

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 95-08358

Priority: June 28, 1983

Maximum Diversion Rate:

0.10 CFS

Maximum Diversion Volume:

15.8 AF

This is to certify, that SHARON HAUG  
SCOT HAUG

PO BOX 1373

POST FALLS ID 83854

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated June 21, 1983; and has submitted Proof of Beneficial Use on August 8, 1988. An examination indicates that the works have a diversion capacity of .480 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            | 04/01 to 11/01       | 0.10 CFS                 | 15.8 AF              |

LOCATION OF POINT(S) OF DIVERSION:

NENE , Sec. 26, 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        | 26         | SENE         | 4.5          |              | 4.5          |

Total number of acres irrigated: 4.5

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. The issuance of this permit in no way grants any right-of-way or easement across the land of another.
6. This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.5 afa per acre for the lands above.

RECORDED

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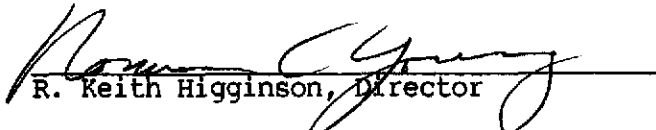
State of Idaho  
Department of Water Resources

**WATER RIGHT LICENSE**

WATER RIGHT NO. 95-08358

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 30<sup>TH</sup>  
day of JANUARY, 1992.

Acting for

  
R. Keith Higginson, Director

  
FEB 12 1992

BEFORE THE DEPARTMENT OF WATER RESOURCES  
OF THE STATE OF IDAHO

IN THE MATTER OF PERMIT NO. 95-8358 IN THE  
NAME OF SCOT AND SHARON HAUG

)  
) 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 August 1, 1988; and,

WHEREAS, the Department has notified the permit holders by certified mail that proof was due and instructed the permit holders as to the steps to be taken to make said proof; and,

WHEREAS, on August 1, 1988 the permit lapsed for failure of the permit holders to submit 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 lapsing; and,

WHEREAS, the permit holders have provided a reasonable showing as to why said permit should be reinstated by submitting proof of beneficial use on August 8, 1988;

IT IS, THEREFORE, HEREBY ORDERED that Permit No. 95-8358 be REINSTATED and the priority advanced to June 28, 1983.

Dated this 18<sup>th</sup> day of November, 1988.

  
L. GLEN SAXTON  
Chief, Operations Bureau

**MICROFILMED**

JAN 10 1989

# WATER RIGHT SUMMARY

| <u>ACTION</u>   | <u>RIGHT NO.</u> | <u>NAME</u>          | <u>AMOUNT CFS</u> |
|-----------------|------------------|----------------------|-------------------|
| Original Permit | 95-8358          | Peightal, Phil       | .15               |
| Full Assignment | 95-8358          | Haug, Scot<br>Sharon | .15               |

**MICROFILMED**

JAN 10 1989

RECEIVED  
AUG 15 1988

State of Idaho  
Department of Water Resources

RECEIVED  
AUG 8 1988

ASSIGNMENT OF PERMIT

Department of Water Resources

Department of Water Resources  
Northern District Office

I, Phil Rightal, hereby assign to Scott and Sharon Haug  
of N. 3451 Greenferry, Post Falls, ID  
Address

CHECK ONE



All my right, title, and interest in and to Permit No. 95-8358  
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 21 day of 8, 1988.

Phil A. Rightal  
Permit Holder

Spouse of Permit Holder

State of Idaho )  
County of Kootenai ) ss.

On this 10 day of August, 1988, personally  
appeared before me the signer(s) of the above instrument, who duly acknowledged to me  
that he (she) (they) executed the same.

Alvin Schultz  
Notary Public residing at

seal

My commission expires:  
8-30-92

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JAN 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 Phil Perigot Phone 773-7874

Post office address N. 3451 Green Ferry Rd. Post Falls, Id. 83854

2. Source of water supply Groundwater which is a tributary of \_\_\_\_\_

3. Location of point of diversion is NE  $\frac{1}{4}$  of NE  $\frac{1}{4}$  of Section 26 Township 51N

Range 5W B.M. Kootenai County, additional points of diversion if any: \_\_\_\_\_

4. Water will be used for the following purposes:

Amount 0.15 for irrigation purposes from 3-15 to 11-15 (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. 0.15 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 \_\_\_\_\_ inches; proposed depth of well is \_\_\_\_\_ 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: \_\_\_\_\_  $\frac{1}{4}$  of \_\_\_\_\_  $\frac{1}{4}$  of Section \_\_\_\_\_ Township \_\_\_\_\_  
Range \_\_\_\_\_ 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 \_\_\_\_\_.

(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:

[illegible]

Total number of acres to be irrigated 5

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

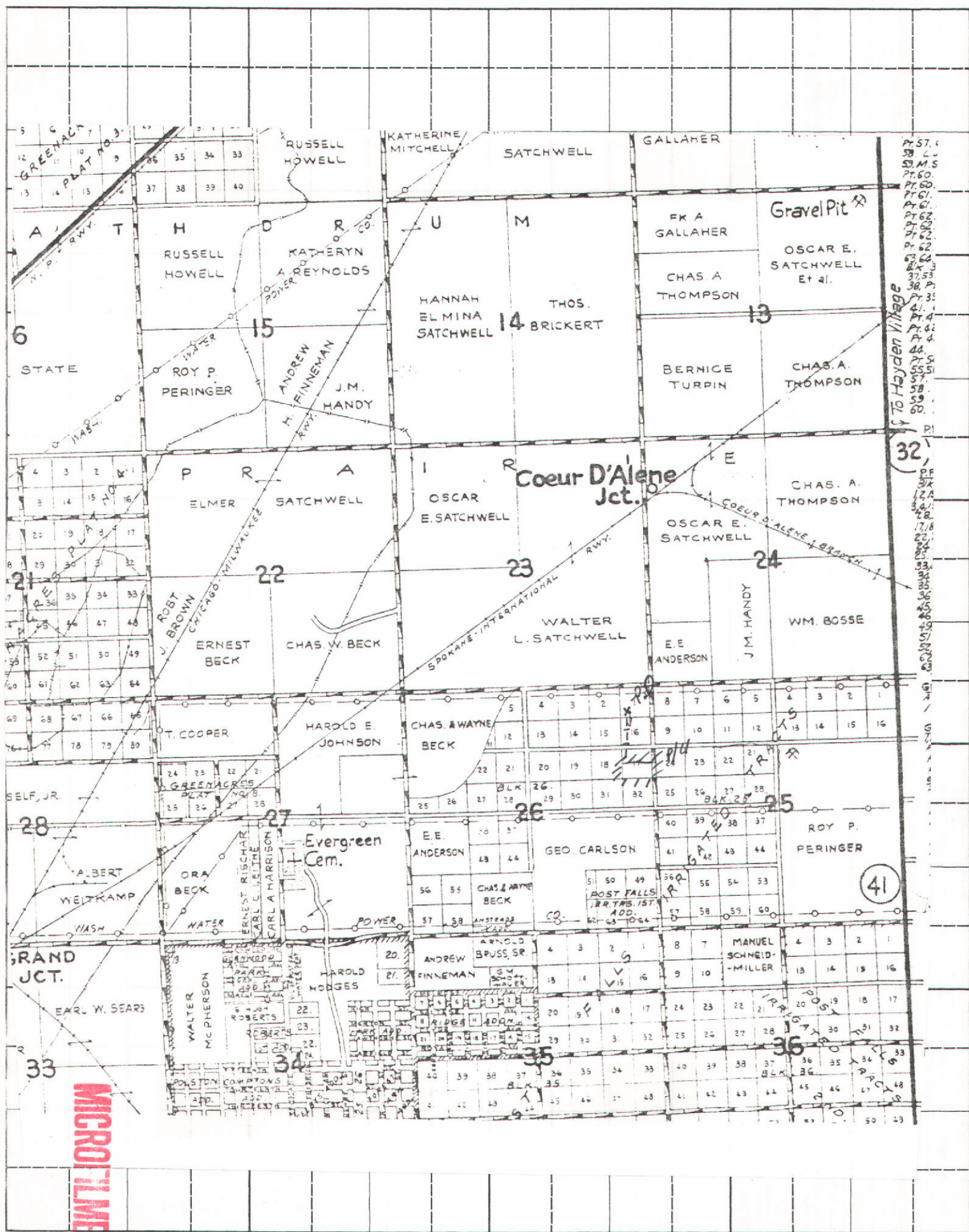
9. a. Who owns the property at the point of diversion William N. Myers

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 Decree of First Judicial Dist court  
Case # 52195

10. Remarks \_\_\_\_\_

11. 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.

x *Phil O. Peightal*  
(Applicant)

Proposed Priority 6/21/1983

Received by JK Date 6-21-83 Time 11:00 AM

Preliminary check by JK Fee \$ 30.00

Receipted by JK Date 6-21-83 (27766)

Publication prepared by JK Date 4/20/83

Published in Cd A Press

Publication dates 6/30 & 7/7/83

Publication approved JK Date 7/83

Protests filed by: None

Copies of protests forwarded by \_\_\_\_\_

Hearing held by \_\_\_\_\_ Date \_\_\_\_\_

Recommended for approval denial by AB JK

**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. 95-8358, 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 August 1, 19 88.
- 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.  
The issuance of this permit in no way grants any right-of-way or easement across the land of another.

Witness my hand this 12<sup>th</sup> day of August, 1983.

J. Glen Saxton  
Chief, Operations Bureau

**MEMORANDUM**

**TO:** File 95-8358  
**FROM:** Sharla  
**DATE:** January 6, 1992  
**RE:** Place of Use

In reviewing Permit 95-8357 (which has a p/d overlap with this right), a discrepancy in the place of use was noted. Although the examiner lists the place of use within the NESE, S26 under Item C(6) and indicates the same on the quad map copy, the application was originally filed showing the SENE and the secondary map attached to the exam also indicates the SENE. Further, the examiner states on the back of the exam that no amendments are necessary.

The license will identify the place of use as the SENE, S26. No special overlap condition will be imposed on the license since the system's capacity is 0.48 cfs; license 95-7551 was licensed for 0.20 cfs, 95-8357 is for 0.10 cfs as is this right, which totals only 0.40 cfs - the capacity is not exceeded. Further, no special overlap condition is required to limit this right & 95-8357 to 0.10 cfs since the 4.5 acres under each right are separate acres.

RECORDED

FEB 12 1992

# LICENSE REVIEW CHECKLIST

NOTICE TO VOID  
IN ERROR -  
ISSUE LICENSE

Permit No. 95-8358

Name/Address change?        ok ✓

Priority date Advance? yes        no ✓  
Memo to advance         
Order to reinstate needed? yes        no ✓

Total cfs Limited by fee 202  
Limited by capacity       

Total volume Limited by flow         
Chart checked for AF rate/ac ✓ 3.5

Capacity Actual measurement checked         
Theoretical checked ✓  
If greater than permit, check for other rts       

Source Changed? yes        no ✓  
If so, is memo needed to clarify?       

P/D Verify with map ✓ permit ✓  
More than one per 1/4? Remember remark         
Check p/d overlap NA

Uses Check irrigation period of use w/ chart ✓ 4/1-11/1

P/U Verify with map ✓ permit ✓  
> 5 acres irrigated, run overlap NA

Remarks More than one p/d in 1/4  
Description of non-irrig uses         
Special overlap condition       

## Conditions -

Measuring device         
W.Master control         
Overlap         
Water quality         
Other 004

## Dates/Misc. -

Water Dist         
App Rec'd ✓  
Proof Rec'd ✓

CHECK FOR ADJ. CLAIM Needed according to proof filed         
Filed - needs amended         
Add'l fee required         
Not filed -         
Not needed       

Comments/Changes to Examiner's Recommendations:

License        10-day ✓ 30-day       

Back of field report signed?       

Reviewer S. Curran Date 10/3/91 Review time 5 min.

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**BENEFICIAL USE FIELD REPORT**

**RECEIVED**  
JUN 28 1991

**A. GENERAL INFORMATION**

Department of Water Resources  
Permit No. \_\_\_\_\_

1. Owner: SHARON HAUG Phone No. 95-8358  
Current Address: N. 3451 GREEN FERRY RD. POST FALLS, ID. 83854  
2. Accompanied by: MRS GIBBS EXAM. DATE: 8/15/90  
Address: N3561 Phone No. \_\_\_\_\_  
Relationship to Permit Holder: NONE NEIGHBOR  
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: 95-07661; 9507561, 95-08357 ☐ 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" = \_\_\_\_\_

2. ☒ Copy of U.S.G.S. Quadrangle Attached ☐ Aerial Photo Attached  
Showing location(s) of point(s) of diversion and (required for irrigation of 10 acres or more).  
place(s) of use (required).  
☒ Photo of Diversion and System Attached PHOTO OF PD DID NOT DEVELOPE  
(required for all but single household domestic groundwater, and stockwater).

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**System Description (continued)**

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

An eight inch by 270 foot well with static water level at 234 feet, a submersible 15 h. p. pump to four homes, and a submersible 25 h. p. pump to a 6 inch mainline with six risers. Four risers are for irrigation of 95-07551 and two risers equipt with 500 feet of 3" laterals and 7 sprinklers with 5/32 and 3/32 nozzles.

☐ 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                           |            | 25 |                  |           |                                   |
|                                       |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |
|                                       |            |    |                  |           |                                   |

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

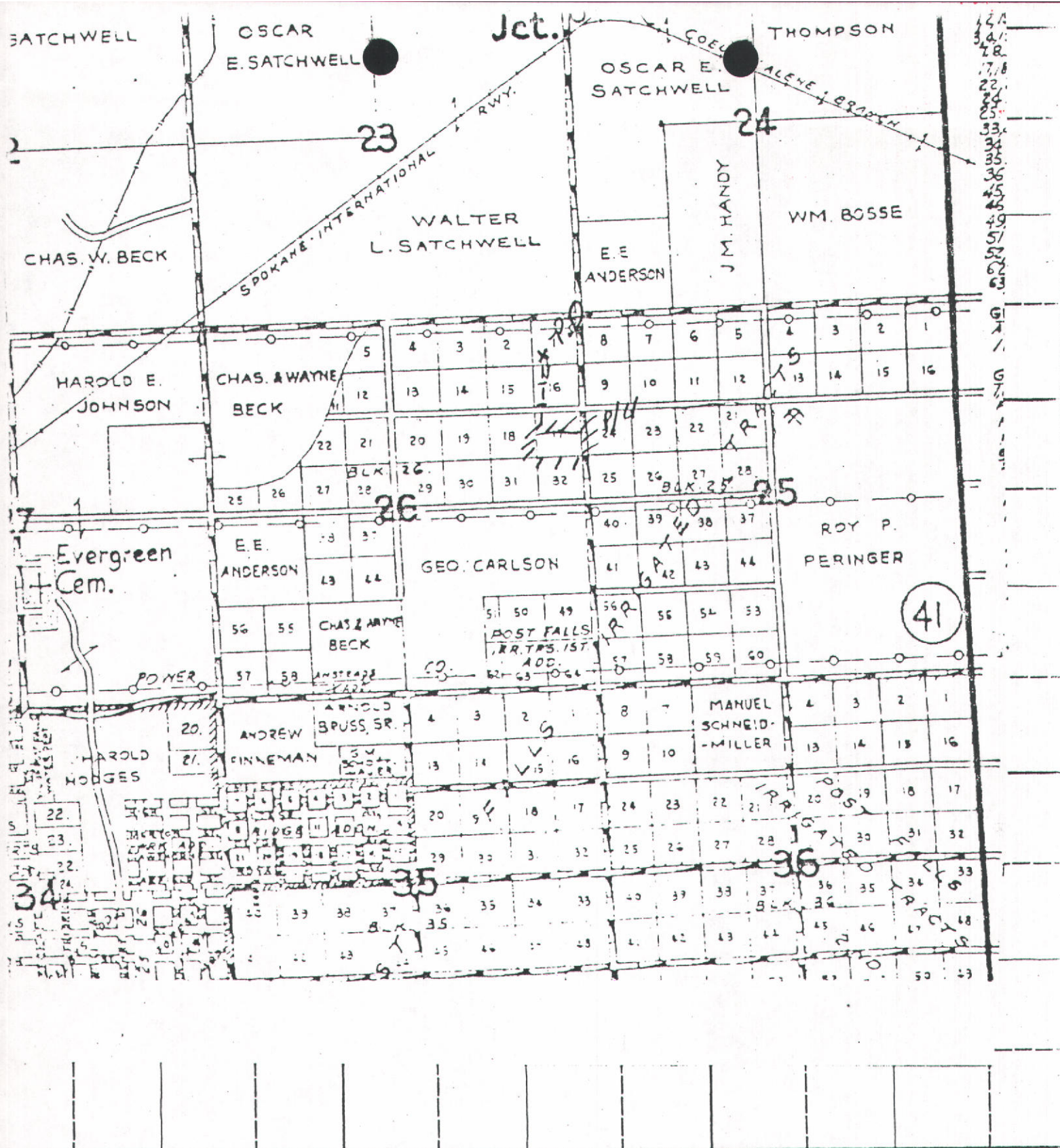
5. **Point(s) of Diversion:**

| Ident. No. | Gov't. Lot | 1/4 | 1/4 | 1/4 | Sec. | Twp. | Rge. | County | Method of Determination/Remarks |
|------------|------------|-----|-----|-----|------|------|------|--------|---------------------------------|
|            |            |     | NE  | NE  | 26   | 51N  | SW   | ROOTE  | ASSESSOR                        |
|            |            |     |     |     |      |      |      |        |                                 |
|            |            |     |     |     |      |      |      |        |                                 |
|            |            |     |     |     |      |      |      |        |                                 |

6. **Place(s) of Use:**

Indicate Method of Determination ASSESSOR

| 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 |        |
| 51N  | SW   | 26   |        |        | 4.5    |        |        |        |        |        |        |        |        | 4.5    |        |        |        |        | 4.5    |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |      |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |



undersigned hereby makes application for permit to appropriate the public waters of  
 ein set forth.

*Phil C. Reister*  
 (Applicant)

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**FEB 13 1982**

Do not use this space

## D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

| Measurement Equipment | Type | Make | Model No. | Serial No. | Size | Calib. Date |
|-----------------------|------|------|-----------|------------|------|-------------|
| PITOT / PRESSURE      |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |
|                       |      |      |           |            |      |             |

2. Measurements:

$\frac{5}{32} @ 45 \text{ PSI} = 4.63 \text{ gpm}$   
 $\frac{3}{32} @ 45 \text{ PSI} = 1.72 \text{ gpm}$  }  $6.35 \text{ gpm / SPRINKLER (7 SPRINKLERS)}$

## E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

$$\frac{7(6.35)}{448.8} = 0.10 \text{ cfs}$$

2. Alternate Method for Checking Purposes:

$$\frac{8.8(25) 70\%}{2.3(45) + 234} = 0.48 \text{ cfs}$$

SYSTEM CAPACITY /  
 MEASURED ON  
 9/1/81 (SEE MEMO  
 95-07551)

0.48 cfs

## 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:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = \frac{4.5}{3.5} \times 15.8 = 15.8$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = \frac{2.45}{48.5} \times 1.9835 = 48.5$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 15.8$$

2. Volume Calculations for Other Uses:

FEB 12 1982

## H. REMARKS AND OVERLAP REVIEW ANALYSIS

NOT TO EXCEED 0.10 cfs w/ COMBINED w/ 95-08357

" " " 0.48 cfs " " " 95-07551

SAME SYSTEM AS 95-08357, SAME PD & MAIN LINE AS 95-07551

## I. RECOMMENDATIONS

### 1. Recommended Amounts

| Beneficial Use | Period of Use |       | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (afa) |
|----------------|---------------|-------|------------------------------|--------------------------|
|                | From          | To    |                              |                          |
| IRRIGATION     | 3-15          | 11-15 | 0.10                         | 15.8                     |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
|                |               |       |                              |                          |
| Totals:        |               |       | 0.10                         | 15.8                     |

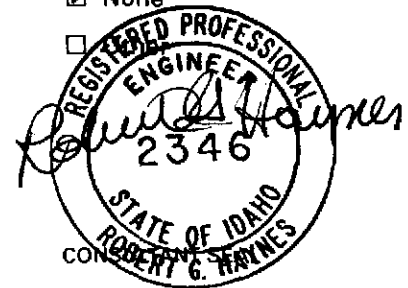
### 2. Recommended Amendments

- ☐ 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

## J. AUTHENTICATION

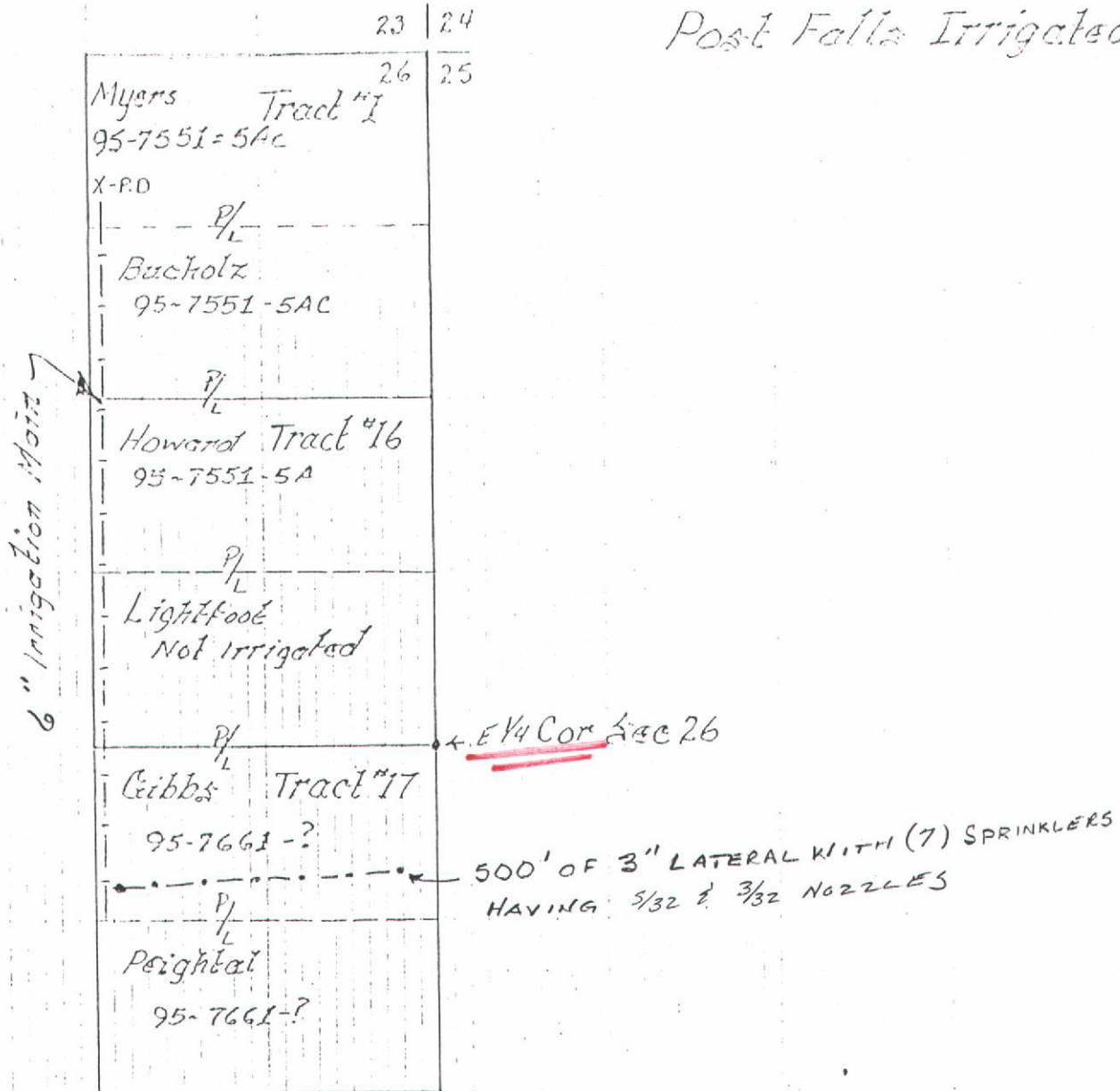
Field Examiner's Name TOM DRING  
Signature Tom Dring  
Certification Date 7/16/90  
Field Report Preparation Date 11/1/90



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

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FEB 12 1992

# Post Falls Irrigated Tracts



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Department of Water Resources  
Northern District Office

STATE OF IDAHO

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AUG 15 1988

DEPARTMENT OF WATER RESOURCES

Department of Water Resources

PROOF OF BENEFICIAL USE

For Office Use Only  
Fee Received AK  
Date 8/8/88  
Receipt # 1196  
Receipt by AK  
Reviewed by JS  
Sent to region    

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. 45-8358

Name(s) of Permit Holder: Scot and/or Sharon Haug

Post Office Address: N. 3451 Greenferry

Post Falls, ID 83854 Telephone No. 208-773-3884

Source of Water: aquifer - ground water

Extent of Use:

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

Irrigation 5 (acres) Other/Remark    

Total rate and/or volume for which proof is submitted 0.15 cfs 5 acre-foot

Show the date water was first diverted and beneficially used under this permit: 1977-78

Measuring Device: Required? Yes ✓ No      
Installed? Yes ✓ No     Fee enclosed \$ 50.00  
(See License Examination Fee Schedule)

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

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

Scot or Sharon Haug 208-773-3884  
(Name) (Telephone Number)

N. 3451 Greenferry, Post Falls, ID 83854  
(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.

JAN 10 1989

7/27/88 Scot Haug and/or Sharon Haug  
Date Signature of Permit Holder (and title, if appropriate)

USE TYPEWRITER OR  
BALL POINT PEN

State of Idaho  
Department of Water Resources

WELL DRILLER'S REPORT

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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.

| <b>1. WELL OWNER</b><br>Name <u>William N. Myers</u><br>Address <u>Rt#3 Box 577 Post Falls, Idaho 83854</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       | <b>7. WATER LEVEL</b><br>Department of Water Resources<br>Northern District Office<br>Static water level <u>234</u> feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____<br>Temperature _____ ° F. Quality _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |            |              |  |          |              |      |    |     |   |     |          |   |     |     |    |                  |   |     |    |    |                  |   |     |    |    |                  |   |     |    |     |                            |   |     |     |     |                  |   |     |     |     |                      |   |     |     |     |                            |   |     |     |     |                   |   |     |     |     |                     |   |     |     |     |                  |   |     |     |     |                         |   |     |     |     |                          |   |     |     |     |                 |   |     |     |     |                  |   |     |     |     |                                          |   |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Other<br>Discharge G.P.M. <u>20</u> Draw Down <u>0</u> Hours Pumped <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |            |              |  |          |              |      |    |     |   |     |          |   |     |     |    |                  |   |     |    |    |                  |   |     |    |    |                  |   |     |    |     |                            |   |     |     |     |                  |   |     |     |     |                      |   |     |     |     |                            |   |     |     |     |                   |   |     |     |     |                     |   |     |     |     |                  |   |     |     |     |                         |   |     |     |     |                          |   |     |     |     |                 |   |     |     |     |                  |   |     |     |     |                                          |   |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Other (specify type) _____<br><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Hole 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>12"</td><td>0</td><td>1.5</td><td>Top soil</td><td>X</td></tr><tr><td>12"</td><td>1.5</td><td>45</td><td>Gravel &amp; Cobbles</td><td>X</td></tr><tr><td>12"</td><td>45</td><td>50</td><td>Gravel &amp; Boulder</td><td>X</td></tr><tr><td>12"</td><td>50</td><td>80</td><td>Gravel &amp; Cobbles</td><td>X</td></tr><tr><td>12"</td><td>80</td><td>109</td><td>Gravel, Cobbles &amp; Boulders</td><td>X</td></tr><tr><td>12"</td><td>109</td><td>135</td><td>Gravel &amp; Cobbles</td><td>X</td></tr><tr><td>12"</td><td>135</td><td>150</td><td>Clay, gravel Cobbles</td><td>X</td></tr><tr><td>12"</td><td>150</td><td>170</td><td>Gravel, cobbles, some clay</td><td>X</td></tr><tr><td>12"</td><td>170</td><td>173</td><td>Gravel &amp; Boulders</td><td>X</td></tr><tr><td>12"</td><td>173</td><td>183</td><td>Gravel, Bldrs, clay</td><td>X</td></tr><tr><td>12"</td><td>183</td><td>192</td><td>Gravel &amp; Cobbles</td><td>X</td></tr><tr><td>12"</td><td>192</td><td>200</td><td>Clay, cobblestone Bldrs</td><td>X</td></tr><tr><td>12"</td><td>200</td><td>208</td><td>Clay, cobblestone gravel</td><td>X</td></tr><tr><td>12"</td><td>208</td><td>223</td><td>Cemented gravel</td><td>X</td></tr><tr><td>12"</td><td>223</td><td>234</td><td>Gravel &amp; Cobbles</td><td>X</td></tr><tr><td>12"</td><td>234</td><td>268</td><td>Water started at 234 ft Gravel &amp; Cobbles</td><td>X</td></tr></tbody></table> |                                          | Hole Diam. | Depth        |  | Material | Water Yes/No | From | To | 12" | 0 | 1.5 | Top soil | X | 12" | 1.5 | 45 | Gravel & Cobbles | X | 12" | 45 | 50 | Gravel & Boulder | X | 12" | 50 | 80 | Gravel & Cobbles | X | 12" | 80 | 109 | Gravel, Cobbles & Boulders | X | 12" | 109 | 135 | Gravel & Cobbles | X | 12" | 135 | 150 | Clay, gravel Cobbles | X | 12" | 150 | 170 | Gravel, cobbles, some clay | X | 12" | 170 | 173 | Gravel & Boulders | X | 12" | 173 | 183 | Gravel, Bldrs, clay | X | 12" | 183 | 192 | Gravel & Cobbles | X | 12" | 192 | 200 | Clay, cobblestone Bldrs | X | 12" | 200 | 208 | Clay, cobblestone gravel | X | 12" | 208 | 223 | Cemented gravel | X | 12" | 223 | 234 | Gravel & Cobbles | X | 12" | 234 | 268 | Water started at 234 ft Gravel & Cobbles | X |
| Hole Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Depth |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Material                                 |            | Water Yes/No |  |          |              |      |    |     |   |     |          |   |     |     |    |                  |   |     |    |    |                  |   |     |    |    |                  |   |     |    |     |                            |   |     |     |     |                  |   |     |     |     |                      |   |     |     |     |                            |   |     |     |     |                   |   |     |     |     |                     |   |     |     |     |                  |   |     |     |     |                         |   |     |     |     |                          |   |     |     |     |                 |   |     |     |     |                  |   |     |     |     |                                          |   |
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| 12"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0     | 1.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Top soil                                 | X          |              |  |          |              |      |    |     |   |     |          |   |     |     |    |                  |   |     |    |    |                  |   |     |    |    |                  |   |     |    |     |                            |   |     |     |     |                  |   |     |     |     |                      |   |     |     |     |                            |   |     |     |     |                   |   |     |     |     |                     |   |     |     |     |                  |   |     |     |     |                         |   |     |     |     |                          |   |     |     |     |                 |   |     |     |     |                  |   |     |     |     |                                          |   |
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| 12"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 208   | 223                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Cemented gravel                          | X          |              |  |          |              |      |    |     |   |     |          |   |     |     |    |                  |   |     |    |    |                  |   |     |    |    |                  |   |     |    |     |                            |   |     |     |     |                  |   |     |     |     |                      |   |     |     |     |                            |   |     |     |     |                   |   |     |     |     |                     |   |     |     |     |                  |   |     |     |     |                         |   |     |     |     |                          |   |     |     |     |                 |   |     |     |     |                  |   |     |     |     |                                          |   |
| 12"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 223   | 234                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Gravel & Cobbles                         | X          |              |  |          |              |      |    |     |   |     |          |   |     |     |    |                  |   |     |    |    |                  |   |     |    |    |                  |   |     |    |     |                            |   |     |     |     |                  |   |     |     |     |                      |   |     |     |     |                            |   |     |     |     |                   |   |     |     |     |                     |   |     |     |     |                  |   |     |     |     |                         |   |     |     |     |                          |   |     |     |     |                 |   |     |     |     |                  |   |     |     |     |                                          |   |
| 12"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 234   | 268                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Water started at 234 ft Gravel & Cobbles | X          |              |  |          |              |      |    |     |   |     |          |   |     |     |    |                  |   |     |    |    |                  |   |     |    |    |                  |   |     |    |     |                            |   |     |     |     |                  |   |     |     |     |                      |   |     |     |     |                            |   |     |     |     |                   |   |     |     |     |                     |   |     |     |     |                  |   |     |     |     |                         |   |     |     |     |                          |   |     |     |     |                 |   |     |     |     |                  |   |     |     |     |                                          |   |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | <b>10.</b> Work started <u>9-15-75</u> finished <u>11-26-75</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |              |  |          |              |      |    |     |   |     |          |   |     |     |    |                  |   |     |    |    |                  |   |     |    |    |                  |   |     |    |     |                            |   |     |     |     |                  |   |     |     |     |                      |   |     |     |     |                            |   |     |     |     |                   |   |     |     |     |                     |   |     |     |     |                  |   |     |     |     |                         |   |     |     |     |                          |   |     |     |     |                 |   |     |     |     |                  |   |     |     |     |                                          |   |
| <b>5. WELL CONSTRUCTION</b><br>Diameter of hole <u>12</u> inches Total depth <u>268</u> feet<br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete<br>Thickness Diameter From To<br><u>12</u> inches <u>12</u> inches <u>188</u> feet <u>268</u> feet<br><u>250</u> inches <u>12</u> inches <u>188</u> feet <u>268</u> feet<br><u>375</u> inches <u>12</u> inches <u>188</u> feet <u>268</u> feet<br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br>Number From To<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>22'</u> Material used in seal <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Puddling clay <input type="checkbox"/> Well cuttings<br>Sealing procedure used <input type="checkbox"/> Slurry pit <input checked="" type="checkbox"/> Temporary surface casing<br><input checked="" type="checkbox"/> Overbars to seal depth |       | <b>11. DRILLER'S CERTIFICATION</b><br>Firm Name <u>Fisher Supply Co.</u> Firm No. <u>221</u><br>Address <u>East 2915 Lincoln Rd</u><br><u>Spokane, Wash 99207</u> Date <u>12-22-75</u><br>Signed by (Firm Official) _____<br>and _____<br>(Operator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |              |  |          |              |      |    |     |   |     |          |   |     |     |    |                  |   |     |    |    |                  |   |     |    |    |                  |   |     |    |     |                            |   |     |     |     |                  |   |     |     |     |                      |   |     |     |     |                            |   |     |     |     |                   |   |     |     |     |                     |   |     |     |     |                  |   |     |     |     |                         |   |     |     |     |                          |   |     |     |     |                 |   |     |     |     |                  |   |     |     |     |                                          |   |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Post Falls Irrigation Tracts<br>Subdivision Name _____<br>Tract # <u>1</u><br>Lot No. _____ Block No. _____<br>County <u>Idaho</u><br>NE 1/4 Sec. <u>26</u> T. <u>51N</u> R. <u>5W</u> E/W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       | <b>12. COMMENTS</b><br><u>Bailer tested for 2 hrs and owner did not wish any further expenses. Size of the material would indicate it did not need a screen but this could change with pumping the well.</u><br><u>1-6-76</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |              |  |          |              |      |    |     |   |     |          |   |     |     |    |                  |   |     |    |    |                  |   |     |    |    |                  |   |     |    |     |                            |   |     |     |     |                  |   |     |     |     |                      |   |     |     |     |                            |   |     |     |     |                   |   |     |     |     |                     |   |     |     |     |                  |   |     |     |     |                         |   |     |     |     |                          |   |     |     |     |                 |   |     |     |     |                  |   |     |     |     |                                          |   |

RECEIVED  
JAN 10 1976

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

To: File 95-8358

From: Groundwater Protection

Date:

Drilling Permit: ☒ Not Applicable 1978 -  
☐ Found and in file  
☐ Not Found

Well Drillers Report:

77. ☐ Not found, due to reported age of well  
probably not available  
☐ Found and is in file  
☐ 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.

*This may be well Log.*

*OKGB*

**MICROFILMED**

JAN 10 1989

State of Idaho  
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: JS

APPLICATION NUMBER: 95-8358

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.  
☐ Yes ☒ No Final date for protests: 7-18-83 ✓  
☐ Yes ☒ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 7/12/83 ✓  
☒ 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? \_\_\_\_\_  
☒ 6/21/83 Date of priority recommended.  
✓ Special conditions of approval or cover letter. \_\_\_\_\_

By: SLW/LIT

Date: 8/1/83

STATE OFFICE REVIEW:

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

Date: 8/9/83

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AUG 05 1983  
Department of Water Resources