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FEB 23 2009

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$: 50
Receipt No: 88656
Receipt By: SAT
Date Received: 2-23-2009

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** and that water has been applied to beneficial use to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, please contact any Department office or visit the Department's website at: www.idwr.idaho.gov for an *Assignment of Permit* form. If you wish to relinquish your permit because you have not established the authorized use of the water and are **not** applying for an extension, please notify the Department in writing.

- Permit No. 95-09298 Telephone No. 509-868-2290
- Name of Permit Holder(s): Woodland Shores Water & Sewer Association
- Mailing Address: 1628 E 36th AVE City Spokane
State WA Zip 99203 Email: gschlender@rcac.org
- Source of Water: 4 wells, 3 existing, 1 new If **GROUND WATER** (well), Date Drilled: mo. 9 / yr. 2006
Well Driller: H²O Drilling Permit Number: 841972
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 125 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: _____
- Total rate of diversion or storage volume for which proof is submitted: 120 ^(90 GPM) cfs OR _____ acre-feet.
- Compliance with a Measuring Device requirement and/or other Conditions of Permit: **(Refer to the approval conditions on your permit and respond accordingly.) The Department will not issue a license if permit conditions are not completed/installed.**

Measuring Device: Is a measuring device required?

If yes, has the measuring device been installed?

Yes ☒	or	No ☐
Yes ☒	or	No ☐

Conditions of Permit: Does your permit require you to submit additional information in connection with your proof of beneficial use? (If yes, please list the conditions below and provide documents if necessary.)Section 42-235 Idaho code

Completed?

Completed?

Yes ☒	or	No ☐
Yes ☐	or	No ☐

- Fee Enclosed: \$ 50.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.)

- Person to contact to accompany the Department representative during field examination of the water system.

Name: George Schlender Telephone Number: 509-868-2290Mailing Address: 1628 E 36th AVE City SpokaneState WA Zip 99203 Email: gschlender@rcac.org

- The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of permit holder:

(include your title, if on behalf of company or organization)

Date: 2/18/09President
Woodland Shores Water & Sewer Association

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0046091

Drilling Permit No:

841 972

Other IDWR No.

95-9298

2. OWNER

Name WOODLAND SHORES

Well Number:

1225

Address 408 N. MULLAN RD. STE. 104

City SPOKANE State WA Zip 99206

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N				
		X		
W				E
S				

Twp. 48N ☒ North or ☐ SouthRge. 04W ☐ East or ☒ West

Sec. 18 1/4 SW 1/4 NE 1/4

Gov't Lot County KOOTENAI

Lat: : : Long: : :

Address of Well Site Woodland Shores

City Coeur d'Alene

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

Lt. 3 Blk. Sub. Name Woodland Shores

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	10	900 lbs	poured
3/8 HOLE PLUG	10	73	2400 lbs	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 73Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
10	+2	73	.365	Steel	☒	☐	☒	☐
8	0	519	.322	Steel	☒	☒	☐	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method Torch☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
499	519	1/4 x 6	48	8	Steel	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

190 ft. below ground Artesian pressure lb.

Depth flow encountered 465 ft. Describe access port or control devices:

48N 4W 18

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
35			2 hrs

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 450

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
18	0	3	Top Soil	☐ Y	☒ N
18	3	16	Clay w/ Gravels	☐ Y	☒ N
18	16	18	Basalt	☐ Y	☒ N
15	18	45	Basalt	☐ Y	☒ N
15	45	65	Brown Clay	☐ Y	☒ N
15	65	73	Basalt	☐ Y	☒ N
10	73	80	Basalt	☐ Y	☒ N
10	80	106	Clay w/Mica & Quartz	☐ Y	☒ N
10	106	115	Decomposed Granite	☐ Y	☒ N
10	115	460	Granite	☒ Y	☒ N
10	460	500	Granite	☒ Y	☒ N
10	500	525	Granite	☐ Y	☒ N

RECEIVED

JAN 29 2007

IDWR/North

RECEIVED
OCT 19 2006
IDWR/North

Completed Depth 525 (Measurable)

Date: Started 9/7/2006 Completed 9/27/2006

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 10-2-06

and

Supervisor or Operator *[Signature]* Date 9-29-06

TODD MORGAN

(Sign Once If Firm Official and Operator)