

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08538

Priority: January 26, 1987

Maximum Diversion Rate:
Maximum Diversion Volume:¹

0.04 CFS
2.4 AF

This is to certify, that LARRY BUCHMAN
BARBARA BUCHMAN

S. 1120 PENNY LANE
POST FALLS, ID 83854

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated January 26, 1987; and has submitted Proof of Beneficial Use on March 6, 1989. An examination indicates that the works have a diversion capacity of .040 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	0.04 CFS	2.4 AF

LOCATION OF POINT(S) OF DIVERSION:

NWSE , Sec. 10, Township 50N, Range 05W
KOOTENAI County

PLACE OF USE: DOMESTIC

TWN RGE SEC

50N 05W 10 NWSE

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 2 homes.

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NOV 02 1990

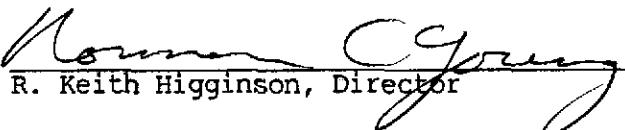
State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08538

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 OCTOBER, 1990.

Acting for


R. Keith Higginson, Director

RECORDED

NOV 02 1990

WATER RIGHT SUMMARY

ACTION	RIGHT NO.	NAME	AMOUNT CFS
Original Permit	95-8538	Janus, Ronald Sharon	.04
Full Assignment	95-8538	Buchman, Larry Barbara	.04

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JUL 18 1989

RECEIVED

MAR 10 1989

State of Idaho
Department of Water Resources

ASSIGNMENT OF PERMIT

RECEIVED

MAR 07 1989

NORTHERN REGION
I D W R

Department of Water Resources

I, Ronald &/or Sharon Janus hereby assign to Larry &/or Barbara Buchman
of S.1120 Penny Lane, Post Falls, Id. 83854
(address)

(Select A or B)

A. X All my right, title and interest in and to Permit # 95-8538 to appropriate the public waters of the State of Idaho.

B. _____ The following described portion of my right, title, and interest in and to
Permit# _____ to appropriate the public waters of the State of Idaho.

(Describe that portion of the permit being assigned by listing the acreage and/or number and type of uses within each 40 acre subdivision, legal description of the point of diversion and the amount of water in cubic feet per second for direct diversion, or acre feet for storage).

Made this 7th day of March, 1989.

Permit Holder

Spouse of Permit Holder

State of Idaho)
) ss.
County of Kootenai)

On this 7 day of March, 19 89, personally appeared before me the signer (s) of the above instrument, who duly acknowledged to me that he (~~she~~ ~~they~~) executed the same.

seal

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JUL 18 1989

Notary Public residing at

Rathdrum, Id.

My commission expires:

12/10/93

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

APPROVED

To appropriate the public waters of the State of Idaho

1. Name of applicant Ronald & Sharon Janus Phone 773-7988
Post office address S. 1120 Penny Lane Post Falls ID 83854
2. Source of water supply Ground water which is a tributary of _____
3. Location of point of diversion is SW $\frac{1}{4}$ of NW $\frac{1}{4}$ of SE $\frac{1}{4}$, Govt. Lot _____
Sec. 10 Township 50N Range 5W B.M. Kootenai County; additional
points of diversion if any: _____
4. Water will be used for the following purposes:
Amount .04 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) .04 and/or (b) _____
cubic feet per second acre feet per annum
6. Proposed diverting works:
 - a. Description of ditches, flumes, pumps, headgates, etc. Well & 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 6" inches; proposed depth of well is 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 the proposed beneficial use is
5 years (minimum 1 year).

RECORDED

MAR 20 1987

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. 3
- 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	
50N	5W	10														D			

Total number of acres to be irrigated _____

10. Describe any other water rights used for the same purposes as described above. _____

11. a. Who owns the property at the point of diversion? Appl
- b. Who owns the land to be irrigated or place of use? Appl
- 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: House that shows on quadrangle map is on Parcel C.

FILED

MAR 20 1987



Proposed Priority 1/27/87

Received by [Signature] Date 1/26/87 Time 11:50 Preliminary check by [Signature]

Fee \$ 30.00 Receipted by [Signature] # 38197 Date 1/26/87

Publication prepared by [Signature] Date 1/29/87 Published in Coeur d'Alene Press 2/5/87

Publication approved [Signature] Date 2/17/87

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. 95-8538, and said application is hereby APPROVED

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 April 1, 19 89.

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: 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.

Witness my hand this 3rd day of March, 1987.

[Signature: J. Glen Saylor]
Chief, Operations Bureau

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SENIOR AGENT REVIEW

**Check List
for
Beneficial Use Field Report**

RECEIVED
JUN 27 1990

Department of Water Resources

Permit 950P538

A. GENERAL INFORMATION

- ✓ 1. Name and address are most current available. (Check BU statement)
✓ 2. Exam Date
✓ 3. Source (Check Permit)

B. OVERLAP REVIEW

- ✓ 1. & 2. (Rule 5,1,4)

C. SYSTEM DESCRIPTION

- ✓ 1. Diversion System Diagram (Rule 5,1,3 / 5,1,4)
✓ 2. USGS (Rule 5,1,7 / 5,1,9) Aerial (Rule 5,1,17)
Photo of pd and/or pu or explanation
✓ 3. Word Picture (Rule 5,1,3 / 5,1,4)
✓ 4. Diversion (Rule 5,1,3)
✓ 5. Compare with USGS Map, Land Survey Maps, Aerial Photos and Permit.
✓ 6. Irrigation (Rule 5,1,8) method of determination

✓ **D. FLOW MEASUREMENTS** Check math (Rule 5,1,13 / 5,1,14)

✓ **E. FLOW CALCULATIONS** Check math (Rule 5,1,13 / 5,1,14)

✓ **F. OPTIONAL**

✓ **G. VOLUME CALCULATIONS**

Three significant figures and no more than 1/10's (Rule 6,1,2)
Fish (Rule 5,1,11) number stock, homes, etc... (Rule 5,1,12)

✓ **H. REMARKS AND OVERLAP ANALYSES**

✓ All actual uses listed (Rule 5,1,2):
✓ All unused, permitted uses listed (Rule 5,1,2):
✓ Overlaps (Rule 5,1,4):
✓ Return flows (Rule 5,1,5):
✓ Conditions (Rule 5,1,6).

✓ **I. RECOMMENDATIONS**

- ✓ 1. Municipal (Rule 5,1,10): Compare with items E & G, permit, fee, capacity
(Rule 5,1,15): Measured flows for each use listed separately (Rule 5,1,14).
Period of year (Rule 5,1,13)
✓ 2. Compare permit to exam for amendments (Rule 5,1,16)

✓ **J. AUTHENTICATION**

Name, Signature, Certification Date, Exam Date.

✓ **WELL INSPECTION REPORT**

Check with permit and well log for discrepancies

Signature

Tom King

Date

11/20/89



WELL HOUSE IN CENTER
(ABOVE "3")



PARCEL "C" IN BACK
GROUND (NORTHERLY)
NOT PART OF THIS
SYSTEM



PARCEL D

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9508538

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JUN 27 1990

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

Department of Water Resources

A. GENERAL INFORMATION

Permit No. 95-08538

1. Owner: LARRY OR BARBARA BUCHMAN

Phone No. 713-5479

Current Address: S. 1120 PENNY LANE POST FALLS, ID. 83854

2. Accompanied by: NONE

EXAM. DATE: 10/10/89

Address: _____

Phone No. _____

Relationship to Permit Holder: _____

3. Source: GROUNDWATER tributary to _____

B. OVERLAP REVIEW

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

☐ Copies Attached

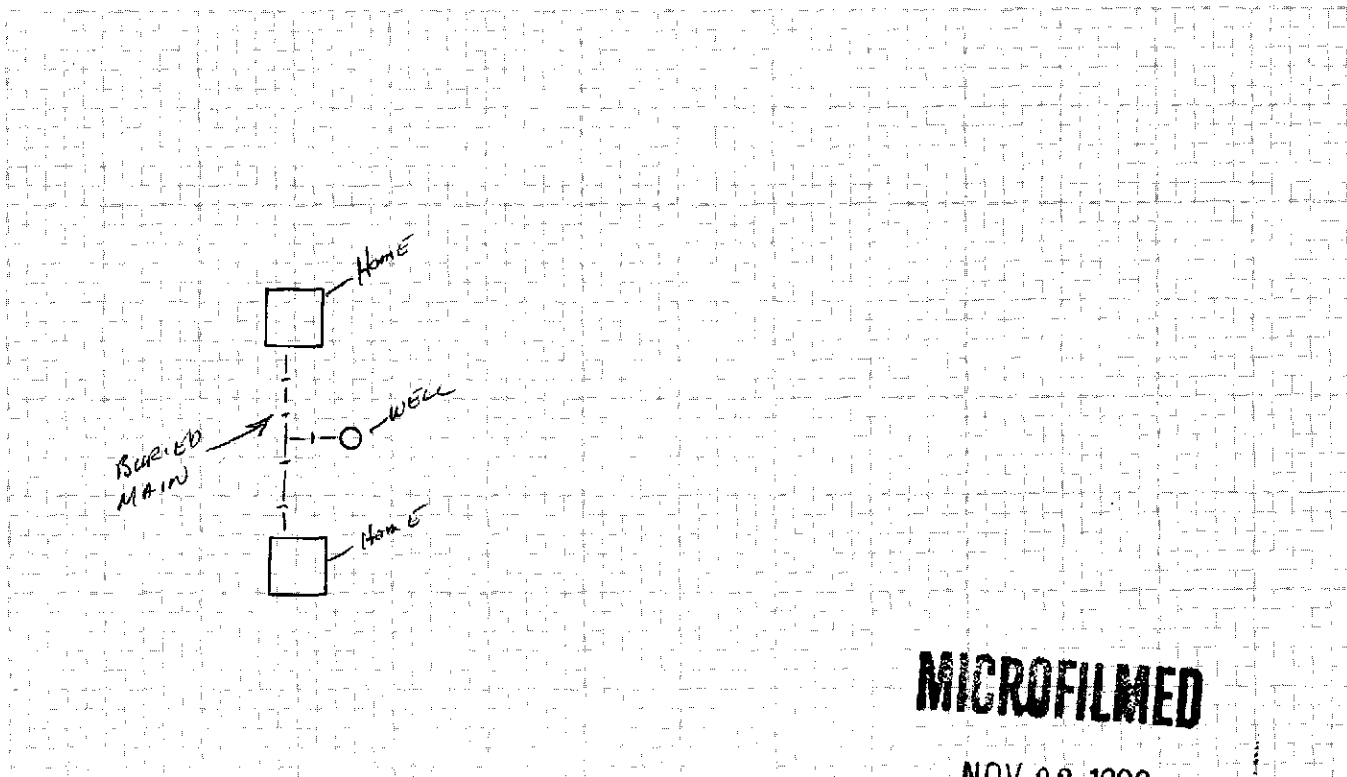
2. Other water rights with same point of diversion: NONE

☐ 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



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Scale: 1" = 125

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).

System Description (continued)

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

6" X 300' WELL, ^{WITH SUBMERSIBLE} PUMP & PIPELINE TO TWO HOMES (SW L @ 46') TDR

☐ 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
SUBMERSIBLE					

*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
		SW	NW	SE	10	50N	5W	KOOTENAI	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	
50N	5W	10														D			

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Do not use this space

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:

2 HOMES

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:

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2 HOMES

H. REMARKS AND OVERLAP REVIEW ANALYSIS

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
DOMESTIC (2)	1-1	12-31	0.04	2.4
Totals:			0.04	2.4

2. Recommended Amendments

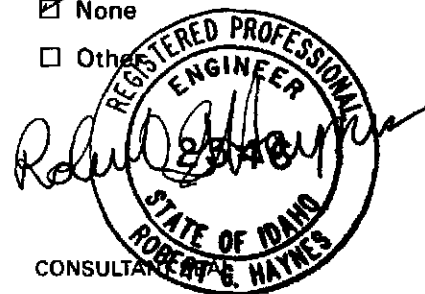
- ☐ Change P.D. as reflected above ☐ Add P.D. as reflected above
☐ Change P.U. as reflected above ☐ Add P.U. as reflected above

☒ None

☐ Other

J. AUTHENTICATION

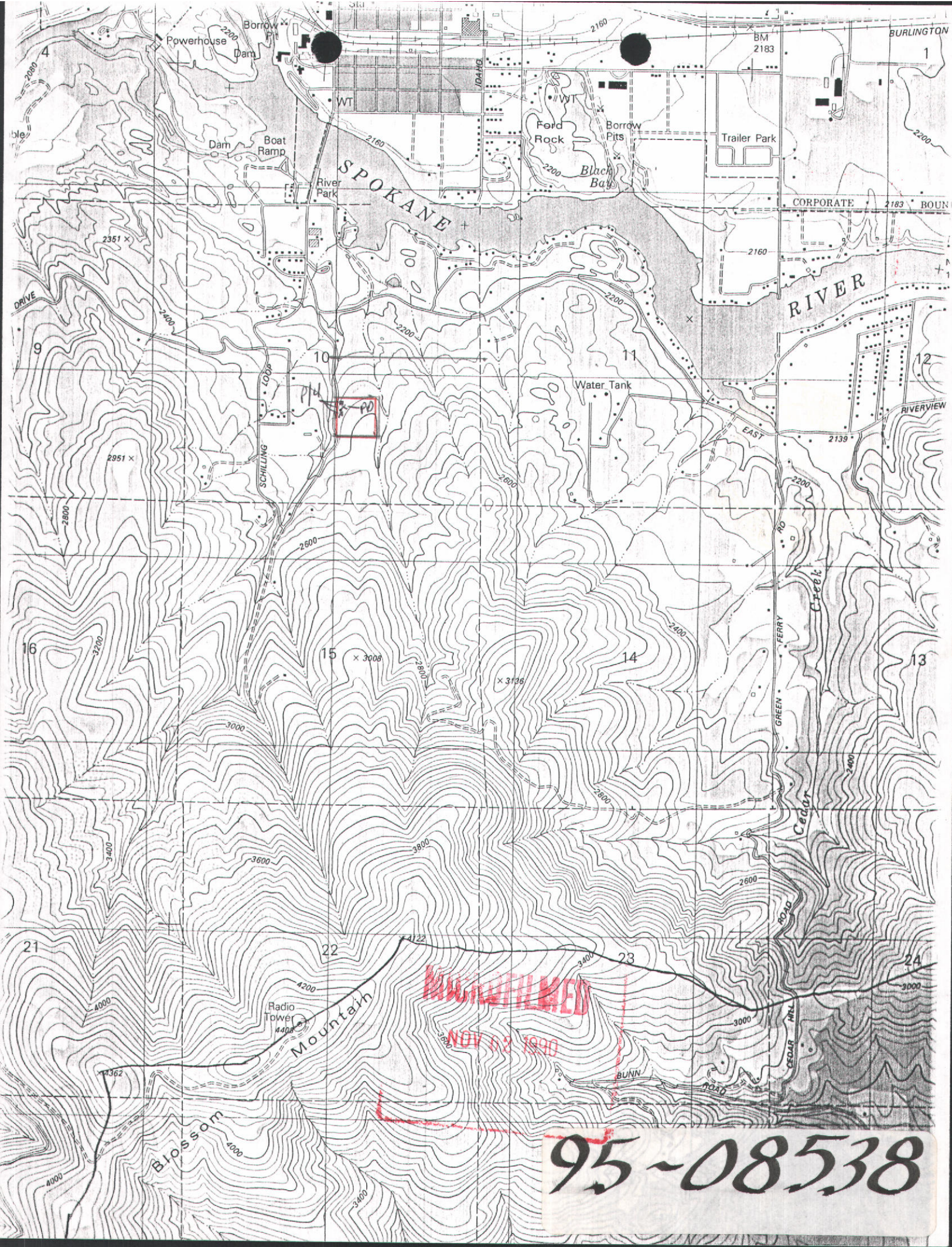
Field Examiner's Name Tam A. KING
Signature Tam A. King
Certification Date 2/17/89
Field Report Preparation Date 8/27/89



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

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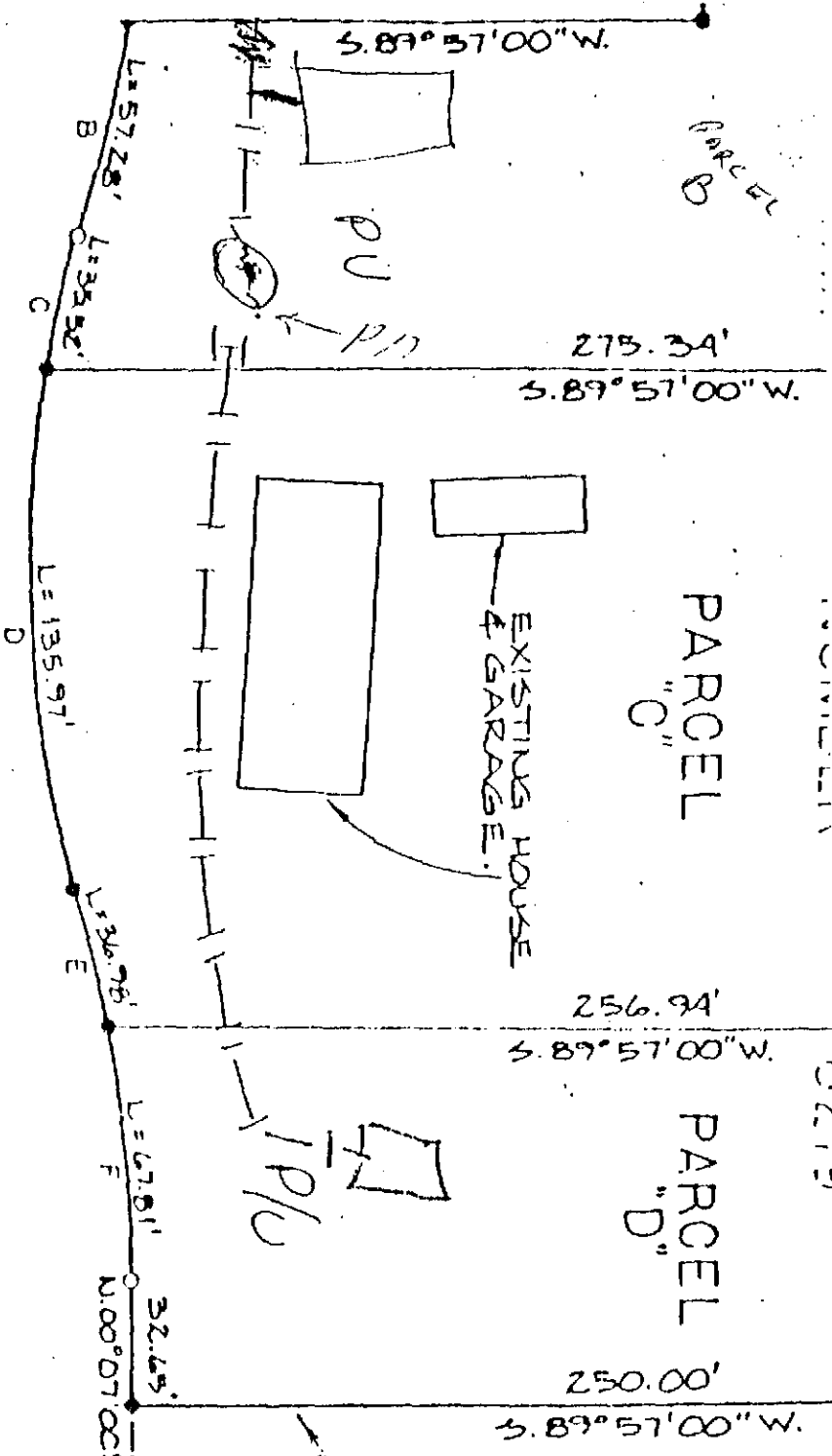


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NOV 62 1990

95-08538

PENNY LANE

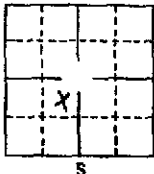


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WELL DRILLER'S REPORT

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>RONALD JANAS</u> Address <u>51080 PENNY LANE</u> County Parcel No. <u>POST FALLS HA 83854</u>		7. WATER LEVEL Static water level <u>46</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 _____ 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 ☐ Pump ☐ Bailor ☒ Air ☐ Other _____																																																																																								
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		<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>11 GPM</u></td><td><u>300</u></td><td><u>2 HRS</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>11 GPM</u>	<u>300</u>	<u>2 HRS</u>																																																																																	
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		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 rowspan="2">Water Yes No</th></tr><tr><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>6</u></td><td><u>0</u></td><td><u>1</u></td><td><u>TOP SOIL</u></td><td><u>X</u></td></tr><tr><td><u>1</u></td><td><u>33</u></td><td><u>33</u></td><td><u>GRAVEL & CLAY WITH BOUNKERS</u></td><td><u>X</u></td></tr><tr><td><u>23</u></td><td><u>36</u></td><td><u>36</u></td><td><u>PEA GRAVEL</u></td><td><u>X</u></td></tr><tr><td><u>36</u></td><td><u>61</u></td><td><u>61</u></td><td><u>SOFT GRANITE - GRAY</u></td><td><u>X</u></td></tr><tr><td><u>61</u></td><td><u>65</u></td><td><u>65</u></td><td><u>" " "</u></td><td><u>X</u></td></tr><tr><td><u>63</u></td><td><u>69</u></td><td><u>69</u></td><td><u>MICA SAND</u></td><td><u>X</u></td></tr><tr><td><u>69</u></td><td><u>75</u></td><td><u>75</u></td><td><u>SOFT GRANITE GRAY 1.5 GPM</u></td><td><u>X</u></td></tr><tr><td><u>75</u></td><td><u>116</u></td><td><u>116</u></td><td><u>" " "</u></td><td><u>X</u></td></tr><tr><td><u>116</u></td><td><u>131</u></td><td><u>131</u></td><td><u>FIRM " "</u></td><td><u>X</u></td></tr><tr><td><u>131</u></td><td><u>141</u></td><td><u>141</u></td><td><u>BROKEN " " 6 GPM</u></td><td><u>X</u></td></tr><tr><td><u>141</u></td><td><u>212</u></td><td><u>212</u></td><td><u>FIRM " "</u></td><td><u>X</u></td></tr><tr><td><u>212</u></td><td><u>246</u></td><td><u>246</u></td><td><u>" " MIXED POLICERS</u></td><td><u>X</u></td></tr><tr><td><u>246</u></td><td><u>254</u></td><td><u>254</u></td><td><u>" " GRAY SEAMS 2 GPM</u></td><td><u>X</u></td></tr><tr><td><u>254</u></td><td><u>282</u></td><td><u>282</u></td><td><u>HARD " BLACK & WHITE</u></td><td><u>X</u></td></tr><tr><td><u>282</u></td><td><u>285</u></td><td><u>285</u></td><td><u>SOFT " GREEN 2 GPM</u></td><td><u>X</u></td></tr><tr><td><u>285</u></td><td><u>302</u></td><td><u>302</u></td><td><u>FIRM " GRAY</u></td><td><u>X</u></td></tr></tbody></table>		Bore Diam.	Depth		Material	Water Yes No	From	To	<u>6</u>	<u>0</u>	<u>1</u>	<u>TOP SOIL</u>	<u>X</u>	<u>1</u>	<u>33</u>	<u>33</u>	<u>GRAVEL & CLAY WITH BOUNKERS</u>	<u>X</u>	<u>23</u>	<u>36</u>	<u>36</u>	<u>PEA GRAVEL</u>	<u>X</u>	<u>36</u>	<u>61</u>	<u>61</u>	<u>SOFT GRANITE - GRAY</u>	<u>X</u>	<u>61</u>	<u>65</u>	<u>65</u>	<u>" " "</u>	<u>X</u>	<u>63</u>	<u>69</u>	<u>69</u>	<u>MICA SAND</u>	<u>X</u>	<u>69</u>	<u>75</u>	<u>75</u>	<u>SOFT GRANITE GRAY 1.5 GPM</u>	<u>X</u>	<u>75</u>	<u>116</u>	<u>116</u>	<u>" " "</u>	<u>X</u>	<u>116</u>	<u>131</u>	<u>131</u>	<u>FIRM " "</u>	<u>X</u>	<u>131</u>	<u>141</u>	<u>141</u>	<u>BROKEN " " 6 GPM</u>	<u>X</u>	<u>141</u>	<u>212</u>	<u>212</u>	<u>FIRM " "</u>	<u>X</u>	<u>212</u>	<u>246</u>	<u>246</u>	<u>" " MIXED POLICERS</u>	<u>X</u>	<u>246</u>	<u>254</u>	<u>254</u>	<u>" " GRAY SEAMS 2 GPM</u>	<u>X</u>	<u>254</u>	<u>282</u>	<u>282</u>	<u>HARD " BLACK & WHITE</u>	<u>X</u>	<u>282</u>	<u>285</u>	<u>285</u>	<u>SOFT " GREEN 2 GPM</u>	<u>X</u>	<u>285</u>	<u>302</u>	<u>302</u>	<u>FIRM " GRAY</u>	<u>X</u>
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<u>116</u>	<u>131</u>	<u>131</u>	<u>FIRM " "</u>	<u>X</u>																																																																																						
<u>131</u>	<u>141</u>	<u>141</u>	<u>BROKEN " " 6 GPM</u>	<u>X</u>																																																																																						
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<u>254</u>	<u>282</u>	<u>282</u>	<u>HARD " BLACK & WHITE</u>	<u>X</u>																																																																																						
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State of Idaho
Department Of Water Resources
WELL INSPECTION FORM

If well is associated with water right, provide WR Permit No. 95-08538

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>46'</u>
Pressure Gauge:	Y ☐	N ☒	Casing Diameter:	<u>6</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 : _____

MICROFILMED

NOV 02 1990

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 RONALD JANAS
Address 51080 PENNY LANE
Owner's Permit No. POST FALLS WA 83854

7. WATER LEVEL

Static water level 46 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

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>116 gpm</u>	<u>300</u>	<u>2 HRS</u>

3. PROPOSED USE

- ☒
- Domestic
- ☐
- Irrigation
- ☐
- Test
- ☐
- Municipal
-
- ☐
- Industrial
- ☐
- Stock
- ☐
- Waste Disposal or Injection
-
- ☐
- Other _____ (specify type)

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>6</u>	<u>0</u>	<u>1</u>	<u>TOP SOIL</u>		☒
	<u>1</u>	<u>33</u>	<u>GRAVEL + CLAY WITH BOULDER</u>		☒
	<u>33</u>	<u>36</u>	<u>FEA GRAVEL</u>		☒
	<u>36</u>	<u>61</u>	<u>SOFT GRANITE - GRAY</u>		☒
	<u>61</u>	<u>64</u>	<u>" " " "</u>		☒
	<u>64</u>	<u>69</u>	<u>MICA SAND</u>		☒
	<u>69</u>	<u>75</u>	<u>SOFT GRANITE GRAY 156 gpm</u>	☒	
	<u>75</u>	<u>116</u>	<u>" " " "</u>		☒
	<u>116</u>	<u>131</u>	<u>FIRM " "</u>		☒
	<u>131</u>	<u>141</u>	<u>BROKEN " " 6 GPM</u>	☒	
	<u>141</u>	<u>232</u>	<u>FIRM " "</u>		☒
	<u>232</u>	<u>246</u>	<u>" " MIXED COALS</u>		☒
	<u>246</u>	<u>254</u>	<u>" " GRAY SEAMS 2 GPM</u>	☒	
	<u>254</u>	<u>282</u>	<u>HARD " BLACK WHITE</u>		☒
	<u>282</u>	<u>285</u>	<u>SOFT " GREEN 2 GPM</u>	☒	
	<u>285</u>	<u>302</u>	<u>FIRM " GRAY</u>		☒

4. METHOD DRILLED

- ☒
- Rotary
- ☐
- Air
- ☐
- Hydraulic
- ☐
- Reverse rotary
-
- ☐
- Cable
- ☐
- Dug
- ☐
- Other _____

5. WELL CONSTRUCTION

Casing schedule: ☐ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>77</u> feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ NoHow perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches

Number	From	To

Well screen installed? ☐ Yes ☒ No

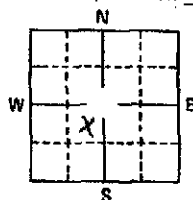
Manufacturer's name _____

Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feetGravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feetSurface seal depth 33 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Pudding clay ☐ _____Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing
☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent
Weld☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County _____

NE 1/4 SW 1/4 Sec. 10, T. 50 N. R. 5 W.

10.

Work started 3-24-86 finished 4-4-86

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name BRAND X W. W Firm No. 789Address Rathdrum Ida Date 4-17-86Signed by (Firm Official) Landon Carlson

and

(Operator)

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 95-8538

Date: 4/25/89

General Considerations:

Y Name same as permit
Y Signature the same as permit holder
N Address change _____ If yes, prepare a data entry
Y Proof received timely
_____ Reinstated

Source of Water:

_____ Surface water
Y Groundwater
_____ 1. well log in file
_____ 2. drilling permit
_____ A. amount of drilling fee paid for proposed uses

Extent of Use and Rate of Diversion:

Y Rate of diversion appropriate for uses
Y Is rate or volume and fee appropriate?
Y Has permit holder indicated when water was first put to a beneficial use?

Measuring Device:

N/A Is a measuring device or access port required?
N/A Has one been installed?
N/A Waiver or modification of measuring device requested

Remarks:

Proof acceptable

N/A Priority Calculation:
Date proof received _____
Date proof due _____
No. of days late _____
Priority date _____
NEW PRIORITY DATE _____

SEND FILES TO DATA ENTRY AND THEN TO MICROFILM

MICROFILMED

JUL 18 1989

Form 217
03/85

RECEIVED

MAR 16 1989

STATE OF IDAHO

NORTHERN REGION
IDAHO

DEPARTMENT OF WATER RESOURCES

For Office Use Only

Fee Received _____

Date _____

Receipt # _____

Receipt by _____

Reviewed by JS

Sent to region JS

PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources will consider this form as a statement that the permit holder(s) has 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.

Permit No. 95-8538

Name(s) of Permit Holder: Ronald &/or Sharon Janus

Post Office Address: S. 1120 Penny Lane Post Falls, Id. 83854

Telephone No. 773-7988

Source of Water: Groundwater

Extent of Use:

Domestic 2 (number of households) Stockwater _____ (number and type of stock)

Irrigation _____ (acres) Other/Remark _____

Total rate and/or volume for which proof is submitted 0.04 cfs _____ acre-feet

Show the date water was first diverted and beneficially used under this permit: 1986

Measuring Device: Required? Yes X No
Installed? Yes X No
Fee enclosed \$ N/A
(See License Examination Fee Schedule)

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

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

Larry Buchman - S. 1120 Penny Lane

(Name)

(Telephone Number)

(Address)

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.

3/6/89

Date

Ronald W Janus
Signature of Permit Holder (and title, if appropriate)

MICROFILMED

JUL 18 1989

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

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 Jim Gurnea Address West river view Dr; Post Falls 83854 Owner's Permit No. _____	7. WATER LEVEL Static water level 40 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 Good 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 ☐ Pump ☐ Bailer ☒ 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>100</td> <td>425</td> <td>1 hour</td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	100	425	1 hour																										
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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 No</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>0</td> <td>12</td> <td>Sand, Gravel</td> <td>X</td> </tr> <tr> <td>6</td> <td>12</td> <td>425</td> <td>Black + white Gravel</td> <td>X</td> </tr> <tr> <td colspan="5" style="text-align: center; height: 100px; vertical-align: middle;"> 100 GPM @ 415' </td> </tr> </tbody> </table>	Bore Diam.	Depth From	To	Material	Water Yes No	8	0	12	Sand, Gravel	X	6	12	425	Black + white Gravel	X	100 GPM @ 415'																
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Thickness	Diameter	From	To																														
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_____ inches	_____ inches	_____ feet	_____ feet																														
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W	X	E																															

JUL 7

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: E

APPLICATION NUMBER: 95-8538

CHECK:

- ☒ Source.
☒ Point of diversion.
☒ County.
☒ Quantity of water and period of use.
☒ Description of diverting works.
☒ Time required for beneficial use of water.
☒ Place of use or acres irrigated.
☒ Map.
☒ Signature.
☒ Fee.
☐ Yes ☒ No Field check required.
☐ Yes ☒ No Critical groundwater area.
☐ Yes ☒ No Request dam safety information. Sent by: _____ Date: _____
☒ Yes ☐ No* In form to receipt.

Field check by: _____
Date: _____
Comments: _____

*REQUEST THE FOLLOWING ADDITIONAL INFORMATION FROM THE APPLICANT: _____

SEND COPIES TO:

- ☐ Idaho State Health Department.
☐ Idaho Fish and Game Department.
☐ Idaho Department of Lands.
☐ U.S. Bureau of Land Management.
☐ U.S. Forest Service.
☐ Other _____

Copies sent by: _____ Date: _____

PROCESSING:

- ☐ Yes ☐ No Platted by: _____ Map No. _____
☐ Yes ☐ No Other rights on same place of use. _____
☒ Yes ☐ No* In form for advertising.
Final date for protests: 2/23/87
☐ Yes ☒ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 2/13/87
☒ Application published correctly. If not, record action taken: _____
☒ Fee amount, receipt date & number, recorded on application.
☒ Publication dates and paper, recorded on application.
☒ Protests, dates, withdrawal, etc., recorded on application.
☒ Recommendation & initial, recorded on application.
☐ Yes ☒ No Measuring device required.
☐ Yes ☒ No Access port required.
☐ Yes ☒ No Will water be delivered by watermaster? If yes, what district?
☒ 1/26/87 Date of priority recommended.
☒ Special conditions of approval or cover letter. _____

MAR 20 1987

allow 2 yrs. for B/U development

By: rya Date: 2/28/87

STATE OFFICE REVIEW:

117 26

- ☐ See attached sheet for more information.
By: kw

Date: 3/3/87

RECEIVED

MAR 02 1987

Department of Water Resources

95-8538

JANUS, RONALD &/or SHARDON

5. 1120 PENNY LN., POST FALLS, ID 83854

Source: GROUNDWATER

Diversion Pt: SWNWSE Sec 10 T 50N R 05W

Use: DOMESTIC (0.040 CFS)

Date Filed: 01/26/1987

In: NWSE Sec 10 T 50N R 05W

MICROFILMED

MAR 20 1987