

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08663

Priority: August 8, 1990

Maximum Diversion Rate:

0.15 CFS

Maximum Diversion Volume:

54.0 AF

This is to certify, that ROY R GUINDON
BONNIE L GUINDON

E 1876 HORSEHAVEN ST
POST FALLS ID 83854

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated July 11, 1990; and has submitted Proof of Beneficial Use on October 29, 1991. An examination indicates that the works have a diversion capacity of .150 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>
IRRIGATION	03/15 to 10/31	0.15 CFS	54.0 AF

LOCATION OF POINT(S) OF DIVERSION:

SWNE , Sec. 35, Township 51N, Range 05W
KOOTENAI County

PLACE OF USE: IRRIGATION

<u>TWN</u>	<u>RGE</u>	<u>SEC</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>TOTAL</u>
51N	05W	35	SWNE	18		18

Total number of acres irrigated:

18

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 limited to the amount that can actually be beneficially use 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. This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.0 afa per acre for the lands above.

RECORDED

SEP 17 1992

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08663

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 10th
day of SEPTEMBER, 1992.

Acting for *R. Keith Higginson*, Director

SEP 17 1992

BEFORE THE DEPARTMENT OF WATER RESOURCES
OF THE STATE OF IDAHO

IN THE MATTER OF PERMIT NO. 95-08663 IN THE)
NAME OF ROY R. OR BONNIE L. GUINDON) ORDER OF REINSTATEMENT
_____)

WHEREAS, the Department issued the above-captioned permit with the condition that proof of construction of works and application of water to beneficial use (proof of beneficial use) be submitted on or before October 1, 1991; and,

WHEREAS, the Department notified the permit holder by certified mail that proof was due and instructed the permit holder that the permit lapsed for failure of the permit holder to submit the proof of beneficial use; and,

WHEREAS, the Department notified the permit holder that the permit lapsed for failure of the permit holder to submit the proof of beneficial use; and,

WHEREAS, Section 42-218a of the Idaho Code provides that a permit may be reinstated upon a showing of reasonable cause within sixty days of the date of the notice of lapsing; and,

WHEREAS, the permit holder has provided a reasonable showing why the permit should be reinstated by submitting proof of beneficial use on October 29, 1991;

IT IS, THEREFORE, HEREBY ORDERED that Permit No. 95-08663 be REINSTATED and the priority advanced to August 8, 1990.

Dated this 7th day of November, 1991.



L. GLEN SAXTON, Chief
Water Allocation Bureau

NOT RECORDED

DEC 31 1991

State of Idaho
Department of Water Resources

Permit To Appropriate Water

NO. 95-08663

Proposed Priority: July 11, 1990 Maximum Diversion Rate: 0.40 CFS
This is to certify, that ROY R. GUINDON

BONNIE L. GUINDON
E. 1876 HORSEHAVEN ST.
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>
IRRIGATION	03/15 to 10/31	0.40 CFS

LOCATION OF POINT(S) OF DIVERSION: SWNE Sec. 35, Township 51N, Range 05W
KOOTENAI County

PLACE OF USE: IRRIGATION

<u>TWN RGE SEC</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>TOTAL</u>
51N 05W 35	SWNE 20			20

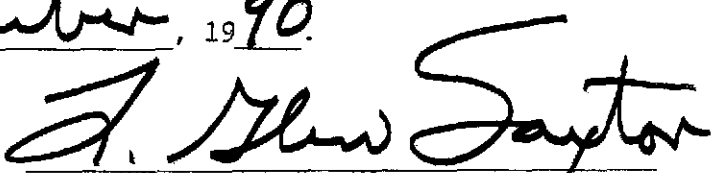
Total number of acres irrigated: 20

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before October 1, 1991.
2. Subject to all prior water rights.
3. Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
4. The rate of diversion of water for irrigation under this permit and all other water rights on the same land shall not exceed 0.02 cubic feet per second for each acre of land.

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

5th day of September, 1990.

for 
R. Keith Higginson, Director

MICROFILMED

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 Roy R. Guindon/and Bonnie L Phone 773-5605
Post office address E. 1876 Horsehaven Post Falls, Ida. 83854
2. Source of water supply ground water which is a tributary of NA
3. Location of point of diversion is _____ 1/4 of SW 1/4 of NE 1/4, Govt. Lot _____
Sec. 35 Township 51 N Range 5 W B.M. Kootenai County; additional
points of diversion if any: NONE
4. Water will be used for the following purposes:
Amount 0.4 for Irrigation purposes from 3/15 to 10/31 (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) 0.4 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 to
sprinklers

b. Height of storage dam NA feet; active reservoir capacity _____ acre-feet; total
reservoir capacity NA acre-feet; period of year when water will be diverted to storage:
_____ to _____ inclusive.
c. Proposed well diameter is 8" inches; proposed depth of well is 200 + feet.
d. Is ground water with a temperature of greater than 90°F being sought? NO
7. Time required for the completion of the works and application of the water to the proposed beneficial use is
1 years (minimum 1 year).

MICROFILMED

SEP 27 1990

8. Description of proposed uses (if irrigation only, go to item 9):

- a. Hydropower; show total feet of head and proposed capacity in KW. _____
- b. Stockwatering; list number and kind of livestock. _____
- c. Municipal; show name of municipality. _____
- d. Domestic; show number of households. _____
- e. Other; describe fully. _____

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	RANGE	SEC.	NE¼				NW¼				SW¼				SE¼				TOTALS
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
5/N	5W	35			20														20

Total number of acres to be irrigated 20

10. Describe any other water rights used for the same purposes as described above. NONE

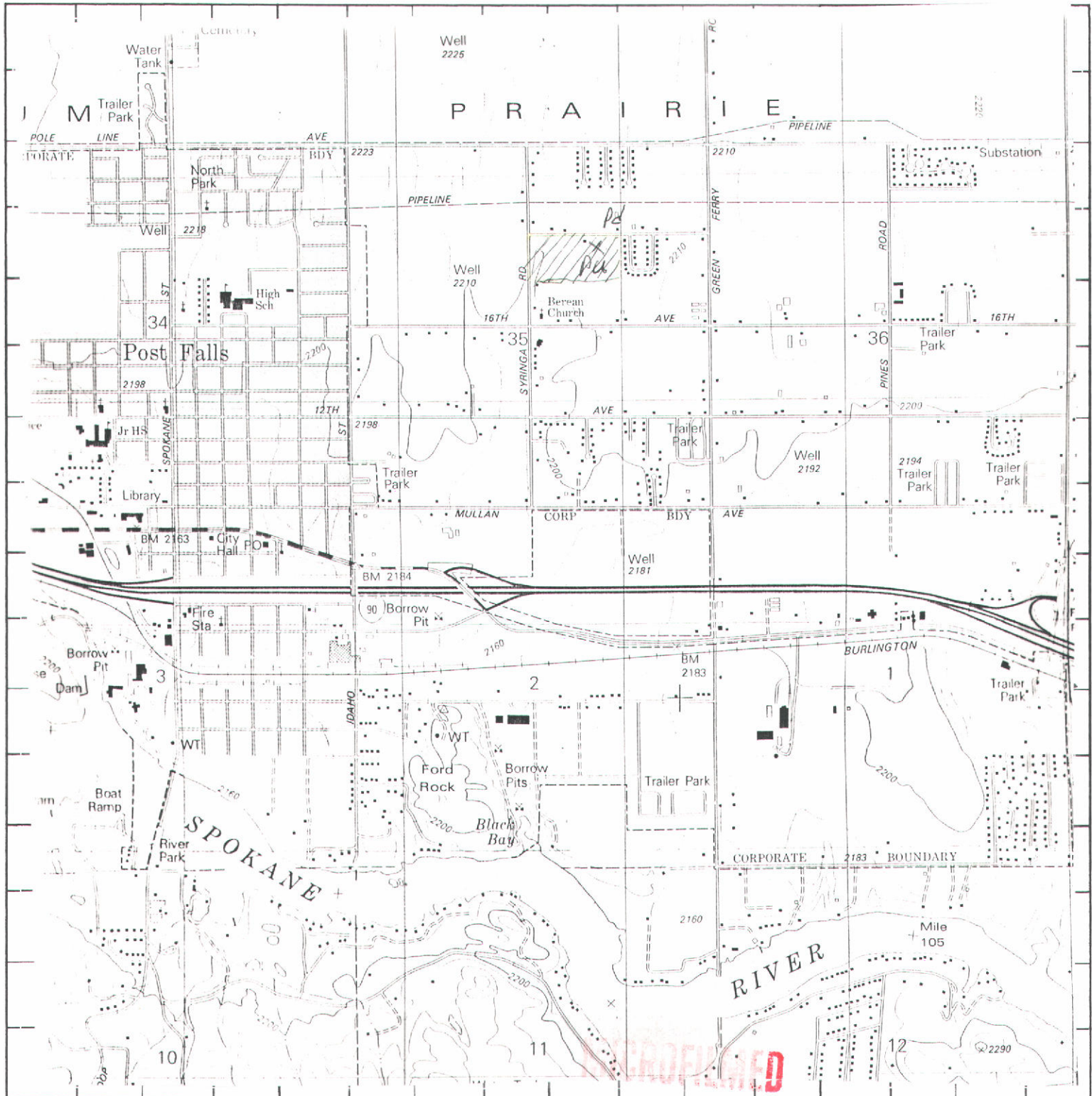
11. a. Who owns the property at the point of diversion? Applicant
- b. Who owns the land to be irrigated or place of use? Applicant
- c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing. _____

12. Remarks: _____

MICROFILMED

SEP 27 1990

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.

SEP 27 1990

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.

Bonnie L. Hamilton
(Applicant)

Received by DL Date 7/11/90 Time 9:00 am Preliminary check by TDK
Fee \$ 45 Received by DL # N00 3909 Date 7/11/90
Publication prepared by [signature] Date 7/11/90 Published in IDA Press
Publication approved [signature] Date 7/30/90

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:

MINI FILMED

SEP 27 1990

LICENSE REVIEW CHECKLIST

Permit # 95-08663

Date 8-12-92
CS

NAME	<u>Yes</u>	<u>No</u>	Address Change?
PRIORITY DATE	<u>Yes</u>	<u>No</u>	Advance? _____
	<u>Yes</u>	<u>No</u>	Memo to Advance _____
	<u>Yes</u>	<u>No</u>	Order to Reinstate Needed? _____
TOTAL CFS	<u>Yes</u>	<u>No</u>	Incorrect Fee for rate recommended? _____
	<u>Yes</u>	<u>No</u>	Disagree with Actual Measurement? _____
	<u>NA</u>	<u>Yes</u>	Disagree with Theoretical? <u>68 gpm = 0.15 cfs (IRR) 18 x .02 = .36</u>
	<u>Yes</u>	<u>No</u>	Limited by Capacity? <u>No info on pump</u>
			<u>.15 cfs (measured)</u>
TOTAL VOLUME			Rate/ac <u>3.0</u> AFA Irr. Season <u>D</u>
			<u>3-15 to 11-15</u> Standard Irr. Season
			<u>3-15 to 10-31</u> Per Permit Season Recommended
	<u>Yes</u>	<u>No</u>	Disagree with Examiner's Calculations? _____
			<u>18 x 3.0 = 54 afa (IRR)</u>
	<u>Yes</u>	<u>No</u>	Limited by Flow? <u>.15 x 230 x 1.9835 = 68.4 > 54</u>
SOURCE	<u>Yes</u>	<u>No</u>	Changes? Clarification of <u>Originally</u>
	<u>Yes</u>	<u>No</u>	<u>Intended</u> source _____
	<u>Yes</u>	<u>No</u>	Notice of Intent to Void. _____
P/D			Verify with Map _____
	<u>Yes</u>	<u>No</u>	Amendment Needed? _____
	<u>Yes</u>	<u>No</u>	Is Overlap Analysis a Consideration? _____
P/U			Verify with Map _____
	<u>Yes</u>	<u>No</u>	Amendment Needed? _____
	<u>Yes</u>	<u>No</u>	Is Overlap Analysis a Consideration? _____
USES	<u>Yes</u>	<u>No</u>	Change(s) in Nature of Use? _____
	<u>Yes</u>	<u>No</u>	Amendment Needed? _____
REMARKS	<u>Yes</u>	<u>No</u>	Multiple P/Ds in 1/4 1/4? _____
	<u>Yes</u>	<u>No</u>	Non-Irr. Uses _____
	<u>Yes</u>	<u>No</u>	Special Overlap Condition _____
	<u>Yes</u>	<u>No</u>	Other _____
CONDITIONS	<u>Yes</u>	<u>No</u>	Measuring Device _____
	<u>Yes</u>	<u>No</u>	W/Master Control _____
	<u>Yes</u>	<u>No</u>	Overlap _____
	<u>Yes</u>	<u>No</u>	Water Quality _____
			DATES/MISC
			Water Dist. _____
			App Rec'd _____
			Exam Made _____

COMMENTS/MEMOS NEEDED: Reduced rate, acres

License 10-Day 15-Day Special Correspondence

DATE: 08/12/92
PAGE: 1

VERSION
VOLUME

Stage: LICENSE

0.15 CFS

SW NE

PM

62

11

1

Other Water Rights with Same Point(s) of Diversion and Source:

95-08663 95-08745

Other Water Rights Listing Overlapping Place(s) of use:

95-08477	95-08663	95-08739	95-08745	95-08477	95-08663
----------	----------	----------	----------	----------	----------

- This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.0 afa per acre for the lands above.

App. Received: 07/11/1990

Proof Due Date:

Exam Made Date:

Licensed Date:

Water District Number:

Comments: Date: 11/01/1991 User-ID: S

Proof of Beneficial Use Rcvd

Audit: 08/12/92 SKAGGS



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED

JUL 30 1992

Department of Water Resources

A. GENERAL INFORMATION

Permit No. 95-08663

1. Owner: ROY R. GUINDON

Phone No. 773-25605

Current Address: E 1876 HORSEHAVEN ST POST FALLS ID-83854

2. Accompanied by: BOB GUINDON

EXAM. DATE: 5-22-92

Address: _____

Phone No. _____

Relationship to Permit Holder: BROTHER

3. Source: CW tributary to _____

B. OVERLAP REVIEW

1. Other water rights with same place of use: NONE

☐ Copies Attached

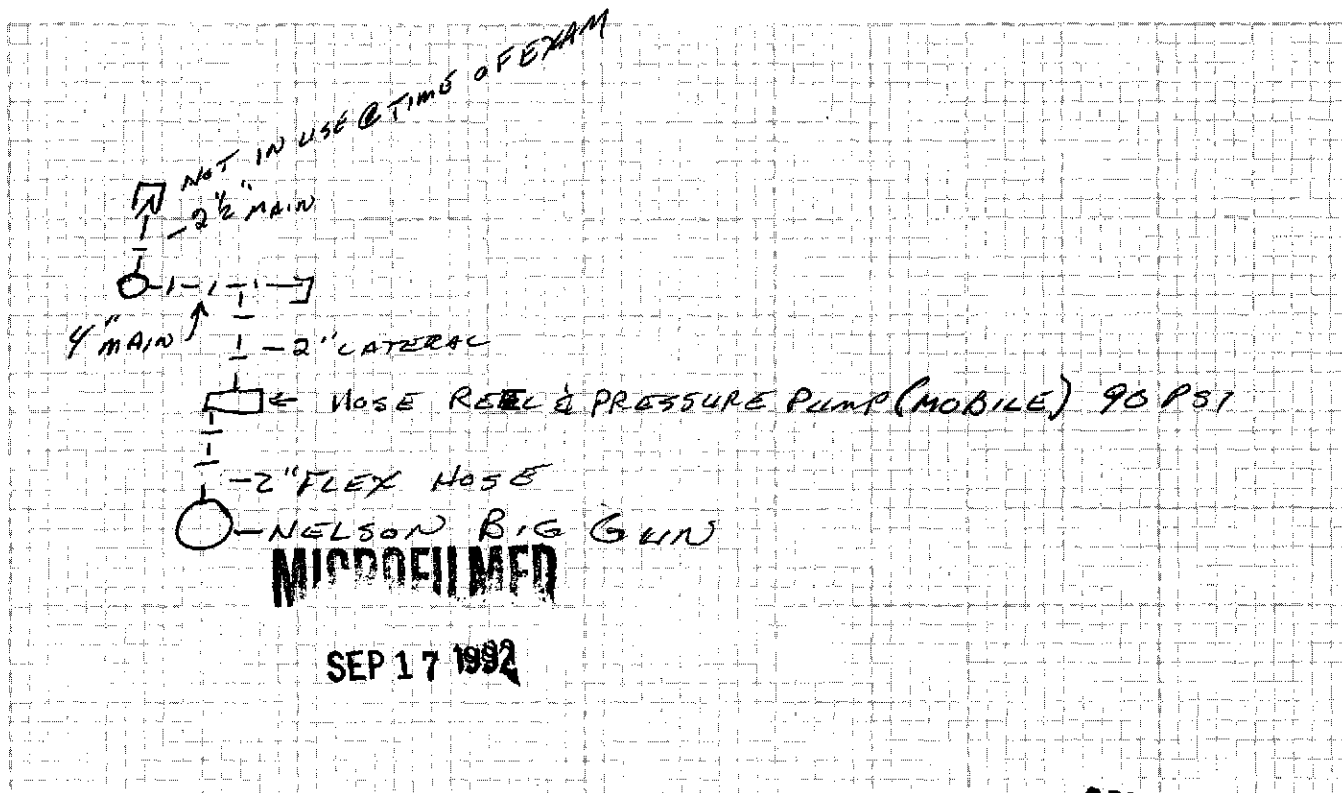
2. Other water rights with same point of diversion: NONE

☐ 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

2. ☒ Copy of U.S.G.S. Quadrangle Attached
Showing location(s) of point(s) of diversion and
place(s) of use (required).

☒ Photo of Diversion and System Attached
(required for all but single household domestic groundwater, and stockwater.

☒ Aerial Photo Attached
(required for irrigation of 10 acres or more)

MICROFILMED

SEP 17 1992

System Description (continued)

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

AN 8" X 254' WELL W/ 4" & 2" MAIN TO SPRINKLER SYSTEM
WHICH CONSISTS OF A NELSON BIG GUN W/ .5 NOZZLE

☐ 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
<u>SUBMERSIBLE</u>					

*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
		NE	SW	NE	35	51N	5W	KOOTENAI	MAT

6. Place(s) of Use:

Indicate Method of Determination MAT

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	
<u>51N</u>	<u>5W</u>	<u>35</u>			<u>18</u>														<u>18</u>

Do not use this space

SEP 17 1992

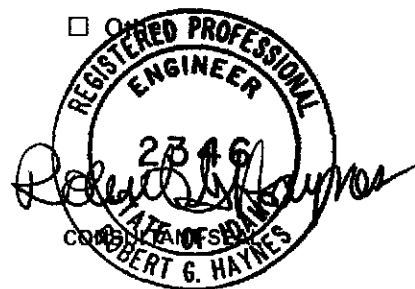
[illegible]

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion	Annual Volume
	From	To	Q (cfs)	V (afa)
Irrig-	3-15	11-15	0.15	6864.8 TDR
Totals:			0.15	6864.8 TDR

☐ Change P.D. as reflected above ☐ Add P.D. as reflected above
☐ Change P.U. as reflected above ☐ Add P.U. as reflected above

Field Examiner's Name W. D. KING
Signature W. D. King
Certification Date 3/20/92
Field Report Preparation Date 5-22-92



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

MICROFILMED

SEP 17 1992

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:

1.5 Nozzle @ 90 PSI = 68 gpm

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

$$\frac{68 \text{ gpm}}{448.8} = 0.15$$

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:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = \frac{18.5(3.5)}{1.5} = 4364.8$$

$$V_{D.R.} = [\text{Diversión Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = \frac{2.15}{72.9}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 63$$

2. Volume Calculations for Other Uses:

MICROFILMED

SEP 17 1992

A-163 802
Carlson

75.9

75.9

18.5

WINDY
SEP 17 1962

80

1607
T46

A/160
Buge

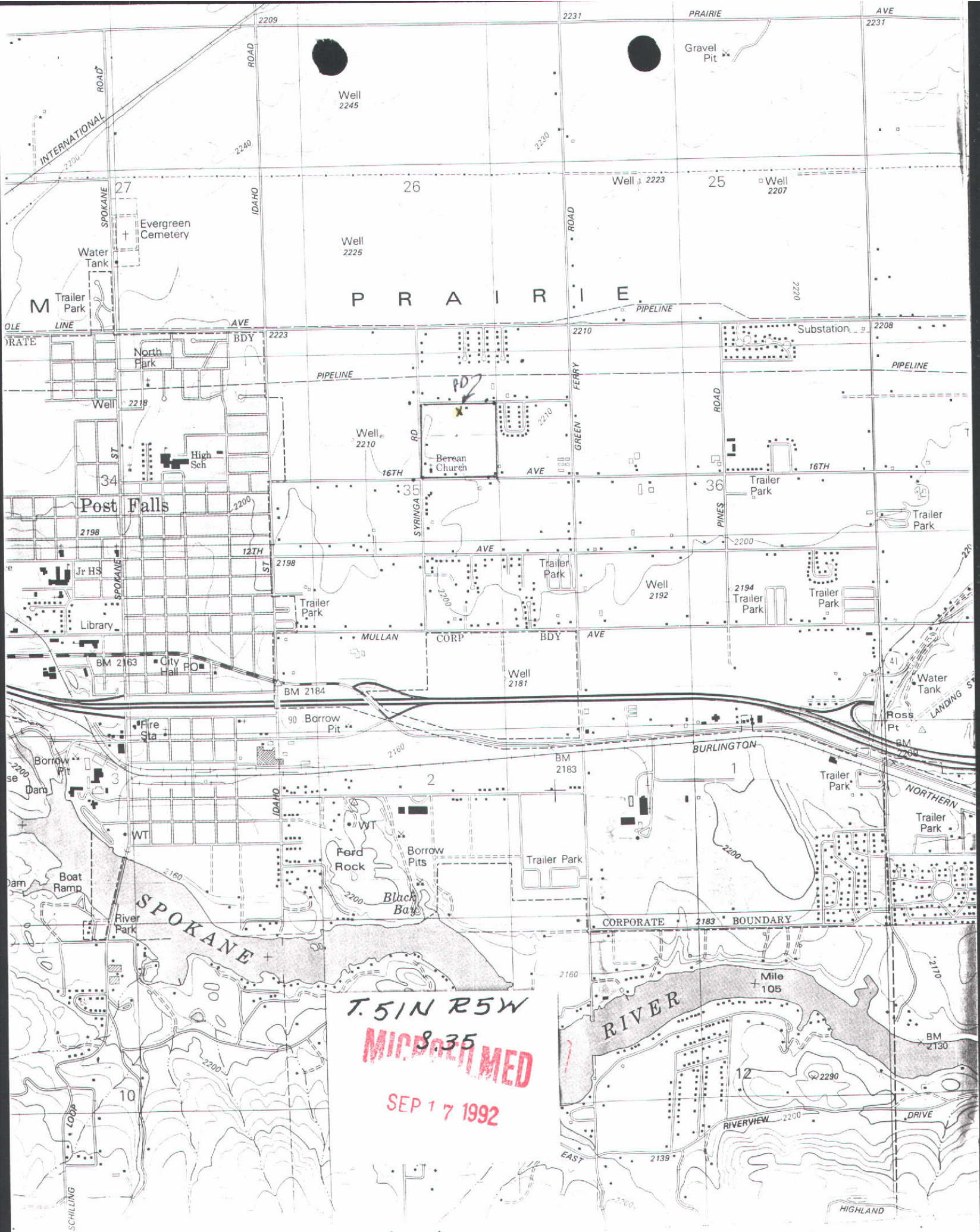
Schneider
#1062
62.1

20.7
78

43

2
35

2
35



State of Idaho
Department Of Water Resources
WELL INSPECTION FORM

If well is associated with water right, provide WR Permit No. 95-08663

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 ☒	Static Water Level:	<u>210</u>
Pressure Gauge:	Y ☒ N ☒	Casing Diameter:	<u>10</u>
Flowing:	Y ☐ N ☒	Temperature:	<u>✓</u>

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 : _____

MIDDLEBURY
SEP 17 1992

ANALYSIS SHEET
for
PROOF OF BENEFICIAL USE

Permit No. 95-8663

Date 11-6-91

GENERAL CONSIDERATIONS

- ☒ Name same as permit?
☒ Address same as permit? If no, indicate below.
No 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. 95-91-N-33
5/91 200.00 Amt paid for drilling permit? ☒ Correct?
☒ Well log in file?

LICENSE EXAMINATION FEE

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

MEASURING DEVICE

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

DEFICIENCIES OR ACTION ITEMS

needs w.c. & D.P. OK

Proof acceptable

PRIORITY CALCULATION

Date proof received Oct 29, 1991 302
Date proof due Oct 1, 1991 - 274
No. of days late = 28
Priority date July 11, 1990 + 192
NEW PRIORITY DATE Aug 8, 1990 = 220

LP



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
PROOF OF BENEFICIAL USE

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. 95-8663 Telephone No. 773-5605

2. Name(s) of Permit Holder(s): Roy or Bonnie L. Guindon

3. Post Office Address: E. 1876 Horsehaven St. Post Falls, Id. 83854

4. Source of Water: Groundwater

a. If ground water, well driller's name: C J Warren & Son Drilling ^{# 436} Date drilled: May 1991

b. Pump horsepower: 15 Berkley Pressure (psi): _____ Dynamic pumping level (ft.): _____

5. Extent of Use:

Domestic _____ (No. of households) Irrigation 20 (No. of acres)

Stockwater _____ (No. and type of stock) Other _____

6. Total rate and/or volume for which proof is submitted 0.4 cfs _____ acre/feet

7. Refer to the approval conditions on your permit and respond accordingly:

Measuring device: Required? ___ Yes X No Installed? ___ Yes ___ No

OR

Flow Measurement Port: Required? ___ Yes X No Installed? ___ Yes ___ No

8. Fee Enclosed: \$100.00 (See License Examination Fee Schedule)

9. Person to contact to accompany the Department representative during the field examination:

See above.

Name

Telephone No.

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.

10/29/91
Date

Bonnie L. Guindon
Signature (and title if on behalf of a company or organization)

RECEIVED
DEC 31 1991

1. WELL OWNER

Name Roy R. & Bonnie L. Guindon

Address E. 1876 Horsehaven Road

Post Falls, Id. 83854

Owner's Permit No. 95-91-N-33 95-08663

7. WATER LEVEL

Static water level 210' 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

Describe artesian or temperature zones below.

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement

☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

Discharge G.P.M. 8 1991

Pumping Level

Hours Pumped JUL 22 1991

Department of Water Resources

3. PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Test ☐ Municipal

☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

☐ Other (specify type)

4. METHOD DRILLED

☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary

☒ Cable ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other

Thickness 3/22 inches Diameter 8 inches From 2 feet To 254 feet

Was casing drive shoe used? ☒ Yes ☐ No

Was a packer or seal used? ☒ Yes ☐ No

Perforated? ☐ Yes ☒ No

How perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation inches by inches

Number From To

perforations feet feet

perforations feet feet

perforations feet feet

Well screen installed? ☒ Yes ☐ No

Manufacturer's name Houston

Type Stainless Steel Model No. 304

Diameter Slot size Set from 253 feet to 263 feet

Diameter Slot size Set from feet to feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel

Placed from feet to feet

Surface seal depth 52' Material used in seal: ☒ Cement grout

☒ Bentonite ☐ Puddling clay 12' ☐

Sealing procedure used: ☐ Slurry pit ☒ Temp. surface casing

☐ Overbore to seal depth

Method of joining casing: ☒ Threaded ☒ Welded ☐ Solvent Weld

☐ Cemented between strata

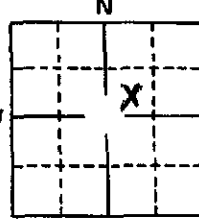
Describe access port Installed by pump Co.

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
12	0	3	Gravel & topsoil		X
12	3	10	Gravel 2" Minus 40% Gravel 1" Minus 60%	X	X
12	10	22	Gravel 2" Minus 40%, Gravel 1" minus 50%, Silt 10%		X
12	22	38	Gravel 5" Minus 40%, Gravel 4" minus 40%, Gravel 3" Minus 20%		X
12	38	39	Boulders		X
12	39	52	Gravel 4" Minus 60%, Gravel 3" Minus 30%, Gravel 2" minus 10%	X	
8	52		Gravel 5" Minus 40%, Gravel 4" Minus 30%, Gravel 3" 30%		X
8	74	107	Boulders & 5" Minus gravel		X
8	107		Gravel 20%, Gravel 3/4" 60%		X
8	114		Sand Coarse 15%, Sand Fine 5%	X	
8	114		Boulder 40%, Gravel 5" 40%		X
8	126		Gravel 4" 20%		X
8	126		Gravel 3/4" 40%, Gravel 1/2" 40%, Gravel 1/4" 20%		X
8	136		Gravel 6" 40%, Gravel 4" 30%		X
8	156		Gravel 2" 30%		X
8	156		Gravel 2" 40%, Gravel 1" 50%		X
8	165		Gravel 3/4" 10%		X
8	165	176	Gravel 6" 60%, Gravel 5" 40%		X
8	176	181	Gravel 6" 60%, Gravel 4" 40%		X
8	181	207	Gravel 3" 50%, Gravel 1" 50%		X
8	207		Gravel 3/4" 60%, 1/2" 30%, Gravel 1/4" 50%		XX
8	219		Gravel 1/2" 50%, Gravel 1/8" 30%, Sand med. 20%		XX
8	219		Gravel 3/4" 20%, Gravel 1/4" 50%, Sand Med. 30%		XX
8	229		Gravel 1/2" 40%, Sand Med 20%		XX
8	239		Sand Coarse 40%		XX
8	250	263	Gravel 3/4" 30%, Sand 30%, Sand med. 20%, sand fine 10%		XX

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name

Lot No. Block No. 19

County Kootenai

SW 1/4 NE 1/4 Sec. 35, T. 51N N/S, R. 5W E/W.

10. Coarse 40%, Sand med. 20%, sand fine 10%

Work started 5/1/91 finished 6/7/91

11. DRILLERS CERTIFICATION

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

Firm Name C. J. WARREN & SON Firm No. 436

DRILLING

Address S. 3005 Best Rd. Date 6/30/91

Veradale, Wa. 99037

Signed by (Firm Official)

and (Operator)

7/90

Drilling Permit No. 95-91-N-33Water Right Permit No. 95-08663

Injection Permit No. _____

RECEIVED
APR 12 1991State of Idaho
Department of Water Resources**APPLICATION FOR DRILLING PERMIT**

Department of Water Resources

1. Applicant (please print) Roy R. &/or Bonnie L. Guindon2. Mailing Address E. 1876 Horsehaven St.Post Falls, Id. 83854Telephone 773-5605☒ Well Owner ☐ Well Operator ☐ Other, specify _____3. Proposed well location SW 1/4 NE 1/4, or Gov't Lot No. _____Sec. 35, Twp. 51N, Rge. 5W, County Kootenai County

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 8" Proposed Maximum Depth 230'

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)

MICROFILMED

DEC 31 1991

6. Construction Start Date 4/29/917. Anticipated Well Driller C. J. Warren

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

8. Applicant's signature Bonnie L. Guindon Date 4/5/91Title Owner

(Owner, Firm Representative, Other)

ACTION OF THE DEPARTMENT OF WATER RESOURCES

This Permit is approved

Date 4/5/91

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:

Robert J. Haynes

Signature of Authorized Department Representative

Regional Manager

Title

Receipt No. N 4409 Received by [signature] Fee \$200.00 Date 4/5/91

DEC 31 1991

EXTENSION OF DRILLING PERMIT

Extension approved by _____ Approval Date _____

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

Application Number 95-08663

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 8/6/90

☒ 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 7/11/90

Recommended by: TEK RYAN Date 8/13/90

STATE OFFICE REVIEW P23 P16 46

See remarks for additional information. By _____ Date _____

REMARKS

FORMERLY WITH POST FALLS LRB DIST

RECEIVED
AUG 15 1990

Department of Water Resources