

RECEIVED
DEC 19 2008
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 \$: 50.00
Receipt No. N019744
Receipt By: [Signature]
Date Received: 12/15/08

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

1. Permit No. 96-9161 Telephone No. (208) 661-2262
2. Name of Permit Holder(s): Pine Ridge Dev LLC c/o George Whitmire
3. Mailing Address: Po Box 572 City Arthol
State Id Zip 83801 Email: _____
4. Source of Water: ground If **GROUND WATER** (well), Date Drilled: mo. _____ / yr. _____
Well Driller: H2O well service Drilling Permit Number: _____
5. Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 9 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 4.5 Other: _____
6. Total rate of diversion or storage volume for which proof is submitted: 0.12 cfs OR _____ acre-feet.

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

Measuring Device: Is a measuring device required?
If yes, has the measuring device been installed?

Yes ☐	or No ☒
Yes ☒	or No ☐

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

Completed?

Yes ☐ or No ☐

Completed?

Yes ☐ or No ☐

8. Fee Enclosed: \$ 50 (See Fee Schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.)

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

Name: George Whitmire Telephone Number: (208) 661-2262
Mailing Address: Po Box 572 City Arthol
State Id Zip 83801 Email: _____

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

Signature of permit holder: George Whitmire
(include your title, if on behalf of company or organization)

managing member

Date: 12/12/08

WELL DRILLER'S REPORT

Office Use Only	
Inspected by <u>RFD</u>	
Twp <u>53N</u> Rge <u>3W</u> Sec <u>7</u>	
<u>1/4 NE 1/4 NE 1/4</u>	
Lat: : : Long: : :	

1. WELL TAG NO. D0033740 MAY 19 2004Drilling Permit No: 814158
Other IDWR No. 96-9161 IDWR/North2. OWNER Well Number:Name Pine Ridge Development LLC #2 746Address c/o George Whitmire PO Box 572City Athol State ID Zip 83801

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N				X	
W		E			
S					

Twp. 53 ☒ North or ☐ South
Rge. 03 ☐ East or ☒ West
Sec. 7 1/4 NE 1/4 NE 1/4
Gov't Lot _____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site Sable Ct & Clagstone
City Athol

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

Lt. _____ Blk. _____ Sub. Name Wheat Ridge N

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	30	1300 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
8"	+2	536	.322	Steel	X			X

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☒ Screens Screen Type Stainless Steel

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
538	543	50	1	7	S.S.	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

476 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
50+	100		

Water Temp. Cold _____ Bottom Hole Temp Cold _____

Water Quality test or comments: ClearDepth first Water encountered 476

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
14	3	30	Sand, Gravel, Cobble	☐	☒
10	30	219	Sand & Gravels	☐	☒
10	219	300	Course Sands	☐	☒
10	300	421	Sand & Gravels	☐	☒
10	421	469	Sand, Gravels, Clay	☐	☒
10	469	476	Sand & Gravels	☐	☒
10	476	543	Sands & Gravels	☒	☐

RECEIVED
JUN - 2 2004
IDWR/North

 Completed Depth 543 (Measurable)
 Date: Started 5/3/04 Completed 5/10/04

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 WellService, Inc. Firm No. 448
Firm Official [Signature] Date 05/13/04and
Supervisor or Operator [Signature] Date 05/12/04
Todd Morgan (Sign Once if Firm Official and Operator)

53N 3W 7 NE NE

IDAHO DEPARTMENT OF WATER RESOURCES

Water Permit Report 95-10001

WATER RIGHT NUMBER: 95-10001

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	PINE RIDGE DEVELOPMENT LLC C/O GEORGE WHITMIRE PO BOX 572 ATHOL, ID 83801 (208)687-5108

Priority Date: 10/08/2003

Basis:

Status: Active

<u>Source</u>	<u>Tributary</u>
GROUND WATER	

<u>Beneficial Use</u>	<u>From</u> <u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
DOMESTIC	01/01 to 12/31	0.120 CFS	
IRRIGATION	04/01 to 10/31	0.090 CFS	
	<u>Total Diversion:</u>	0.200 CFS	

Location of Point(s) of Diversion

GROUND WATER	NE1/4NE1/4	Sec. 7, Twp 53N, Rge 03W, B.M.
KOOTENAI County		

Place of Use

DOMESTIC

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	03W	7	X																

IRRIGATION

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	03W	7	4.5																4.5

Total Acres: 4.5

Conditions of Approval:

1. R66 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.

IDAHO DEPARTMENT OF WATER RESOURCES

Water Permit Report 95-10001

2. 26A 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 permit holder had no control.
3. 046 Right holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code and applicable Well Construction Rules of the Department.
4. 132 Domestic use is for 9 homes. Irrigation of lawn, garden and landscaping associated with the home is authorized under the irrigation component of this right.
5. X60 Place of use includes Lots 1-4, Wheat Ridge North Subdivision, and five additional lots to be developed on adjacent land.
6. 133 This right authorizes the diversion of ground water within the Rathdrum Prairie Ground Water Management Area (RPGWMA). Use of water under this right shall be subject to the provisions of any management plan approved by the director for the RPGWMA. If the director determines that the ground water supply in the RPGWMA is insufficient to meet the demands of prior water rights within the RPGWMA, the director may order the diversion and use of water under this right to be reduced or curtailed until the director determines that there is sufficient ground water available for this right.

Remarks:Comments:

1. Renumber 12/29/2008 4:46:49 PM Renumber WR 95-10001
 Comment: This has been renumbered from 96-9161

2. erushing 12/29/2008 4:49:34 PM POD
 Comment: Updated Shape

3. erushing 12/29/2008 4:51:23 PM POU
 Comment: Updated Shape

4. erushing 12/29/2008 4:51:54 PM POU
 Comment: Updated Shape

Dates and Other Information:

Permit Proof Due Date: 1/1/09
 Permit Proof Made Date:
 Permit Approved Date: 1/26/04
 Permit Moratorium Expiration Date:
 Enlargement Use Priority Date:
 Enlargement Statute Priority Date:
 Field Exam Date:
 Date Sent to State Office:
 Date Received at State Office:
 State or Federal:
 Owner Name Connector: And/Or
 Water District Number:
 Generic Max Rate Per Acre: 0.03
 Generic Max Volume Per Acre: 3
 Swan Falls Trust or Nontrust:
 Swan Falls Dismissed:
 DLE Act Number:
 Carey Act Number:
 Mitigation Plan: False

Combined Use Limits:Water Supply Bank: