

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 94-07185

Priority: June 15, 1981

Maximum Diversion Rate:

0.04 CFS

Maximum Diversion Volume:¹

2.6 AF

This is to certify, that SIMON J. SCHAFFNER
TEXIE D. SCHAFFNER

RT. 1 BOX 50
HARRISON, ID 83833

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated December 12, 1980; and has submitted Proof of Beneficial Use on December 31, 1985. An examination indicates that the works have a diversion capacity of .110 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>
STOCKWATER	01/01 to 12/31	0.02 CFS	1.4 AF
DOMESTIC	01/01 to 12/31	0.04 CFS	1.2 AF
	Totals	0.04 CFS	2.6 AF

LOCATION OF POINT(S) OF DIVERSION:

SWNE , Sec. 21, Township 47N, Range 03W
KOOTENAI County

PLACE OF USE: STOCKWATER

TWN RGE SEC

47N 03W 21 SWNE

PLACE OF USE: DOMESTIC, same as STOCKWATER use

CONDITIONS/REMARKS:

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to more accurately describe the beneficial use or to implement accepted standards of diversion and use efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
5. Domestic use is for 1 home.

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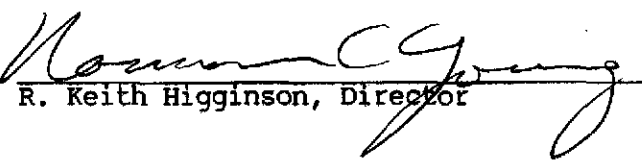
State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 94-07185

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 6th
day of NOVEMBER, 1989.

Acting for


R. Keith Higginson, Director

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BEFORE THE DEPARTMENT OF WATER RESOURCES
OF THE
STATE OF IDAHO

IN THE MATTER OF PERMIT)
NO. 94-7185 IN THE NAME OF)
SIMON &/OR TEXIE SCHAFFNER)

ORDER ADVANCING
DATE OF PRIORITY

This matter having come before the Department of Water Resources (Department) as a result of preparing Permit No. 94-7185 for issuance of a license, the Department finds, concludes and orders:

FINDINGS OF FACT

1. The Department approved Application for Permit No. 94-7185 to appropriate the public waters of the State of Idaho with a proposed priority of DECEMBER 12, 1980.
2. On APRIL 30, 1986 the Department advised the permit holder that a license examination fee was required before an examination could be conducted to confirm the extent of use developed under the permit. The examination fee was due on JUNE 29, 1986.
3. The license examination fee was received on DECEMBER 31, 1986, 185 day(s) late.

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CONCLUSIONS OF LAW

1. The Director may advance the priority date of the permit one day for each day the license examination fee is late, pursuant to the provisions of Section 42-217, Idaho Code.

2. The date of priority of Permit No. 94-7185 should be advanced 185 day(s).

ORDER

IT IS HEREBY ORDERED that the date of priority of Permit No. 94-7185 is advanced to JUNE 15, 1981.

Dated this 7th day of November, 1989.

J. Glen Saylor
Chief, Water Allocation Bureau

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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 Simon J. &/or Texie D. Schaffner Phone 689-3440
Post office address Rt 1 Box 18 Harrison ID
2. Source of water supply Groundwater which is a tributary of _____
3. Location of point of diversion is SW $\frac{1}{4}$ of NE $\frac{1}{4}$ of Section 21 Township 47N
Range 3W B.M. Kootenai County, additional points of diversion if any: _____

4. Water will be used for the following purposes:

Amount .08 for Domestic purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per annum)

Amount .06 for Irrigation purposes from 4-1 to 10-31 (both dates inclusive)
(cfs or acre-feet per annum)

Allow .02 cfs for Stock purposes from 1-1 to 12-31 (both dates inclusive)
Amount .03 for _____
(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. .08 cubic feet per second and/or b. _____ acre-feet per annum.

6. Proposed diverting works:

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

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 90 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 NE $\frac{1}{4}$ of Section 21 Township 47N
Range 3W 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 100 head cattle

(4) Name of municipality to be served _____, or number of families to be supplied with domestic water 2.

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

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

TWP	RANGE	SEC.	NE¼				NW¼				SW¼				SE¼				TOTALS
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
47N	3W	21			2														2

Total number of acres to be irrigated 2

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

None

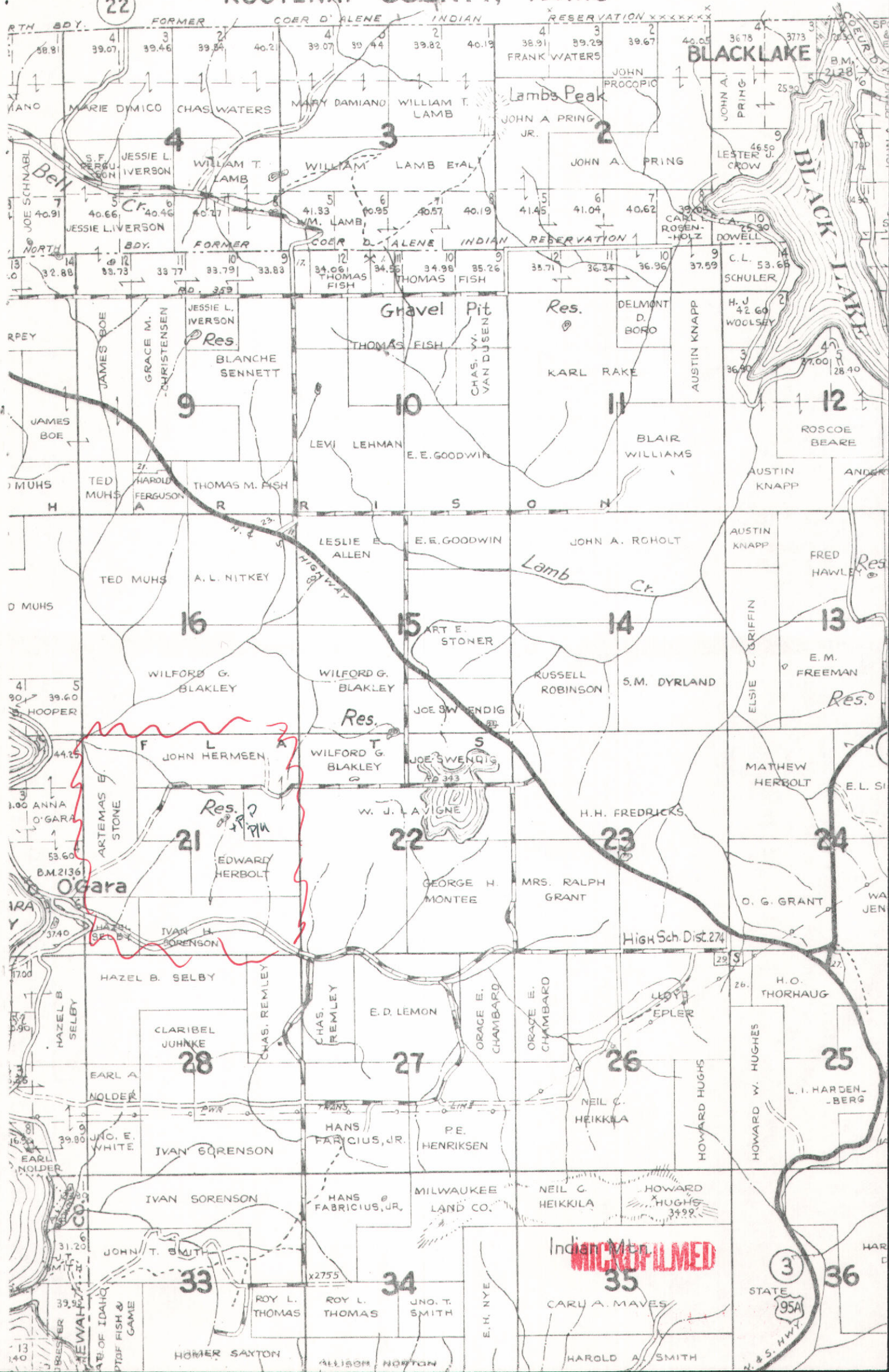
9. a. Who owns the property at the point of diversion Appl

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

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

10. Remarks _____

22



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

[illegible]

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.

James
J. Schaffner
(Applicant)

(Applicant)

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Proposed Priority 12/12/80 Received by RAH Date 12/12/80 Time 1:25 PM
Preliminary check by ZK Fee \$ 30.00
Receipted by RAH Date 12/12/80 # 15490
Publication prepared by RAH Date 12/18/80
Published in Coeur d'Alene Press
Publication dates 12/24+31/80
Publication approved RAH Date 1/12/81
Protests filed by: none

Copies of protests forwarded by _____
Hearing held by _____ Date _____
Recommended for approval denial by ZK RAH

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. 94-7185, and said application is hereby approved.

1. Approval of said application is subject to the following limitations and conditions:

- a. SUBJECT TO ALL PRIOR WATER RIGHTS.
- b. Proof of construction of works and application of water to beneficial use shall be submitted on or before January 1, 19 86.
- 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: The issuance of this permit in no way grants any right-of-way or easement across the land of another.

Witness my hand this 22 day of January, 19 81.

David R. Tuttle
Acting Chief, Water Resources Division

BENEFICIAL USE FIELD REPORT REVIEW

TO: FILE 94-7185
FROM: ROXANNE MC CARTHY
RE: PRIORITY ADVANCE REVIEW
DATE: 30-MAR-1989

This review memo is prepared to show the process for determining what elements were involved in advancement of the priority.

	<u>DATE</u>	<u>JULIAN</u>
PERMIT		
Permit priority Date:	DECEMBER 12 1980	346
EXAM FEE NOTICE		
Exam Fee Notice Date:	APRIL 30 1986	120
Exam Fee/Info Sheet Received Date:	DECEMBER 31 1986	365
Exam Fee or Info Due Date:	JUNE 29 1986	180
Days Late:		185 DAY(S)
NEW PRIORITY DATE		
Original Priority Date:	DECEMBER 12 1980	346
Total Days Late:		185 DAY(S)
New Priority Date:	JUNE 15 1981	166

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MAR 20 1990

POINT OF DIVERSION OVERLAP REVIEW

WR-NUMBER	TWP	RNG	SC	TRACT	LT	#SOURCE	#NAME
				1\4 1\4 1\4			
9407185	47N	03W	21	SW NE		GROUNDWATER	SCHAFFNER, SIM

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

94-7185

Staff Analysis Sheet
for
Beneficial Use Field Report



OCT 05 1987

A. Prior to Conducting the Exam, the File Contains:

- ☒ Blank Field Report Form
- ☒ Copy of Permit
- ☒ Copies of any Amendments/Orders with conditions of approval
- ☒ Computer Data Proof Report
- ☒ Copy of U.S.G.S. Quad

Department of Water Resources

- ☒ Check for Government Lots. If so, make a copy of Government Plat *None*

Check of P/D index J.A. 1-8-87 (Initial and date)

Overlap? ☐ yes ☒ no If yes: ☐ copy of exam(s) attached?

Type of Overlap? ☐ Add acres or uses to existing system
☐ Increase rate of flow or volume
☐ Other: _____

Check of P/U index J.A. 1-8-87 (Initial and date)

Overlap? ☐ yes ☒ no If yes: ☐ copy of water right(s) attached?

Type of Overlap? ☐ Increase rate of flow or volume
☐ Add P/D's
☐ Increase number of acres within tracts
☐ Other: _____

Aerial Photo

Required? ☐ yes ☒ no If yes: ☐ copy attached?

Scheduling Letter sent? _____ (Initial and date)

☐ Appointment made and telephone conversation memo attached

B. After Conducting the Exam, the File Contains:

- ☒ Fully completed and signed Field Report Form
- ☐ Photographs of Point of Diversion and Place of Use
- ☐ Corrected Computer Data Proof Report with recommended license information, and date and signature of examiner.

C. Review and Processing:

Exam Completed Jennifer Argueros 7-15-87 (Signature of examiner and date)
Exam Reviewed by Senior Water Resource Agent JP/8/87 (Initial and date)
Exam Reviewed by Manager of Regional Office RGH 9/30/87 (Initial and date)
Exam Date Entered in Computer 10/2/87 (Initial and date)
Exam sent to State Office 10/2/87 (Initial and date)
Copy of Staff Analysis Sheet sent to Manager of Regional Office and Original
Refiled in White File _____ (Initial and date)



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NORTHERN REGION

REMARKS / PHOTOS

PERMIT # 94-7185

DATE

INITIALS

7-7-87 Found home - send letter to get more
info

J.A.

7-15-87 Recd more info

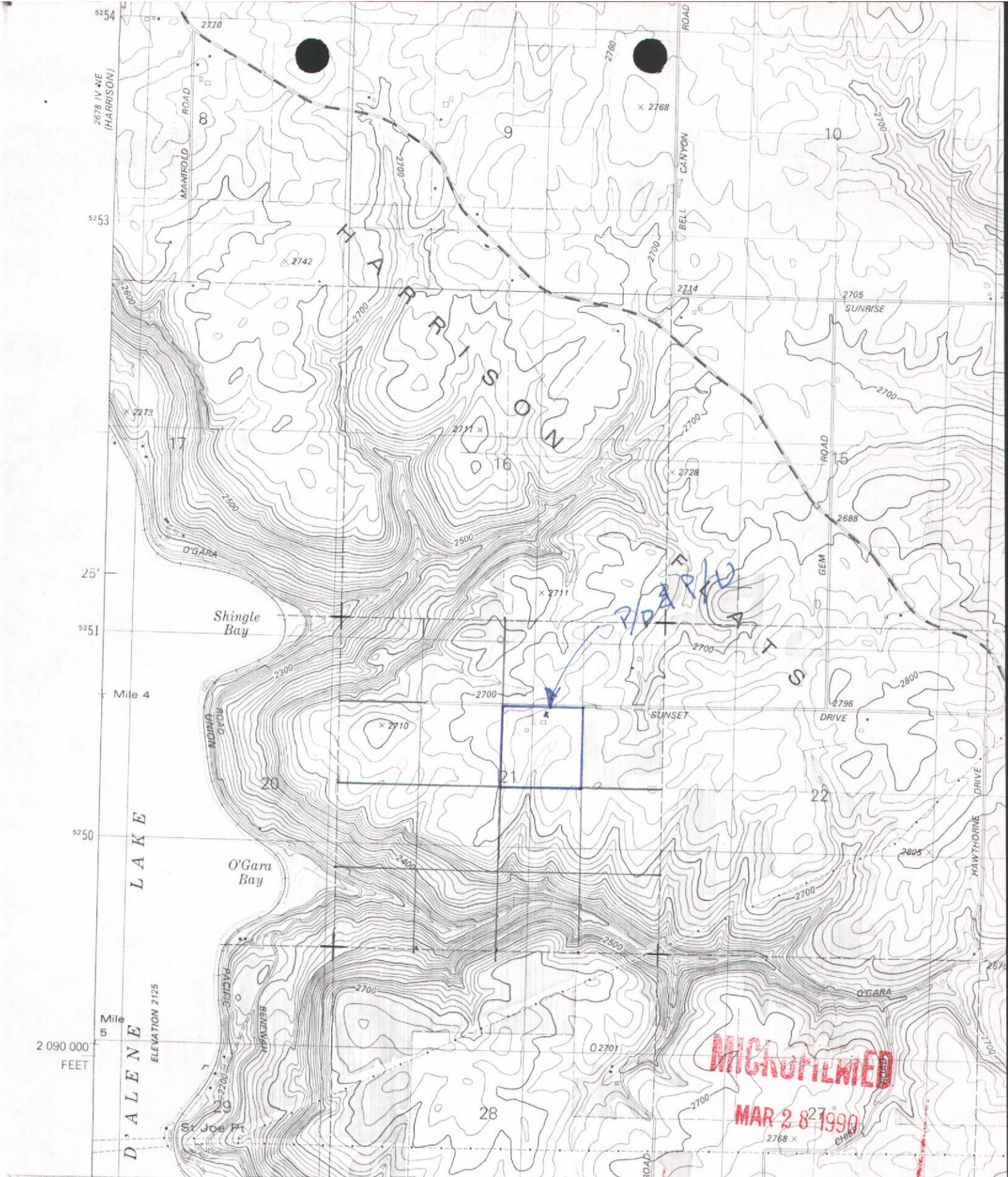
J.A.



Home

← P/U

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MAR 28 1990



TWP. 47N RGE. 3W SEC. 21 MAP # 6-5 MAP SCALE 7 1/2 MIN
DATE OF EXAM 7-8-87 PERMIT # 94-7185

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED
OCT 05 1987

A. GENERAL INFORMATION

Department of Water Resources
Permit No. 97785

1. Owner: Simon J. & or Texie D. Schaffner Phone No. 689-3440
Current Address: Rt. 1 Box 18, Harrison, Idaho 83833 JK
HCR 1 Box 50
2. Accompanied by: _____ EXAM. DATE: 7-8-87
Address: _____ Phone No. SAME
Relationship to Permit Holder: _____
3. Source: Groundwater tributary to _____

B. OVERLAP REVIEW

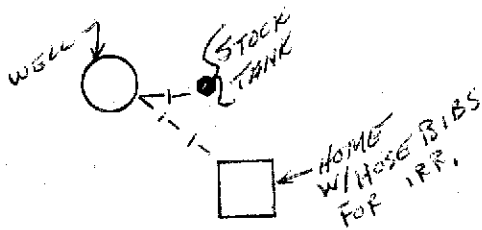
1. Other water rights with same place of use: NONE

☐ 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 JK



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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
(required for all but single household domestic groundwater, and stockwater).

System Description (continued)

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

1" line From submersible pump to home + 1/2 A.
lawn & garden. up to 100 head Baff

☐ 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
Red Ja	Red Jacket	1.5	-	-	1"

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

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

Ident. No.	Gov't. Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Method of Determination/Remarks
			SW	NE	21	47N	3W	Kootenai	Map - permit

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

Indicate Method of Determination _____

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
47N	3W	21			D														
JK	"	"			"														JK
JK	"	"			"														JK

MAR 28 1990

Do not use this space

Do not use this space

D. FLOW MEASUREMENTS

None JK

☐ Additional Data Sheets Attached

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

2. Measurements:

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

- Measured Method: $Q = \frac{(1.75)(1.5)(8.8)}{2.3(20) + 45} = .11 \text{ cfs}$ $Q_{\text{stock}} = .03 \text{ cfs}$ For 100 or less
- Alternate Method for Checking Purposes: $Q = .04 \text{ cfs}$ via permit $Q_{\text{domestic}} = .04 \text{ cfs}$ for one household $Q_{\text{stock}} = .02 \text{ cfs}$ via permit

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:

$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = \frac{(3)(\frac{1}{2})}{.02} = 1.5 \text{ AF}$ JK
 $V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = \frac{245 \times 813}{9.784} = 9.784 \text{ AF}$ JK
 $V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 1.5 \text{ AF}$ JK

2. Volume Calculations for Other Uses:

$V_{\text{Dom}} = 1.2 \text{ AF}$ JK
Ac lawn & garden
 $V_{\text{Stock}} = 1.4 \text{ AF}$
Stock 400

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H. REMARKS AND OVERLAP REVIEW ANALYSIS

NONE

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	(i)	Period of Use From	To	Rate of Diversion Q (cfs)	Annual Volume 1.2 V (ata)
Domestic + KAC	OK	1-1	12-31	.04 cfs	5.6 1.2 AF JK
Stock		1-1	12-31	.02 cfs	1.4 AF
IRRIGATION		1-1	10-31	.02	1.5 JK
Dam (1) + KAC		1-1	12-31	0.04	1.2 2.6 AF JK JK
Totals:				.04 cfs	2.6 AF 3.5 AF

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

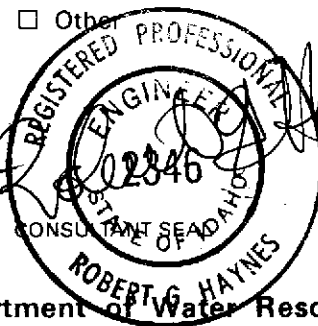
J. AUTHENTICATION

Field Examiner's Name Jennifer Argaves

Signature Jennifer Argaves

Certification Date _____

Field Report Preparation Date 7-8-87



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

Ryanne McCarthy 8/30/89

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MAR 28 1990

4/86

RECEIVED

DEC 31 1986

Department of Water Resources
Northern District Office

STATE OF IDAHO

Department of Water Resources
DEPARTMENT OF WATER RESOURCES

EXAMINATION FEE INFORMATION

RECEIVED
JAN 08 1987

For Office Use Only

Fee Received -0-Date 12/31/86Receipt # -Receipt by RSent to S.O. 1/6/871. Permit No. 947185

ONE OF THE FOLLOWING BOXES SHOULD BE MARKED TO DESIGNATE YOUR CHOICE:

- ☒ I choose to have the department make the field examination of this permit; attached is the examination fee. (If this box is marked, complete items 1 thru 8.)

2. Permit Holder: L. J. Schaffer3. Post Office Address: H.C. R1 Box 50 Harrison Id. 83833Telephone No. 689 34404. Source of Water: Well

5. Extent of Use:

Domestic 1 (No. of households) Stockwater 1 to 100 Beef (No. and type of stock)Irrigation household (acres) Other/Remark four yards6. Total rate &/or volume for which proof is submitted 0.04 cfs — acre-feet

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

1972 or 1973 Int'l Well

8. Person to contact to accompany the department representative during the field examination:

L. J. Schaffer

(Name)

H.C. R1 Box 50Harrison Id.

(Address)

83833 689 3440

(Telephone Number)

- ☐ I choose to have the field examination conducted by a certified water right examiner. Attached is a statement from the certified examiner I have selected verifying that he has been retained to conduct the examination. (If this box is marked, complete items 1 thru 7.)

Date

Signature of Permit Holder (and title, if appropriate)

L. J. Schaffer MAY 10 1987

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
PROOF OF BENEFICIAL USE

RECEIVED
DEC 31 1985

Department of Water Resources

The Idaho Department of Water Resources will consider this form as a statement that the permit holder(s) has completed development under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below:

Permit No. 94-2185

Name(s) of Permit Holder: Simon J. & Texie D. Schaffner

Post Office Address: Rt 1 Box 18, Harrison, Id 83833

Telephone No. (208) 689-3440

Source of Water: well & pump

Extent of Use:

Domestic 2 (number of households)

Stockwater 1-100 head cattle (number and type of stock)

Irrigation 1 acre (acres)

Other/Remarks _____

Indicate the date water was first diverted and beneficially used under this permit: _____

Measuring Device: Required? ☐ Yes ☒ No
Installed? ☐ Yes ☐ No

Flow Measurement Port: Required? ☐ Yes ☒ No
Installed? ☐ Yes ☐ No

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

Simon J Schaffner
(Name)

Rt 1 Box 18 Harrison, Id. 83833 (208) 689-3440
(Address) (Telephone Number)

The above information is a true statement of the extent to which the above numbered permit has been developed.

Dec 27, 1985
Date

S. J. Schaffner
Signature of Permit Holder (and Title, if appropriate)
Texie D. Schaffner

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1-23-86
JH

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: JK

APPLICATION NUMBER: 94-7185

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
☐ Yes ☒ No

Platted by: _____ Map No. _____

Other rights on same place of use. _____

- ☒ Yes ☐ No*
☐ Yes ☒ No

In form for advertising.

Final date for protests: 1/12/81 ✓

Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 1/9/81 ✓
☒ 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? _____

✓ 12/12/80 Date of priority recommended.

Special conditions of approval or cover letter. _____

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By: JK

Date: 1/12/81

STATE OFFICE REVIEW:

Consistent

SLW/cond OK

- ☐ See attached sheet for more information.

By: Robyn

Date: 1/21/81