

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08277

Priority: July 8, 1984

Maximum Diversion Rate:
Maximum Diversion Volume:¹

0.02 CFS
1.2 AF

This is to certify, that GERALD F. ANDERSON
W. 7755 HIGHLAND DR.

COEUR D ALENE, ID 83814 has complied with the terms and conditions
of the permit, issued pursuant to Application for Permit dated March 29, 1983; and
has submitted Proof of Beneficial Use on August 10, 1989. An examination indicates
that the works have a diversion capacity of .020 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	0.02 CFS	1.2 AF

LOCATION OF POINT(S) OF DIVERSION:

SWSW , Sec. 7, Township 50N, Range 04W
KOOTENAI County

PLACE OF USE: DOMESTIC
TWN RGE SEC

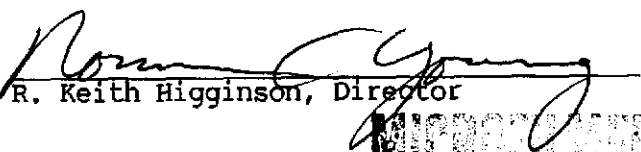
50N 04W 7 SWSW

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.

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 30TH
day of July, 1991.

Acting for


R. Keith Higginson, Director

AUG 09 1991

BEFORE THE DEPARTMENT OF WATER RESOURCES
OF THE STATE OF IDAHO

IN THE MATTER OF PERMIT NO. 95-8277 IN THE)
NAME OF GERALD F. ANDERSON) 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 May 1, 1988; and,

WHEREAS, the Department notified the permit holder by certified mail that proof was due and instructed the permit holder of the steps to be taken to submit the proof of beneficial use; and,

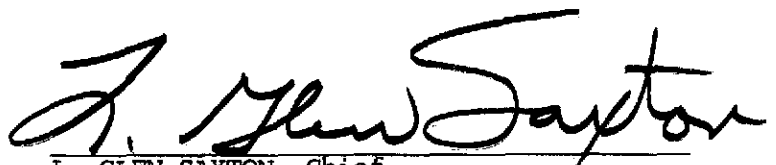
WHEREAS, the Department notified the permit holder that the permit lapsed for failure of the permit holder to submit the proof of beneficial use; and,

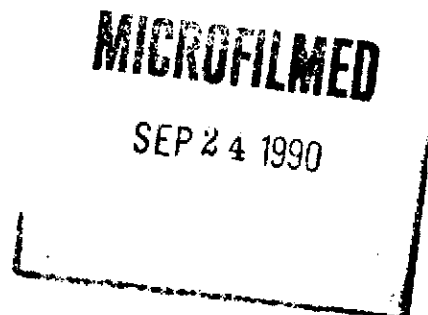
WHEREAS, Section 42-218a of the Idaho Code provides that a permit may be reinstated upon a showing of reasonable cause within sixty days of the date of the notice of lapsing; and,

WHEREAS, the permit holder has provided a reasonable showing why the permit should be reinstated by submitting proof of beneficial use on August 10, 1989;

IT IS, THEREFORE, HEREBY ORDERED that Permit No. 95-8277 be REINSTATED and the priority advanced to July 8, 1984.

Dated this 27th day of August, 1990.


L. GLEN SAXTON, Chief
Water Allocation Bureau



WATER RIGHT SUMMARY

<u>ACTION</u>	<u>RIGHT NO.</u>	<u>NAME</u>	<u>AMOUNT CFS</u>
Original Permit	95-8277	Welling, Michael C.	0.02
Full Assignment	95-8277	Anderson, Gerald F.	0.02

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SEP 25 1989

State of Idaho
Department of Water Resources

ASSIGNMENT OF PERMIT

I, Michael C. Welling hereby assign to Gerald F. Anderson
of W. 7755 Highland Dr. Coeur d'Alene, Idaho
(address)

(Select A or B)

A. ☒ All my right, title and interest in and to Permit # 95-8277 to appropriate the public waters of the State of Idaho.

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

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

Made this 26th day of July, 19 89.

Michael C. Welling
Permit Holder

Spouse of Permit Holder

State of Idaho)
County of Kootenai) ss.

On this 26th day of July, 19 89, personally appeared before me the signer (s) of the above instrument, who duly acknowledged to me that he (she) (they) executed the same.

seal

Dat Beckord
Notary Public residing at

Hayden Lake

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My commission expires:

12-11-93
SEP 25 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 Michael C. Welling Phone 773-4000
Post office address E 4396 Woodland Dr. Post Falls, Idaho 83854
2. Source of water supply ground which is a tributary of _____
3. Location of point of diversion is SW $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 7 Township 50N
Range 4W B.M. KOOTENAI County, additional points of diversion if any: _____
3650.02' OF LOT 11 EX. W 600'

4. Water will be used for the following purposes:

Amount 0.02 for Domestic purposes from yrnd 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)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)

5. Total quantity to be appropriated:

a. 0.02 cubic feet per second and/or b. _____ acre-feet per annum.

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. NONE

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 300 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: SW $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 7 Township 50N
Range 4W B.M.

(2) Amount of power to be generated: NONE horsepower under _____ feet of head.

(3) List number of each kind of livestock to be watered NONE

(4) Name of municipality to be served NONE, or number of families to be supplied with domestic water 1.

(5) If water is to be used for other purposes describe: NONE

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

MICHAEL

NONE

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

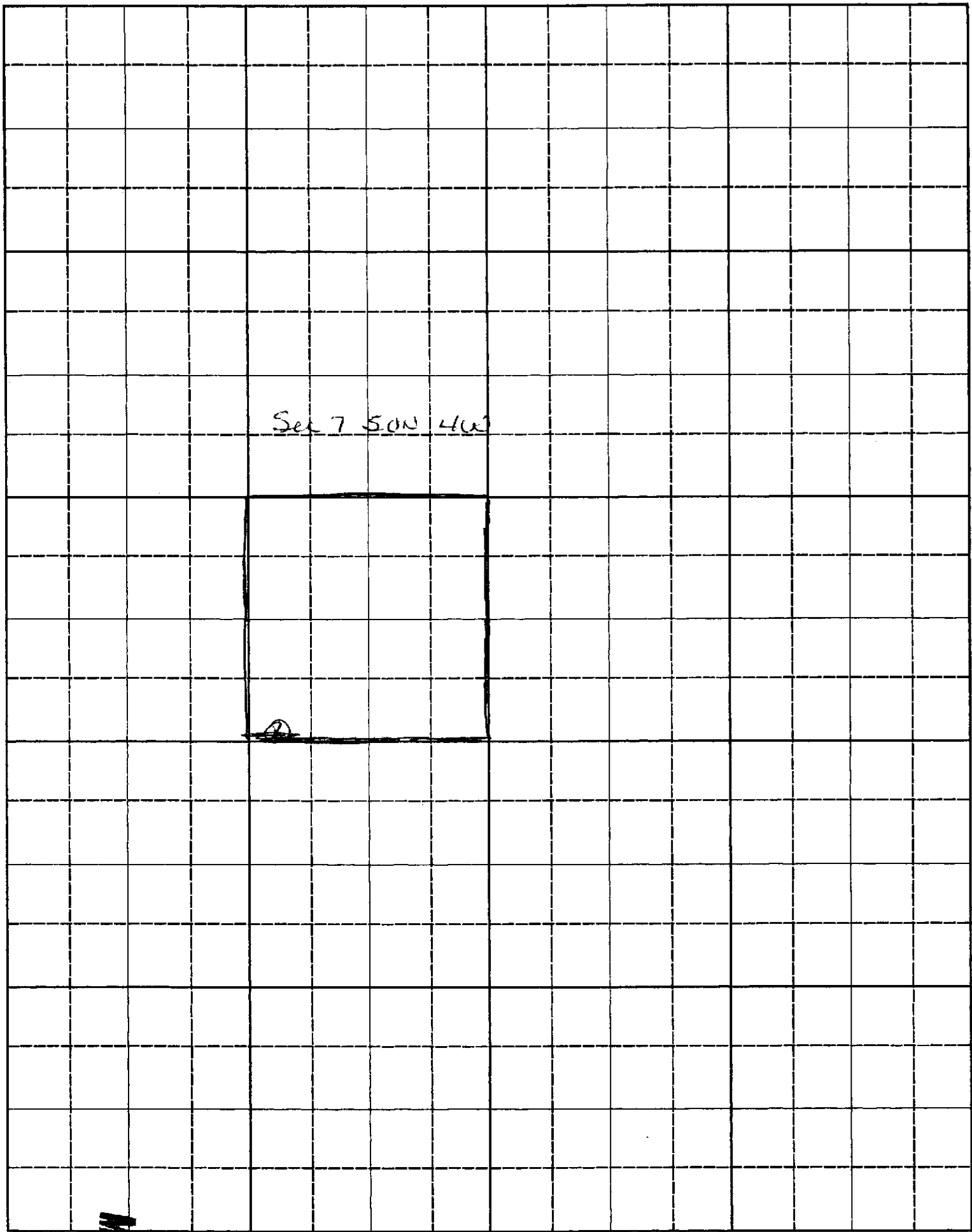
9. a. Who owns the property at the point of diversion Michael C. Welton

b. Who owns the land to be irrigated or place of use Michael C. Welton

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 _____

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



Scale: 2" = 1 mile.

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

RECEIVED

Michael C. Wally
(Applicant)

Proposed Priority 3/29/1983

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Received by [signature] Date 3/29/83 Time 11:30am

Preliminary check by YK Fee \$ 30.00

Receipted by [signature] Date 3/29/83 (27457)

Publication prepared by [signature] Date 3/29/83

Published in Coquille Valley Press

Publication dates 4/7 & 14/83

Publication approved RJA Date 4/27/83

Protests filed by: none

Copies of protests forwarded by _____

Hearing held by _____ Date _____

Recommended for approval denial by [signature] [signature]

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. 95-8277, 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 May 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.

Witness my hand this 9th day of May, 19 83.

A. Glen Saxton
Chief, Operations Bureau

LICENSE REVIEW CHECKLIST

Permit No. 95-8277

Name/Address change? ok ☒

Priority date Advance? yes no ☒

Memo to advance

Order to reinstate needed? yes no ☒

Total cfs Limited by fee N/A

Limited by capacity ☒

Total volume Limited by flow

Chart checked for AF rate/ac N/A

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 44? Remember remark

Check p/d overlap N/A

Uses Check irrigation period of use w/ chart N/A

P/U Verify with map ☒ permit ☒

> 5 acres irrigated, run overlap N/A

Remarks More than one p/d in 44

Description of non-irrig uses ☒

Special overlap condition

Conditions -

Measuring device
W.Master control
Overlap
Water quality
Other

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 J. Curtis Date 7/24/91 Review time 6 min.

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AUG 09 1991

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED
JUN 24 1991

Department of Water Resources

A. GENERAL INFORMATION

Permit No. 95-08277

1. Owner: Gerald F Anderson Phone No. 7651347
Current Address: W 7755 Highland Drive, Coeur d'Alene ID 83814

2. Accompanied by: MRS. GERALD ANDERSON EXAM. DATE: 12/7/90

Address: SAME 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

WELL
PIPE
LINE
8-1-1" DE HOME



Scale: 1" = NTS

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

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

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

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System Description (continued)

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

A 6" x 310' WELL w/ SUBMERSIBLE PUMP & PIPELINE TO 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
<u>SUBMERSIBLE</u>					

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

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

Ident. No.	Gov't. Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Method of Determination/Remarks
			<u>SW</u>	<u>SW</u>	<u>7</u>	<u>50N</u>	<u>4W</u>	<u>Kootenai</u>	<u>MAP / ASSESSOR</u>

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

Indicate Method of Determination MAP 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	
<u>50N</u>	<u>4W</u>	<u>7</u>											<u>D</u>						

Do not use this space

AUG 09 1991

Do not use this space

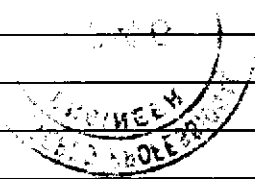
D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

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

2. Measurements:



E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

2. Alternate Method for Checking Purposes:

*one
hour*

F. PUMP EFFICIENCY DATA (Optional)

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

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

Water HP: (3) x (4) ÷ 8.8 = _____ (5)

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

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

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

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

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

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

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

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

2. Volume Calculations for Other Uses:

*one
hour*

AUG 09 1991

H. REMARKS AND OVERLAP REVIEW ANALYSIS

NEW OWNER GERALD ANDERSON

ACCORDING TO THE ASSESSOR, HIGHLAND DRIVE, NORTH SIDE, IS
COMMON TO SECTION LINE

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
<u>Dom (1)</u>	<u>1-1</u>	<u>12-31</u>	<u>0.02</u>	<u>1.2</u>
Totals:			<u>0.02</u>	<u>1.2</u>

2. Recommended Amendments

☐ Change P.D. as reflected above

☐ Add P.D. as reflected above

☒ None

☐ Change P.U. as reflected above

☐ Add P.U. as reflected above

☐ Other

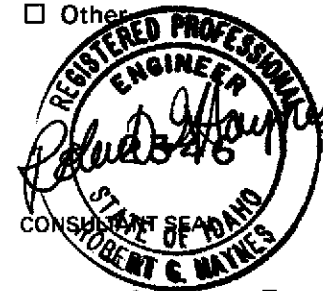
J. AUTHENTICATION

Field Examiner's Name TOM KING

Signature [Signature]

Certification Date 4/16/90

Field Report Preparation Date 12/7/90



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

RECEIVED

AUG 09 1991

State of Idaho
Department Of Water Resources
WELL INSPECTION FORM

If well is associated with water right, provide WR Permit No. 95-08277

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

1. Legal Description of Well Location:

Twp. 50 N, Rge. 4W Sec. 7, SW $\frac{1}{4}$ SW $\frac{1}{4}$ Gov. Lot 11

2. Owner: Gerald F. Anderson

Address: W. 7755 Highland Drive, Coeur

City Coeur d'Alene, State ID 83814

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

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

Static Water Level: 20'
Casing Diameter: 6"
Temperature: Cold 50°

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

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

Remarks: well log attached

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Michael Welby</u> Address <u>204 Woodland Dr. Post Falls</u> Owner's Permit No. _____	7. WATER LEVEL Static water level <u>20</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature <u>52</u> °F. Quality _____																																															
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____	8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ <table border="1" style="width:100%"><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr><tr><td><u>10</u></td><td><u>280</u></td><td><u>4</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>10</u>	<u>280</u>	<u>4</u>																																									
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1" style="width:100%"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th rowspan="2">Water Yes N</th></tr><tr><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>10</u></td><td><u>1</u></td><td><u>2</u></td><td><u>Sand</u></td><td></td></tr><tr><td><u>10</u></td><td><u>2</u></td><td><u>12</u></td><td><u>Granite Gravel</u></td><td></td></tr><tr><td><u>10</u></td><td><u>12</u></td><td><u>15</u></td><td><u>Gravel</u></td><td></td></tr><tr><td><u>6</u></td><td><u>18</u></td><td><u>140</u></td><td><u>Granite</u></td><td></td></tr><tr><td>"</td><td><u>140</u></td><td><u>150</u></td><td><u>Fractured Granite</u></td><td></td></tr><tr><td>"</td><td><u>150</u></td><td><u>280</u></td><td><u>Gravel</u></td><td></td></tr><tr><td>"</td><td><u>280</u></td><td><u>290</u></td><td><u>Gravel Gravel</u></td><td></td></tr><tr><td>"</td><td><u>290</u></td><td><u>310</u></td><td><u>Gravel</u></td><td></td></tr></tbody></table>	Hole Diam.	Depth		Material	Water Yes N	From	To	<u>10</u>	<u>1</u>	<u>2</u>	<u>Sand</u>		<u>10</u>	<u>2</u>	<u>12</u>	<u>Granite Gravel</u>		<u>10</u>	<u>12</u>	<u>15</u>	<u>Gravel</u>		<u>6</u>	<u>18</u>	<u>140</u>	<u>Granite</u>		"	<u>140</u>	<u>150</u>	<u>Fractured Granite</u>		"	<u>150</u>	<u>280</u>	<u>Gravel</u>		"	<u>280</u>	<u>290</u>	<u>Gravel Gravel</u>		"	<u>290</u>	<u>310</u>	<u>Gravel</u>	
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	10. Work started <u>8-23-84</u> finished <u>8-25-80</u>																																															
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness <u>250</u> inches Diameter <u>6</u> inches From <u>1</u> feet To <u>19</u> feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☐ Yes ☒ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18</u> Material used in seal: ☐ Cement grout ☒ Puddling clay ☐ Well cuttings Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port _____	11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Joe J. J. J.</u> Firm No. <u>345</u> Address <u>Post Falls Idaho</u> Date _____																																															
6. LOCATION OF WELL Sketch map location must agree with written location. N W E Subdivision Name <u>Post Falls</u> _____																																																

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 95-8277

Date: 4-16-90

General Considerations:

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

Source of Water:

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

Extent of Use and Rate of Diversion:

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

Measuring Device:

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

Remarks:

<u>9</u>	Priority Calculation:		365
	Date proof received	<u>Aug. 10, 89</u>	<u>222</u>
	Date proof due	<u>May 1, 88</u>	<u>587</u>
	No. of days late		<u>-121</u>
	Priority date	<u>Mar 29, 83</u>	<u>=466</u>
	NEW PRIORITY DATE	<u>July 8, 1984</u>	<u>+ 88</u>
			<u>=554</u>
			<u>-365</u>
			<u>189</u>

SEND FILES TO DATA ENTRY AND THEN TO MICROFILM

RECEIVED
AUG 10 1989

NO FEE ENCLOSED
Department of Water Resources

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

For Office Use Only
Fee Received _____
Date _____
Receipt # _____
Receipt by _____
Reviewed by _____
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. 95-8277

Name(s) of Permit Holder: GERALD F. ANDERSON (SEE ATTACHED ASSIGNMENT OF PERMIT)

Post Office Address: W. 7755 HIGHLAND DRIVE, COEUR D'ALENE, IDAHO

83814

Telephone No. 208-765-1347

Source of Water: WELL

Extent of Use:

Domestic 1 (number of households)

Stockwater _____ (number and type of stock)

Irrigation LAWN SPRINKLING (aces)

Other/Remark _____

Total rate and/or volume for which proof is submitted 7.5 GPM etc _____ acre-feet

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

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

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

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

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

GERALD F. ANDERSON
(Name)

208-765-1347
(Telephone Number)

W. 7755 HIGHLAND DRIVE, COEUR D'ALENE, IDAHO 83814
(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.

RECORDED

8-1-89

SEP 25 1989

Date

[Signature]
Signature of Permit Holder (and title, if appropriate)

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: JK

APPLICATION NUMBER: 95-8277

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. 4/25/83
☐ Yes ☒ No Final date for protests: _____
☐ Yes ☒ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 4/21/83
☒ 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? _____
3/29/83 Date of priority recommended.
Special conditions of approval or cover letter. _____

By: RST

Date: 4/29/83

STATE OFFICE REVIEW:

- SLW/L17 26
☐ See attached sheet for more information.
By: [Signature]

Date: 5/4/83

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MAY 02 1983

POINT OF DIVERSION AND STREAM INDEX INFORMATION

TRACT SEC TWP RGE gov't rediv. REACH
lot (R)

IDAHO STREAM CODE INDEX

TRACT SEC TWP RGE gov't rediv. REACH
lot (R)

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lot (R)

IDAHO STREAM CODE INDEX

TRACT SEC TWP RGE gov't rediv. REACH
lot (R)

IDAHO STREAM CODE INDEX

TRACT SEC TWP RGE gov't rediv. REACH
lot (R)

IDAHO STREAM CODE INDEX

95-8222-

WELLING, MICHAEL C.

E. 4396 WOODLAND DR., POST FALLS, ID 83854

Source: GROUNDWATER

Date Filed: 03/29/1983

Diversion Pt: SWSW Sec 07 T 50N R 04W

Use: DOMESTIC (0.02 CFS)

In: SWSW Sec 07 T 50N R 04W

MICROFILMED