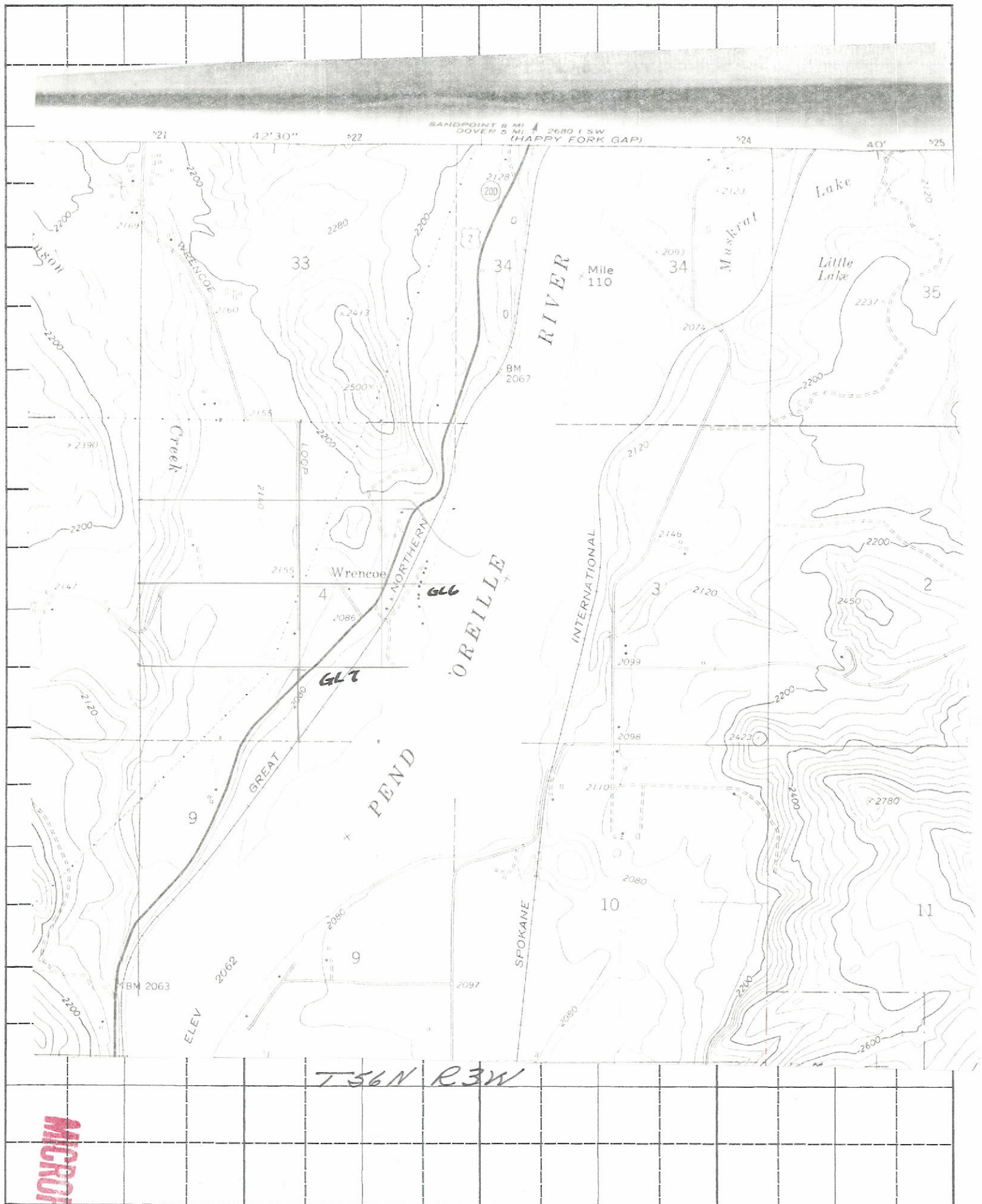


11. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.

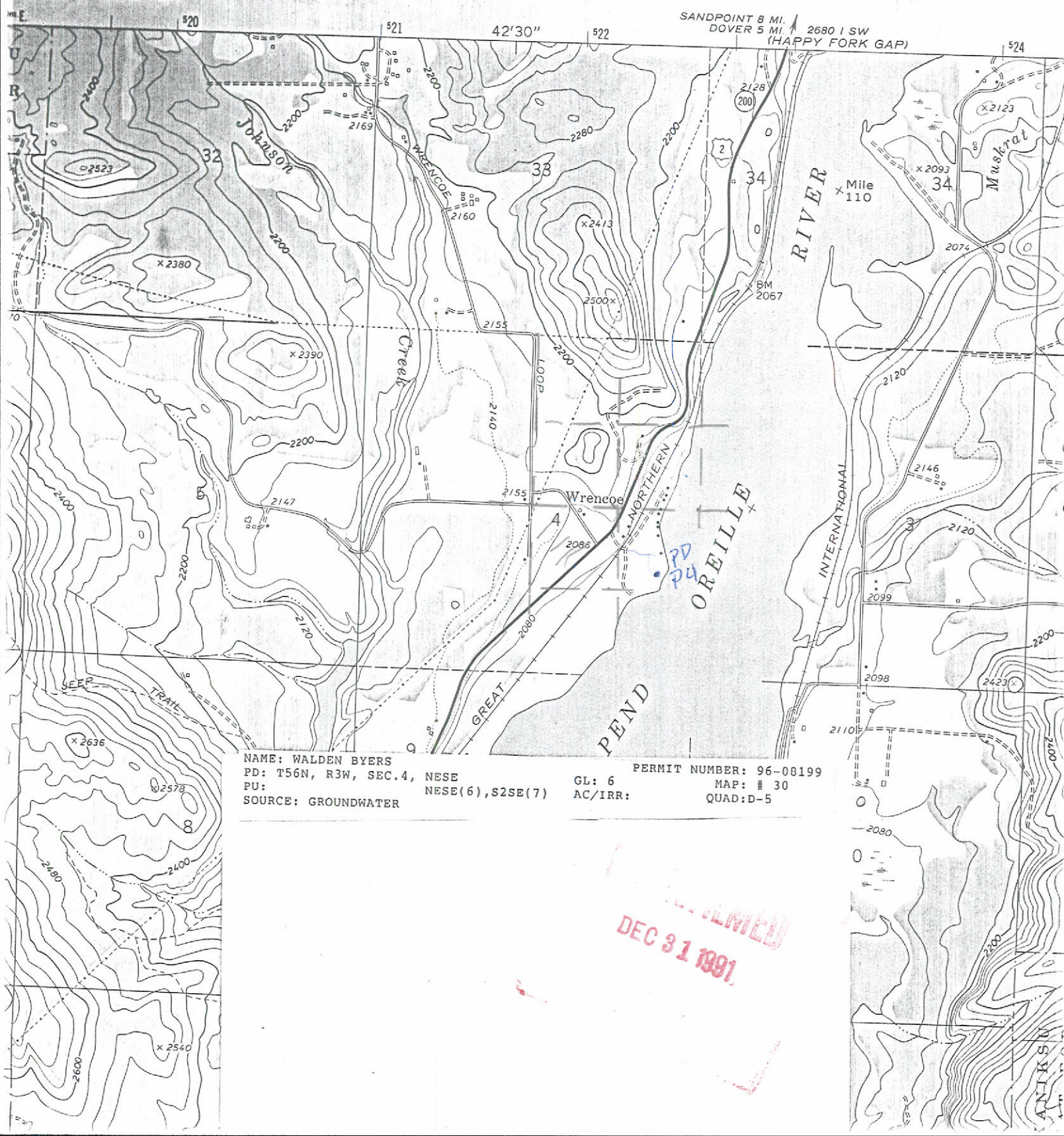


BE IT KNOWN that the undersigned hereby makes application for permit to appropriate the public waters of the State of Idaho as herein set forth.

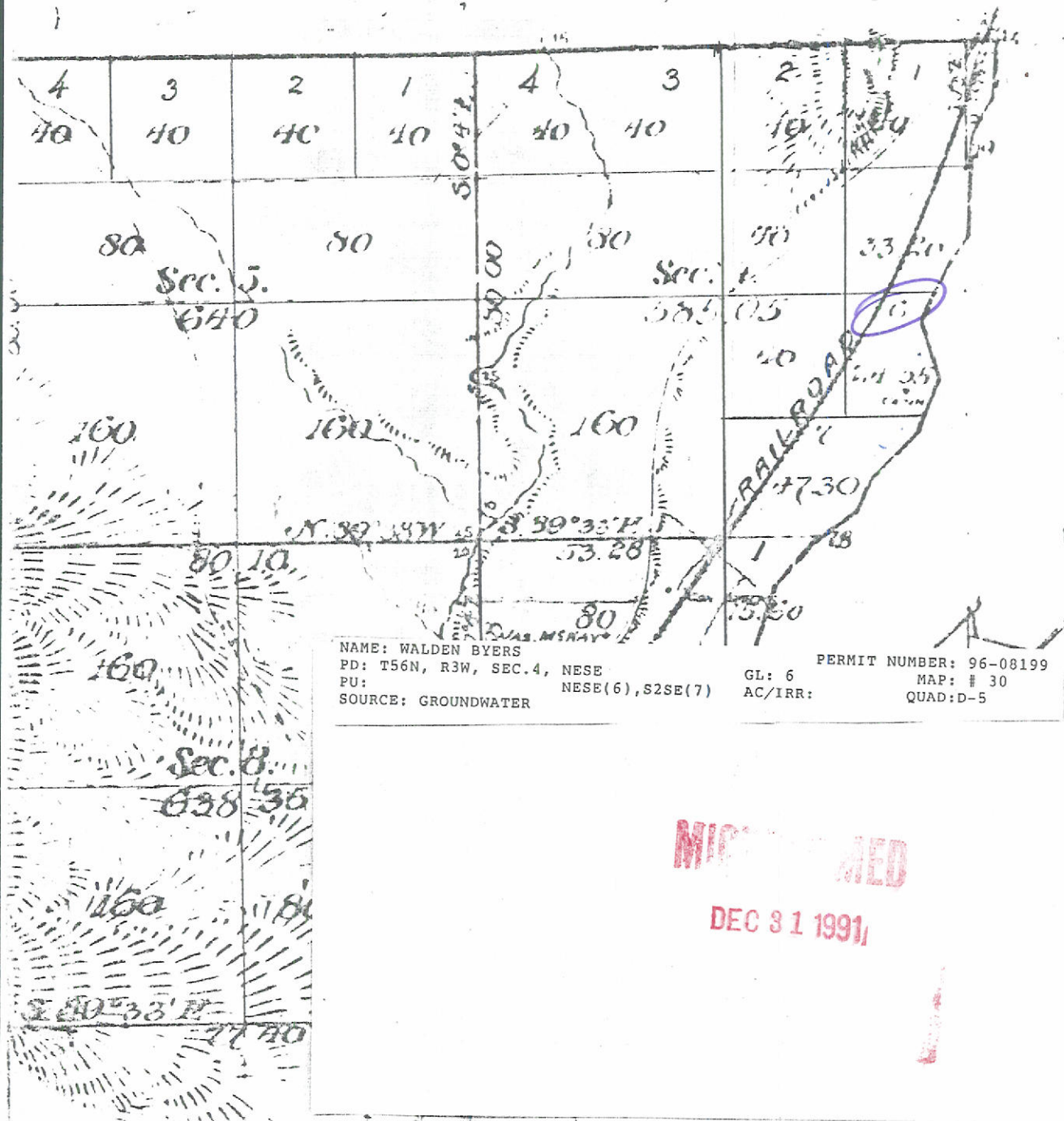
X Weldon B. Myers

X [Signature]
(Applicant)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



59° 35' 11"



RECEIVED

DEC 31 1991



RECEIVED
DEC 31 1991

WELL DRILLER'S REPORT

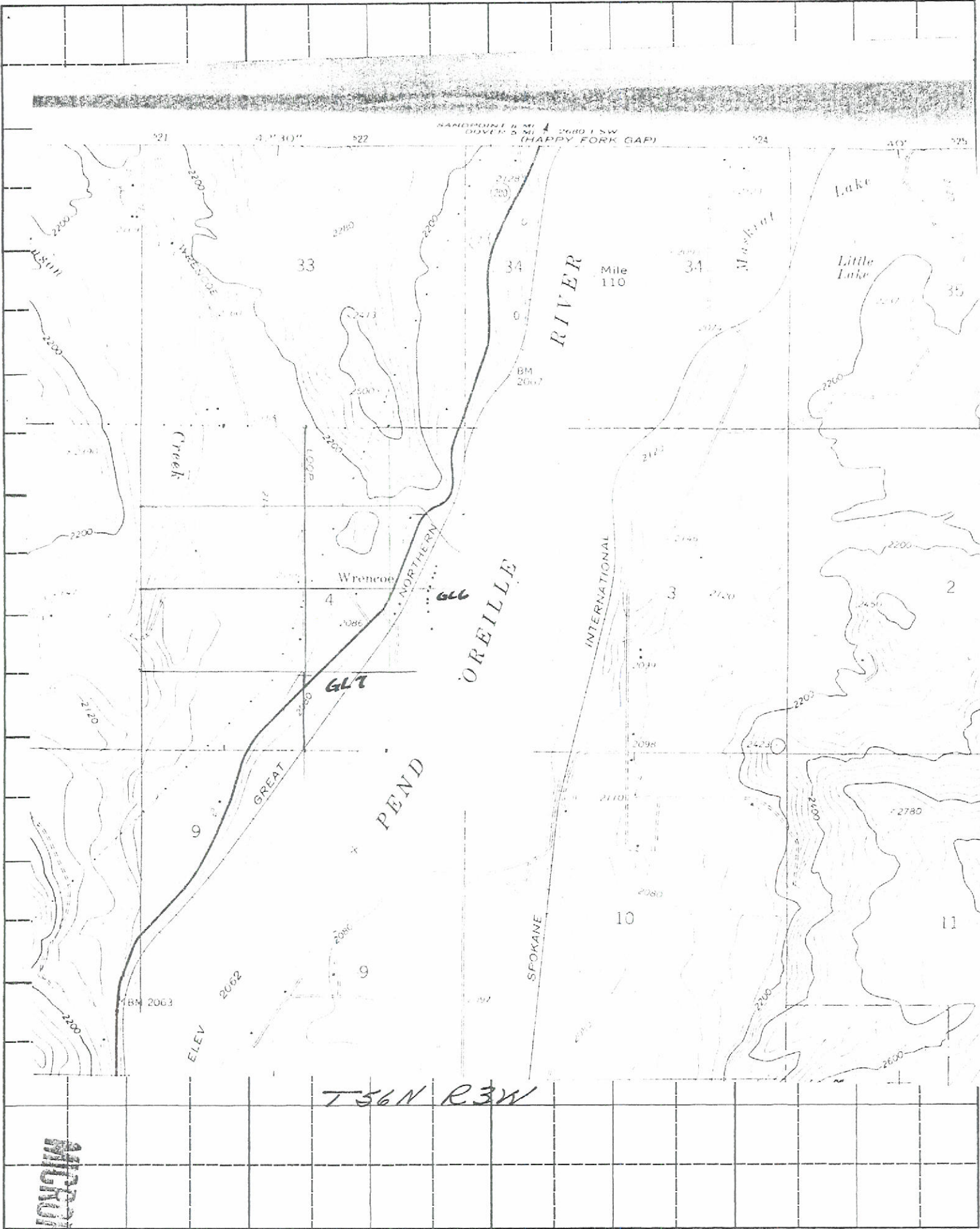
State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Brown Brothers</u> Address <u>241 Box 299 Indian Lake, Mich.</u> Owner's Permit No. <u>20150</u>	7. WATER LEVEL Static water level <u>9</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 _____ °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%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">20</td> <td style="text-align: center;">18</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	20	18	3																												
Discharge G.P.M.	Pumping Level	Hours Pumped																																	
20	18	3																																	
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☒ Other <u>4. Irrigation</u> (specify type) _____	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>6</td> <td>1</td> <td>25</td> <td>Brown Clay</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>25</td> <td>70</td> <td>Blue S. Ft. Clay</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>70</td> <td>18</td> <td>Brown Sand</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>18</td> <td>85</td> <td>Blue Clay & Sand</td> <td></td> <td></td> </tr> </tbody> </table>	Hole Diam.	Depth		Material	Water		From	To	Yes	No	6	1	25	Brown Clay			6	25	70	Blue S. Ft. Clay			6	70	18	Brown Sand			6	18	85	Blue Clay & Sand		
Hole Diam.	Depth		Material	Water																															
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6	25	70	Blue S. Ft. Clay																																
6	70	18	Brown Sand																																
6	18	85	Blue Clay & Sand																																
4. METHOD DRILLED ☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☒ Cable ☐ Dug ☐ Other _____	RECEIVED JUN 17 1988 Department of Water Resources Northern District Office																																		
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>250 inches</td> <td>6 inches</td> <td>1 feet</td> <td>75 feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Well screen installed? ☒ Yes ☐ No Manufacturer's name <u>Coch</u> Type <u>Stainless Steel</u> Model No. _____ Diameter <u>6</u> Slot size <u>30</u> Set from <u>275</u> feet to <u>75</u> 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 <u>Well Cap</u>		Thickness	Diameter	From	To	250 inches	6 inches	1 feet	75 feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet		
Thickness	Diameter	From	To																																
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_____ perforations	_____ feet	_____ feet																																	
_____ perforations	_____ feet	_____ feet																																	
_____ perforations	_____ feet	_____ feet																																	
6. LOCATION OF WELL Sketch map location must agree with written location. Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Branch</u> _____ NE 1/4 SE 1/4 Sec. 4, T. 36 N. S. R. 23 E.	10. Work started <u>5-8-83</u> finished <u>5-11-83</u>																																		
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>Brown Brothers</u> Firm No. <u>360</u> Address <u>Box 1 Spirit Lake, Ind.</u> Date <u>8-30-83</u> Signed by (Firm Official) <u>Harold Brown</u> and _____ (Operator)																																			

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

OCT 17 1988

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



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.

[Signature]

[Signature]
(Applicant)

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 96-08199

Priority: May 17, 1983

Maximum Diversion Rate: 0.04 CFS
Maximum Diversion Volume: 0.2 AF

This is to certify, that WALDON B BYERS
EVALYN L BYERS

9506 FREEMAN DR
MEDICAL LAKE WA 99022

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated May 17, 1983; and has submitted Proof of Beneficial Use on May 9, 1988. An examination indicates that the works have a diversion capacity of .040 cfs of water from a GROUNDWATER source, and a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
DOMESTIC	01/01 to 12/31	0.04 CFS	0.2 AF

LOCATION OF POINT(S) OF DIVERSION: LOT 6(NESE), Sec. 4, Township 56N, Range 03W
BONNER County

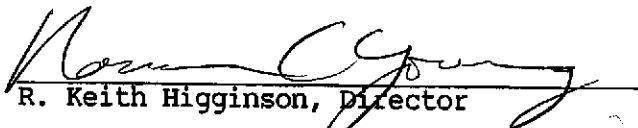
PLACE OF USE: DOMESTIC
TWN RGE SEC

56N 03W 4 LOT 6(NESE)

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 a swimming pool and pool house.

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 20TH day of DECEMBER, 1991.

Acting for 
R. Keith Higginson, Director

RECORDED

DEC 21 1991

WATER RIGHT SUMMARY

ACTION	RIGHT NO.	NAME	AMOUNT CFS
Original Permit	96-8199	Byers/Ryan Partnership	.20
Full Assignment	96-8199	Byers, Waldon B. Evalyn L.	.20

RECEIVED

OCT 17 1988

RECEIVED

MAY 9 1988

Department of Water Resources
Northern District Office

State of Idaho
Department of Water Resources

ASSIGNMENT OF PERMIT

RECEIVED

MAY 13 1988

Department of Water Resources

I, BYERS/RYAN PARTNERSHIP hereby assign to WALDON B. BYERS & OR
of 9506 FREEMAN DR. MEDICAL LAKE, WA 99022
Address

CHECK ONE

☒ All my right, title, and interest in and to Permit No. 95-8199
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 9th day of MAY, 19 88.

Waldon B Byers Gen Partner
Permit Holder

Spouse of Permit Holder

State of Idaho)
County of Footenai) ss.

On this 9 day of May, 19 88, personally
appeared before me the signer(s) of the above instrument, who duly acknowledged to me
that he (she) (they) executed the same.

seal

Robert G. Haynes
Notary Public residing at Med

My commission expires:

11/10/92

OCT 17 1988

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 Byers/Ryan Partnership Phone 609-299-3774

Post office address Rt 1 Box 299 Medical Lake Wa. 99022

2. Source of water supply Ground water which is a tributary of _____

3. Location of point of diversion is GL6 (NESE) of Section 4 Township 56N

Range 3W B.M. Bozeman County, additional points of diversion if any: _____

4. Water will be used for the following purposes:

Amount 0.10 for irrigation purposes from 3-15 to 11-15 (both dates inclusive)
(cfs or acre-feet per annum)

Amount 0.10 for Domestic purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per annum)

Amount 0.02 for Recreation purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per annum)

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

5. Total quantity to be appropriated:

a. 0.20 cubic feet per second and/or b. _____ acre-feet per annum.

6. Proposed diverting works:

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

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

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

c. Proposed well diameter is 6 inches; proposed depth of well is 85 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: GL6 (NESE) GL7 (S²SE) Sec. 4 Township 56N
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 _____

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

(5) If water is to be used for other purposes describe: Recreation - Swimming Pool with restroom facilities - wet bar

MICROFILMED

[illegible]

c. Describe any other water rights used for the same purposes as described above. NONE 96-8177

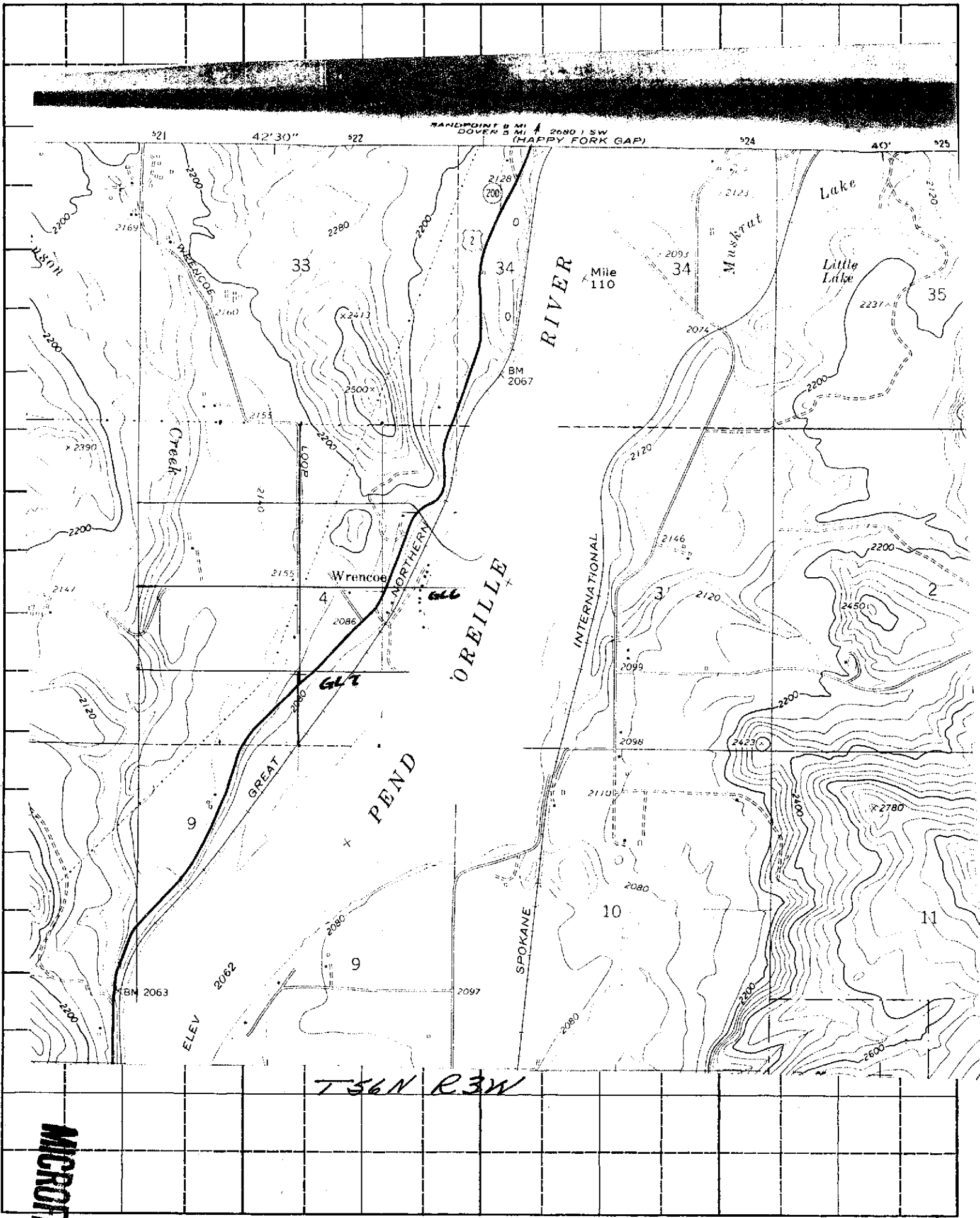
9. a. Who owns the property at the point of diversion App

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

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

[illegible]

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



MICROFILMED

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.

Walden B. Myers

[Signature]

(Applicant)

MICROFILMED

Proposed Priority May 17, 1983
Received by JK Date 5-17-83 Time 3:30 PM
Preliminary check by JK Fee \$ 30.00
Receipted by JK Date 5-17-83 (26750)
Publication prepared by JK Date 5/19/83
Published in Sandpoint Daily Bee
Publication dates 5/25/-6/1/83
Publication approved JK Date 6/14/83
Protests filed by: None

Copies of protests forwarded by _____

Hearing held by _____ Date _____

Recommended for approval denial by JK RC

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. 96-8199, 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 July 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 15 day of July, 1983.

David R. Tuttle
Acting Chief, Operations Bureau

AFFIDAVIT OF PUBLICATION

State of Idaho

ss.

County of Bonner,

Pete Thompson being first duly sworn on oath deposes and says that he is publisher of the Sandpoint Daily Bee, and News Bulletin, newspapers printed and published at Sandpoint, in Bonner County, Idaho; that the said newspapers have been continuously and uninterruptedly published in said Bonner County during a period of 12 months prior to the first publication of the hereto attached notice of publication in the case of _____

LEGAL NOTICE

as it was published in the regular and entire issue of the said paper for a period of 2 consecutive weeks, commencing on 25 day of May, 1983 and ending on the 1 day of JUNE, 1983 and that said notice was published in said newspaper.

Pete Thompson

Subscribed and sworn to before me this 4 day of June, 1983.

Adell M Thompson

Notary Public for Idaho,

Residing at Sandpoint, Idaho

SHIP
RT. 1 BOX 299, MEDICAL
LAKE, WA 99022
Source: GROUNDWATER
Date Filed: 05/17/1983
Diversion Pt: LOT 06
(NESE) Sec 04 T 56N R 03W
Use: IRRIGATION (0.10
CFS)
DOMESTIC (0.10 CFS)
RECREATION (0.02 CFS)
In: LOT 06 LOT 07 Sec 04 T
56N R 03W FOR 5 ACRES
96-8200

SLATER, JACK D.
RT. 1 BOX 96A, SAMUELS,
ID 83862
Source: GROUNDWATER
Date Filed 05/18/1983
Diversion Pt: NENW Sec 22
T 58N R 01W
Use: IRRIGATION (0.06
CFS)
STOCKWATER (0.02 CFS)
DOMESTIC (0.04 CFS)
In: NENW Sec 22 T 58N R
01W FOR 2 ACRES
96-8201

SYRINGA DEVELOP-
MENT
RT. 3 BOX 149, SAND-
POINT, ID 83864
Source: SYRINGA CREEK
trib. to TURNIPSEED
CREEK
Date Filed: 05/18/1983
Diversion Pt: SENE Sec 07 T
57N R 02W
Use: DOMESTIC (0.04 CFS)
In: SENE Sec 07 T 57N R
02W

The permit(s) will be sub-
ject to all prior water rights.
Protests must be filed with
the Director, Dept. of Water
Resources, 4055 Gov't. Way,
Coeur d'Alene, Id. 83814 on
or before JUNE 13, 1983.

KENNETH DUNN
Director

Published May 25, June 1,
1983

Dept. of Water Resources

NOTICE OF
APPLICATION
FOR WATER RIGHTS
The following applica-
tion(s) have been filed to ap-
propriate the public waters
of the State of Idaho:

96-8192
MC ALLISTER, CLIFFORD
E. &/or GRATIA
515E SHILOH HILLS DR.,
SPOKANE, WA 99208
Source: COCOLALLA LAKE
trib. to COCOLALLA
CREEK
Date Filed: 05/12/1983
Diversion Pt: LOT 03 Sec 07
T 55N R 02W
Use: DOMESTIC (0.04 CFS)
In: LOT 02 LOT 03 Sec 07 T
55N R 04W

96-8199
BYERS/RYAN PARTNER-

MICROFILMED

December 24, 1991

WALDON B BYERS
EVALYN L BYERS
9506 FREEMAN DR
MEDICAL LAKE WA 99022

RE: WATER RIGHT NO. 96-08199

Dear Water Right Holder(s):

Enclosed herewith is a copy of the Water Right License issued on the above referenced permit.

Sincerely,

SHARLA CURTIS
Water Resource Agent

SC:blm

Enclosure

RECORDED
DEC 31 1991

October 16, 1991

WALDON B BYERS
EVALYN L BYERS
9506 FREEMAN DR
MEDICAL LAKE WA 99022

RE: WATER RIGHT NO. 96-08199

Dear Water Right Holder(s):

Enclosed is a draft copy of the license proposed to be issued on the above referenced water right.

This right is currently being reviewed by this office for licensing. The enclosed preliminary copy is subject to change upon further administrative review.

We ask that you review the proposed license and if you do not concur with the information, please let us know within 10 days.

Sincerely,

SHARLA CURTIS
Technical Records Specialist

SC:blm

Enclosure

DEC 31 1991

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED
JUN 28 1991

Department of Water Resources

A. GENERAL INFORMATION

Permit No. 96-08199

1. Owner: Waldon B. or Evalyn L. Byers Phone No. 509-299-3774
Current Address: 9506 Freeman Drive, Medical Lake, WA 99022

2. Accompanied by: None EXAM. DATE: _____

Address: _____ Phone No. _____

Relationship to Permit Holder: _____

3. Source: Groundwater tributary to _____

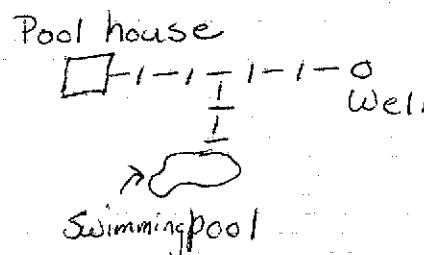
B. OVERLAP REVIEW

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



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DEC 31 1991

Scale: 1" = NTS

2. ☒ Copy of U.S.G.S. Quadrangle Attached ☐ Aerial Photo Attached NA
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.)

*Well with buried pipeline to pool house
~~like a~~ (club house) and to pool*

☐ 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
<i>Submersible</i>		<i>Unknown</i>			

*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
	<i>6</i>	<i>SE</i>	<i>NE</i>	<i>SE</i>	<i>4</i>	<i>56N</i>	<i>3W</i>	<i>Banner</i>	<i>Map</i>

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

Indicate Method of Determination *Map*

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	
<i>56N</i>	<i>3W</i>	<i>4</i>													<i>D</i>				

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DEC 31 1997

Do not use this space

D. FLOW MEASUREMENTS

None

☐ 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:

0.04 cfs as per Permit
(No Fees)

2. Alternate Method for Checking Purposes:

F. PUMP EFFICIENCY DATA (Optional)

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

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

Water HP: (3) x (4) ÷ 8.8 = _____ (5)

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

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

Panel Input KW: _____ Ave PF x _____ Ave Volts x _____ Ave 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:

1 Swimming pool 16 persons x 10 g/day x 365d/yr =
58,400g ~~27,200g~~ or 2afa

APPROVED
DEC 31 1991

H. REMARKS AND OVERLAP REVIEW ANALYSIS

This use is for a club house and swimming pool. There are restroom facilities and a wet bar in the club house. There are no homes constructed, but the volume is so small that it falls under the definition of domestic. There is no other recreational use, though ~~the~~ permitted.

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
Domestic	1-1	12-31	0.04 cfs	0.2 afa
Totals:			0.04 cfs	0.2 afa

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

Theresa J. Bright

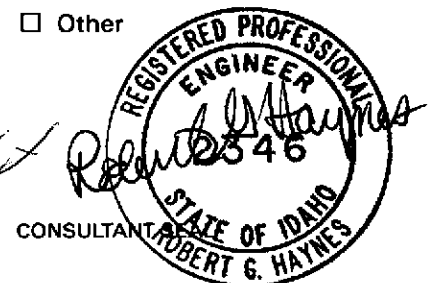
Signature

Theresa J. Bright

Certification Date

Field Report Preparation Date

9/7/90



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

DEC 31 1991

NAME: WALDEN BYERS
 PD: T56N, R3W, SEC. 4, NESE
 PU: NESE(6), S2SE(7)
 SOURCE: GROUNDWATER

PERMIT NUMBER: 96-08199
 GL: 6
 AC/IRR: MAP: # 30
 QUAD: D-5

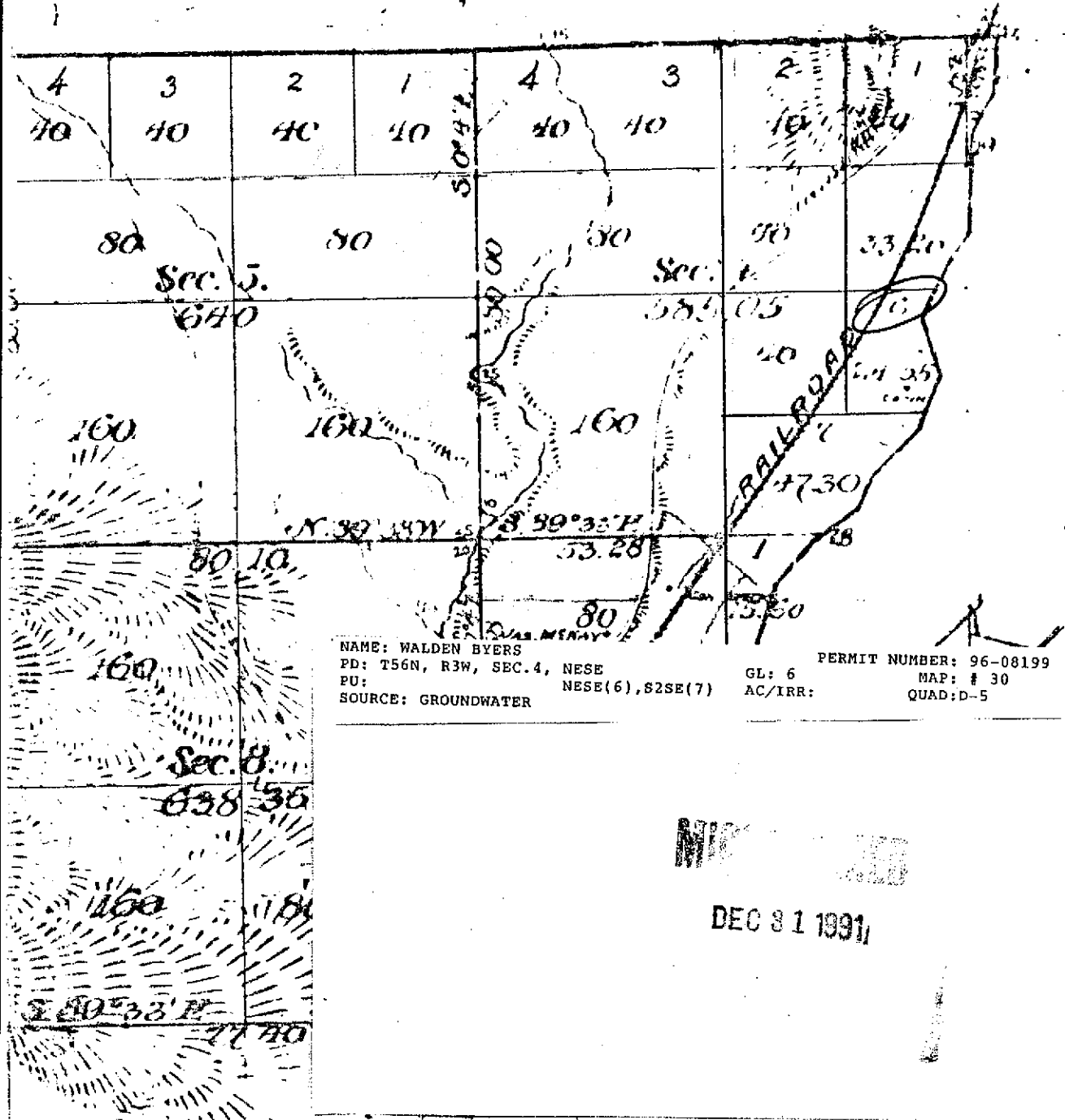
DEC 31 1991

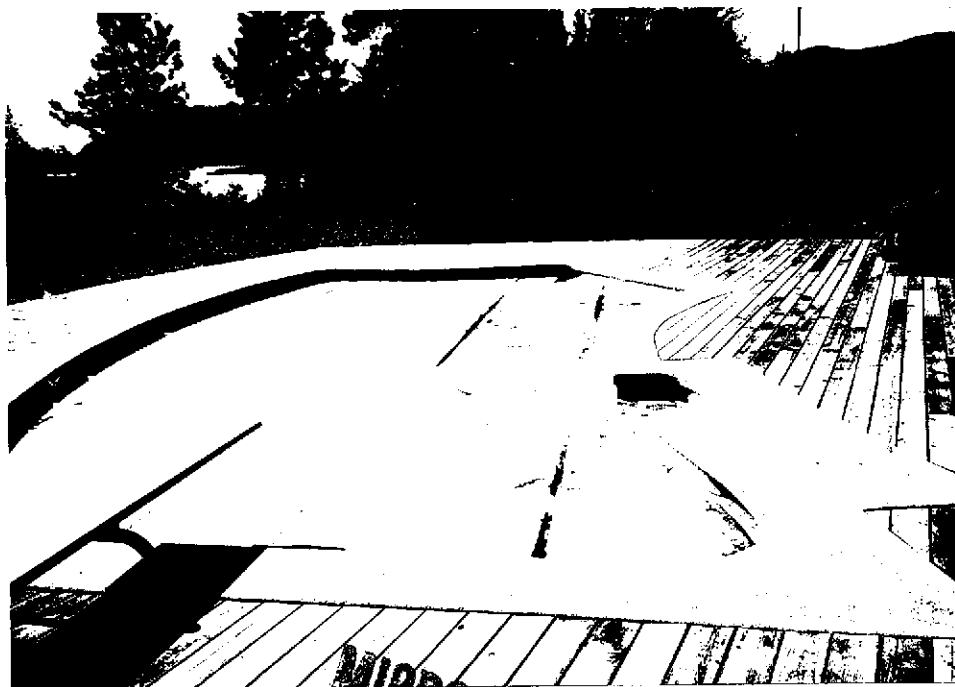
MAP: # 30
QUAD: D-5

DEC 31 1991

T56N
R3W B

S 89° 35' 11"





DEC 31 1991

State of Idaho
Department Of Water Resources
WELL INSPECTION FORM

If well is associated with water right, provide WR Permit No. 96-08189
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. 56 N, Rge. 3W Sec. 4, NE $\frac{1}{4}$ SE $\frac{1}{4}$ Gov. Lot 6

2. Owner: Walden B. Byers

Address: 9506 Freeman Dr.

City Medical Lake, State WA 99022

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

4. Access Port: Y X N

Pressure Gauge: Y N X

Flowing: Y N X

Static Water Level: 9

Casing Diameter: 6"

Temperature: Cold

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

MICROFILMED

DEC 31 1991

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
COMMENCEMENT OF WORKS

Permit No. 96-8199
Name(s) of Permit Holder(s): BIERS-RIAN PARTNERSHIP
Post Office Address: RT 1, BOX 299
MEDICAL LAKE, WA 99022 Tel. No. 509-299-3774

☒ I hereby certify that construction of diversion works for the above referenced permit began on 5/8/83 (date). I understand that I must continue to develop the water system with due diligence to maintain a valid permit.

☐ I hereby certify that construction of diverting works on the above referenced project has not yet begun due to the following reason beyond my control*:

*Note: A financing difficulty is not an acceptable reason.

9/8/85
Date

Waldon B. Biers
Signature of Permit Holder

W. B. BYERS
RT. BOX 299
MEDICAL LAKE, WA 99022

PLACE
STAMP

RECEIVED

SEP 6 1985

Department of Water Resources
Northern District Office

DEC 31 1985



RECEIVED

SEP 11 1985

IDAHO DEPARTMENT OF WATER RESOURCES
STATEHOUSE
BOISE, IDAHO 83720

Department of Water Resources



State of Idaho
DEPARTMENT OF WATER RESOURCES

NORTHERN REGION, Suite No. 9 • 4055 Government Way • Coeur d'Alene, Idaho 83814 • (208) 765-4639

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

November 4, 1988

Mr. Waldon Byers
9506 Freeman Dr.
Medical Lake, Wa. 99022

Re: 96-8199

Dear Permitholder:

We acknowledge receipt of your statement of completion of water development use for the above-referenced permit.

Before a license can be issued, a field examination must be made by a representative of this Department. We do not know at this time when he will be able to conduct the examination; however, the examiner will try to contact you at the time he makes the examination so that you may show him the system. If you will not be available to show the system, please provide this office with the name and address of someone who will be able to do so. Your permit will remain valid until the examination is made.

If you have any questions concerning the field examination, please contact this office. Please be sure to use the above-referenced permit number in all future correspondence concerning this examination.

Sincerely,

/s/
TOM D. KING
Senior Water Resource Agent

TDK/pms

DEC 31 1988

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 96-8199

Date: 10/3/88

General Considerations:

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

Source of Water:

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

Extent of Use and Rate of Diversion:

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

Measuring Device:

N/A Is a measuring device or access port required?
N/A Has one been installed?
_____ Waiver or modification of measuring device requested

Remarks:

Proof acceptable

N/A Priority Calculation:

Date proof received	_____	_____
Date proof due	_____	_____
No. of days late	_____	= _____
Priority date	_____	+ _____
NEW PRIORITY DATE	_____	= _____

SEND FILES TO DATA ENTRY AND THEN TO MICROFILM

9 May 88
Date

Walden B. Byers
Signature of Permit Holder (and title, if appropriate)

OCT 17 1988

Form 217
03/86

RECEIVED
MAY 13 1988

RECEIVED
MAY 9 1988

For Office Use Only
Fee Received _____
Date _____
Receipt # _____
Receipt by _____
Reviewed by JK
Sent to region _____

Department of Water Resources

STATE OF IDAHO

Department of Water Resources
Northern District Office

DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources will consider this form as a statement that the permit holder(s) has completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee or a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

Permit No. 96-8199

Name(s) of Permit Holder: WALDON B. & R. EVALYN L. BYERS

Post Office Address: 9506 FREEMAN DRIVE MEDICAL LAKE, WA 99022

Telephone No. _____

Source of Water: GROUNDWATER

Extent of Use:

Domestic 4 (number of households) Stockwater _____ (number and type of stock)

Irrigation _____ (acres) Other/Remark 0.02 RECREATION

Total rate and/or volume for which proof is submitted 0.04 cfs _____ acre-feet

Show the date water was first diverted and beneficially used under this permit: 5/11/83

Measuring Device: Required? ☐ Yes ☒ No
Installed? ☐ Yes ☒ No
Fee enclosed \$ 0
(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:

SAME
(Name) (Telephone Number)

(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.

9 MAY 88 Walden B Byers OCT 17 1988
Date Signature of Permit Holder (and title, if appropriate)

To: File 76-8199

From: Groundwater Protection

Date: 9/30

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

Well Drillers Report:

☐ 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.
☐ Ask permit holder when well was drilled
and notify holder of drilling permit
requirement if after July 01, 1987.

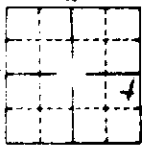
OK *js*

RECEIVED

OCT 17 1988

WELL

State law requires that this report be filed with the Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Brown, J. J.</u> Address <u>285 Div 258, 17th St, 10th Ave</u> Owner's Permit No. <u>20,150</u>	7. WATER LEVEL Static water level <u>7</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 _____ °F. Quality _____																											
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement Abandoned (describe method of abandoning) _____	8. WELL TEST DATA ☐ Pump ☒ Bailor ☐ Air ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td style="text-align: center;">20</td> <td style="text-align: center;">18</td> <td style="text-align: center;">5</td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	20	18	5																					
Discharge G.P.M.	Pumping Level	Hours Pumped																										
20	18	5																										
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☒ Other <u>Aspirator</u> (specify type) _____	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"> <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>6</td> <td>1</td> <td>25</td> <td>Blue clay</td> <td></td> </tr> <tr> <td>6</td> <td>25</td> <td>70</td> <td>Blue s.s. clay</td> <td></td> </tr> <tr> <td>6</td> <td>70</td> <td>78</td> <td>Brown sand</td> <td></td> </tr> <tr> <td>6</td> <td>78</td> <td>85</td> <td>Blue clay & sand</td> <td></td> </tr> </tbody> </table>	Hole Diam.	Depth		Material	Water Yes No	From	To	6	1	25	Blue clay		6	25	70	Blue s.s. clay		6	70	78	Brown sand		6	78	85	Blue clay & sand	
Hole Diam.	Depth		Material	Water Yes No																								
	From	To																										
6	1	25	Blue clay																									
6	25	70	Blue s.s. clay																									
6	70	78	Brown sand																									
6	78	85	Blue clay & sand																									
4. METHOD DRILLED ☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☒ Cable ☐ Dug ☐ Other _____	RECEIVED JUN 11 1968 Department of Water Resources Northern District Office																											
5. WELL CONSTRUCTION Casing materials: ☒ Steel ☐ Concrete ☐ Other _____ Thickness: _____ Diameter: _____ From _____ To _____ 254 inches 6 inches + 6 feet 75 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 <u>Cole</u> Type <u>5" x 1/2" 250</u> Model No. _____ Diameter <u>6</u> Slot size <u>3/16</u> Set from <u>25</u> feet to <u>25</u> 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>15</u> Material used in seal: ☐ Cement grout ☒ Pudding clay ☐ Well cuttings Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent ☐ Cemented between strata Describe access port <u>Well Cap</u>																												
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Bellevue</u> <u>NE 1/4 Sec. 4 T. 36 N. R. 23 E.</u>	10. Work started <u>5-8-68</u> finished <u>5-11-68</u> 11. DRILLERS CERTIFICATION <u>20</u> I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Brown & Co. Waterworks</u> Firm No. <u>360</u> Address <u>301 1st St. N.E., 1st</u> Date <u>5-11-68</u> Signed by (Firm Official) <u>Harold P. Brown</u> and (Operator) _____																											

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT OF WATER RESOURCES

OCT 17 1968

RECEIVED

MAY 9 1988

Department of Water Resources
Northern District Office

State of Idaho

Department of Water Resources

RECEIVED

MAY 13 1988

ASSIGNMENT OF PERMIT

Department of Water Resources

I, BYERS/RYAN PARTNERSHIP hereby assign to WALDON B. BYERS &/OR
EVALYN L. BYERS
of 9506 FREEMAN DR. MEDICAL LAKE, WA 99022
Address

CHECK ONE

- ☒ All my right, title, and interest in and to Permit No. 96-8199
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 9th day of MAY, 19 88.

Waldon B Byers
Permit Holder

Spouse of Permit Holder

State of Idaho)
County of Postonai) ss.

On this 9 day of May, 19 88, personally
appeared before me the signer(s) of the above instrument, who duly acknowledged to me
that he (she) (they) executed the same.

seal

Robert G. Holmes
Notary Public residing at
CAH

My commission expires:

11/10/92

Copies

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 Byers/Ryan Partnership Phone 609-299-3774
Post office address Rt 1 Box 299 Medical Lake Wa. 99022
2. Source of water supply Ground water which is a tributary of _____
3. Location of point of diversion is GL6 (NESE) of Section 4 Township 56N
Range 3N B.M. Bonner County, additional points of diversion if any: _____

4. Water will be used for the following purposes:

Amount 0.10 for irrigation purposes from 3-15 to 11-15 (both dates inclusive)
(cfs or acre-feet per annum)

Amount 0.10 for Domestic purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per annum)

Amount 0.02 for Recreation purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per annum)

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

5. Total quantity to be appropriated:

a. 0.20 cubic feet per second and/or b. _____ acre-feet per annum.

6. Proposed diverting works:

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

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

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

c. Proposed well diameter is 6 inches; proposed depth of well is 85 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: GL6 (NESE) GL7 (S2SE) Sec. 4 Township 56N
Range 3N 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 4.

(5) If water is to be used for other purposes describe: Recreation - Swimming Pool with restroom Facilities - Wet Bar

RECORDED

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 96-8177

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

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

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

10. Remarks



SECRET

+ William B. Myers

 (Applicant)

MICROFILMED

Proposed Priority May 17, 1983
Received by JK Date 5-17-83 Time 3:30 PM
Preliminary check by JK Fee \$ 30.00
Receipted by JK Date 5-17-83 (26750)
Publication prepared by JK Date 5/19/83
Published in Sandpoint Daily Bee
Publication dates 5/25-6/1/83
Publication approved [Signature] Date 6/14/83
Protests filed by: None

Copies of protests forwarded by _____
Hearing held by _____ Date _____
Recommended for approval denial by [Signature] RC

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. 96-8199, 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 July 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 15 day of July, 1983.

David R. Tuttle
Acting Chief, Operations Bureau

Permit No. 96-8199

ASSIGNMENT REVIEW CHECK LIST

1. Signature of Permit Holder? - Gen. Partner - C/L
 2. Notary? ☒
 3. a. Full Assignment? ☒
b. Partial Assignment?
 4. "No assignment" condition on permit? N/A
 5. Commencement of Works received?
a. Commencement of works requested?
b. Show Cause Order drafted & sent?
c. Cancellation necessary? N/A
 6. Affidavit of residency required?
 7. Extension granted due to litigation?
(If yes, commencement of works is not required.)
-
1. Type permit summary sheet. ☒
 2. Coding sheet. ☒
 3. Acknowledgement letter type. - Rita w/ B/u
 4. Copy to region. ☒

Date 7-15-88

Employee S Curtis

138584
CERTIFIED MAIL
April 30, 1988

BYERS/RYAN PARTNERSHIP
RT. 1 BOX 299
MEDICAL LAKE, WA 99022

PROOF DUE NOTICE

RE: Permit No. 96-8199

Dear Permit Holder:

One of the conditions of approval of the above referenced water permit was that proof of the extent of your beneficial use must be submitted to this office on or before July 1, 1988. (See last page of your approved permit or your last approved extension request.) Enclosed is a form which when accompanied by the license examination fee or a completed field examination report prepared by a certified water right examiner may be used to submit the required proof.

If you have not fully completed your project, and you or a previous owner of this permit have not received a prior extension of time, you may request an extension of time if the delay is for reasonable cause as provided in Section 42-204, Idaho Code. If you have been prevented from proceeding by a governmental agency or by litigation which might bring title to the water in question, more than one extension of time can be granted. An extension of time request form is enclosed for your convenience.

Either an acceptable proof of beneficial use submittal or an acceptable request for an extension of time must be received by this Department on or before the above described proof due date, or the permit will no longer be of any force nor effect.

Sincerely,

RITA FLECK
Secretary/Records Manager

Enclosures

RECEIVED

OCT 17 1988

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

STATEHOUSE
BOISE, IDAHO 83720
(208) 334-4440

BYERS/RYAN PARTNERSHIP
RT. 1 BOX 299
MEDICAL LAKE, WA 99022

AUGUST 02, 1983

RE: PERMIT NO. 96-8199

DEAR PERMIT HOLDER:

ENCLOSED IS A COPY OF YOUR APPROVED APPLICATION FOR PERMIT. WE DIRECT YOUR ATTENTION TO THE CONDITIONS OF APPROVAL ON THE FOURTH PAGE.

THE 1982 IDAHO LEGISLATURE ADDED A REQUIREMENT THAT AS A PERMIT HOLDER YOU MUST COMMENCE THE EXCAVATION OR CONSTRUCTION OF DIVERTING WORKS WITHIN ONE YEAR OF THE DATE THE PERMIT WAS ISSUED, AND YOU MUST PROCEED DILIGENTLY UNTIL THE PROJECT IS COMPLETED. THE ENCLOSED BLUE CARD MUST BE COMPLETED AND RETURNED TO THIS OFFICE AS SOON AS YOU COMMENCE CONSTRUCTION, NO LATER THAN ONE YEAR FROM THE DATE THE PERMIT WAS APPROVED.

WE HAVE ENCLOSED INSTRUCTIONS ENTITLED "MAKING PROOF OF BENEFICIAL USE". PLEASE READ THE INSTRUCTIONS CAREFULLY SINCE YOU MUST TAKE FURTHER ACTION TO DEVELOP THIS PERMIT INTO A LICENSE.

SINCERELY,

DAVID R. TUTHILL, JR., P.E.
SUPERVISOR, WATER ALLOCATION SECTION

ENCLOSURE

MICROFILMED

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: RGA

APPLICATION NUMBER: 96-8199

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. Copies sent by: _____ Date: _____
☐ Idaho Fish and Game Department.
☐ Idaho Department of Lands.
☐ U.S. Bureau of Land Management.
☐ U.S. Forest Service.
☐ Other _____

PROCESSING:

- ☐ Yes ☐ No Platted by: _____ Map No. _____
☐ Yes ☐ No Other rights on same place of use. _____
☒ Yes ☐ No* In form for advertising.
Final date for protests: 6-13-83 ✓
☐ Yes ☒ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 6/14/83 ✓
☒ 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? _____
5/17/83 Date of priority recommended.
Special conditions of approval or cover letter.
Not exceed 12 acre when combined with 96-8177

By: RGA

Date: 6/17/83

STATE OFFICE REVIEW:

SLW/LIT

26

- ☒ See attached sheet for more information.

By: RGA

Date: 7/12/83

RECEIVED
JUL 7 1983

Department of Water Resources

MICROFILMED

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)

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

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

IDAHO STREAM CODE INDEX

96-8199

BYERS/RYAN PARTNERSHIP

RT. 1 BOX 299, MEDICAL LAKE, WA 99022

Source: GROUNDWATER

Date Filed: 05/17/1983

Diversion Pt: LOT 06 (NESE) Sec 04 T 56N R 03W

Use: IRRIGATION	(0.10 CFS)
DOMESTIC	(0.10 CFS)
RECREATION	(0.02 CFS)

In: LOT 06 LOT 07 Sec 04 T 56N R 03W FOR 5 ACRES

MICROFILMED