

Form No. 217
05/03FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. NOV 8389
Receipt By: D
Date Received: 5/22/07STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

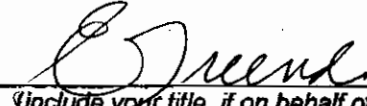
MAY 22 2007

IDWR/North

PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has/have 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, when necessary, or be accompanied by a completed field examination report prepared by a certified water right examiner.

1. Permit No. 95-9272 Telephone No. _____
2. Name of Permit Holder(s): EDWARD E. & MARCIA A. TREEND
3. Mailing Address: 2532 S. STATELINE RD.
City POST FALLS State Id Zip 83854
4. Source of Water: 4 WELLS If GROUNDWATER (well), Date Drilled: mo. NOV., DEC. / yr. 05
Well Driller: H₂O Drilling Permit Number: 831460, 831713, 832784, 832766
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): 21. lots Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: WATER FILL ENTRY LANDSCAPE PLANTINGS.
6. Total rate of diversion and/or volume for which proof is submitted: 0.167 cfs OR _____ acre-feet
7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly)
(This question is not optional. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)
Measuring Device: Is a measuring device required? Yes X or No _____
Has the measuring device been installed? Yes X or No _____
(4 METERS, 1 @ EACH WELL)
8. Fee Enclosed: \$ 50.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use)
9. Person to contact to accompany the Department representative during field examination of the water system.
Name: EARLE TREEND Telephone Number: 208.457.0721
Address: 2532 S. STATELINE RD.
10. The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted. I agree to relinquish any undeveloped portion of the permit to the State of Idaho.

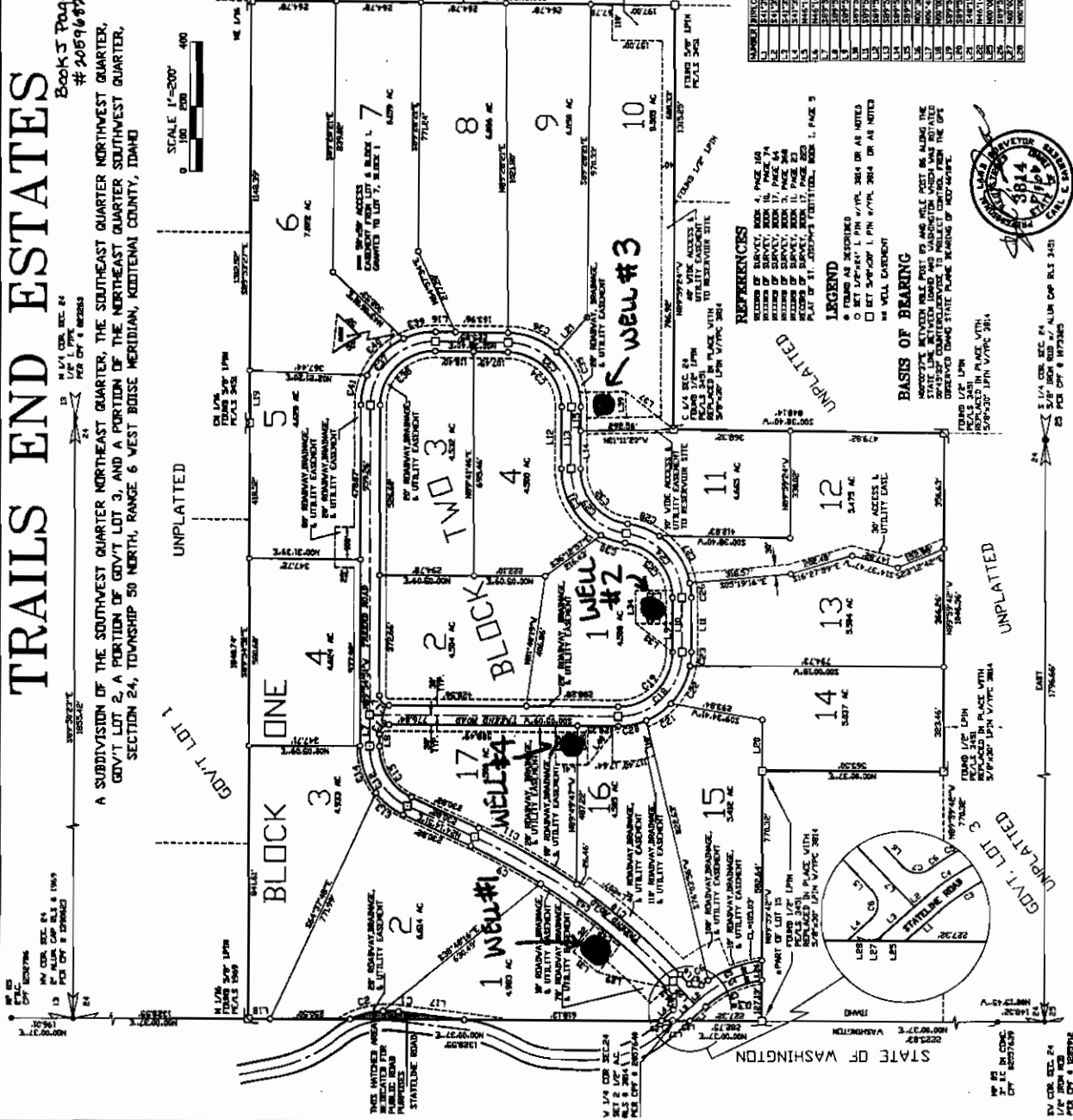
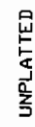
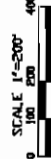
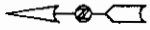
Signature of permit holder: 

(include your title, if on behalf of company or organization)

Date: 5/22/07

13 M 1/4 CDR, RET. 24
1/24 1 1950

A SUBDIVISION OF THE SOUTHWEST QUARTER NORTHEAST QUARTER, THE SOUTHEAST QUARTER NORTHEAST QUARTER, GOV'T LOT 2, A PORTION OF GOV'T LOT 3, AND A PORTION OF THE NORTHEAST QUARTER SOUTHWEST QUARTER, SECTION 24, TOWNSHIP 50 NORTH, RANGE 6 WEST BOISE MERIDIAN, KOOTENAI COUNTY, IDAHO

[illegible]

LINE NUMBER	DIRECTION	DISTANCE
L129	N11°30'50"E	815.59'
L30	N50°35'22"E	115.21'
L31	N59°04'30"E	109.00'
L32	N57°35'22"E	115.21'
L33	N37°27'42"E	146.21'
L34	S69°35'24"E	90.00'
L35	S50°00'36"W	114.78'
L36	S50°00'36"W	116.12'
L37	N37°55'43"E	196.28'
L38	N11°15'00"W	146.90'
L39	N51°48'40"W	79.97'
L40	N51°34'21"E	154.16'
L41	N00°25'09"E	101.00'
L42	S69°54'31"E	126.91'
L43	S69°54'31"E	126.91'

NUMBER	PRINT CODE	DISTANCE
L1	541-220-344	67.697
L2	541-220-344	67.611
L3	541-220-344	79.465
L4	541-220-344	56.567
L5	544-113-244	75.567
L6	544-113-244	75.567
L7	544-113-244	75.567
L8	544-113-244	75.567
L9	544-113-244	75.567
L10	544-113-244	75.567
L11	544-113-244	75.567
L12	544-113-244	75.567
L13	544-113-244	75.567
L14	544-113-244	75.567
L15	544-113-244	75.567
L16	544-113-244	75.567
L17	544-113-244	75.567
L18	544-113-244	75.567
L19	544-113-244	75.567
L20	544-113-244	75.567
L21	544-113-244	75.567
L22	544-113-244	75.567
L23	544-113-244	75.567
L24	544-113-244	75.567
L25	544-113-244	75.567
L26	544-113-244	75.567
L27	544-113-244	75.567
L28	544-113-244	75.567
L29	544-113-244	75.567
L30	544-113-244	75.567

[illegible]

BASIS OF BEARING

BASIS OF HEARING
HORIZONTALITY BETWEEN NO.1 POST P3 AND HELL POST BE ALONG THE STATE LINE BETWEEN IOWA AND WASHINGTON WHICH WAS ROTATED 00-45°Z. COUNTERCLOCKWISE TO PROJECT CENTRAL FROM THE OPS OBSERVED IOWA STATE PLANE BEARING OF HQZ-46718°E.

1/2" LPH
3451
ED IN PLACE WITH
1800 WOOD 284

1814 JUL 10 1964

3814

1/4 CBR, SEC. 24
B* FROM 9000 W/ ALUM CAP RLS 3451

RECEIVED 1 10 1964

WELL LOCATIONS

GLA DURTSCHI & ASSOC., INC.
SURVEYING-PLANNING

P.O. BOX 700
9751 GOVERNMENT WAY, SUITE 5
HAYDEN LAKES, ID 83835
PHONE: (208) 772-2233
FAX: (208) 782-5190
E-MAIL: budweasy@verizon.net

PROJECT NO. 3562 DATE: SEPTEMBER 2006

ATTACHMENT A.1 - WELL DESIGN/CONSTRUCTION SUMMARY

FINAL WELL LOG					1ST WELL PUMP TEST				2ND WELL PUMP TEST			
WELL #	Drilled Depth	Static Water	Yield, gpm	SWL	Static Water	Draw Down	Flow, Gpm	Test Duration, Hrs	Static Water	Draw Down	Flow, Gpm	Test Duration, Hrs
1	220	100	60	60	61.25	150	20	24	60	148	20	8.5
2	250	100	15	69	74.9	116.6	7	24	70	182	7	8
3	300	50	60	10	7	78	24	24	10	65	24	7.5
4	300	100	60	56	60.5	98.4	24	24	56	109	24	8.5

PUMP DESIGN DATA					
WELL #	WELL HEAD ELEV	Static Head (1)	Friction Loss	Design TDH	Design Flow, gpm
1	2321.55	454.45	10	464	20
2	2431.64	378.36	10	388	7
3	2449.75	243.25	10	253	24
4	2405	332	10	342	24
TOTAL					75

1- Full Reservoir Elevation = 2627

PIPE FRICTION LOSS - ALL PUMPS RUNNING				
Pt - Pt	PIPE LENGTH	Q, GPM	HL 4" PVC	Friction Head
1 to 4	1900	20	0.023	0.437
4 to 2	600	44	0.101	1.043
2 to 3	800	56	0.15	2.243
3 to Res	1700	80	0.294	7.241
				5000

(say 10-ft)

WELL #	WELL LOG #
1	D0040028
2	D0040023
3	D0040091
4	D0040092

WELL LOG #15

0.167 cfs

WELL DRILLER'S REPORT

Inspected by _____
Twp. _____ Rge. _____ Sec. _____
Lat. _____ Long. _____

WELL TAG NO. D0040091
Well Permit No. _____
Other IDWR No. _____

2. OWNER
Name Treend, Earl Well Number: 943
Address 2532 S. Stateline Rd
City Post Falls State ID Zip 83854

3. LOCATION OF WELL by legal description
sketch map location must agree with written location



Twp. 50 ☒ North or ☐ South
Rge. 6 ☐ East or ☒ West
Sec. 24 SW 1/4 NW 1/4 1/4
Gov't Lot _____ County KOOTENAI
Lat. _____ Long. _____

Address of Well Site
Stateline Rd Well #3 City Post Falls
(Give at least name of road & Distance to Road or Landmark)
Blk. _____ Sub Name Trails End Estates

4. USE:
☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☒ Other Test #3

5. TYPE OF WORK check all that apply (Replacement, etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

DRILL METHOD
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	600 lbs	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Line	Welded	Threaded
6	+2	18	250	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Grid Size	Number	Diameter	Material	Casing	Line

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Weld on Cap

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian
Yield gal./min. 60 Drawdown _____ Pumping Level _____ Time _____
Water Temp. Cold Bottom Hole Temp. Cold
Water Quality test or comments: Clear
Depth first Water encountered 55

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Depth	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	3	Top Soil	☐	☒
8	3	18	Granite Brown Decomposed	☐	☒
6	18	55	Granite Brown Decomposed	☐	☒
6	55	60	Granite Tan Fracture w. water 5 gpm	☒	☐
6	60	70	Granite Tan & Gray	☐	☒
6	70	110	Granite Gray & Rose	☐	☒
6	110	120	Granite Dark Gray	☐	☒
6	120	198	Granite Tan & White	☐	☒
6	198	202	Granite fracture w. water 40 gpm	☒	☐
6	202	250	Granite Gray & White	☐	☒
6	250	265	Granite Rose & Gray	☐	☒
6	265	300	Granite Gray & White 60 gpm	☒	☐

Completed Depth 300 (Measurable)
Date: Started 4/22/2005 Completed 4/25/2005

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2S Well Services, Inc. Firm No. 448
Firm Official Mona K. Kishner Date 4/25/05
and _____
Supervisor or Operator Jim McLeslie Date 04/25/05
(Signature of Firm Official and Operator)

WELL DRILLER'S REPORT

Inspected by _____
Twp. _____ Rge. _____ Sec. _____
1/4 1/4 1/4
Lat. _____ Long. _____

1. WELL TAG NO. D0040092

Drilling Permit No: _____

Other IDWR No: _____

2. OWNER

Name Treend, Earl #4

Well Number: 944

Address 2532 Stateline Rd

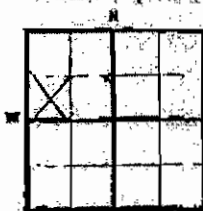
City Post Falls

State ID

Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 50 North or South

Rge. 6 East or West

Sec. 24 SW 1/4 NW 1/4 1/4

Gov't Lot _____ County KOOTENAI

Lat. _____ Long. _____

Address of Well Site Stateline Rd Test Well # 4

City Post Falls

(One at least name of road & distance to road or landmark)

Lt. _____ Blk. _____ Sub Name Trails End Estates

4. USE:

☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation

☐ Thermal ☐ Injection ☒ Other Test #4

5. TYPE OF WORK check all that apply (Replacement, etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	600 lbs	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18

Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Line	Welded	Threaded
6	+2	38	250	Steel	☒	☐	☒	☐

Length of Headpipe _____

Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method

☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

100 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
60			

Water Temp Gold Bottom Hole Temp Cold

Water Quality test or comments: Clear

Depth first Water encountered 205

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Depth	From	To	Remarks/Lithology/Water Quality/Temperature	Water	Y	N
8	0	3	Top Soil		☐	☒
8	3	35	Granite Decomposed Brown Soft		☐	☒
6	35	75	Granite Green & Rose		☐	☒
6	75	120	Granite Green & white		☐	☒
6	120	205	Granite Green & White		☐	☒
6	205	270	Granite Green & White fracture w/ water		☒	☐
6	270	300	Granite Dark Gray		☐	☒

Completed Depth 300 (Measurable)

Date Started 4/25/2005 Completed 4/26/2005

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O Well Service Inc. Firm No. 448

Firm Office _____ Date 5-2-05

and Supervisor or Operator _____ Date 04/28/05

Jim McLeslie (Sign Once if Firm Owner and Operator)

WELL DRILLER'S REPORT

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	:	:	Long
:	:	:	:

1. WELL TAG NO. D0040028

Drilling Permit No: 631460

Other IDWR No. 95-9272

2. OWNER

Well Number:

Name TREEND, EARL WELL #1

1086

Address 2532 S. STATELINE RD

City POST FALLS State ID Zip 838564

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N			

Twp. 50 ☒ North or ☐ South
Rge. 06 ☐ East or ☒ West
Sec. 24 ☐ 1/4 SW ☐ 1/4 NW ☐ 1/4

Gov't Lot County KOOTENAI

Lat: : Long: :

Address of Well Site STATELINE ROAD

City POST FALLS

(Give at least name of road + Distance to Road or Landmark)

Lt. 1 Blk. Sub. Name

4. USE:

☐ Domestic ☒ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK check all that apply (Replacement, etc.)

☐ New Well ☒ Modify ☐ Abandonment ☐ Other

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	58	1,100 LBS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58'

Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	58	.280	STEEL	☒	☐	☒	☐
4	-10	220	200	PVC	☐	☒	☐	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method SKIL SAW

☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-210	220	1/4 X 8	58	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian pressure lb.

Depth flow encountere ft. Describe access port or control devices:

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
60			

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 60

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Pulled 20' of 6" casing. Reamed out top 60' of well to 10". Set 60' of .280 wall 6" casing. Sealed with casing seal. Cleaned out to 220' developed 60 gpm. Set 210' of 4" PVC liner.

Completed Depth 220 (Measurable)
Date: Started 11/27/2005 Completed 11/28/2005

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O WellService, Inc. Firm No. 448

Firm Official Date 12-05-05

and

Supervisor or Operator Date 12/02/05

JIM MCLESIE

(Sign Once if Firm Official and Operator)

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only		
Inspected by		
Twp	Rge	Sec
1/4	1/4	1/4
Lat	Long	

1. WELL TAG NO. D0040091

Drilling Permit No: 832784

Other IDWR No. 95-9272

2. OWNER

Name TREEND, EARL WELL #3

Well Number:

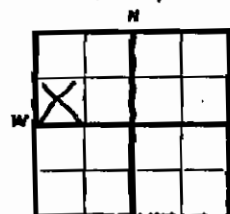
1089

Address 2532 STATELINE ROAD

City POST FALLS State ID Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 50 ☒ North or ☐ SouthRge. 06 ☐ East or ☒ West

Sec. 24 1/4 SW 1/4 NW 1/4

Gov't Lot County KOOTENAI

Lat : : Long : :

Address of Well Site STATELINE ROAD

City POST FALLS

(Give at least name of road - Distance to Road or Landmark)

Lt. Bk. Sub. Name

4. USE:

☐ Domestic ☒ Municipal ☐ Monitor ☐ Irrigation☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK check all that apply (Replacement, etc.)

☐ New Well ☒ Modify ☐ Abandonment ☐ Other

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	58	1,000 LBS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	58	.280	STEEL	☒	☐	☒	☐
4	-10	300	200	PVC	☐	☒	☐	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method SKIL SAW☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
280	300	1/4 X 8	48	4		☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

10 ft. below ground Artesian pressure lb.

Depth flow encountered ft. Describe access port or control devices:

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
60.			

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 10'

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water
Pulled 20' of 6" casing.				
Reamed hole out 10" to 60'				
Set 60' of .280 wall well casing.				
Sealed with casing seal.				
Cleaned out well to 300'.				
Set 290 PVC.				

Completed Depth 300 (Measurable)

Date: Started 12/2/2005 Completed 12/3/2005

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O Well Service, Inc. Firm No. 448

Firm Official Thomas R. Smith Date 12-20-05

and Supervisor or Operator Jim McLieslie Date 12/05/05

JIM MCLESIE (Sign Once if Firm Official and Operator)

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: : : Long: : :

1. WELL TAG NO. D0040092
Drilling Permit No: 832786
Other IDWR No. 95-9272

2. OWNER **Well Number:**
 Name: TREEND, EARL WELL #4 1090
 Address 2532 S. STATELINE ROAD
 City POST FALLS State ID Zip 83854

3. LOCATION OF WELL by legal description
sketch map location must agree with written location


 Twp. 50 ☒ North or ☐ South
 Rge. 06 ☐ East or ☒ West
 Sec. 24 1/4 SW 1/4 NW 1/4
 Gov't Lot _____ County KOOTENAI
 Lat. : : Long. : :

Address of Well Site STATELINE ROAD

City **POST FALLS**

(Give at least name of road + Distance to Road or Landmark)

LT Blk. Sub. Name

4. USE:

☐ Domestic ☒ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK check all that apply (Replacement, etc.)
☐ New Well ☒ Modify ☐ Abandonment ☐ Other

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	58	1,000 LBS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58'

Was drive shoe seal tested? ☐ Y ☒ N How?

B. CASING/LINER:

[illegible]

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒	Perforations	Method	SKIL SAW
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☐ Screens	Screen Type

From	To	Shot Size	Number	Diameter	Material	Casing	Unr
280	300	1/4 X 8	48	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

Depth flow encounter _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
60			

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 56

12. LITHOLOG/C LOG: (Describe repairs or abandonment)

				Water
Pulled 20' of 6" casing.				
Opened well to 10" down to 58'.				
Set 60' of .280 wall well casing.				
Sealed with casing seal.				
Cleaned out well to 300'.				
Developed 60 gpm, set 290 PVC.				
Completed Depth <u>300</u>				(Measurable)
Date: Started 11/29/2005				Completed 11/30/2005

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O WellService, Inc. Firm No. 448
Firm Official [Signature] Date 12-22-05
and
Supervisor or Operator [Signature] Date 12/02/05
JIM MCLESIE (Sign Once if Firm Official and Operator)