

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08666

Priority: July 20, 1990

Maximum Diversion Rate: 0.06 CFS
Maximum Diversion Volume: 13.2 AF

This is to certify, that SHORELANDS ASSN
4990 E 16TH AVE
POST FALLS ID 83854

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated July 20, 1990; and has submitted Proof of Beneficial Use on September 23, 1991. An examination indicates that the works have a diversion capacity of .060 cfs of water from a GROUNDWATER source, and a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
DOMESTIC	01/01 to 12/31	0.06 CFS	13.2 AF

LOCATION OF POINT(S) OF DIVERSION: Lot 1(SENE), Sec. 1, Township 48N, Range 04W
KOOTENAI County

PLACE OF USE: DOMESTIC
TWN RGE SEC

48N 04W 1 Lot 2(SWNE) Lot 1(SENE)

CONDITIONS/REMARKS:

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to more accurately describe the beneficial use or to implement accepted standards of diversion and use efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
5. Domestic use is for 22 homes.

This license is issued pursuant to the provisions of Section 42-219, Idaho Code, Witness the seal and signature of the Director, affixed at Boise, this 18TH day of MAY, 1993.

Acting for R. Keith Higginson, Director

MICROFILMED

JUL 07 1993

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

Department of Water Resources

The Idaho Department of Water Resources will consider this form as a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee or a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

1. Permit No. 95-08666 Telephone No. 208 773-7905
2. Name(s) of Permit Holder(s): SHORELANDS ASSOCIATION c/o J.D. BELL
3. Post Office Address: 4930 E. 16th Ave Post Falls, ID 83854
4. Source of Water: Well
- a. If ground water, well driller's name: United Drilling Inc. Date drilled: 5-10-91
- b. Pump horsepower: 0.75 HP Pressure (psi): _____ Dynamic pumping level (ft.): 360
5. Extent of Use:
- | | |
|---|---------------------------------|
| Domestic <u>22 (seasonal)</u>
<u>incl 2 full time</u>
(No. of households) | Irrigation _____ (No. of acres) |
| Stockwater _____ (No. and type of stock) | Other _____ |
6. Total rate and/or volume for which proof is submitted 0.20 cfs _____ acre/feet
7. Refer to the approval conditions on your permit and respond accordingly:
- Measuring device: Required? Yes ☒ No ☐ Installed? Yes ☒ No ☐
- OR
- Flow Measurement Port: Required? Yes ☒ No ☐ Installed? Yes ☒ No ☐
8. Fee Enclosed: \$ 50.00 (See License Examination Fee Schedule)
9. Person to contact to accompany the Department representative during the field examination:
- J DOUGLAS BELL 208 773-7905
Name Telephone No.
- 4930 E. 16th Ave Post Falls, ID 83854
Address
10. The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho.
- SHORELANDS ASSOCIATION
9-20-91 by J Douglas Bell Chairman Water Committee
Date Signature (and title if on behalf of a company or organization)

RECEIVED

DEC 02 1991

RECEIVED
DEC 31 1991

State of Idaho
Department of Water Resources
Permit To Appropriate Water

NO. 95-08666

Proposed Priority: July 20, 1990 Maximum Diversion Rate: 0.20 CFS
This is to certify, that **SHORELANDS ASSN.**

4990 E. 16TH AVE.
POST FALLS, ID 83854

has applied for a permit to appropriate water from: **GROUNDWATER**
and a permit is **APPROVED** for development of water as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>
DOMESTIC	01/01 to 12/31	0.20 CFS
<u>LOCATION OF POINT(S) OF DIVERSION:</u> LOT 1(SENE), Sec. 1, Township 48N, Range 04W KOOTENAI County		

PLACE OF USE: DOMESTIC

TWN RGE SEC

48N 04W	1	NENE	NWNE	SWNE
		SENE		

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before October 1, 1992.
2. Subject to all prior water rights.
3. Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
4. Permit holder shall commence the excavation or construction of diverting works within one year of the date this permit is issued and shall proceed diligently until the project is complete.
5. Domestic use is for 22 homes.

This permit is issued pursuant to the provisions of Section 42-204, Idaho Code.
Witness the seal and signature of the Director, affixed at Boise, this

13th day of September, 1990

R. Keith Higginson
for R. Keith Higginson, Director.

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SEP 27 1990

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of applicant Shorelands Association Phone 773-7905
Post office address 4990 E. 16th Ave Post Falls, ID 83854
2. Source of water supply GROUNDWATER which is a tributary of _____
3. Location of point of diversion is _____ $\frac{1}{4}$ of SE $\frac{1}{4}$ of NE $\frac{1}{4}$, Govt. Lot 1
Sec. 1 Township 48 N Range 4 W B.M. Kootenai County; additional
points of diversion if any: _____
4. Water will be used for the following purposes:
Amount 0.2 for Domestic purposes from 1/1 to 12/31 (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
5. Total quantity to be appropriated is (a) 0.2 and/or (b) _____
cubic feet per second acre feet per annum
6. Proposed diverting works:
 - a. Description of ditches, flumes, pumps, headgates, etc. well and pump
 - b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total
reservoir capacity _____ acre-feet; period of year when water will be diverted to storage:
_____ to _____ inclusive.
 - c. Proposed well diameter is 8 6" OK TEL LETTER 7.15.90 inches; proposed depth of well is UNKNOWN 20-300? feet.
 - d. Is ground water with a temperature of greater than 90°F being sought? _____
7. Time required for the completion of the works and application of the water to proposed beneficial use is
2 years (minimum 1 year).

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SEP 27 1990

8. 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. 22
- Other; describe fully. _____

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- 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	RANGE	SEC.	NE¼				NW¼				SW¼				SE¼				TOTALS
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
48N	4W	1	D	D	D	D													

Total number of acres to be irrigated _____

10. Describe any other water rights used for the same purposes as described above. 95-08242

will be replaced by this new right.

11. a. Who owns the property at the point of diversion? applicant

b. Who owns the land to be irrigated or place of use? applicant

c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing. _____

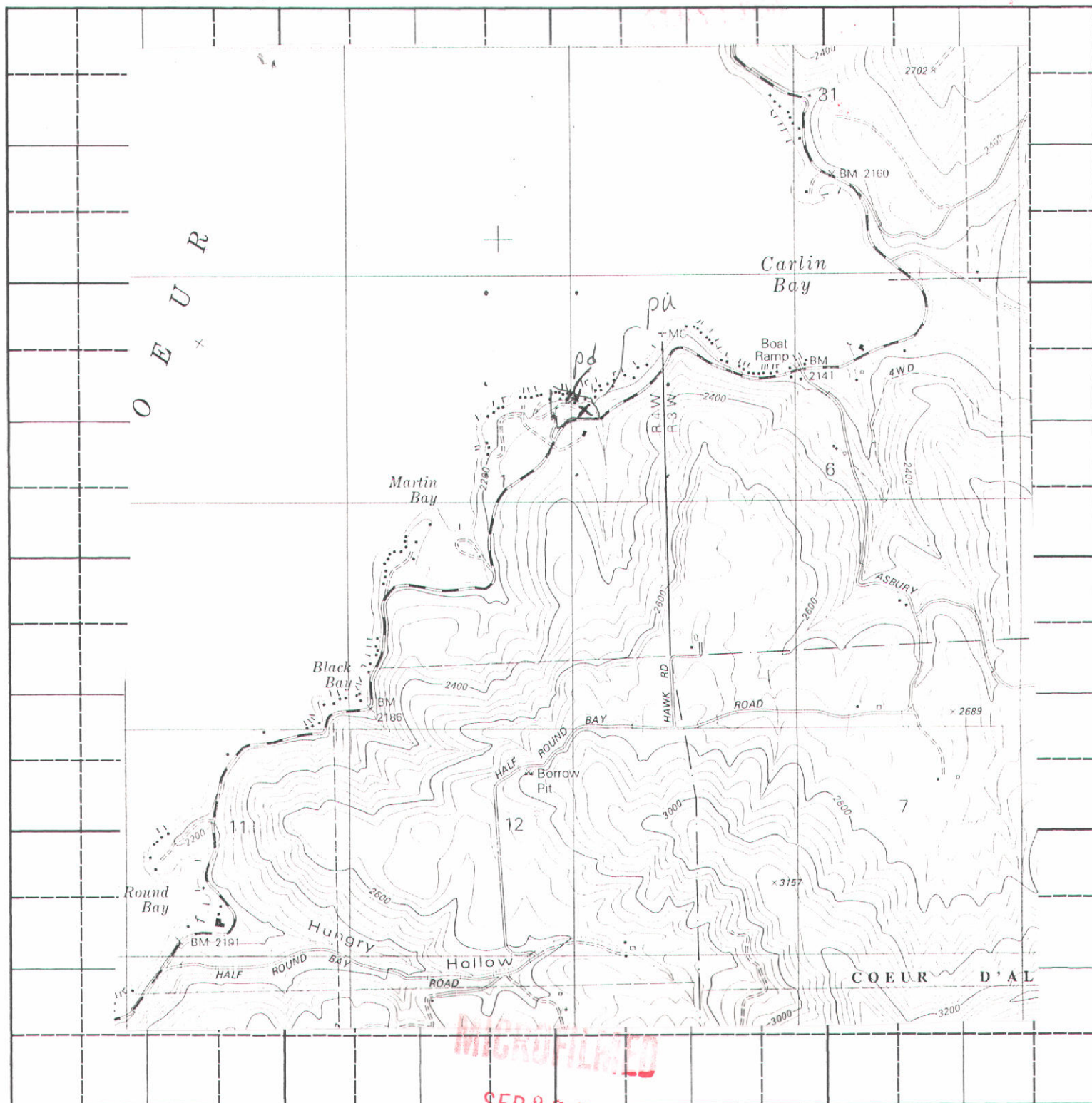
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12. Remarks: FOR IN HOUSE USE ONLY

EXCERPT
FROM
CORR. DATED
7-18-90
TDK

Also, please note (Section 10) that Shorelands very much desires that our Application for Surface Water Permit No. 95-08242 remain in force, with intent that the spring be used in temporary back-up situations and as a water source for one cabin outside the Association property. Therefore, the word "replaced" in Section 10 should be removed, and the word "augmented" should be substituted.

13. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



Scale: 2 inches equal 1 mile.

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

Shorelands Association by
Bernice Korth - President
 (Applicant)

Received by pm Date 7/20/90 Time 1:45pm Preliminary check by TDR
Fee \$ 30.52 Receipted by pm # N 3945 Date 7/20/90
N 3945
Publication prepared by pm Date 7/25/90 Published in 8/2+9/90
Publication approved pm Date 8/10/90

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No. _____, and said application is hereby _____.

1. Approval of said application is subject to the following limitations and conditions:

a. SUBJECT TO ALL PRIOR WATER RIGHTS.

b. Proof of construction of works and application of water to beneficial use shall be submitted on or before _____, 19 ____.

c. The rate of diversion, if water is to be used for irrigation under this permit, when combined with all other water rights for the same land shall not exceed 0.02 cubic feet per second for each acre of land.

d. The water right acquired under this permit if for hydropower purposes shall be junior and subordinate to all rights to the use of water, other than hydropower, within the State of Idaho that are initiated later in time than the priority of this permit and shall not give rise to any right or claim against any future rights to the use of water, other than hydropower, within the State of Idaho initiated later in time than the priority of this permit.

e. Other:

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SEP 27 1990

FORWARD WHITE COPY TO WATER RESOURCES

WR0749NP
No. L95-08666

IDAHO DEPARTMENT OF WATER RESOURCES
WATER RIGHT PROFILE REPORT
(REGIONAL)

DATE: 05/13/93
PAGE: 1

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	SHORELANDS ASSN 4990 E 16TH AVE POST FALLS ID 83854 (208) 773-7905	07/20/1990	DOMESTIC	01-01 12-31	0.06 CFS	13.2 AFA
TOTAL DIVERSION:					0.06 CFS	13.2 AFA

Water Source: GROUNDWATER

Tributary to:

Stage: LICENSE

Point(s) of Diversion Capacity: 0.06 CFS

Point(s) of Diversion: T48N R04W S01 Lot 01(SE NE)

Place of use Legal Description for: DOMESTIC

NE				NW				SW				SE											
T	R	S	:	NENE	NWNE	SWNE	SENE	:	NENW	NWNW	SWNW	SENW	:	NESW	NWSW	SWSW	SESW	:	NESE	NWSE	SWSE	SESE	:
			:	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	:
48N	04W	1	:			02-D	01-D	:					:					:					:

Pou County: KOOTENAI

Other Rights: 95-8242.

Remarks: Domestic use is for 22 homes.

Dates:	App. Received:	07/20/1990	Priority Date:	07/20/1990
	Proof Due Date:	10/01/1992	Proof Made Date:	09/23/1991
	Exam Made Date:	07/23/1992	Exam Sent to S.O.:	05/10/1993
	Licensed Date:			

Misc: Water District Number: Field Exam Fee:

Comments: Date: 12/06/1991 User-ID: VAULT Subject: Proof of Beneficial Use Rcvd
Proof of Beneficial Use Rcvd

Audit: 05/13/93 CHAPMAN

(L)

RECEIVED

MAY 11 1993

Form 219
6/86STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

Department of Water Resources

A. GENERAL INFORMATION

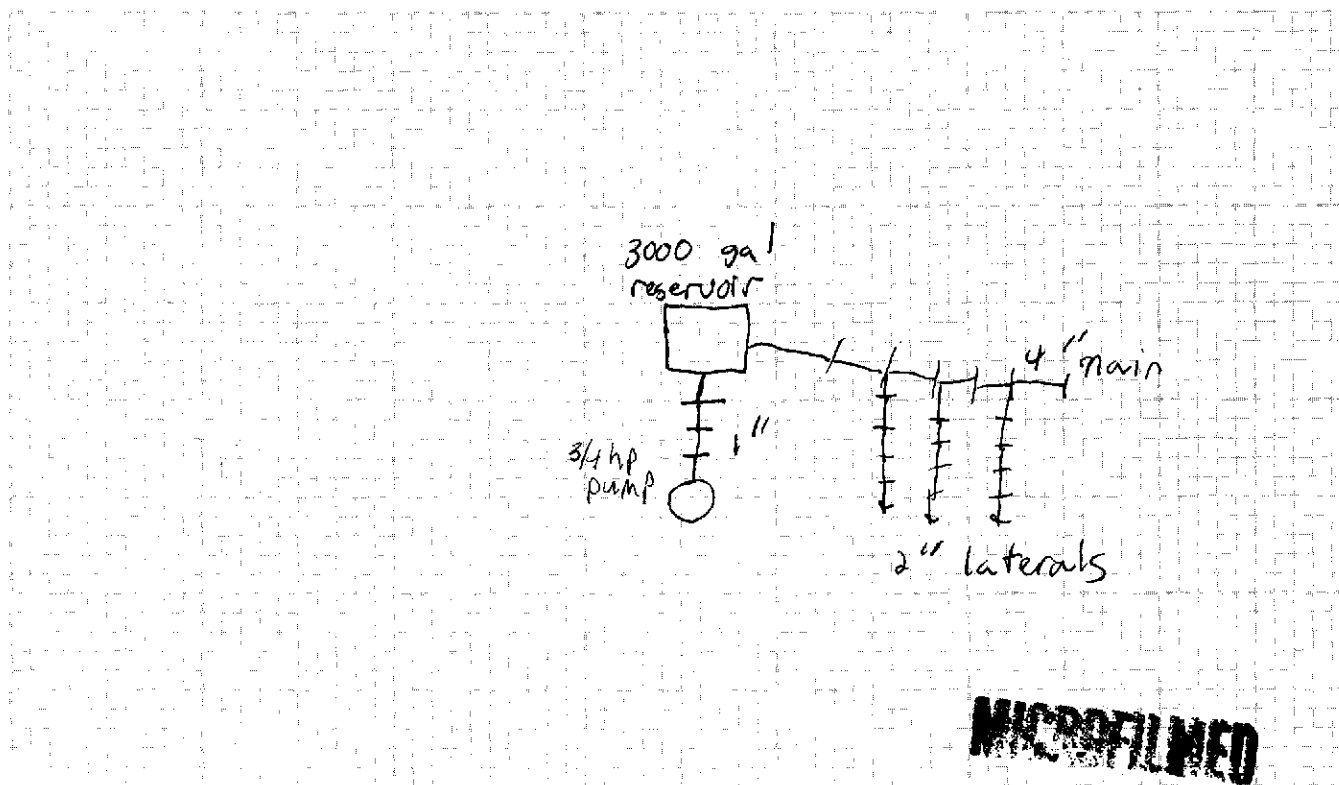
1. Owner: Shorelands Assn. Permit No. 95-08666
Current Address: 4990 E. 16th Ave., Post Falls, ID 83854 Phone No. 773-7905
2. Accompanied by: Don Rasmussen EXAM. DATE: 7/28/92
Address: 2523 Alexander Ct., Richland, WA 99352 Phone No. _____
Relationship to Permit Holder: Live in Shorelands
3. Source: Groundwater tributary to _____

B. OVERLAP REVIEW

1. Other water rights with same place of use: None ☐ Copies Attached
2. Other water rights with same point of diversion: None ☐ Copies Attached ☐ Copies of Field Exam's Attached

C. SYSTEM DESCRIPTION

1. **Diversion System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached

Scale: 1" = NTS

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2. ☒ Copy of U.S.G.S. Quadrangle Attached Showing location(s) of point(s) of diversion and place(s) of use (required). ☐ Aerial Photo Attached (required for irrigation of 10 acres or more).
☒ Photo of Diversion and System Attached (required for all but single household domestic groundwater, and stockwater).

System Description (continued)

3. Narrative: Description (As operating at time of measurement. Indicate pressure, number of sprinklers, etc.)

water from the well is pumped up to a 3,000 gallon reservoir ~~via~~ through a 1" line with a 3/4 hp pump. Water is gravity fed through 4" line off of which 2" laterals feed each domestic. (22 potential domestic, 19 at time of examination)

☐ See Remarks on page 4 for continuation

- 4.

Well or Diversion Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
	Franklin	3/4	2801074910		

*Code to correspond with No. on map and aerial photo

5. Point(s) of Diversion:

Ident. No.	Gov't. Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Method of Determination/Remarks
	1		SE	NE	01	48N	04W		Map

6. Place(s) of Use:

Indicate Method of Determination Map

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
48N	04W	01			0	0													
					L2	L1													

Do not use this space

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Do not use this space

D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calib. Date

2. Measurements:

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

$$Q = \frac{(8.8)(0.75)(0.7)}{75 + 0(2.81)} = .06 \text{ system capacity}$$

2. Alternate Method for Checking Purposes:

F. PUMP EFFICIENCY DATA (Optional)

Discharge Pressure: _____ psi x 2.31 = _____ ft (1); Dynamic pumping level: _____ ft (2)

Total Head: (1) + (2) = _____ (3) ; Flow rate: _____ cfs (4)

Water HP: (3) x (4) ÷ 8.8 = _____ (5)

Meter Input KW: 3.6 x _____ KH x _____ CTR or _____ MULT x _____ PTR x _____ N/ _____ T = _____ (6)

Meter Input HP: (6) x 1.34 = _____ (7)

Panel Input KW: _____ Ave PF x _____ Ave Volts x _____ Ave Amps x .001732 = _____ (6)

Panel Input HP: (6) x 1.34 = _____ (7) Efficiency: (5)/(7) x 100 = _____ %

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$ _____

$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 =$ _____

$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} =$ _____

2. Volume Calculations for Other Uses:

$$(22 \text{ domestic})(0.6) = 13.2 \text{ AF}$$

JUL 07 1993

H. REMARKS AND OVERLAP REVIEW ANALYSIS

95-08242 is spring water that is going bad.
This well ~~is~~ replaces the spring water. No
overlap.

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
Domestic	1/1	12/31	1.06	13.2
Totals:			1.06 cfs	13.2

2. Recommended Amendments

- ☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☒ None
☐ Change P.U. as reflected above ☐ Add P.U. as reflected above ☐ Other

J. AUTHENTICATION

Field Examiner's Name Robert Knoblock
Signature Robert Knoblock
Certification Date _____
Field Report Preparation Date 7/23/92

CONSULTANT SEAL

- K. Licensing recommendation shall be prepared by an Idaho Department of Water Resources employee on a computer printout attached hereto.

RECORDED

JUL 07 1993



A L

+

All houses in circle in PH

MACCOTT ME
JUL 07 1993



State of Idaho
Department Of Water Resources
WELL INSPECTION FORM

If well is associated with water right, provide WR Permit No.

95-08666

Otherwise provide legal description and a sketch map and/or address so that the well can be located easily.

1. Legal Description of Well Location:

Twp. _____ N, Rge. _____ Sec. _____, _____ $\frac{1}{4}$ _____ $\frac{1}{4}$ Gov. Lot _____

2. Owner: _____

Address: _____,

City _____, State _____

3. Casing $\geq$ 12 inches above ground: Yes ☒ No ☐

4. Access Port: Y ☐ N ☒
Pressure Gauge: Y ☐ N ☒
Flowing: Y ☐ N ☒

Static Water Level: 75'
Casing Diameter: 6"
Temperature: cool

5. Are there any obvious construction problems that may be a source for contamination or waste of water: Y ☐ N ☒

If answer to Item 5 is Yes, describe in remarks and attach photo.

Remarks : _____

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JUL 07 1993

WELL DRILLER'S REPORT

State 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.

1. WELL OWNER Name <u>SHORELANDS ASSOCIATION/DOUG BELL</u> Address <u>4990 E. 16TH POST FALLS, ID 83854</u> Drilling Permit No. <u>95-90-N-130</u> Water Right Permit No. _____		7. WATER LEVEL Static water level <u>25</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ OF. Quality <u>GOOD</u> Describe erosion or temperature zones below.																																																					
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement 1) Well diameter increase 2) Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Baller ☒ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>5-7</u></td><td><u>360</u></td><td><u>1 HR</u></td></tr><tr><td>ESTIMATED</td><td></td><td></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>5-7</u>	<u>360</u>	<u>1 HR</u>	ESTIMATED																																													
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>4</td><td>TOP SOIL</td><td></td><td>X</td></tr><tr><td></td><td>4</td><td>62</td><td>BROKEN BASALT & CLAY</td><td></td><td>X</td></tr><tr><td></td><td>62</td><td>110</td><td>WHITE & GRAY CLAY</td><td></td><td>X</td></tr><tr><td>6</td><td>110</td><td>172</td><td>HARD BROWN CLAY</td><td></td><td>X</td></tr><tr><td></td><td>172</td><td>184</td><td>SHALE</td><td></td><td>X</td></tr><tr><td></td><td>184</td><td>196</td><td>GRAY CLAY</td><td></td><td>X</td></tr><tr><td></td><td>196</td><td>360</td><td>SHALE</td><td>X</td><td></td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	4	TOP SOIL		X		4	62	BROKEN BASALT & CLAY		X		62	110	WHITE & GRAY CLAY		X	6	110	172	HARD BROWN CLAY		X		172	184	SHALE		X		184	196	GRAY CLAY		X		196	360	SHALE	X	
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____																																																							
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>.250</u> inches</td><td><u>6</u> inches</td><td><u>+ 1</u> feet</td><td><u>200</u> feet</td></tr><tr><td><u>.125</u> inches</td><td><u>4</u> inches</td><td><u>180</u> feet</td><td><u>360</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☒ Yes ☐ No DRILL How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation <u>1/2</u> inches by <u>1/2</u> inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>500</u> perforations</td><td><u>300</u> feet</td><td><u>360</u> feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>20</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Fuddling clay ☒ CLAY Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port _____		Thickness	Diameter	From	To	<u>.250</u> inches	<u>6</u> inches	<u>+ 1</u> feet	<u>200</u> feet	<u>.125</u> inches	<u>4</u> inches	<u>180</u> feet	<u>360</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	<u>500</u> perforations	<u>300</u> feet	<u>360</u> feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet																						
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PERMIT # 95-0866

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
FIELD REPORT SUPPLEMENT

P H O T O G R A P H S

PD



Reservoir



RECEIVED

JUL 07 1993

ANALYSIS SHEET
for
PROOF OF BENEFICIAL USE

Permit No. 95-8666

Date 11-6-91

GENERAL CONSIDERATIONS

- ☒ Name same as permit?
☒ Address same as permit? If no, indicate below.
☒ Proof timely received? If no, complete priority advancement below.

SOURCE OF WATER

- ☐ Surface water source
☒ Ground water source
☒ Drill permit req'd?
☒ Copy in file? Drill permit no. 95-90-N-130
165 + 35.00 Amt paid for drilling permit? ~~NO~~ Correct? yes
☒ Well log in file?

LICENSE EXAMINATION FEE

- ☒ Required?
50.00 Amount submitted?
☒ Correct amount?

MEASURING DEVICE

- NO Measuring device or access port required?
☒ Installed?
☒ Waiver requested or needed?

DEFICIENCIES OR ACTION ITEMS

*needs additional fee for Drilling Permit
need proof returned 11/26/91
proof acceptable*

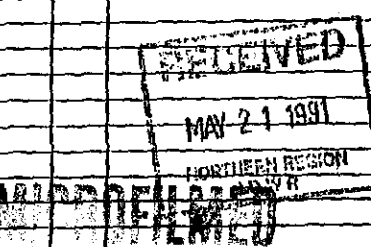
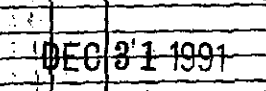
PRIORITY CALCULATION

Date proof received	<u>NA</u>	
Date proof due		-
No. of days late		=
Priority date		+
NEW PRIORITY DATE		=

12/6/91 Klg

WELL DRILLER'S REPORT

State 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.

1. WELL OWNER Name <u>SHORELANDS ASSOCIATION/DOUG BELL</u> Address <u>4990 E. 16TH POST FALLS, ID 83854</u> Drilling Permit No. <u>95-90-N-130</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>75</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality <u>GOOD</u> Describe artesian or temperature zones below.																																																
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Abandoned (describes abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr><tr><td><u>5-7</u></td><td><u>360</u></td><td><u>1 HR</u></td></tr><tr><td>ESTIMATED</td><td></td><td></td></tr></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>5-7</u>	<u>360</u>	<u>1 HR</u>	ESTIMATED																																									
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Bore Diam.</th><th>Depth From</th><th>To</th><th>Material</th><th>Water Yes</th><th>No</th></tr></thead><tbody><tr><td><u>8</u></td><td><u>0</u></td><td><u>4</u></td><td><u>TOP SOIL</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>4</u></td><td><u>62</u></td><td><u>BROKEN BASALT & CLAY</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>62</u></td><td><u>110</u></td><td><u>WHITE & GRAY CLAY</u></td><td></td><td><u>X</u></td></tr><tr><td><u>6</u></td><td><u>110</u></td><td><u>172</u></td><td><u>HARD BROWN CLAY</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>172</u></td><td><u>184</u></td><td><u>SHALE</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>184</u></td><td><u>196</u></td><td><u>GRAY CLAY</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>196</u></td><td><u>360</u></td><td><u>SHALE</u></td><td><u>X</u></td><td></td></tr></tbody></table>	Bore Diam.	Depth From	To	Material	Water Yes	No	<u>8</u>	<u>0</u>	<u>4</u>	<u>TOP SOIL</u>		<u>X</u>		<u>4</u>	<u>62</u>	<u>BROKEN BASALT & CLAY</u>		<u>X</u>		<u>62</u>	<u>110</u>	<u>WHITE & GRAY CLAY</u>		<u>X</u>	<u>6</u>	<u>110</u>	<u>172</u>	<u>HARD BROWN CLAY</u>		<u>X</u>		<u>172</u>	<u>184</u>	<u>SHALE</u>		<u>X</u>		<u>184</u>	<u>196</u>	<u>GRAY CLAY</u>		<u>X</u>		<u>196</u>	<u>360</u>	<u>SHALE</u>	<u>X</u>	
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	 																																																
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>.250</u> inches</td><td><u>6</u> inches</td><td><u>+ 1</u> feet</td><td><u>200</u> feet</td></tr><tr><td><u>.125</u> inches</td><td><u>4</u> inches</td><td><u>180</u> feet</td><td><u>360</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☒ Yes ☐ No DRILL How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation <u>1/2</u> inches by <u>1/2</u> inches <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>500</u> perforations</td><td><u>300</u> feet</td><td><u>360</u> feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>20</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☒ CLAY Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port _____	Thickness	Diameter	From	To	<u>.250</u> inches	<u>6</u> inches	<u>+ 1</u> feet	<u>200</u> feet	<u>.125</u> inches	<u>4</u> inches	<u>180</u> feet	<u>360</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	<u>500</u> perforations	<u>300</u> feet	<u>360</u> feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	10. Work started <u>5-10-91</u> finished <u>5-17-91</u>																
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State of Idaho
Department of Water Resources

APPLICATION FOR DRILLING PERMIT

1. Applicant (please print) Drug Bell/Shorelands Dev
2. Mailing Address 4990 E 16th
Post Falls ID 83854 Telephone 723-7905

() Well Owner () Well Operator () Other, specify _____

3. Proposed well location SE 1/4 NE 1/4, or Gov't Lot No. 1

Sec. 6, Twp. 48N, Rge. 3W, County Kootenai

Street Address of Well Site _____

Lot, block and subdivision _____

4. Proposed use of well:

☒ Domestic: The use of water for homes, organization camps, public campgrounds, livestock and for any other purpose in connection therewith, including irrigation of up to 1/2 acre of land, if the total use is not in excess of 13,000 gpd; or any other uses, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

Domestic does not include water for multiple ownership subdivisions, mobile home parks, commercial or business establishments, unless the use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

☒ Non-Domestic: Any beneficial use not included within the definition of domestic.

() Injection

() Monitoring - A well bore schematic and map is required for each well.
No. of proposed wells: _____

5. Well construction information:

A. ☒ New well () Deepen () Replace - See Condition 9

B. Proposed Surface Diameter _____ Proposed Maximum Depth _____

C. Anticipated bottom hole temperature:

- ☒ 85°F or less (Cold water well)
() 85°F to 212°F (Low temp. geothermal well)
() 212° or more (Geothermal well)

6. Construction Start Date 12/7/90

7. Anticipated Well Driller United Drilling Inc
NOTE: The actual well driller must be identified prior to drilling.

8. Applicant's signature Gudny Brown Date 12/7/90

Title _____
(Owner, Firm Representative, Other)

DEC 31 1991

ACTION OF THE DEPARTMENT OF WATER RESOURCES

This Permit is approval Date 12/18/90

If approved, this permit authorizes the construction or modification of a well subject to the following conditions. READ CAREFULLY!

GENERAL CONDITIONS:

1. The well must be constructed in compliance with the applicable statutes, specific conditions of approval shown on the water right permit, injection well permit, transfer or amendment and the rules and regulations of the Department for water appropriation, injection wells and well construction standards.
2. This drilling permit is valid for two (2) months from the above approval date for the start of construction and is valid for one (1) year from the approval date for completion of the well unless an extension has been granted.
3. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare which may be required before construction of this well.
4. The well shall be constructed by a driller currently licensed in the State of Idaho who must maintain a copy of the drilling permit at the drilling site.
5. Approval of this drilling permit does not authorize trespass on the land of another party.
6. This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.
7. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
8. If a bottom hole temperature of 85° or greater is encountered, well construction shall cease and the well driller and the well owner shall contact the Department immediately.
9. If this permit is for a replacement well, the well being replaced must be abandoned in accordance with Department Rules and Regulations.

SPECIFIC CONDITIONS:

David D. Land Engineering Geologist
Signature of Authorized Department Representative Title

Receipt No. NO 84481 11004243 Received by PRM Fee 165.00 35 200.00 Date 5/9/91 12/7/90 **DEC 31 1991**

EXTENSION OF DRILLING PERMIT

Extension approved by David D. Land Approval Date 5/8/91

This extension is good for 60 days beyond the above extension approval date.

State of Idaho
Department of Water Resources

APPLICATION FOR DRILLING PERMIT

RECEIVED
DEC 12 1990
Department of Water Resources

1. Applicant (please print) Drug Bell/Shorelands Dev
2. Mailing Address 4990 E 116th
Post Falls ID 83854 Telephone 273-7905

() Well Owner () Well Operator () Other, specify _____

3. Proposed well location NE 1/4 NE 1/4, or Gov't Lot No. _____

Sec. 6, Twp. 48N, Rge. 3W, County Kootenai

Street Address of Well Site _____

Lot, block and subdivision _____

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6. Construction Start Date 12/7/90

7. Anticipated Well Driller United Drilling Inc

NOTE: The actual well driller must be identified prior to drilling.

8. Applicant's signature Gudy Brown Date 12/7/90

Title _____

(Owner, Firm Representative, Other)

ACTION OF THE DEPARTMENT OF WATER RESOURCES

This Permit is approval

Date 12/18/90

If approved, this permit authorizes the constuction or modification of a well subject to the following conditions. READ CAREFULLY!

GENERAL CONDITIONS:

1. The well must be constructed in compliance with the applicable statutes, specific conditions of approval shown on the water right permit, injection well permit, transfer or amendment and the rules and regulations of the Department for water appropriation, injection wells and well construction standards.
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SPECIFIC CONDITIONS:

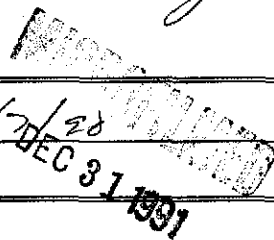
David D. Hand

Signature of Authorized Department Representative

Engineering Geologist

Title

Receipt No. NO 04243 Received by DL Fee \$35 Date 12/17/90

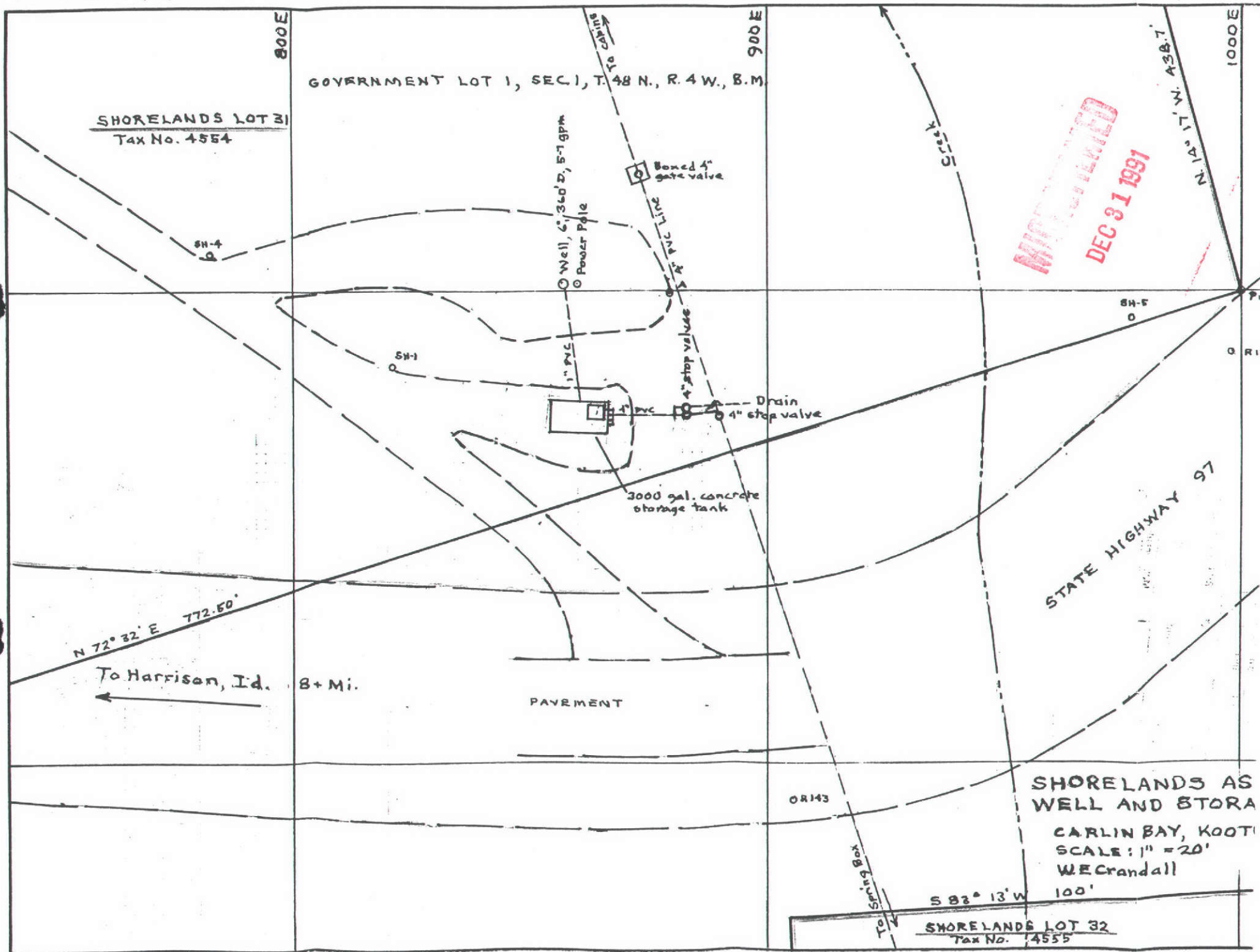


EXTENSION OF DRILLING PERMIT

Extension approved by _____ Approval Date _____

This extension is good for 60 days beyond the above extension approval date.

95-08666



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPROPRIATION APPLICATION ANALYSIS SHEET

INITIAL REVIEW BY: TDK DATE: 7/24/90 APPLICATION NUMBER: 95-08666

APPLICANT: SHORELANDS

REQUIRED INFORMATION

- (1). (✓) Name & Address: (If applicant is a corporation or partnership, names must be provided for the director, officers, and other partners.)
(2). (✓) Source: (See USGS Quad for names of water sources)
(3). (✓) Point of Diversion including county: (spring/10 ac., Subd. lot & block)
(4). (✓) Quantity: (flow and/or volume)
(✓) Nature of proposed use: (Include description of use)
(✓) Period of use:
(5). (✓) Total Quantity: (flow and/or volume)
(6). (✓) Description of diverting works:
(7). (✓) Time required for beneficial use of water:
(8). (✓) Proposed uses:
(9). (✓) Place of use or acres irrigated:
(10). (✓) Other Water Rights:
(11). (✓) Ownership:
(13). (✓) Map:
(✓) Signature: (signator title required for corp., partnership, etc)
(✓) Fee: (Amount, receipt number and date recorded on application)
() Acknowledgement Letter:
(✓) Overlap Review: Attachment? (Y) (N) Remarks? (Y) (N) ✓

ADDITIONAL INFORMATION

YES NO
— / Field check required: Field check by:
— / Field report attached:
— / Critical groundwater area:
— / Groundwater management area:
— / Send dam safety information:
— / Send fish farm requirement letter:
— / Send power requirement letter:
— / Send Power residency affidavit:
— / Send Power efficiency form:
— / Within trust water boundry: (Attach Trust Water Supp. Analysis Sheet):
— / Diversion greater than 5 cfs or 500 af, supp. analysis sheet attached:
— / Well drilling permit required:

PROCESSING

YES NO
— / In form for advertising:
— / Statewide advertising: (10.00 or more cfs.)

Send Copies To

YES NO
— / I.D. Health and Welfare
— / I.D. Fish and Game
— / I.D. Lands
— / Adjudication Bureau

YES NO
— / U.S. BLM
— / U.S. Forest Svc.
— / Water District #
— / Other GN PROT DIV

RECEIVED
AUG 28 1990

Department of Water Resources

Application Number 85-08666

FINAL REGIONAL PROCESSING REVIEW

YES NO

 ☒ Additional information received:

 ☒ Notice of pending void order issued: Final date of order response.

☒ Affidavit of publication received:

☒ Application published correctly: If not, record action taken.

☒ Publication dates and paper recorded on application:

 ☒ Protests received, Final date for protest 8/20/90

 ☒ Recommendations attached:

 ☒ Measuring device required:

 ☒ Measuring port required:

 ☒ Water delivered by water master? District #

 ☒ Special conditions of approval or cover letter: (see additional info. below)

Recommended Date of Priority 7/20/90

Recommended by: TDK [signature]

Date 8/22/90

STATE OFFICE REVIEW P23, P10, P17 46 26

 See remarks for additional information. By KW Date 9-5-90

REMARKS

OK to allow 2 yrs. to complete