

75788

Ident. No. 95-10922

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

RECEIVED

JUL 28 2009

IDWR/North

- 22509
- Name of Applicant Byron or Tammy Hatley Phone 208-623-6331
Mailing address PO Box 88 Spirit Lake Id 83869 Email byronh@evergreen-electric.com
 - Source of water supply GRAND WATER which is a tributary of _____
 - Location of point of diversion is Township S3N Range 4W Sec. 20, in the NE $\frac{1}{4}$, NE $\frac{1}{4}$, Govt. Lot _____, B.M., KOOTENAI County;
additional points of diversion if any: _____
 - Water will be used for the following purposes:

Amount <u>.09</u> for <u>IRRIGATION</u>	purposes from <u>4.1</u> to <u>10.31</u> (both dates inclusive)
(cfs or acre-feet per year)	
Amount <u>.002</u> for <u>Domestic</u>	purposes from <u>1.1</u> to <u>12.31</u> (both dates inclusive)
(cfs or acre-feet per year)	
Amount <u>.04</u> for <u>Commercial</u>	purposes from <u>1.1</u> to <u>12.31</u> (both dates inclusive)
(cfs or acre-feet per year)	
Amount _____ for _____	purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)	
Amount _____ for _____	purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)	
Amount _____ for _____	purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)	
 - Total quantity to be appropriated is (a) .10 cubic feet per second and/or (b) _____ acre feet per year
 - Proposed diverting works:
 - Describe type and size of devices used to divert water from the source _____
 - Height of storage dam _____ feet; active reservoir capacity _____ acre-feet;
total reservoir capacity _____ acre-feet
 - Proposed well diameter is 6 inches; proposed depth of well is 700 feet
 - Is ground water with a temperature of greater than 85°F being sought? N
 - If well is already drilled, when? 3/27/04; Drilling firm H2O Well Service Inc;
Well was drilled for (well owner) HATLEY; Drilling Permit No. D0033548
 - Time required for completion of works and application of water to proposed beneficial use is 1 years (minimum 1 year)
 - Description of proposed uses (if irrigation only, go to item 9):
 - Hydropower; show total feet of head and proposed capacity in kW. _____
 - Stockwatering; list number and kind of livestock. _____
 - Municipal; show name of municipality. _____
 - Domestic; show number of households. 2 Home 1 Commercial = 5 Bathrooms
 - Other; describe fully. BWH 1 Break Room

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

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

TWP	RGE	SEC	NE				NW				SW				SE				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
53N	4W	20	D					D											
53W	4W	20	2					1											3
			C																

Total number of acres to be irrigated: 3

10. Describe any other water rights used for the same purposes as described above. Include water delivered by a municipality, canal company, or irrigation district. If this application is for domestic purposes, do you intend to use this water, water from another source, or both, to irrigate your lawn, garden, and/or landscaping? None

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

12. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. Domestic use in residences / irrigate yards & landscape areas. Commercial use for Bath rooms / Break rooms & landscape areas.

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

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

By Hatley
Signature of Applicant

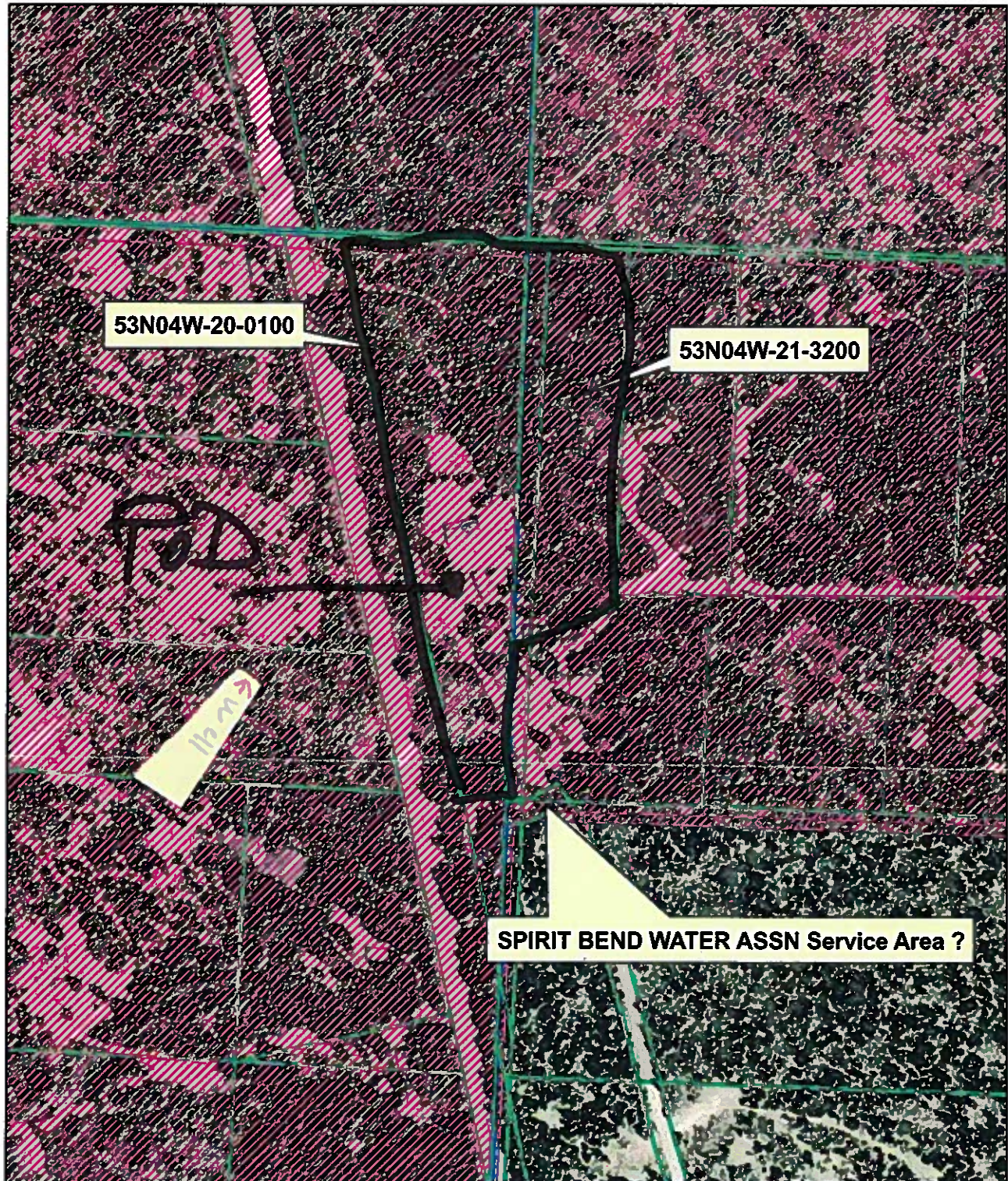
Byron Hatley
Print Name (and title, if applicable)

For Department Use:

Received by cm Date 7-28-06 Time _____ Preliminary check by _____

Fee \$ 100.00 Receipted by cm Receipt No. N 021534 Date _____

HATLEY



WELL DRILLER'S REPORT

RECEIVED

CORRECTED REPORT

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

1. WELL TAG NO. D0033548 MAY 03 2004
Drilling Permit No: 811390
Other IDWR No: IDWR/North

2. OWNER Well Number:
Name Hatley, Byron c/o Graystone Custom 731
Address PO Box 88
City Spirit Lake State ID Zip 83869

3. LOCATION OF WELL by legal description
sketch map location must agree with written location

N			
			X
S			

Twp. 53 ☒ North or ☐ South
Rge. 4 ☐ East or ☒ West
Sec. 20 NE 1/4 NE 1/4 NE 1/4
Gov't Lot _____ County Kootenai
Lat: : : Long: : :
Address of Well Site 28544 Spirit bend Roa
City Spirit Lake

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

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement, etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	550 lbs	Overbore

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

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	2	480	.250	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

440 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

53N 4W 20

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5.5			

Water Temp. Cold _____ Bottom Hole Temp Cold _____

Water Quality test or comments: _____

Depth first Water encountered 470

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
10	0	3	Top Soil	☐	☒
10	3	12	Cobbles, Gravels, Sand	☐	☒
10	12	65	Gravels, Sand	☐	☒
8	65	170	Sand	☐	☒
8	170	172	Boulder	☐	☒
8	172	230	Sand, Gravels	☐	☒
8	230	470	Gravels, Sand w/Water 2gpm	☒	☐
8	470	500	Granite Gray	☐	☒
5	500	630	Granite Black&White	☐	☒
5	630	632	Granite Fractured w/Water 1gpm	☒	☐
5	632	650	Granite Gray	☐	☒
5	650	660	Granite w/small Fractures 2gpm	☒	☐
5	660	700	Granite Gray	☐	☒
Revised					

Completed Depth 700 (Measurable)

Date: Started 3/12/04 Completed 3/22/04

13. DRILLER'S CERTIFICATION

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

Firm Name H2O Well Service, Inc. Firm No. 448

Firm Official [Signature] Date 04/16/04

and [Signature]

Supervisor or Operator [Signature] Date 04/16/04

(Sign Once if Firm Official and Operator)

Jim McLeslie

125⁰⁰