATER LEVEL</b><br>Static water level <u>111</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature _____ OF. Quality _____<br><i>Describe artesian or temperature zones below.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |              |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Well diameter increase<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____<br>Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____<br><u>AIR TEST 12 GPM 291' FOR 1/2 HR.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |              |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | <b>9. LITHOLOGIC LOG</b> <u>081749</u> <table border="1"><thead><tr><th>Bore Diam.</th><th>Depth From</th><th>To</th><th>Material</th><th>Water Yes No</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>1</td><td>TOP SOIL</td><td>X</td></tr><tr><td>8</td><td>1</td><td>18</td><td>BASALT, MED., SOFT AREAS</td><td>X</td></tr><tr><td>6</td><td>18</td><td>67</td><td>BASALT, MED., SOFT AREAS</td><td>X</td></tr><tr><td>6</td><td>67</td><td>75</td><td>BROWN CLAY</td><td>X</td></tr><tr><td>6</td><td>75</td><td>80</td><td>GRAY CLAY</td><td>X</td></tr><tr><td>6</td><td>80</td><td>98</td><td>BROWN CLAY</td><td>X</td></tr><tr><td>6</td><td>98</td><td>138</td><td>TAN CLAY</td><td>X</td></tr><tr><td>6</td><td>138</td><td>167</td><td>GREEN-GRAY CLAY</td><td>X</td></tr><tr><td>6</td><td>167</td><td>172</td><td>DECOMPOSED GRANITE, QUARTZ</td><td>X</td></tr><tr><td>6</td><td>172</td><td>212</td><td>SOFT BLACK &amp; GREEN GRANITE</td><td>X</td></tr><tr><td>6</td><td>212</td><td>270</td><td>TAN GRANITE, TAN CLAY</td><td>X</td></tr><tr><td>6</td><td>270</td><td>278</td><td>SOFT, GREEN GRANITE</td><td>X</td></tr><tr><td>6</td><td>278</td><td>320</td><td>GRAY GRANITE</td><td>X</td></tr></tbody></table> |                            | Bore Diam.   | Depth From | To | Material | Water Yes No | 8 | 0 | 1 | TOP SOIL | X | 8 | 1 | 18 | BASALT, MED., SOFT AREAS | X | 6 | 18 | 67 | BASALT, MED., SOFT AREAS | X | 6 | 67 | 75 | BROWN CLAY | X | 6 | 75 | 80 | GRAY CLAY | X | 6 | 80 | 98 | BROWN CLAY | X | 6 | 98 | 138 | TAN CLAY | X | 6 | 138 | 167 | GREEN-GRAY CLAY | X | 6 | 167 | 172 | DECOMPOSED GRANITE, QUARTZ | X | 6 | 172 | 212 | SOFT BLACK & GREEN GRANITE | X | 6 | 212 | 270 | TAN GRANITE, TAN CLAY | X | 6 | 270 | 278 | SOFT, GREEN GRANITE | X | 6 | 278 | 320 | GRAY GRANITE | X |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Depth From | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Material                   | Water Yes No |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TOP SOIL                   | X            |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1          | 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BASALT, MED., SOFT AREAS   | X            |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 18         | 67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BASALT, MED., SOFT AREAS   | X            |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 67         | 75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BROWN CLAY                 | X            |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 75         | 80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | GRAY CLAY                  | X            |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 80         | 98                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BROWN CLAY                 | X            |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 98         | 138                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TAN CLAY                   | X            |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 138        | 167                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | GREEN-GRAY CLAY            | X            |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 167        | 172                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DECOMPOSED GRANITE, QUARTZ | X            |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 172        | 212                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SOFT BLACK & GREEN GRANITE | X            |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 212        | 270                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TAN GRANITE, TAN CLAY      | X            |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 270        | 278                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SOFT, GREEN GRANITE        | X            |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 278        | 320                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | GRAY GRANITE               | X            |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | <b>10. DRILLERS CERTIFICATION</b><br>1/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Firm Name <u>BARTHOLOMEW</u> Firm No. <u>52</u><br>Address <u>W. 13712 LINCOLN RD. SPOKANE, WA 99204</u><br>Date <u>7-27-92</u><br>Signed by (Firm Official) <u>Gary Bartholomew</u><br>and _____<br>(Operator) <u>Gary Bartholomew</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |              |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Other <u>PVC LINER</u><br>Thickness <u>.250</u> inches Diameter <u>8</u> inches From <u>+1 1/2</u> feet To <u>18</u> feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ON PVC LINER<br>Perforated? <input checked="" type="checkbox"/> SKIL SAW <input type="checkbox"/> Yes <input type="checkbox"/> No ON PVC LINER<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun<br>Size of perforation <u>1/8</u> inches by <u>7</u> inches<br>Number _____ From _____ To _____<br><u>42</u> perforations <u>280</u> feet <u>320</u> feet<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>18</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Pudding clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld _____<br><input type="checkbox"/> Cemented between strata<br>Describe access port <u>WELL CAP</u> |            | <b>11. DRILLERS CERTIFICATION</b><br>1/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Firm Name <u>BARTHOLOMEW</u> Firm No. <u>52</u><br>Address <u>W. 13712 LINCOLN RD. SPOKANE, WA 99204</u><br>Date <u>7-27-92</u><br>Signed by (Firm Official) <u>Gary Bartholomew</u><br>and _____<br>(Operator) <u>Gary Bartholomew</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |              |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County _____<br>NW 1/4 NE 1/4 Sec. <u>4</u> T. <u>48</u> S. R. <u>4</u> W. <u>4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | <b>12. WORK SCHEDULE</b><br>Work started <u>7-23-92</u> finished <u>7-24-92</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |              |            |    |          |              |   |   |   |          |   |   |   |    |                          |   |   |    |    |                          |   |   |    |    |            |   |   |    |    |           |   |   |    |    |            |   |   |    |     |          |   |   |     |     |                 |   |   |     |     |                            |   |   |     |     |                            |   |   |     |     |                       |   |   |     |     |                     |   |   |     |     |              |   |