

# NOTICE OF APPLICATION FOR WATER RIGHT

The following application(s) have been filed to appropriate the public waters of the State of Idaho:

98-7565  
CORCORAN, ARTHURENE B. &/or JOHN HENRY  
RT. 1 BOX 453A, BONNERS FERRY, ID 83805  
Source: SPRINGS trib. to SINKS  
Date Filed: 06/16/1983  
Diversion Pt: NENE Sec 02 T 61N R 01E  
Use: IRRIGATION (0.60 CFS)  
STOCKWATER (0.02 CFS)  
DOMESTIC (0.04 CFS)  
In: NENE Sec 02 T 61N R 01E SENE NENE Sec 02 T 61N R 01E FOR 30 ACRES

98-7566  
CZERNINKA, KARL  
P.O. BOX 1176, BONNERS FERRY, ID 83805  
Source: SPRINGS trib. to SINKS  
Date Filed: 06/15/1983  
Diversion Pt: SESW Sec 27 T 62N R 02E  
Use: IRRIGATION (0.04 CFS)  
STOCKWATER (0.02 CFS)  
DOMESTIC (0.04 CFS)  
In: SESE Sec 28 T 62N R 02E FOR 2 ACRES

98-7567  
KJOS, BURNEN  
P.O. BOX 435, BONNERS FERRY, ID 83805  
Source: GROUNDWATER  
Date Filed: 06/15/1983  
Diversion Pt: NWNW Sec 36 T 62N R 01E  
Use: STOCKWATER (0.02 CFS)  
DOMESTIC (0.04 CFS)  
In: NWNW Sec 36 T 61N R 01E

98-7568  
WALLACE, THOMAS C.  
STAR RT. 1 BOX 264, NAPLES, ID 83847  
Source: GROUNDWATER  
Date Filed: 06/15/1983  
Diversion Pt: NESW Sec 21 T 61N R 01E  
Use: IRRIGATION (0.16 CFS)  
STOCKWATER (0.02 CFS)  
DOMESTIC (0.02 CFS)  
In: NESW Sec 21 T 61N R 01E FOR 15 ACRES

98-7569  
EDGEMAN, JAMES L. &/or SHIRLEY A.  
P.O. BOX 222, CASHION, OK 73016  
Source: DOBSON CREEK trib. to KOOTENAI RIVER  
Date Filed: 06/17/1983  
Diversion Pt: SWSW Sec 28 T 62N R 02E  
Use: IRRIGATION (0.10 CFS)  
STOCKWATER (0.02 CFS)  
DOMESTIC (0.04 CFS)  
In: SWSW Sec 28 T 62N R 02E FOR 5 ACRES

98-7570  
KELLER, KENNETH &/or LIGIA E.  
STAR RT. 1, BONNERS FERRY, ID 83805  
Source: GROUNDWATER  
Date Filed: 06/20/1983  
Diversion Pt: NENW Sec 28 T 64N R 01E  
Use: DOMESTIC (0.0268 CFS)  
In: NENW Sec 28 T 64N R 01E

98-7571  
BEECHER, RONALD G.  
STAR RT., NAPLES, ID 83847  
Source: GROUNDWATER  
Date Filed: 06/16/1983  
Diversion Pt: SWNW Sec 05 T 60N R 01E  
Use: IRRIGATION STORAGE (3.0 AF)  
IRRIGATION FROM STORAGE (3.0 AF)  
RECREATION STORAGE (3.0 AF)  
In: SWNW Sec 05 T 60N R 01E FOR 1 ACRES

# AFFIDAVIT OF PUBLICATION

STATE OF IDAHO

County of Boundary

ss.

Alice Winn, bkpr for Pete Thompson be  
first duly sworn upon his oath, deposes and says that he is the publisher (or foreman)  
Publisher

of The Bonners Ferry Herald, a newspaper of general circulation, published weekly  
Bonners Ferry, Boundary County, State of Idaho; that the said Bonners Ferry Herald has  
been continuously and uninterruptedly published in said Boundary County during a period  
of 18 months or 78 weeks prior to the first publication of the hereto attached notice; that

the advertisement of Notice of Application for Water Right  
98-7565, 7566, 7567, 7568, 7569, 7570, 7571, 7572, 7573

a  
Notice for Publication, a printed copy of which is attached hereto was published in said  
newspaper and not in a supplement thereof for 2 consecutive issues, commencing  
with the issue dated June 30, 1983, and ending with the issue dated July 7, 1983

Subscribed and sworn to before me this 13th day of July, 1983

Notary Public in and for the County of Boundary, State of Idaho  
residing at Bonners Ferry, Idaho.

98-7572  
ACKLEY, DEBORAH A.  
P.O. BOX 843, BONNERS FERRY, ID 83805  
Source: UNNAMED STREAM trib. to KOOTENAI RIVER  
Date Filed: 06/21/1983  
Diversion Pt: SWSE Sec 23 T 62N R 02E NWNE Sec 26 T 62N R 02E  
Use: IRRIGATION (0.20 CFS)  
In: SWSE Sec 23 T 62N R 02E NWNE Sec 26 T 62N R 02E FOR 10 ACRES

98-7573  
OLSON, ROBERT W.  
STAR RT. 1, MOYIE SPRINGS, ID 83845  
Source: SPRING trib. to CURLEY CREEK  
UNNAMED STREAM trib. to CURLEY CREEK  
Date Filed: 06/21/1983  
Diversion Pt: NESE Sec 22 T 62N R 03E  
Use: IRRIGATION (0.98 CFS)  
IRRIGATION STORAGE (10.0 AF)  
IRRIGATION FROM STORAGE (10.0 AF)  
STOCKWATER (0.02 CFS)  
DIVERSION TO STORAGE (1.00 CFS)  
In: NESE SESE Sec 22 T 62N R 03E FOR 60 ACRES

The permit(s) will be subject 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 JULY 18, 1983.

KEN DUNN, Dir.

First publication June 30, 1983  
Final publication July 7, 1983-dwr

MICROFILMED

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

**A. GENERAL INFORMATION**

Permit No. 98-07570  
Phone No. 267-7815  
EXAM. DATE: 6/21/90  
Phone No. \_\_\_\_\_

1. Owner: Kenneth C. Ligia E. KELLER  
Current Address: HCR-60 Box 153, Bonners Ferry ID 83805  
2. Accompanied by: None  
Address: \_\_\_\_\_  
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

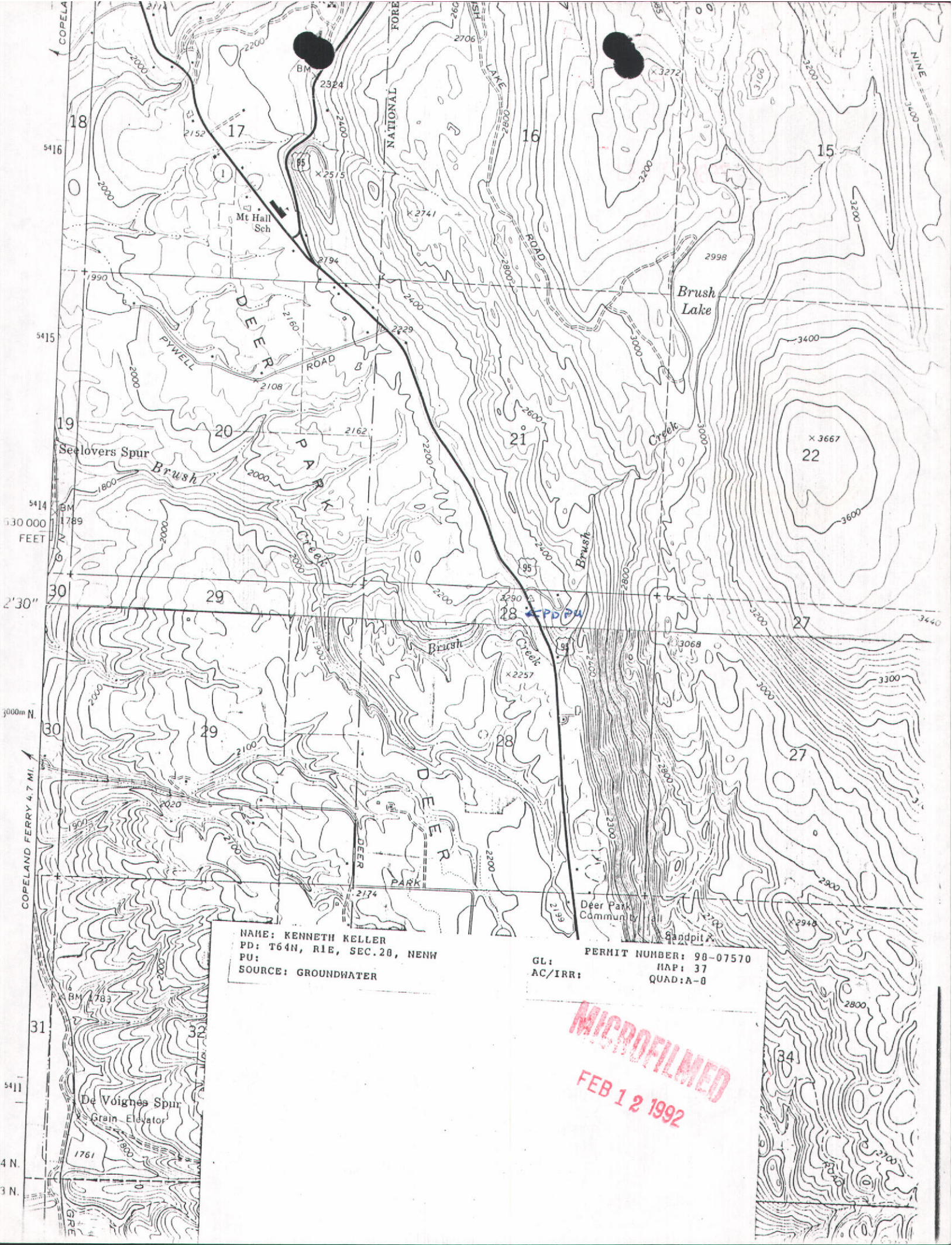


Scale: 1" = NTS

2. ☒ Copy of U.S.G.S. Quadrangle Attached  
Showing location(s) of point(s) of diversion and  
place(s) of use (required). ☐ Aerial Photo Attached  
(required for irrigation of 10 acres or more).  
☒ Photo of Diversion and System Attached Point of use  
(required for all but single household domestic groundwater, and stockwater).

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**FEB 12 1992**



NAME: KENNETH KELLER  
PD: T64N, R1E, SEC.20, NENW  
PU:  
SOURCE: GROUNDWATER

PERMIT NUMBER: 98-07570  
GL: HAP: 37  
AC/IRR: QUAD: A-0

**MICROFILMED**  
**FEB 12 1992**

State of Idaho  
Department of Water Resources

# WATER RIGHT LICENSE

WATER RIGHT NO. 98-07570

Priority: July 20, 1983

Maximum Diversion Rate:

0.03 CFS

Maximum Diversion Volume:

1.2 AF

This is to certify, that KENNETH C KELLER  
LIGIA E KELLER

HCR 60 BOX 153

BONNERS FERRY ID 83805

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated June 20, 1983; and has submitted Proof of Beneficial Use on August 31, 1988. An examination indicates that the works have a diversion capacity of .030 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       | 0.03 CFS                 | 1.2 AF               |

LOCATION OF POINT(S) OF DIVERSION:

NWNE , Sec. 28, Township 64N, Range 01E  
BOUNDARY County

PLACE OF USE: DOMESTIC  
TWN RGE SEC

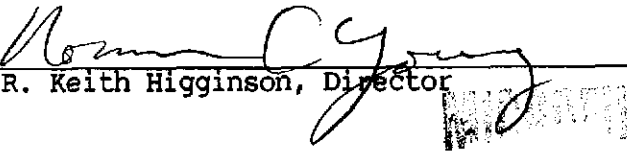
64N 01E 28 NWNE

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 20<sup>TH</sup> day of DECEMBER, 1991.

Acting for

  
R. Keith Higginson, Director

FEB 12 1992

BEFORE THE DEPARTMENT OF WATER RESOURCES  
OF THE STATE OF IDAHO

IN THE MATTER OF PERMIT NO. 98-7570 IN THE  
NAME OF KENNETH C. AND LIGIA E. KELLER

)  
) ORDER OF REINSTATEMENT  
)  
)

WHEREAS, the Department issued the above-captioned permit with the condition that proof of construction of works and application of water to beneficial use (proof of beneficial use) be submitted on or before August 1, 1988; and,

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

WHEREAS, the Department has notified the permit holders that the permit lapsed for failure of the permit holders 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 holders have provided a reasonable showing why the permit should be reinstated by submitting proof of beneficial use on August 31, 1988;

IT IS, THEREFORE, HEREBY ORDERED that Permit No. 98-7570 be REINSTATED and the priority advanced to July 20, 1983.

Dated this 19<sup>th</sup> day of October, 1988.

**MICROFILMED**

DEC 27 1988

  
L. GLEN SAXTON  
Chief, Operations Bureau

RECEIVED

JUN 20 1983

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

APPROVED

To appropriate the public waters of the State of Idaho

Department of Water Resources  
Northern District Office1. Name of applicant Kenneth C. & Ligia E. KELLER Phone NONEPost office address STAR RTE #1, BONNERS FERRY, IDAHO 838052. Source of water supply (WELL) GROUND WATER which is a tributary of \_\_\_\_\_3. Location of point of diversion is NE  $\frac{1}{4}$  of NW  $\frac{1}{4}$  of Section 28 Township 64NRange 1E B.M. BOUNDARY County, additional points of diversion if any: \_\_\_\_\_

## 4. Water will be used for the following purposes:

Amount .02676 for DOMESTIC purposes from JAN 1 to DEC 31 (both dates inclusive)  
(cfs or acre-feet per annum)Amount .00669 for DOMESTIC GARDEN purposes from APR 1 to OCT 15 (both dates inclusive)  
(cfs or acre-feet per annum)Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)

## 5. Total quantity to be appropriated:

Allow .03 cfs RC 8/8/83a. .02676 cubic feet per second and/or b. \_\_\_\_\_ acre-feet per annum.

## 6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. WELL WITH ELECTRICAL PUMP, SIZE UNKNOWN(EXISTING WELL)b. Height of storage dam N/A 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. EXISTING Proposed well diameter is UNK. inches; EXISTING proposed depth of well is 125 feet.

## 7. Time required for the completion of the works and application of the water to the proposed beneficial

Allow 5 YEARS RC 8-8-83  
use is EXISTING 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: NE  $\frac{1}{4}$  of NW  $\frac{1}{4}$  of Section 28 Township 64NRange 1E B.M.(2) Amount of power to be generated: N/A horsepower under \_\_\_\_\_ feet of head.(3) List number of each kind of livestock to be watered domestic stock: - 1-2 DAIRY COWS, 3 HORSES(4) Name of municipality to be served \_\_\_\_\_, or number of families to be supplied with domestic water THREE.

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

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[illegible]

Total number of acres to be irrigated N/A

N/A

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

$$\frac{A}{N}$$

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

## Application

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

APPLICANT

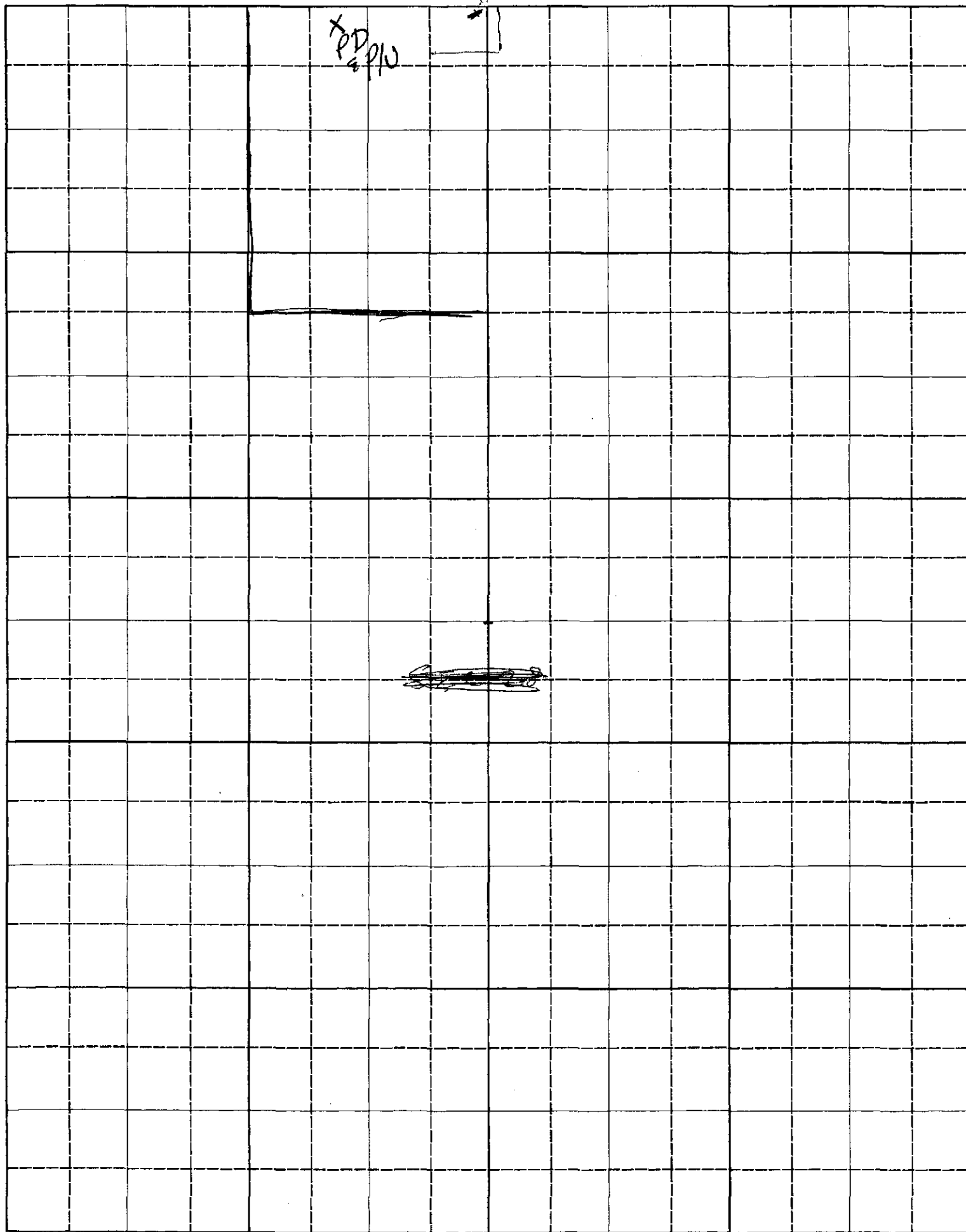
c. If the property is owned by a person other than the applicant, describe the arrangement enabling the

applicant to make this filing

|   |   |
|---|---|
| 2 | 1 |
|---|---|

10. Remarks

11. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number. *THIS is an existing well located in yard of old house for domestic use; unable to map location exactly - NE 1/4 NW 1/4 T64N R1E*



Scale: 2 inches equal 1 mile.

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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.

*Kenneth C. Koble / Lynn E. Koble*  
(Applicant)

MICROFILMED

Received by RLA Date 6-20-83 Time 12:00 PM  
Preliminary check by RLA Fee \$ 30.00  
Received by RLA Date 6/22/83  
Publication prepared by RLA Date 6/22/83  
Published in Banner Farming Record  
Publication dates 6/30 - 7/7/83  
Publication approved RLA Date 7/17/83  
Protests filed by: RLA  
Copies of protests forwarded by \_\_\_\_\_  
Hearing held by \_\_\_\_\_ Date \_\_\_\_\_  
Recommended for approval denial by RLA Date \_\_\_\_\_

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. 98-7570, and said application is hereby APPROVED.

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

- a. SUBJECT TO ALL PRIOR WATER RIGHTS.
- b. Proof of construction of works and application of water to beneficial use shall be submitted on or before August 1, 19 88.
- c. The rate of diversion, if water is to be used for irrigation under this permit, when combined with all other water rights for the same land shall not exceed 0.02 cubic feet per second for each acre of land.
- d. Other: Permit holder shall commence the excavation or construction of diverting works within one year of the date this permit is issued and shall proceed diligently until the project is complete.

Witness my hand this 15<sup>th</sup> day of August, 1983.

A. Allen Gayton  
Chief, Operations Bureau

# NOTICE OF APPLICATION FOR WATER RIGHT

The following application(s) have been filed to appropriate the public waters of the State of Idaho:

98-7565

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RF: 1 BOX 453A, BONNERS FERRY, ID 83805

Source: SPRINGS trib. to SINKS

Date Filed: 06/16/1983

Diversion Pt: NENE Sec 02 T 61N R 01E

Use: IRRIGATION (0.60 CFS)

STOCKWATER (0.02 CFS)

DOMESTIC (0.04 CFS)

In: NENE Sec 02 T 61N R 01E SENE NENE Sec 02 T 61N R 01E FOR 30 ACRES

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P.O. BOX 1176, BONNERS FERRY, ID 83805

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Diversion Pt: SESW Sec 27 T 62N R 02E

Use: IRRIGATION (0.04 CFS)

STOCKWATER (0.02 CFS)

DOMESTIC (0.04 CFS)

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Use: STOCKWATER (0.02 CFS)

DOMESTIC (0.04 CFS)

In: NWNW Sec 36 T 61N R 01E

98-7568

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Diversion Pt: NESW Sec 21 T 61N R 01E

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STOCKWATER (0.02 CFS)

DOMESTIC (0.02 CFS)

In: NESW Sec 21 T 61N R 01E FOR 15 ACRES

98-7569

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P.O. BOX 222, CASHION, OK 73016

Source: DOBSON CREEK trib. to KOOTENAI RIVER

Date Filed: 06/17/1983

Diversion Pt: SWSW Sec 28 T 62N R 02E

Use: IRRIGATION (0.10 CFS)

STOCKWATER (0.02 CFS)

DOMESTIC (0.04 CFS)

In: SWSW Sec 28 T 62N R 02E FOR 5 ACRES

98-7570

KELLER, KENNETH &/or LIGIA E.

STAR RT. 1, BONNERS FERRY, ID 83805

Source: GROUNDWATER

Date Filed: 06/20/1983

Diversion Pt: NENW Sec 28 T 64N R 01E

Use: DOMESTIC (0.0268 CFS)

In: NENW Sec 28 T 64N R 01E

98-7571

BEECHER, RONALD G.

STAR RT., NAPLES, ID 83847

Source: GROUNDWATER

Date Filed: 06/16/1983

Diversion Pt: SWNW Sec 05 T 60N R 01E

Use: IRRIGATION STORAGE (3.0 AF)

IRRIGATION FROM STORAGE (3.0 AF)

RECREATION STORAGE (3.0 AF)

In: SW W Sec 05 T 60N R 01E FOR 1 ACRE

## AFFIDAVIT OF PUBLICATION

STATE OF IDAHO

County of Boundary

ss.

Alice Winn, bkpr for Pete Thompson be first duly sworn upon his oath, deposes and says that he is the publisher (or foreman)

Publisher

of The Bonners Ferry Herald, a newspaper of general circulation, published weekly Bonners Ferry, Boundary County, State of Idaho; that the said Bonners Ferry Herald has been continuously and uninterruptedly published in said Boundary County during a period of 18 months or 78 weeks prior to the first publication of the hereto attached notice; that

the advertisement of Notice of Application for Water Right 98-7565, 7566, 7567, 7568, 7569, 7570, 7571, 7572, 7573...

Notice for Publication, a printed copy of which is attached hereto was published in a newspaper and not in a supplement thereof for 2 consecutive issues, commencing with the issue dated June 30, 1983, and ending with the issue dated July 7, 1983.

Subscribed and sworn to before me this 13th day of July, 1983.

Notary Public in and for the County of Boundary, State of Idaho, residing at Bonners Ferry, Idaho.

98-7572

ACKLEY, DEBORAH A.

P.O. BOX 843, BONNERS FERRY, ID 83805

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Date Filed: 06/21/1983

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Use: IRRIGATION (0.20 CFS)

In: SWSE Sec 23 T 62N R 02E NWNE Sec 26 T 62N R 02E FOR 10 ACRES

98-7573

OLSON, ROBERT W.

STAR RT. 1, MOYIE SPRINGS, ID 83845

Source: SPRING trib. to CURLEY CREEK

UNNAMED STREAM trib to CURLEY CREEK

Date Filed: 06/21/1983

Diversion Pt: NESE Sec 22 T 62N R 03E

Use: IRRIGATION (0.98 CFS)

IRRIGATION STORAGE (10.0 AF)

IRRIGATION FROM STORAGE (10.0 AF)

STOCKWATER (0.02 CFS)

DIVERSION TO STORAGE (1.00 CFS)

In: NESE SESE Sec 22 T 62N R 03E FOR 60 ACRES

The permit(s) will be subject to all prior water rights. Protests must be filed with the Director, Dept. of Water Resources, 4055 Con't. Way, Coeur d'Alene, Id. 83814 on or before JULY 18, 1983.

KEN DUNN, Dir.

First publication June 30, 1983

Final publication July 7, 1983-dwr

December 24, 1991

KENNETH C KELLER  
LIGIA E KELLER  
HCR 60 BOX 153  
BONNERS FERRY ID 83805

RE: WATER RIGHT NO. 98-07570

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

RECEIVED

FEB 12 1992

November 14, 1991

KENNETH C KELLER  
LIGIA E KELLER  
HCR 60 BOX 153  
BONNERS FERRY ID 83805

RE: WATER RIGHT NO. 98-07570

Dear Water Right Holder(s):

We previously forwarded to you an Amendment for Water Permit so that you could amend your permit to correspond with the findings of the Department's field examiner.

As of this date, we have not received the amendment. If we do not receive it within fifteen (15) days, we will assume you no longer have any interest in the permit and cancellation proceedings will begin. Enclosed for your convenience is another amendment form in the event the first one was misplaced.

If you have any questions, please contact us.

Sincerely,

SHARLA CURTIS  
Technical Records Specialist

SC:blm

Enclosure

13-01-111111

FEB 12 1992

October 17, 1991

KENNETH C KELLER  
LIGIA E KELLER  
HCR 60 BOX 153  
BONNERS FERRY ID 83805

RE: WATER RIGHT NO. 98-07570

Dear Water Right Holder(s):

The above referenced water right is in the process of being licensed. However, before a license can be issued, your permit must be amended to correspond with the findings of the Department's field examiner.

The enclosed application for amendment contains information that will be included on the license when it is issued. Please review carefully and if you concur, sign the amendment and return with the \$20.00 filing fee within 15 days.

If you do not concur with these findings or if you have any questions, please contact us within the 15-day period.

Sincerely,

SHARLA CURTIS  
Technical Records Specialist

SC:blm

Enclosure

1992

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

**A. GENERAL INFORMATION**

Permit No. 98-07570

1. Owner: Kenneth C. Ligia E. KELLER Phone No. 267-7815  
Current Address: HCR-60 Box 153, Bonners Ferry ID 83805

2. Accompanied by: none EXAM. DATE: 6/21/90

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



Scale: 1" = NTS

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

FEB 12 1992

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

**A. GENERAL INFORMATION**

1. Owner: Kenneth C. L. K.

Permit No. 98-07570  
Phone No. 267-7815  
rs Ferry ID 83805  
KAM. DATE: 6/21/70  
Phone No. \_\_\_\_\_

**B.**

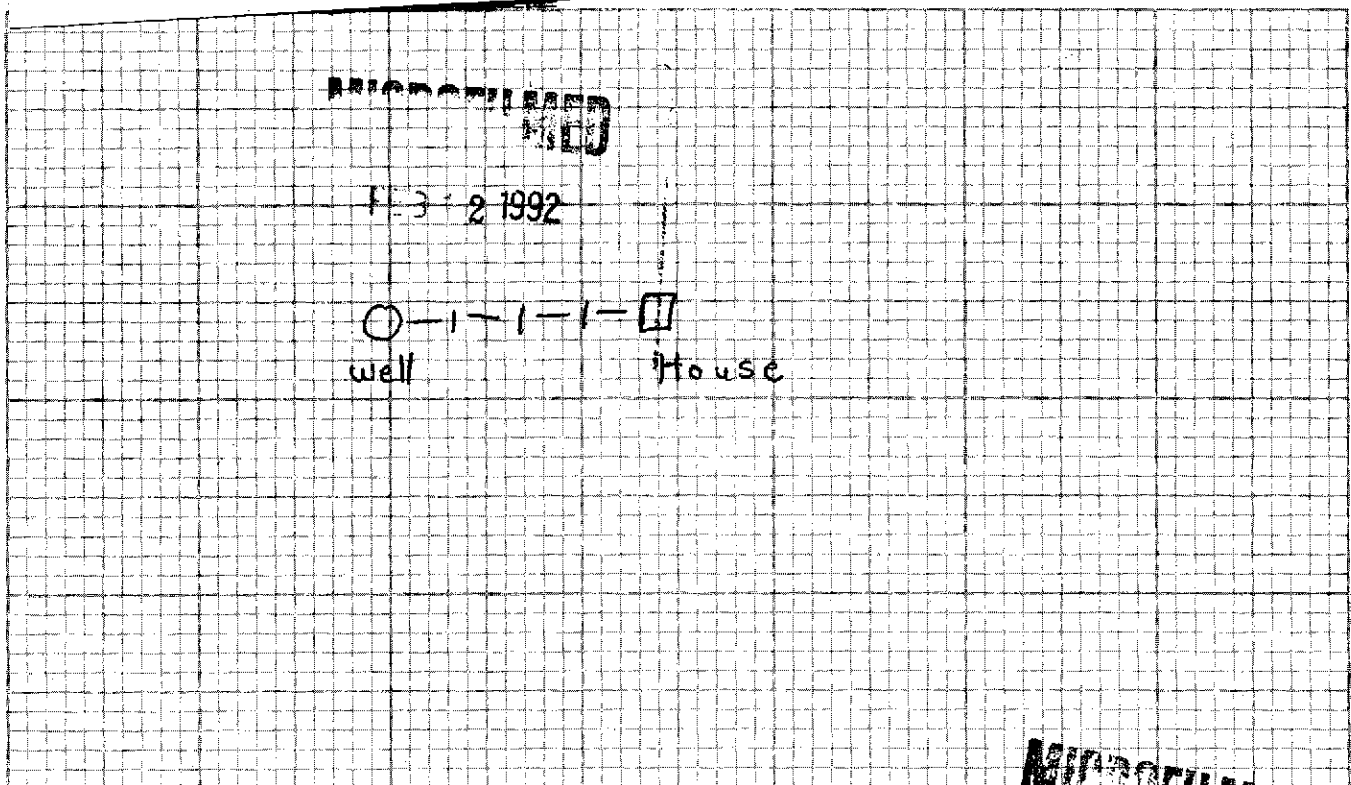
**C.**

02520 - sk

☐ Copies Attached

☐ Copies of Field Exam's Attached

between components. Indicate weir



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

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

**FEB 12 1992**

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

Well with pipe to home, lawn & garden  
Permit holder filed on an existing well. Motor  
and pump information is unavailable.

☐ See Remarks on page 4 for continuation[illegible]

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

5. Point(s) of Diversion:

[illegible]

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

[illegible]

FEB 18 1964

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:

1 Home L & G

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 Home L & G

FEB 12 1992

# H. REMARKS AND OVERLAP REVIEW ANALYSIS

0.03 is allowed according to permit. Domestic covers irrigation of garden which was listed separately on permit, but volumes applied for can & should be grouped together as Domestic under latest definition. PD & Pu are ~~more likely~~ in NWNE rather than NE NW. Application implies that applicant wasn't certain of legal.

## I. RECOMMENDATIONS

### 1. Recommended Amounts

| Beneficial Use | Period of Use<br>From To | Rate of Diversion<br>Q (cfs) | Annual Volume<br>V (af) |
|----------------|--------------------------|------------------------------|-------------------------|
| Domestic       | 1-12-31                  | 0.03                         | 1.2                     |

### 2. Recommended Amendments

- ☒ Change P.D. as reflected above
- ☐ Change P.U. as reflected above

- ☐ Add P.D. as reflected above
- ☐ Add P.U. as reflected above

- ☒ None
- ☐ Other

## J. AUTHENTICATION

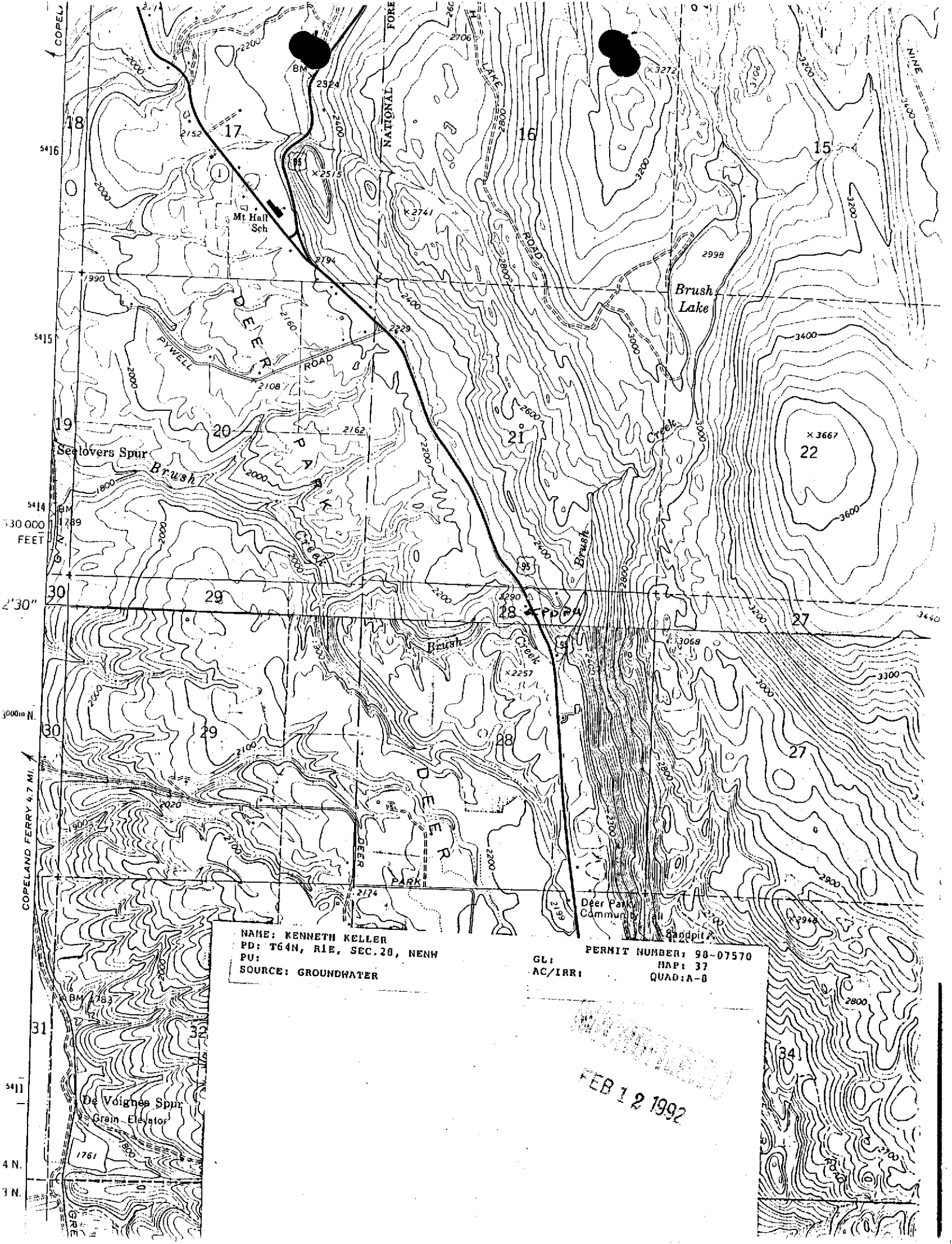
Field Examiner's Name  
Signature  
Certification Date  
Field Report Preparation Date

Theresa J Bright  
4/16/90  
4/21/90

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



FEB 12 1992



NAME: KENNETH KELLER  
PD: T64N, R1E, SEC.20, NENW  
PU:  
SOURCE: GROUNDWATER

PERMIT NUMBER: 90-07570  
GL: HAP: 37  
AC/IRR: QUAD: A-B

FEB 12 1992

SCREEN CLR

FUNCTIONS AND SUBROUTINES REFERENCED

Type Name

LIB\$SIGNAL

I\*4 SMG\$PASTE\_VIRTUAL\_DISPLAY

Type Name

I\*4 SMG\$CREATE\_PASTEBORD

9-Feb-1988 15:0  
2-Feb-1988 11:5

State of Idaho  
Department Of Water Resources

WELL INSPECTION FORM

If well is associated with water right, provide WR Permit No. 98-07570

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. 24 N, Rge. 1E Sec. 28, NW  $\frac{1}{4}$  NE  $\frac{1}{4}$  Gov. Lot \_\_\_\_\_

2. Owner: Kenneth Keller

Address: HCR 60 Box 153

City Bonniers Ferry, State ID 83805

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

4. Access Port: Y ☐ N ☒

Pressure Gauge: Y ☐ N ☒

Flowing: Y ☐ N ☒

Static Water Level: 25-45'

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: Probable well log attached

RECEIVED  
FEB 2 1992

FEB 2 1992

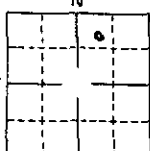
6/20/90 2 Big dogs! I took picture of House  
from Road. Was told it was Kellers  
by Mr Peterson. I also verified that  
this was their residence by phone

**MICROFILMED**

FEB 12 1992

## 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.

| <b>1. WELL OWNER</b><br>Name <u>TOM RUTLEY</u><br>Address <u>ST. RT. 1 BOX 60</u><br><u>BONNERS FERRY ID 83805</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 | <b>7. WATER LEVEL</b><br>Static water level <u>40</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature <u>60</u> °F. Quality <u>GOOD</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|---------------|--------------|----------|-----------------|--|------|----|-----|----|----|---|---|---------|--|--|----|---|---|-------------------|--|--|----|---|---|------|--|--|----|---|----|-------------------|--|--|----|----|----|------------|--|--|----|----|----|-----------|--|--|----|----|----|-----------------|--|--|----|----|----|---------|--|--|----|----|-----|---------|--|--|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>4</u></td><td><u>AIR TEST</u></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | Discharge G.P.M. | Pumping Level | Hours Pumped | <u>4</u> | <u>AIR TEST</u> |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Pumping Level   | Hours Pumped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
| <u>4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>AIR TEST</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Hole<br/>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>3"</td><td>0</td><td>1</td><td>TOPSOIL</td><td></td><td></td></tr><tr><td>3"</td><td>1</td><td>7</td><td>SAND &amp; BROWN CLAY</td><td></td><td></td></tr><tr><td>3"</td><td>7</td><td>9</td><td>SAND</td><td></td><td></td></tr><tr><td>3"</td><td>9</td><td>17</td><td>SAND &amp; BROWN CLAY</td><td></td><td></td></tr><tr><td>3"</td><td>17</td><td>22</td><td>BROWN CLAY</td><td></td><td></td></tr><tr><td>3"</td><td>22</td><td>44</td><td>GRAY CLAY</td><td></td><td></td></tr><tr><td>3"</td><td>44</td><td>57</td><td>DECOMP. GRANITE</td><td></td><td></td></tr><tr><td>3"</td><td>57</td><td>64</td><td>GRANITE</td><td></td><td></td></tr><tr><td>6"</td><td>64</td><td>187</td><td>GRANITE</td><td></td><td></td></tr></tbody></table> |                   | Hole<br>Diam.    | Depth         |              | Material | Water           |  | From | To | Yes | No | 3" | 0 | 1 | TOPSOIL |  |  | 3" | 1 | 7 | SAND & BROWN CLAY |  |  | 3" | 7 | 9 | SAND |  |  | 3" | 9 | 17 | SAND & BROWN CLAY |  |  | 3" | 17 | 22 | BROWN CLAY |  |  | 3" | 22 | 44 | GRAY CLAY |  |  | 3" | 44 | 57 | DECOMP. GRANITE |  |  | 3" | 57 | 64 | GRANITE |  |  | 6" | 64 | 187 | GRANITE |  |  |
| Hole<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Depth           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Material          |                  | Water         |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | From            | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | Yes              | No            |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
| 3"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0               | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TOPSOIL           |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
| 3"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1               | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SAND & BROWN CLAY |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
| 3"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7               | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SAND              |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
| 3"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9               | 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SAND & BROWN CLAY |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
| 3"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 17              | 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BROWN CLAY        |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
| 3"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 22              | 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | GRAY CLAY         |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
| 3"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 44              | 57                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DECOMP. GRANITE   |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
| 3"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 57              | 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | GRANITE           |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
| 6"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 64              | 187                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GRANITE           |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br>Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br>Number _____ From _____ To _____<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>18'</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Puddling clay <input checked="" type="checkbox"/> Well cuttings<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input checked="" type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld _____<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ |                 | <b>10.</b><br>Work started <u>4/2/79</u> finished <u>4/2/79</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Subdivision Name _____<br><u>FEB 12 1992</u><br>Lot No. _____ Block No. _____<br>County <u>BELLEVILLE</u><br>Rt. 1 NE 1/4 Sec. 23 T. 64 N. R. 1 E. W.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were<br>complied with at the time the rig was removed.<br>Firm Name <u>PIQUA DRILLING</u> Firm No. <u>356</u><br>Address <u>P.O. Box 659</u> Date <u>4/2/79</u><br><u>HAYDEN LAKE ID 83805</u><br>Signed by (Firm Official) _____<br>and<br>(Operator) <u>M. J. D. D. D.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                  |               |              |          |                 |  |      |    |     |    |    |   |   |         |  |  |    |   |   |                   |  |  |    |   |   |      |  |  |    |   |    |                   |  |  |    |    |    |            |  |  |    |    |    |           |  |  |    |    |    |                 |  |  |    |    |    |         |  |  |    |    |     |         |  |  |



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. Kenneth Keller  
HCR 60 Box 153  
Bonners Ferry, Id. 83805

Re: 98-7570

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

*Enc.*

**MICROFILMED**

DEC 27 1988

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 98-7570

Date: 10/14/88

General Considerations:

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

Source of Water:

Y Surface water  
Y Groundwater  
N 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:

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

Remarks:

Proof acceptable

Y Priority Calculation:  
Date proof received Aug. 31, '88 243  
Date proof due Aug. 1, '88 - 213  
No. of days late = 30  
Priority date June 20, '83 + 171  
NEW PRIORITY DATE July 20, '83 = 201

SEND FILES TO DATA ENTRY AND THEN TO MICROFILM

RECEIVED

Form 217  
03/86

AUG 31 1988

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 JB  
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. 98-07570

Name(s) of Permit Holder: KENNETH C. KELLER / LIGIA E. KELLER

Post Office Address: HCR 60 BOX 153, BONNERS FERRY, ID 83805

Telephone No. (208) 267-7815

Source of Water: WELL

Extent of Use:

Domestic ONE (number of households) Stockwater N/A (number and type of stock)

Irrigation N/A (acres) Other/Remark \_\_\_\_\_

Total rate and/or volume for which proof is submitted 5 GPM .001 cfs \_\_\_\_\_ acre-feet

Show the date water was first diverted and beneficially used under this permit: 1984

Measuring Device: Required? ☐ Yes ☒ No  
Installed? ☐ Yes ☐ No Fee enclosed \$ NONE REQUIRED  
(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:

Ken Keller

(Name)

(208) 267-7815

(Telephone Number)

Above

(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.

DEC 27 1988

August 26, 1988  
Date

Kenneth C. Keller  
Signature of Permit Holder (and title, if appropriate)

To: File 98-9570

From: Groundwater Protection

Date: 10/25/88

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

OK

No further action recommended

*g*

MICROFILMED

DEC 27 1988



State of Idaho

# DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 - (208) 334-7900

CECIL D. ANDRUS  
GOVERNOR  
R. KEITH HIGGINSON  
DIRECTOR

September 12, 1988

*see below*

Kenneth C. and Ligia E. Keller  
HCR 60, Box 153  
Bonners Ferry, ID 83805

RE: Permit No. 98-7570

RECEIVED  
OCT 14 1988

Department of Water Resources

Dear Permit Holder:

The department received your Proof of Beneficial Use form, however, before completing processing, additional information is needed.

If you have a well driller's report, please send a copy to the department. If you do not have one, please let me know who drilled the well and when it was drilled.

Please remit the requested information by October 12, 1988. Upon receipt of the information, the department will review the proof and reinstate the permit.

If you have any questions, feel free to call me.

Sincerely,

RITA FLECK  
Secretary/Records Manager

c: N. Region

*Rita -  
previous owners tell us that the well was  
drilled about 1978 by Aqua Drilling & Sandpoint  
(263-5509)*

*Thanks*

*Ken Keller*

MICROFILMED

DEC 27 1988

September 12, 1988

Kenneth C. and Ligia E. Keller  
HCR 60, Box 153  
Bonners Ferry, ID 83805

RE: Permit No. 98-7570

Dear Permit Holder:

The department received your Proof of Beneficial Use form, however, before completing processing, additional information is needed.

If you have a well driller's report, please send a copy to the department. If you do not have one, please let me know who drilled the well and when it was drilled.

Please remit the requested information by October 12, 1988. Upon receipt of the information, the department will review the proof and reinstate the permit.

If you have any questions, feel free to call me.

Sincerely,

RITA FLECK  
Secretary/Records Manager

c: N. Region

**MICROFILMED**

DEC 27 1988

To: File 95-7570

From: Groundwater Protection

Date: 9/6/88

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.

**MICROFILMED**

DEC 27 1988

Keller  
Hercules 60153  
Tommy's Ferry  
ID 83805



Dept. of Water Resources  
1301 N. Orchard St;  
Statehouse Mall

Boise, ID 83720



# WARNING

CANCELLED OR LAPSED

This permit has been officially CANCELLED or LAPSED.

Ninety days following the date of official action this file will be DESTROYED.

August 16, 1988

KENNETH C. KELLER  
LIGIA E. KELLER  
STAR RT. 1  
BONNERS FERRY, ID 83805

LAPSE NOTICE

RE: PERMIT NO. 98-07570

Dear Permit Holder:

You are hereby notified that under the provisions of Section 42-218A, Idaho Code, the above referenced water permit has lapsed. This office did not receive either an acceptable proof of beneficial use submittal or an acceptable request for an extension of time. You were provided the proper form in our proof due notice to you dated July 31, 1988.

Your permit cannot be reinstated unless you submit proof of beneficial use or submit an extension of time request showing reasonable cause for delay. Either the completed proof of beneficial use submittal (including the examination fee or a completed field examination report) or the extension request form together with the \$15 fee must be received by this lapse notice or the permit will no longer be of any force of effect.

A proof of beneficial use form and a request for extension of time form are again enclosed for your use. Please note that only one extension of time can be granted unless the project has not been completed because of lack of a necessary approval by a governmental agency or by litigation which might bring title to the water in question.

L. Glen Saxton  
Chief, Operations Bureau

Enclosures

LGS:RF

UNRECORDED

DEC 27 1988

CERTIFICATION OF MAILING

I hereby certify that on 8/17/88  
a copy (an original of this document was  
deposited in the United States mail,  
postage properly addressed to the  
individual(s) named above.

Heidi Miller

138997  
CERTIFIED MAIL  
May 31, 1988

KELLER, KENNETH C. & LIGIA E.  
STAR RT. 1  
BONNERS FERRY, ID 83805

**PROOF DUE NOTICE**

RE: Permit No. 98-7570

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 August 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**

DEC 27 1988

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

---

STATEHOUSE  
BOISE, IDAHO 83720  
(208) 334-4440

KELLER, KENNETH C. & LIGIA E.  
STAR RT. 1  
BONNERS FERRY, ID 83805

AUGUST 30, 1983

RE: PERMIT NO. 98-7570

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: RYA

APPLICATION NUMBER: 98-7570

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  
☒ Yes ☒ No  
☒ Yes ☒ No  
☒ Yes ☒ No\*

Field check by: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Field check required.

Critical groundwater area.

Request dam safety information. Sent by: \_\_\_\_\_ Date: \_\_\_\_\_

In form to receipt.

\*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\*

In form for advertising.

Final date for protests: 7-18-83

- ☐ Yes ☐ No

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

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 7/15/83  
☒ Application published correctly. If not, record action taken: \_\_\_\_\_  
☒ Fee amount, receipt date & number, recorded on application.  
☒ Publication dates and paper, recorded on application.  
☒ Protests, dates, withdrawal, etc., recorded on application.  
☒ Recommendation & initial, recorded on application.

- ☐ Yes ☒ No

Measuring device required.

- ☐ Yes ☒ No

Access port required.

- ☐ Yes ☒ No

Will water be delivered by watermaster? If yes, what district? \_\_\_\_\_

6/20/83

Date of priority recommended.

Special conditions of approval or cover letter. \_\_\_\_\_

By: RYA

Date: 7/29/83

STATE OFFICE REVIEW:

SLW/L7

26

- ☐ See attached sheet for more information.

By: Teep

Date: 8/8/83

RECEIVED  
AUG 05 1983  
Department of Water Resources

MICROFILMED

POINT OF DIVERSION AND STREAM INDEX INFORMATION

| TRACT | SEC | TWP | RGE | gov't<br>lot | rediv.<br>(R) | REACH |
|-------|-----|-----|-----|--------------|---------------|-------|
|-------|-----|-----|-----|--------------|---------------|-------|

IDAHO STREAM CODE INDEX

| TRACT | SEC | TWP | RGE | gov't<br>lot | rediv.<br>(R) | REACH |
|-------|-----|-----|-----|--------------|---------------|-------|
|-------|-----|-----|-----|--------------|---------------|-------|

IDAHO STREAM CODE INDEX

| TRACT | SEC | TWP | RGE | gov't<br>lot | rediv.<br>(R) | REACH |
|-------|-----|-----|-----|--------------|---------------|-------|
|-------|-----|-----|-----|--------------|---------------|-------|

IDAHO STREAM CODE INDEX

| TRACT | SEC | TWP | RGE | gov't<br>lot | rediv.<br>(R) | REACH |
|-------|-----|-----|-----|--------------|---------------|-------|
|-------|-----|-----|-----|--------------|---------------|-------|

IDAHO STREAM CODE INDEX

| TRACT | SEC | TWP | RGE | gov't<br>lot | rediv.<br>(R) | REACH |
|-------|-----|-----|-----|--------------|---------------|-------|
|-------|-----|-----|-----|--------------|---------------|-------|

IDAHO STREAM CODE INDEX

98-2520-

KELLER, KENNETH C. &/or LIGIA E.

STAR RT. 1, BONNERS FERRY, ID 83805

Source: GROUNDWATER

Date Filed: 06/20/1983

Diversion Pt: NENW Sec 28 T 64N R 01E

Use: DOMESTIC (0.0268 CFS)

In: NENW Sec 28 T 64N R 01E

RECORDED