

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08425

Priority: November 23, 1983

Maximum Diversion Rate:

0.04 CFS

Maximum Diversion Volume:¹

1.2 AF

This is to certify, that ROY RUNKLE
LOUISE RUNKLE

1400 W. IRONHORSE DR. #16
POST FALLS, ID 83854

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated November 23, 1983; and has submitted Proof of Beneficial Use on November 7, 1988. 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	1.2 AF

LOCATION OF POINT(S) OF DIVERSION: LOT 1(NENE), Sec. 3, Township 51N, Range 05W
KOOTENAI County

PLACE OF USE: DOMESTIC

TWN RGE SEC

51N 05W 3 LOT 1(NENE)

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 1 home.

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NOV 12 1990

JIM

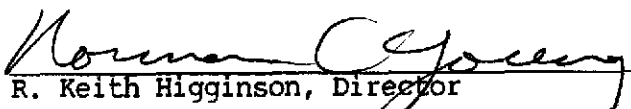
State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08425

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

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JAN 12 1989

State of Idaho

Department of Water Resources

RECEIVED

JAN 09 1989

NORTHERN REGION
IDWR

Department of Water Resources

ASSIGNMENT OF PERMIT

Clyde Runkle, Lois Runkle,
I, Gary Runkle, Barbara Runkle, hereby assign to Roy Runkle, Louise Runkle

of 1400 W. Ironhorse Dr. Post Falls, Idaho 83854

Address

CHECK ONE



All my right, title, and interest in and to Permit No. 95-8425
to appropriate the public waters of the State of Idaho.



The following described portion of my right, title, and interest in and to Permit
No. _____ to appropriate the public waters of the State of Idaho.

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

Made this 6th day of January, 1989.

Permit Holder

Gary Runkle
Barbara Runkle
Clyde Runkle
Lois Runkle

Spouse of Permit Holder

State of Idaho)

County of Kootenai) ss.

On this 6 day of Jan, 1989, personally
appeared before me the signer(s) of the above instrument, who duly acknowledged to me
that he (she) (they) executed the same.

seal

Notary Public residing at

Post Falls, Id.

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My commission expires:

2-28-91

FEB 10 1989

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 Gary R. or Barbara A. Runkle and/or Roy D. or Louise L. Runkle and/or Clyde D. or Lois F. Runkle Phone 773-9578
Post office address W. 3025 HARGRAVE AVE. Post Falls, Idaho 83854
2. Source of water supply ground water which is a tributary of _____
3. Location of point of diversion is NE $\frac{1}{4}$ of NE $\frac{1}{4}$ of Section 3 Township 51N
Range 5W B.M. KOOTENAI County, additional points of diversion if any: _____

4. Water will be used for the following purposes:

Amount 0.12 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:

a. 0.12 cubic feet per second and/or b. _____ acre-feet per annum.

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. well, pump & pipeline

b. Height of storage dam _____ feet, active reservoir capacity _____ acre-feet; total reservoir capacity _____ acre-feet, materials used in storage dam: _____

Period of year when water will be diverted to storage _____ to _____ inclusive.
(Month/Day) (Month/Day)

c. Proposed well diameter is 6 inches; proposed depth of well is 650 feet.

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 — maximum 5 years).

8. Description of proposed uses:

a. If water is not for irrigation:

(1) Give the place of use of water: NE $\frac{1}{4}$ of NE $\frac{1}{4}$ of Section 3 Township 51N
Range 5W B.M.

(2) Amount of power to be generated: _____ horsepower under _____ feet of head.

(3) List number of each kind of livestock to be watered _____

(4) Name of municipality to be served _____, or number of families to be supplied with domestic water 3.

(5) If water is to be used for other purposes describe: _____

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b. If water is for irrigation, indicate acreage in each subdivision in the tabulation below:

TWP	RANGE	SEC.	NE¼				NW¼				SW¼				SE¼				TOTALS
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	

Total number of acres to be irrigated _____

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

9. a. Who owns the property at the point of diversion App

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

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

10. Remarks Well drilled on aforementioned location by Associated Well Drillers, Inc., box 723 Coeur d'Alene, to serve two other adjoining 5 acre parcels located on same ¼ section.

[illegible]

Harry R. Runkle
Barbara A. Runkle
Roy S. Runkle
Louise S. Runkle (Applicant)
Clyde D. Runkle
Jesse F. Runkle

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Proposed Priority 11/23/83
Received by JR Date 11/23/83 Time 11:11 AM
Preliminary check by PS Fee \$ 30⁰⁰
Receipted by JR Date 11/23/83 (31402)
Publication prepared by mr Date 12/1/83
Published in Coeur d'Alene Press
Publication dates 12/8-15/83
Publication approved mr Date 12/16/83
Protests filed by: none

Copies of protests forwarded by _____
Hearing held by _____ Date _____
Recommended for approval denial by PS kw

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. 95-8425, 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 January 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. 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 25th day of January, 1984.

J. Glen Sayton
Chief, Operations Bureau

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT SUPPLEMENT
C O N T E N T S

RECEIVED
JUN 27 1990

() B/U Acknowledgment Letter Sent

Department of Water Resources

This Examination Report Contains the Following Documents.

() Field Report () Quad Sheet () Goy. Lot Plat () Rules Check list
() Aerial Photo () Photo PD/PU () Well Log

Number of Diagrams Attached _____ Number of Calculation Sheets Attached _____

() Correspondence (Date) _____

() Other (List) _____

Contacts: _____

Remarks: _____

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NOV 12 1990

Exam Completed By _____ Date _____
Sr. Agent Review _____ Date _____
Regional Manager Review PSA _____ Date 6/11/80

PERMIT NUMBER

95-08425

02/7

SENIOR AGENT REVIEW

RECEIVED
JUN 27 1990

Check List
for
Beneficial Use Field Report

Department of Water Resources

Permit 95-08425

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)
✓ 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)

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; all permitted uses not used, also 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



Date

4/12/89

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED
JUN 27 1990

Department of Water Resources

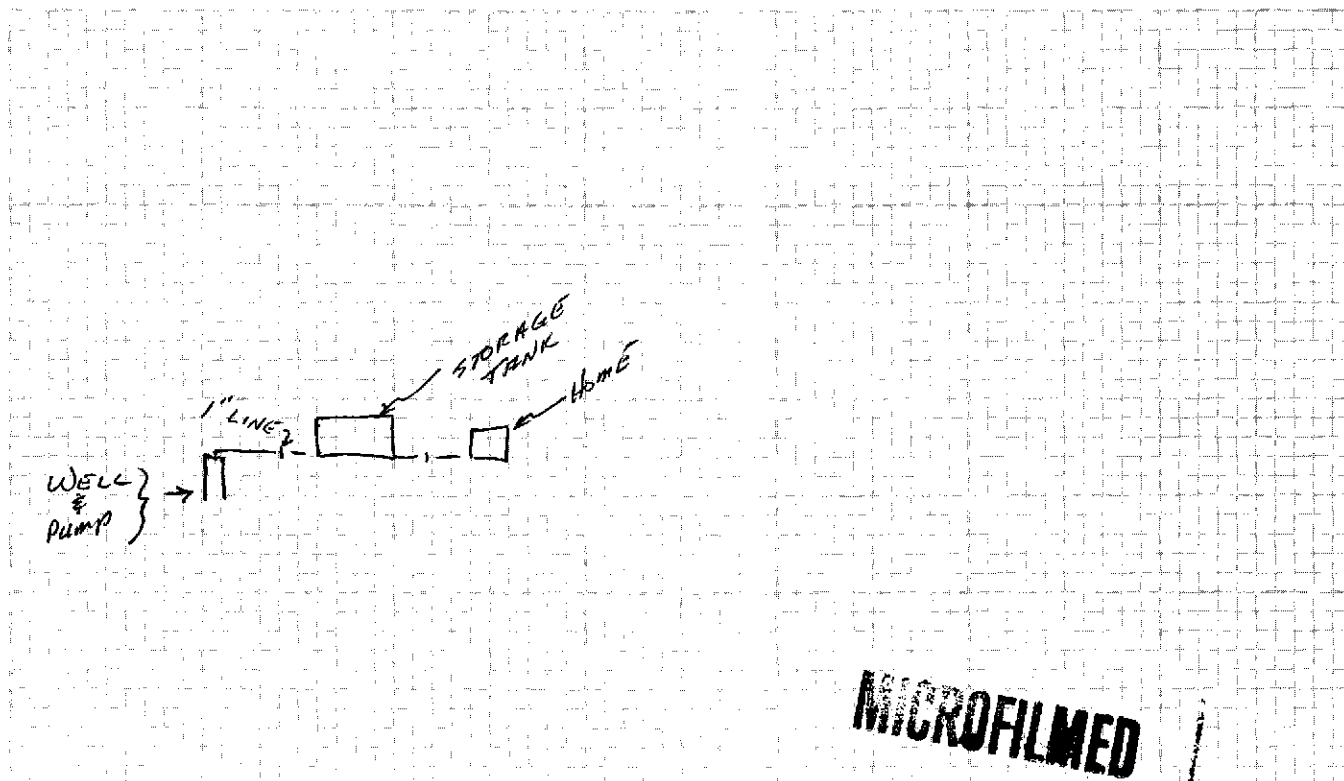
- A. GENERAL INFORMATION** ~~GARY OR BARBARA OR ROY OR LOUISE~~ Permit No. 95-08425
1. Owner: ~~OR LYNNE OR BOB~~ RUNKLE Phone No. 723-9578
Current Address: W 1400 IRON HORSE DR #16 POST FALLS, ID 83854
2. Accompanied by: NONE EXAM. DATE: 4-6-89
Address: GRAND BLVD Phone No. _____
Relationship to Permit 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



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 CAMERA DISFUNCTION
(required for all but single household domestic groundwater, and stockwater).
☐ Aerial Photo Attached (required for irrigation of 10 acres or more).

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System Description (continued)

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

6" x 650' WELL W/SWL @ 140' SUBMERSIBLE PUMP & PIPE LINE TO STORAGE TANK
 @ HOME

☐ 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
	1		NE	NE	3	S1N	5W	KOOTENAI	MAP

6. Place(s) of Use:

Indicate Method of Determination

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	
S1N	5W	3	D																
			GL2																

Do not use this space

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NOV 02 1990

Do not use this space

D. FLOW MEASUREMENTS

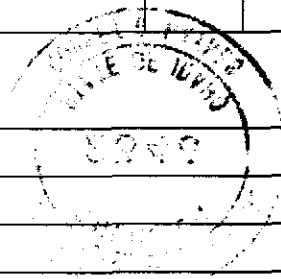
☐ Additional Data Sheets Attached

1.

NONE POSSIBLE

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

2. Measurements:



E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

ONE HOME

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 Ampsx .001732 = _____ (6)

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

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

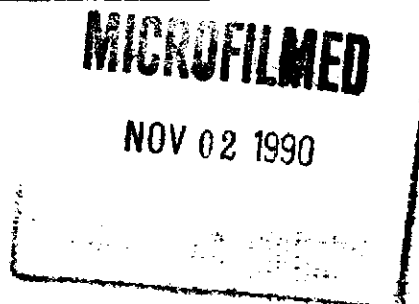
$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$ _____

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

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

2. Volume Calculations for Other Uses:

ONE HOME



H. REMARKS AND OVERLAP REVIEW ANALYSIS

NONE

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
<u>DOMESTIC</u>	<u>1-1</u>	<u>12-31</u>	<u>0.04</u>	<u>1.2</u>
Totals:			<u>0.04</u>	<u>1.2</u>

2. Recommended Amendments

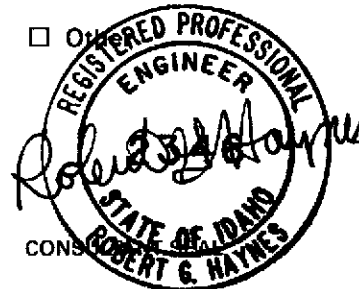
- ☐ Change P.D. as reflected above ☐ Add P.D. as reflected above
☐ Change P.U. as reflected above ☐ Add P.U. as reflected above

☒ None

☐ Other

J. AUTHENTICATION

Field Examiner's Name Tam King
Signature Tam King
Certification Date 2/12/89
Field Report Preparation Date 4/12/89



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

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NOV 02 1990



NAME: RUNKLE
PD: T51N, R5W, SEC.3; NENE
PU:
SOURCE: GROUNDWATER

PERMIT NUMBER: 95-08425
GL: MAP: # 27
AC/IRR: QUAD:E-53
TRIB. TO:

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NOV 02 1990

State of Idaho
Department of Water Resources
WELL INSPECTION FORM

This form should be completed by the examiner when conducting a field examination to determine the extent of beneficial use of water from a well or whenever a well is inspected for other reasons. The form should be forwarded to Groundwater Protection Section in the State Office upon completion.

1. Legal Description of well location. Twp. S1N, Rge: SW,
Sec. 3, Qtr./Qtr. NENE or Lot _____
2. Owner GARY RUNKLE ET AL
Address W 1400 IRONHORSE DR, City COEUR D'ALENE, State ID
3. Approx. date of well construction 4/12/83
Well Driller ASSOCIATED
4. Casing: Diameter 6" Condition GOOD
5. Casing length above land surface 2'
6. Well depth (ft) 156 Flowing _____ Temp. _____
Access port N
7. Condition of piping and valving Good
8. Evidence of well seal _____
9. Shut in pressure or static water level 140'
10. Evidence of leakage around the casing NONE
11. Does well need repair No
12. Comments _____

(OVER)

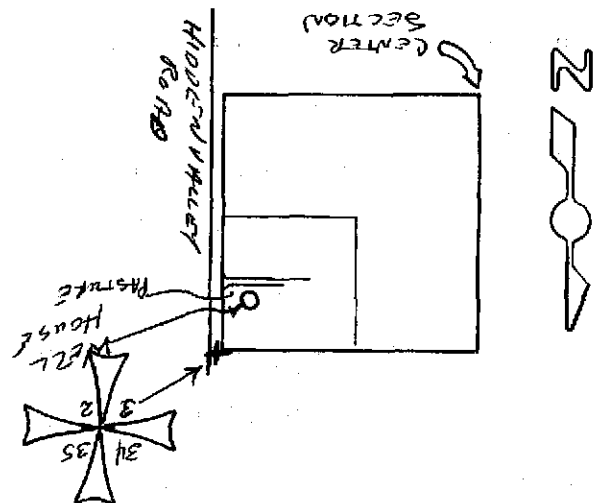
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SCHEMATIC

Provide a schematic diagram showing the location of the well in the quarter-quarter with respect to houses, roads, other wells or readily identifiable features.

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NOV 02 1990



Inspected by

[Signature]

Date

2/1/4

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 95-8425

Date: 11-17-88

General Considerations:

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

Source of Water:

Y Surface water
Y Groundwater
_____ 1. well log in file
N/A 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?
N 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 _____

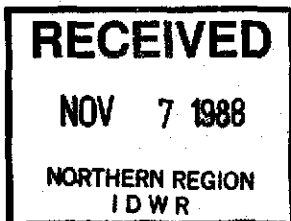
Priority date _____

NEW PRIORITY DATE _____

SEND FILES TO DATA ENTRY AND THEN TO MICROFILM

RECEIVED
NOV 10 1988

For Office Use Only
Fee Received 0
Date 11/7/88
Receipt # —
Receipt by JK
Reviewed by QS
Sent to region —



STATE OF IDAHO
Department of Water Resources
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 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. 95-8425

Name(s) of Permit Holder: ROY D. RANKLE

Post Office Address: W 1400 IRON HORSE DR #16 POST FALLS, ID
83854

Telephone No. 773-9558

Source of Water: ground water

Extent of Use:

Domestic 1 (number of households) Stockwater — (number and type of stock)
Irrigation — (acres) Other/Remark —

Total rate and/or volume for which proof is submitted 1.04 cfs — acre-feet

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

Measuring Device: Required? — Yes X No
Installed? — Yes — No

Fee enclosed \$ 0
(See License Examination Fee Schedule)

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

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

(Name)

(Telephone Number)

TRAILER HOME / WELL HOUSE

(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.

RECEIVED

JAN 10 1989

11/7/88
Date

ROY D. RANKLE
Signature of Permit Holder (and title, if appropriate)

To: File 95-8424

From: Groundwater Protection

Date: 11/17/88

Drilling Permit: P Not Applicable OK
 Found and in file
 Not Found

Well Drillers Report:

 Not found, due to reported age of well
probably not available
X Found and is in file OK
 Not found

Follow-up

 Request from permit holder the well
drillers report and/or the name of the
well driller, and date drilled.
 Ask permit holder when well was drilled
and notify holder of drilling permit
requirement if after July 01, 1987.

OK

JB

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JAN 10 1989

JAN 10 1989

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: Rey APPLICATION NUMBER: 95-8425

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.

Field check by: _____

Date: _____

Comments: _____

- ☒ 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.

*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: 12/26/83 (1227#)
☐ Yes ☒ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 12/16/83
☒ 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? _____
☒ 11/23/83 Date of priority recommended.
Special conditions of approval or cover letter. _____

By: Rey Date: 1/6/84

STATE OFFICE REVIEW:

417 26

☐ See attached sheet for more information.
By: KW Date: 1/12/84

MICROFILMED

95-8425-

RUNKLE, GARY R. &/or BARBARA A. &/or ROY D. &/or LOUISE L. &/or CLYDE D.
&/or LOIS F.

W. 3025 HARGRAVE AVE., POST FALLS, ID 83854

Source: GROUNDWATER

Date Filed: 11/23/1983

Diversion Pt: NENE Sec 03 T 51N R 05W

Use: DOMESTIC (0.12 CFS)

In: NENE Sec 03 T 51N R 05W

RECEIVED
NOV 23 1983
FBI