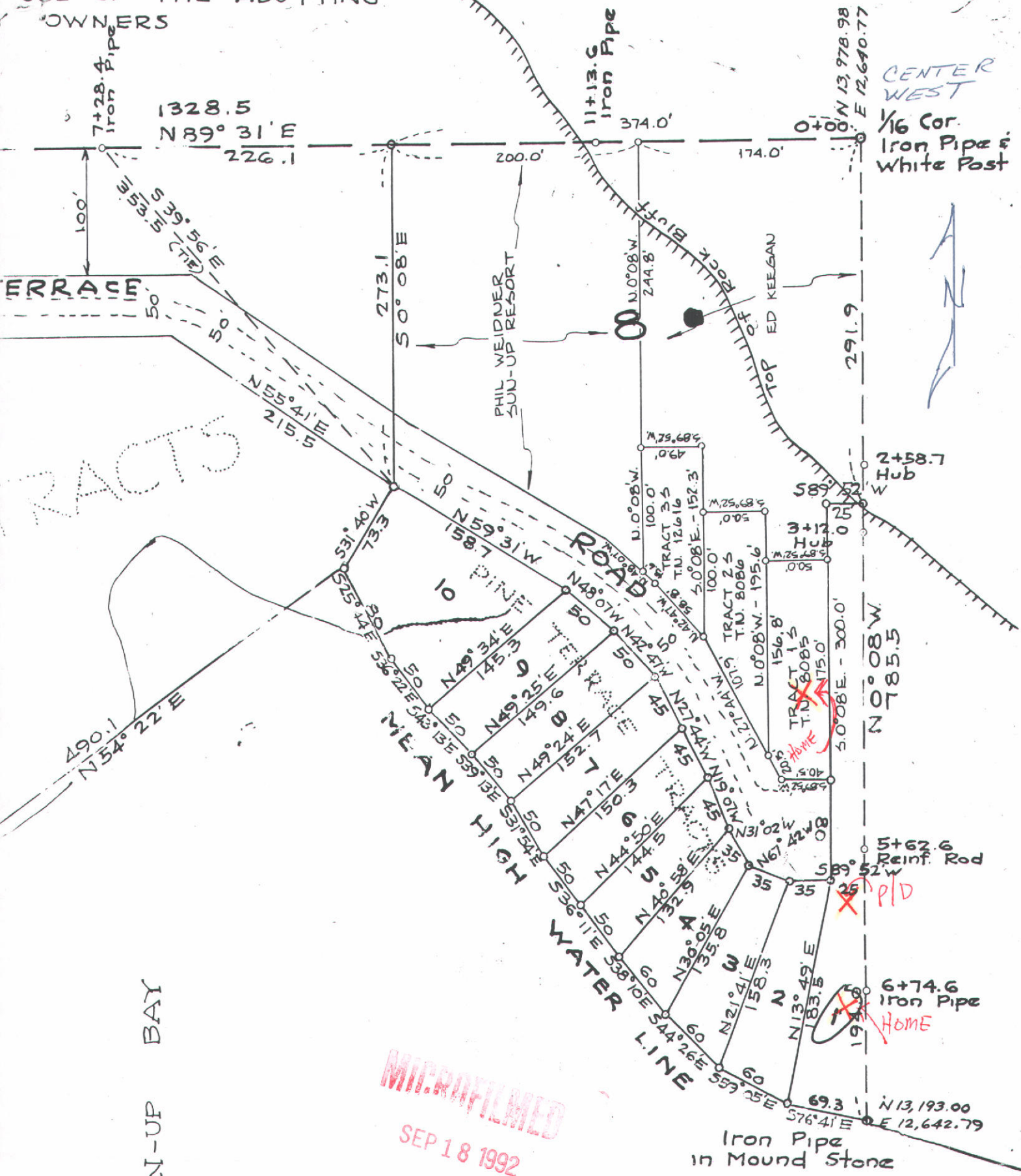


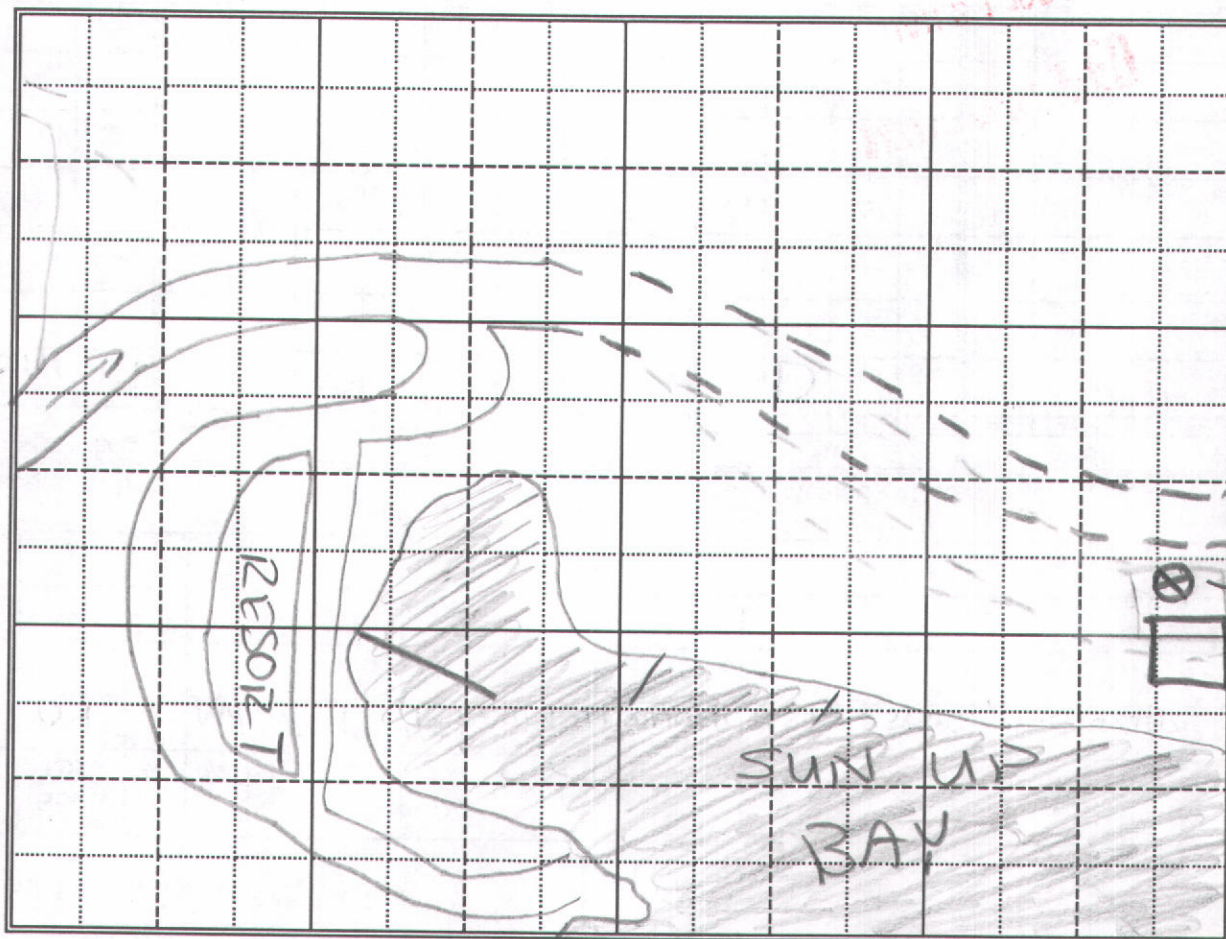
95-8757

ACE ROAD IS RESERVED
USE OF THE ABUTTING
OWNERS



MICROFILMED
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3. **Delivery System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable.



Scale: 1" = _____

☒ Copy of USGS 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)

☒ Photo of Diversion and System Attached

4.

Well or Diversion Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
NONE					

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

D. FLOW MEASUREMENTS

1.

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calib. Date
NONE						

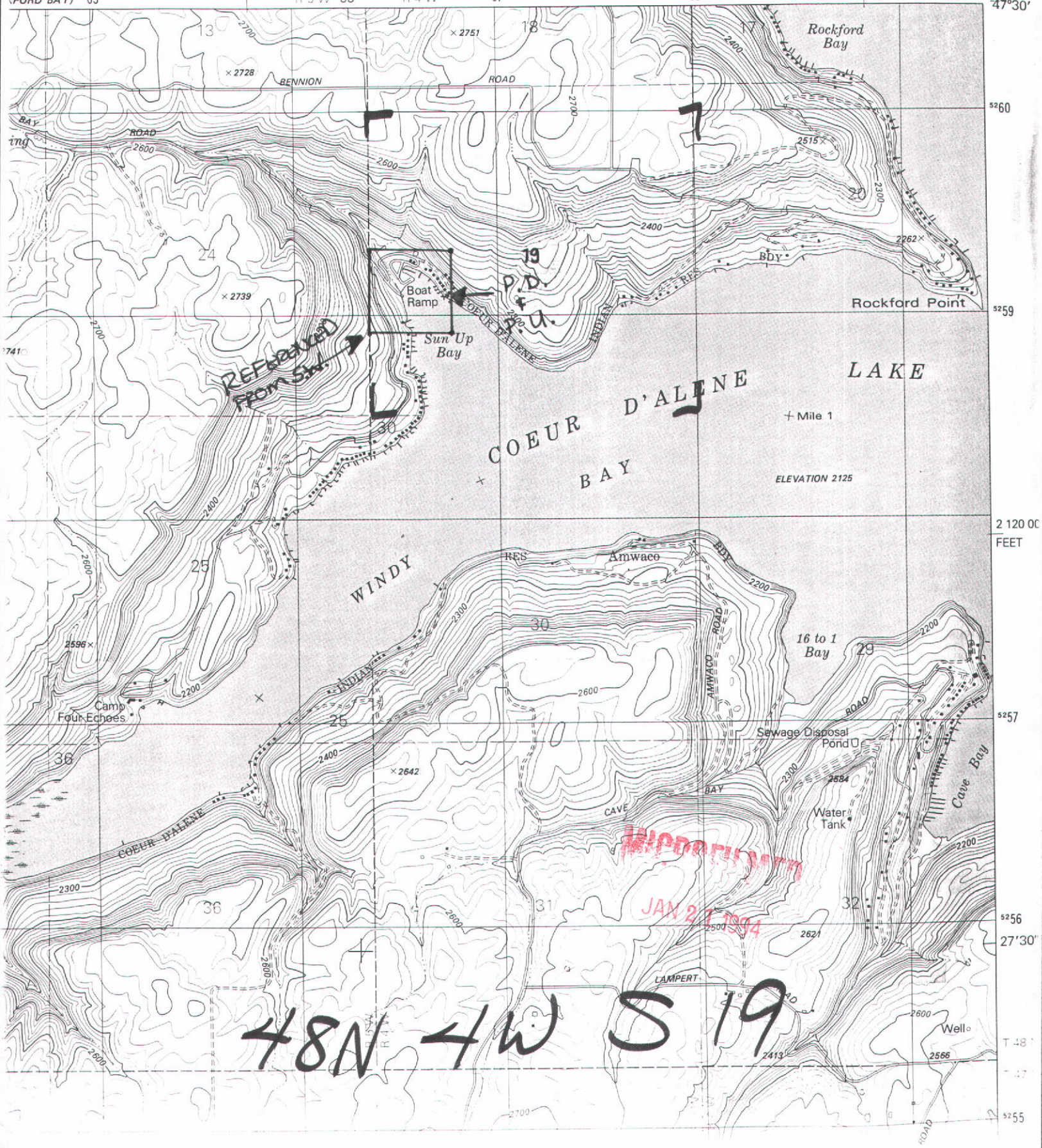
2. Measurements: NONE

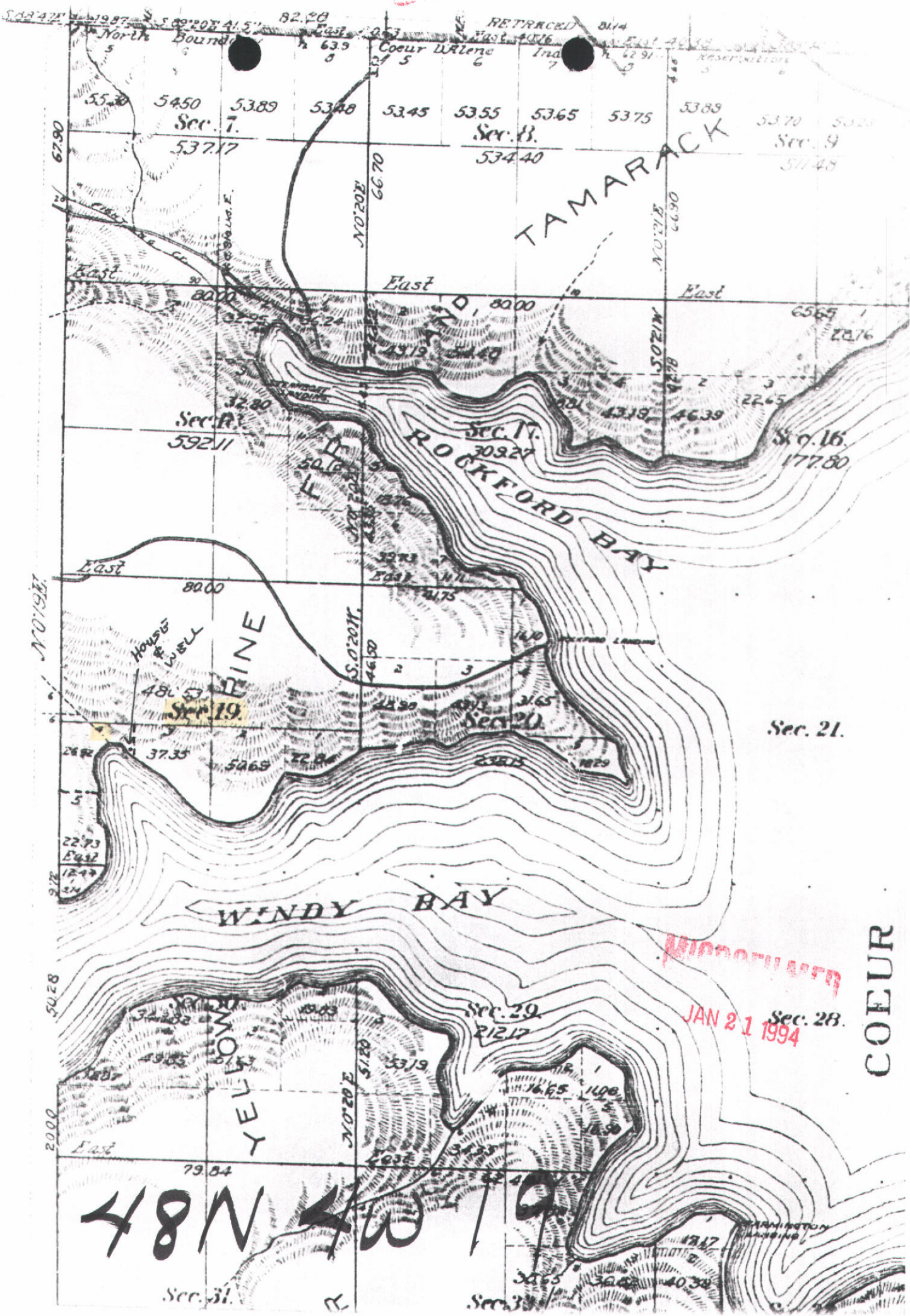
JAN 21 1994

WORLEY QUADRANGLE
IDAHO-KOOTENAI CO.
7.5-MINUTE SERIES (TOPOGRAPHIC)
NW/4 PLUMMER 15' QUADRANGLE

2679 III
IMCA

179 III SW (FORD BAY) 505 R 5 W 55' R 4 W 507 508 220 000 FEET 509 116°52'30" 47°30'





COEUR

48N 4W



MR. KEEGAN'S
WELL.

← P.D.

PERMIT # 95-08751



MR. KEEGAN'S
CABIN. (HOUSE)

← P.U.

MAILED
JAN 21 1994

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY

If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 7/6/92			TIME COLLECTED 6:00 ☒ AM ☐ PM	COUNTY NAME KOOTENAI
--	--	--	--	-------------------------

TYPE OF SYSTEM ☐ PUBLIC ☒ INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. No. <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							CIRCLE GROUP A B

NAME OF SYSTEM

SPECIFIC LOCATION WHERE SAMPLE COLLECTED (In kitchen tap or school fire station fountain) PERSONAL in house Basin Tap	TELEPHONE NO. DAY (509) 325-4200 EVENING ()
--	--

SAMPLE COLLECTED BY: (Name) SELF	SYSTEM OWNER/MGR.: (Name)
-------------------------------------	---------------------------

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE
☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION
☒ WELL FIELD ☐ INTERTIE ☐ or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)
 E. P. KEEGAN
 W 3002 RIVERVIEW DR
 SPOKANE WASHINGTON 83401

TYPE OF SAMPLE (check only one in this column)	
☒ ROUTINE DRINKING WATER check treatment → ☒ Filtered ☒ Untreated or Other	☐ Chlorinated (Res dual: Total Free)
☐ REPEAT SAMPLE Previous coliform presence Lab # Previous coliform presence Date	"Unofficial Collection" "Official Lab Results"
☐ RAW SOURCE WATER Source # S	☐ Total Coliform
☐ NEW CONSTRUCTION or REPAIRS	☐ Fecal Coliform
☐ OTHER (Specify)	

REMARKS
 1/2" P.D. 7-6-92 # 9181

LABORATORY RESULTS (FOR LAB USE ONLY)	
TOTAL COLIFORM /100 ml	E. COLI /100 ml
FECAL COLIFORM /100 ml	HETEROTROPHIC /100 ml

ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: ☐ Sample too old ☐ Wrong container ☐ Incomplete form ☐	TEST UNSUITABLE BECAUSE: ☐ Confluent growth ☐ TNTC ☐ Turbid culture ☐ Excess debris

DRINKING WATER SAMPLE RESULTS	
☐ REPEAT SAMPLE REQUIRED, Coliforms present	☒ SATISFACTORY, Coliforms absent
☐ E. Coli present	☐ E. Coli absent
☐ Fecal present	☐ Fecal absent

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. 7805259	DATE, TIME RECEIVED 7-6-92 10:40	RECEIVED BY [Signature]
--------------------	-------------------------------------	----------------------------

DATE REPORTED 7/8/92	LABORATORY: [Redacted]
REMARKS UNOFFICIAL BTL	

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08751

Priority: May 1, 1992

Maximum Diversion Rate:

0.04 CFS

Maximum Diversion Volume:

1.2 AF

This is to certify, that EDWIN P KEEGAN
W 3002 RIVERVIEW DR
SPOKANE WA 99205

has complied with the terms and conditions
of the permit, issued pursuant to Application for Permit dated May 1, 1992; and
has submitted Proof of Beneficial Use on August 27, 1992. An examination indicates
that the works have a diversion capacity of .040 cfs of water from a **GROUNDWATER**
source, and a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
DOMESTIC	01/01 to 12/31	0.04 CFS	1.2 AF

LOCATION OF POINT(S) OF DIVERSION: Lot 4(NWSW), Sec. 19, Township 48N, Range 04W
KOOTENAI County

PLACE OF USE: DOMESTIC

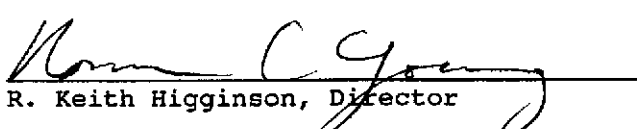
TWN RGE SEC

48N 04W 19 Lot 4(NWSW)

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 6TH
day of DECEMBER, 1993.

Acting for 
R. Keith Higginson, Director

JAN 21 1994

RECEIVED

AUG 27 1992

Department of Water Resources

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

OFFICE USE ONLY
Amt. of Fee \$ _____
Date _____
Receipt No. _____
Receipt by _____

PROOF OF BENEFICIAL USE

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

1. Permit No. 95-08751 Telephone No. (509) 325-4200
2. Name(s) of Permit Holder(s): EDWIN P. KEEGAN
3. Mailing Address: W. 3002 RIVERVIEW DRIVE, SPOKANE, WA - 99205
4. Source of Water: 100 FT. WELL

If GROUNDWATER, Well Driller's Name: PONDEROSA DRILLING Date Drilled: 6/11/92

OPTIONAL:

Pump horsepower: _____ Pressure (psi): _____ Dynamic pumping level (ft.): _____

5. Extent of Use (as authorized by the permit):

Domestic TWO (No. of households) Stockwater _____ (No. and type of stock)

Irrigation _____ (No. of acres) Other _____

6. Total rate and/or volume for which proof is submitted (20 GPM) ~~gpm~~ OR _____ acre/feet

7. Refer to the approval conditions on your permit and respond accordingly:

Measuring device: Required? _____ Yes ☒ No _____ Installed? _____ Yes ☒ No _____

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

8. Fee Enclosed: \$ NOT REQUIRED (See License Fee Schedule on back of Instruction Sheet)

9. Person to contact to accompany the Department representative during field examination of the water system.

Name EDWIN P. KEEGAN - (509) 325-4200

Address W. 3002 RIVERVIEW DRIVE, SPOKANE, WA - 99205

10. 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.

DATE AUG 19, 1992

Signature (and title, if on behalf of a company or organization) Edwin P. Keegan

SEP 18 1992

State of Idaho
Department of Water Resources

Permit To Appropriate Water

NO. 95-08751

Proposed Priority: May 1, 1992 Maximum Diversion Rate: 0.04 CFS

This is to certify, that **EDWIN P. KEEGAN**
W 3002 RIVERVIEW DR
SPOKANE WA 99205

has applied for a permit to appropriate water from: **GROUNDWATER**
and a permit is **APPROVED** for development of water as follows:

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

LOCATION OF POINT(S) OF DIVERSION: Lot 4(NWSW), Sec. 19, Township 48N, Range 04W
KOOTENAI County

PLACE OF USE: DOMESTIC
TWN RGE SEC

48N 04W 19 Lot 4(NWSW)

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before **September 1, 1993.**
2. Subject to all prior water rights.
3. Domestic use is for 2 homes.

This permit is issued pursuant to the provisions of Section 42-204, Idaho Code.
Witness the signature of the Director, affixed at Boise, this

10th day of August, 1992

[Signature]
for R. Keith Higginson, Director

MICROFILMED

SEP 18 1992

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

(509) 325-4200

1. Name of applicant Edwin P. Keegan Phone 664-2275

Post office address W. 3002 Riverview Dr. Spokane, Wa. 99205

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

3. Location of point of diversion is _____ $\frac{1}{4}$ of NW $\frac{1}{4}$ of SW $\frac{1}{4}$, Govt. Lot 4
Sec. 19 Township 48N Range 4W B.M. Kootenai County; additional
points of diversion if any: _____

4. Water will be used for the following purposes:

Amount 0.04 for Domestic purposes from 1/1 to 12/31 (both dates inclusive)
(cfs or acre-feet per annum)

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

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 is (a) 0.04 and/or (b) _____
cubic feet per second acre feet per annum

6. Proposed diverting works:

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

b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total
reservoir capacity _____ acre-feet; period of year when water will be diverted to storage:
_____ to _____ inclusive.

c. Proposed well diameter is 6" inches; proposed depth of well is 140' feet.

d. Is ground water with a temperature of greater than 90°F being sought? No

7. Time required for the completion of the works and application of the water to the proposed beneficial use is
1 years (minimum 1 year).

SEP 18 1992

12. Remarks: ~~I mobile home on back lot used sometimes for guests - use will still~~

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

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

11. a. Who owns the property at the point of diversion? _____ Applicant

use right from Lake Coeur d'Alene.

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

Total number of acres to be irrigated:

[illegible]

ponding place of use below. See instructions for standard symbols.

b. If water is used for other purposes, place a symbol of the use (example: *D for Domestic*) in the corresponding column.

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

9. Description of place of use:

e. Other, describe fully.

d. Domestic; show number of households. 1 home (SEE REMARKS - TDK) (2 Homes total)

c. Municipal; show name of municipality.

b. Stockwatering; list number and kind of livestock.

a. Hydropower; show total feet of head and proposed capacity in KW.

8. Description of proposed uses (if irrigation only, go to item 9):

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

A full-page sheet of white graph paper featuring a uniform grid of thin black lines. The grid consists of 20 columns and 20 rows, creating a total of 400 small squares. The lines are evenly spaced and extend across the entire page, leaving no margins or additional markings.

Scale: 2 inches equal 1 mile.

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

SEP 18 1992

Elwin P. Keegan
(Applicant)

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

Received by _____ Date 5/1/92 Time 11:38 AM Preliminary check by TDK
Fee \$ 30.00 Received by _____ # N 5403 Date 5/1/92
Publication prepared by _____ Date 5/13/92 Published in _____
Publication approved _____ Date 6/2/92

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of

Idaho No. _____, and said application is hereby _____

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

_____, 19____

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. The water right acquired under this permit if for hydropower purposes shall be junior and subordinate to all rights to the use of water, other than hydropower, within the State of Idaho that are initiated later in time than the priority of this permit and shall not give rise to any right or claim against any future rights to the use of water, other than hydropower, within the State of Idaho initiated later in time than the priority of this permit.
e. Other:



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

Phone: (208) 327-7900 FAX: (208) 327-7866

CECIL D. ANDRUS
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

December 7, 1993

EDWIN P KEEGAN
W 3002 RIVERVIEW DR
SPOKANE WA 99205

RE: WATER RIGHT NO. 95-08751

Dear Water Right Holder(s):

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Jim Johnson', written over a circular stamp.

JIM JOHNSON
Water Rights Supervisor

JJ:dc

Enclosure

RECEIVED

JAN 21 1994

WR0749NP
No. L95-08751

IDAHO DEPARTMENT OF WATER RESOURCES
WATER RIGHT PROFILE REPORT
(REGIONAL)

DATE: 11/29/93
PAGE: 1

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	EDWIN P KEEGAN W 3002 RIVERVIEW DR SPOKANE WA 99205 (509) 325-4200	05/01/1992	DOMESTIC	01-01 12-31	0.04 CFS	1.2 AFA
TOTAL DIVERSION:					0.04 CFS	1.2 AFA

Water Source: GROUNDWATER

Tributary to:

Stage: LICENSE

Point(s) of Diversion Capacity: 0.04 CFS

Point(s) of Diversion: T48N R04W S19 Lot 04(NW SW)

Place of use Legal Description for: DOMESTIC

				NE				NW				SW				SE			
				NENE NWNE SWNE SENE				NENW NWNW SWNW SENW				NESW NWSW SWSW SESW				NESE NWSE SWSE SESE			
T	R	S	:	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac
---	---	---	:	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
48N	04W	19	:											04-D					

Pou County: KOOTENAI

Remarks: Domestic use is for 1 home.

Dates: App. Received: 05/01/1992 Priority Date: 05/01/1992
Proof Due Date: 09/01/1993 Proof Made Date: 08/27/1992
Exam Made Date: 06/26/1993 Exam Sent to S.O.: 10/27/1993
Licensed Date:

Misc: Water District Number: Field Exam Fee: N (Not Required)

Comments: Date: 05/13/1992 User-ID: STYPA Subject: ADDITIONAL TELEPHONE NUMBER
The applicant's telephone number in Coeur d'Alene is 664-2275.

Date: 08/27/1992 User-ID: VAULT Subject: Proof of Beneficial Use Rcvd
Proof of Beneficial Use Rcvd

Date: 10/16/1992 User-ID: STYPA Subject: WELL INFORMATION
Well dug by Ponderosa Drilling on 6/11/1992.

Audit: 11/29/93 CHAPMAN

LICENSE REVIEW CHECKLIST

Permit # 95-8751 Date 11-29-93 Brenda Chapman

NAME Yes No ✓ Or Address Change?

PRIORITY DATE ✓ Advance? Memo to Advance
 ✓ Order to Reinstate Needed?
NA ✓ Incorrect Fee for rate recommended?

SOURCE — ✓ Changes? Clarification of Originally
Intended source _____
✓ Notice of Intent to Void - Source change.

P/D _____ ✓ Amendment Needed? _____
 _____ ✓ Overlap(s) _____

P/U ✓ Amendment Needed? _____
 ✓ Overlap(s) _____

TOTAL CFS	<u>-NA-</u>	Disagree/Measurement	<u>None Done</u>
	<u>✓</u>		
	<u>✓</u>	Theoretical	$8.8 \times .70 \times$
			$+ 2.31 \times$
	<u>✓</u>	Capacity	<u>.04</u>
		Allowable Amount:	<u>.04</u>

TOTAL VOLUME _____ ☒ Disagree with Examiner's Calculations?

_____ ☐ (1) DOMESTIC = 1.2

_____ ☒ Flow limit: .04 x 365 x 1.9835 = 28.9

_____ ☐ Season

USES _____ ☒ Change(s) in Nature of Use? _____
 _____ ☒ Amendment Needed? _____

REMARKS

_____ ✓ Multiple P/Ds in 1/4 1/4? _____

_____ ✓ Special Overlap _____

_____ ✓ Other _____

CONDITIONS	<u> </u>	<u> </u>	Measuring/Locking Devices	<u> </u>	
	<u> </u>	<u> </u>	W/Master Control	<u> </u>	Water Dist
	<u> </u>	<u> </u>	Irrigation Overlap	<u> </u>	App Rec'd
	<u> </u>	<u> </u>	Water Quality	<u> </u>	Exam Made

COMMENTS: Only 1 DOMESTIC

RECOMMENDED	CFS	DIV VOL
<u>Domestic</u>	<u>.04</u>	<u>1.2</u>
_____	_____	_____

LICENSE ✓
AMEND
2ND AMEND

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

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NOV 01 1993

Department of Water Resources

A. GENERAL INFORMATION

Permit No. 95-08751

1. Owner: EDWIN P. KEELAN

Phone No. (509) 325-4200

Current Address: W. 3002 RIVERVIEW DR. SPOKANE, WA. 99205

2. Accompanied by: SAME

EXAM DATE: 6-26-93

Address: SAME

Phone No. SAME

Relationship to Permit Holder: OWNER

3. Source: GROUNDWATER

tributary to —

B. OVERLAP REVIEW

1. Other water rights with the same place of use: —

2. Other water rights with the same point of diversion: —

C. DIVERSION AND DELIVERY SYSTEM

1. Point(s) of Diversion:

Ident No.	Gov't Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Method of Determination/Remarks
	04		NW	SW	19	48N	04W	KOOTENAI	U.S.G.S. TOPO., METSKER

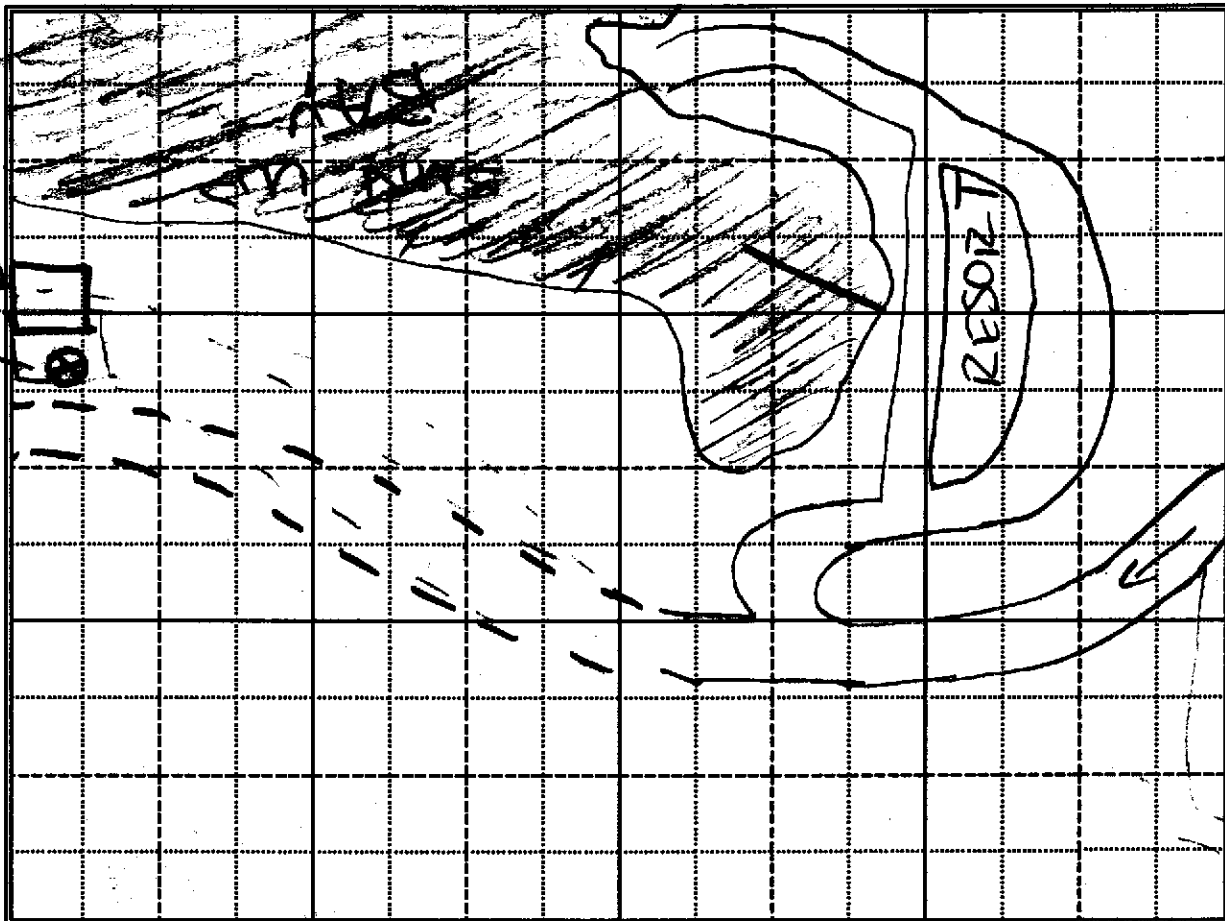
2. Place(s) of Use:

Indicate Method of Determination

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
48N	04W	19																	

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NOV 21 1994

3. Delivery System Diagram: Indicate all major components and distances between components. Indicate well size/ditch size/pipe l.d. as applicable.



Scale: 1" = _____
 X Copy of USGS Quadrangle Attached Showing location(s) of point(s) of diversion and place(s) of use (required).
 Aerial Photo Attached of 10+ acres (required for irrigation of 10+ acres)
 X Photo of Diversion and System Attached

4.

Well or Diversion Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
NONE					

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

D. FLOW MEASUREMENTS

1.

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calib. Date
NONE						

2. Measurements:

NONE

JAN 21 1994

E. NARRATIVE/REMARKS/COMMENTS

MR. KEEGAN EXPLAINED THAT THE DOMESTIC
USE IS FOR ONLY ONE HOME. AND THAT IS
HIS. HE DOESN'T SHARE HIS WELL.

Have conditions of permit approval been met? ☒ yes ☐ no

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JAN 21 1994

SEAL

Field Examiner's Name Sgt. M. Kuntz Date July 1, 1993

1. AUTHENTICATION

_____	Change P.D. as reflected above	_____	Add P.D. as reflected above	_____	Change P.U. as reflected above
☒ None					
_____	Other	_____	Add P.U. as reflected above	_____	

2. Recommended Amendments

Beneficial Use	Domestic	Period of Use From To	Rate of Diversion Q (cfs)	Annual Volume V (ata)
		01-01	0.04	1.2
		12-31	0.04	1.2
Totals:			0.04	1.2

1. Recommended Amounts

H. RECOMMENDATIONS

5/25

2. Volume Calculations for Other Uses:

$$V_{LR} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 10000$$

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

$$V = \text{Smaller of } V_{LR} \text{ and } V_{DR} =$$

G. VOLUME CALCULATIONS

NON

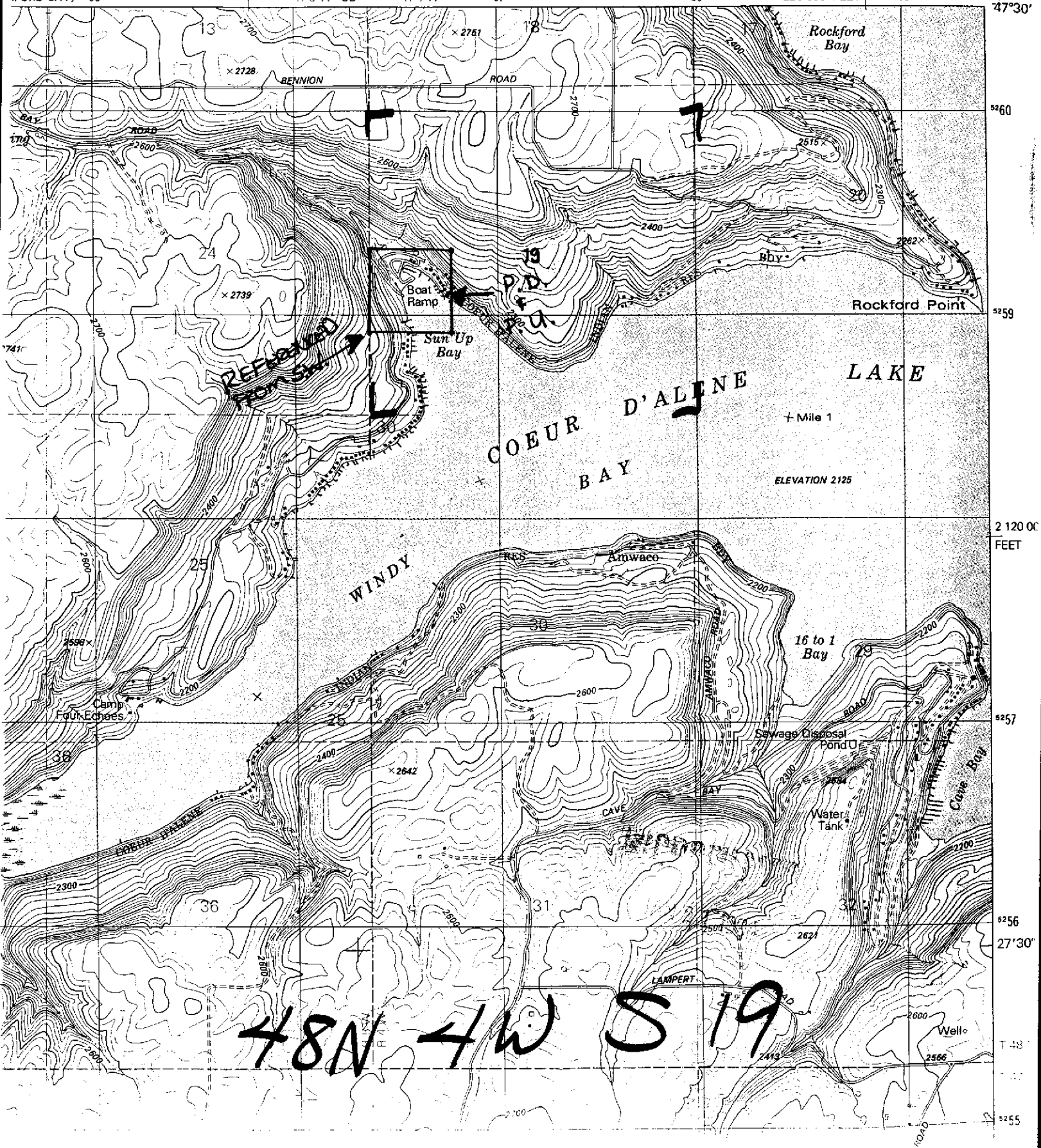
Measured Method:

Additional Computation Sheets Attached

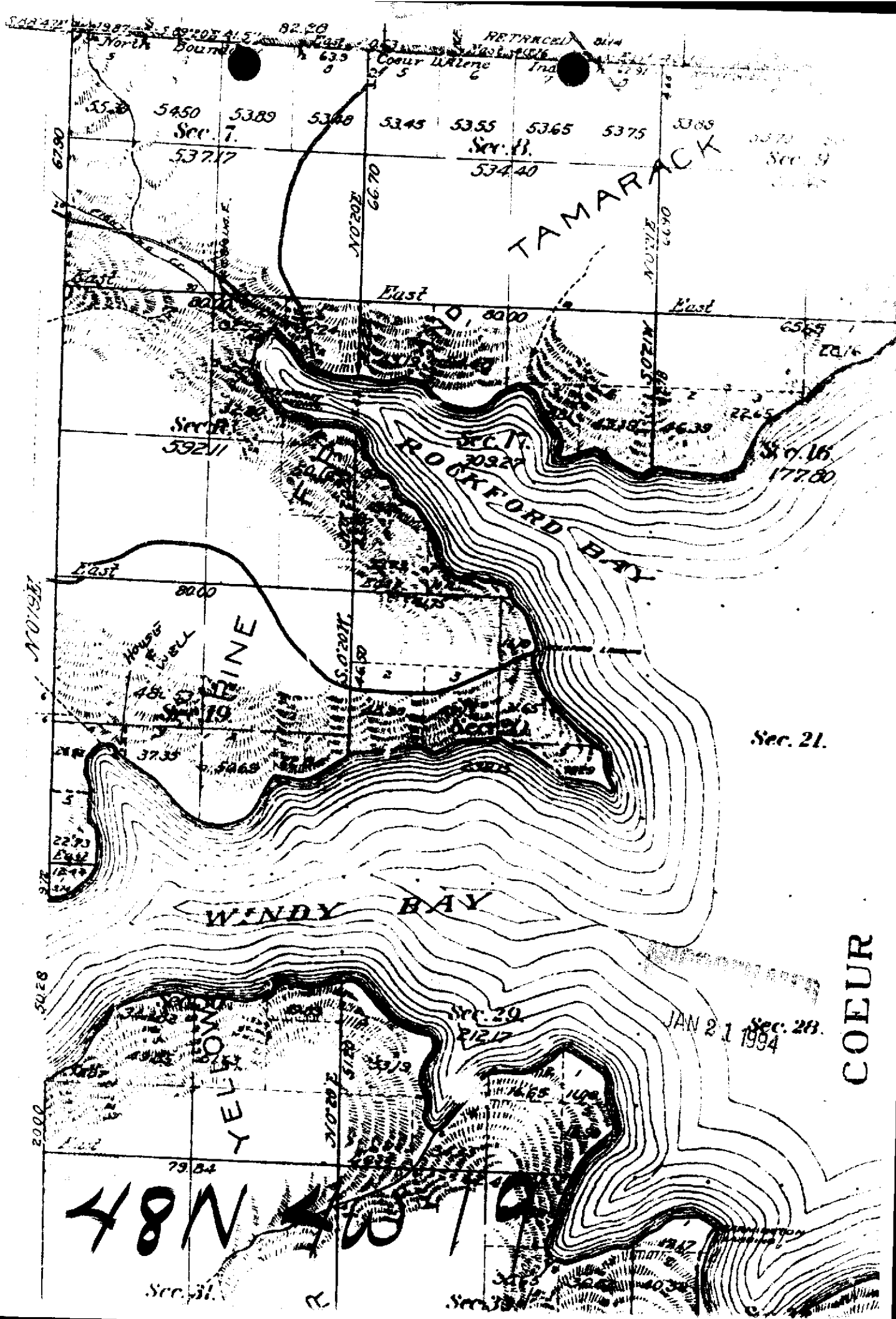
WORLEY QUADRANGLE
IDAHO-KOOTENAI CO.
7.5-MINUTE SERIES (TOPOGRAPHIC)
NW/4 PLUMMER 15' QUADRANGLE

2075 M
1MCA

79 III SW (FORD BAY) 505 R 5 W 55' R 4 W 507 508 220 000 FEET 509 116°52'30" 47°30'



48N 4W S 19

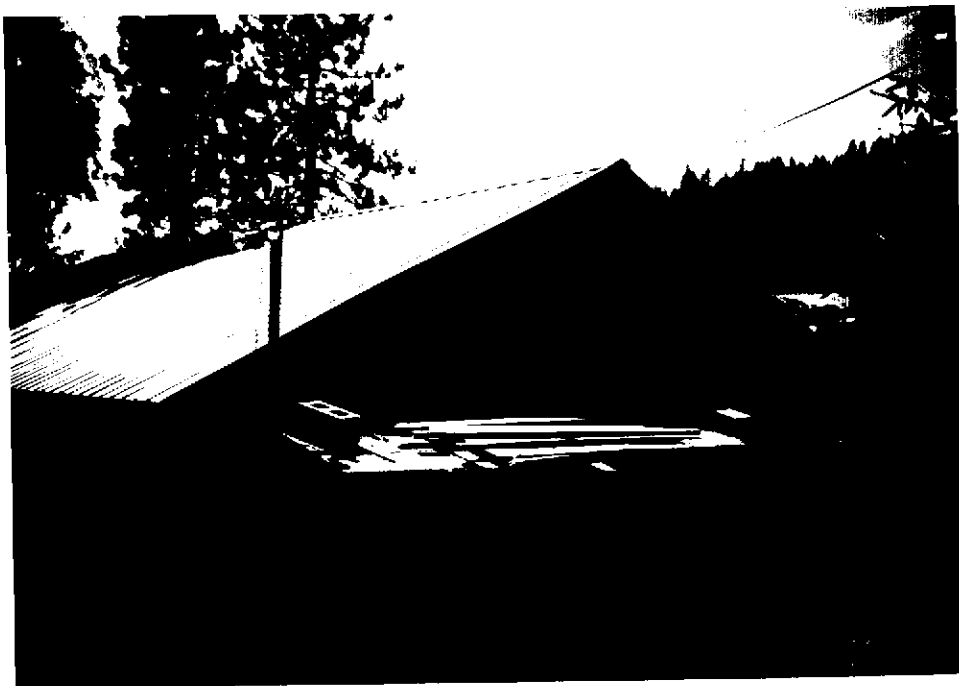




MR. KEEGAN'S
WELL.

← P.D.

PERMIT # 95-08751



MR. KEEGAN'S
CABIN. (HOUSE)

← P.U.

JAN 21 1994

EDWIN P KEEGAN
W 3002 RIVERVIEW DR
SPOKANE WA 99205

August 28, 1992

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 95-08751

Dear Permit Holder:

The department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the department to conduct a field examination to determine and confirm the use being made of the water.

If you have questions concerning this matter, please feel free to contact the NORTHERN Regional Office in Coeur D' Alene at (208)765-4639.

Sincerely,

Karen L. Gustafson
Secretary/Records Manager

c: IDWR - Region

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SEP 18 1992

ANALYSIS SHEET
FOR
PROOF OF BENEFICIAL USE

Permit No. 95-08751

Reviewed by Keg

Date 8/27/92

GENERAL CONSIDERATIONS

TYPES OF USE

yes Name same as permit?
yes Address same as permit?
yes Proof timely received?
If not, complete calculation below.

domestic - 2
yes Correct Uses?

SOURCE OF WATER

 Surface water source
✓ Ground water source

yes Drilling permit required?

yes Copy in the file? Drilling Permit No. 95-92-N-059

35 Amount paid for permit yes Correct?

yes Well log in the file?

LICENSE EXAMINATION FEE

NA Required?
/ Amount Submitted
/ Correct?

MEASURING DEVICE

NA Required?
/ Installed?
/ Waiver requested?

PRIORITY CALCULATION

Date proof received NA
Date proof due / -
No. of days late / =
Priority Date / +
New Priority Date

DEFICIENCIES OR ACTION ITEMS

proof acceptable

DATA ENTRY

New Address

Proof Made 8/27/92
8/28/92 Keg



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

Phone: (208) 327-7900 FAX: (208) 327-7866

CECIL D. ANDRUS
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

August 12, 1992

EDWIN P. KEEGAN
W 3002 RIVERVIEW DR
SPOKANE WA 99205

RECEIVED

AUG 27 1992

PERMIT APPROVAL NOTICE

Department of Water Resources

RE: PERMIT NO. 95-08751

Dear Permit Holder:

Enclosed is a copy of your approved application for permit. We direct your attention to the conditions of approval on the final page.

Enclosed is a form entitled "Instructions for Proof of Beneficial Use". Please read the instructions carefully since you must take further action to develop this permit. Also enclosed is a form entitled "Proof of Beneficial Use". If your project is already completed you should complete and submit this form immediately.

Sincerely,

Brenda L. Miller

BRENDA L. MILLER
Water Resource Agent

BLM:cz

Enclosures

Aug 25, 1992

*IF THIS SHOULD
HAVE A FEE, PLEASE
ADVISE, HOW MUCH
THANK YOU
E. P. Keegan*

RECORDED

AUG 18 1992

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 9/6/92			TIME COLLECTED AM PM 6:00		COUNTY NAME KOSTENOV
--	--	--	---------------------------------	--	-------------------------

TYPE OF SYSTEM ☐ PUBLIC ☒ INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									CIRCLE GROUP A B

NAME OF SYSTEM

SPECIFIC LOCATION WHERE SAMPLE COLLECTED (If in commercial establishment, school, fire station, fountain) BASIC TAP	TELEPHONE NO. DAY (504) 325-4200 EVENING ()
---	--

SAMPLE COLLECTED BY: (Name) SELF	SYSTEM OWNER/MGR.: (Name)
-------------------------------------	---------------------------

SOURCE TYPE: ☐ GROUND WATER UNDER SURFACE INFLUENCE
☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)
E P KEEGAN
W 3000 RIVERVIEW DR
SPokane WASHINGTON 99201

TYPE OF SAMPLE (check only one in this column)

☒ ROUTINE DRINKING WATER check treatment → ☒ Filtered ☐ Untreated or Other	☐ Chlorinated (Residual: Total Free)
☐ REPEAT SAMPLE Previous coliform presence Lab # Previous coliform presence Date	"Unofficial Collection" "Official Lab Results"
☐ RAW SOURCE WATER Source # S	☐ Total Coliform
☐ NEW CONSTRUCTION or REPAIRS	☐ Fecal Coliform
☐ OTHER (Specify)	

REMARKS
S/L PD 7-6 92 # 9181

LABORATORY RESULTS (FOR LAB USE ONLY)

TOTAL COLIFORM /100 ml	E. COLI /100 ml
FECAL COLIFORM /100 ml	HETEROTROPHIC /100 ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE: ☐ Sample too old ☐ Wrong container ☐ Incomplete form ☐	TEST UNSUITABLE BECAUSE: ☐ Confident growth ☐ TNTC ☐ Turbid culture ☐ Excess debris
---	---

DRINKING WATER SAMPLE RESULTS

☐ REPEAT SAMPLE REQUIRED, Coliforms present	☒ SATISFACTORY, Coliforms absent
☐ E. Coli present	☐ E. Coli absent
☐ Fecal present	☐ Fecal absent

UNOFFICIAL BTL

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. 7805259	DATE, TIME RECEIVED 7-6-92 10:40	RECEIVED BY JK
--------------------	-------------------------------------	-------------------

DATE REPORTED 7/8/92	LABORATORY: OH 305-002 (REV 7/91)-1
-------------------------	--

RECEIVED
 MAY 04 1992

State of Idaho
 Department of Water Resources

Department of Water Resources

APPLICATION FOR DRILLING PERMIT

1. Applicant (please print) Edwin P. Keegan
 2. Mailing Address W. 3002 Riverview Dr Spokane, Wa. 99205
 Telephone 664-2275 or (509) 325-4200

(X) Well Owner () Well Operator () Other, specify _____

3. Proposed well location NW 1/4 SW 1/4, or Gov't Lot No. 4

Sec. 19, Twp. 48N, Rge. 4W, County Kootenai

Street Address of Well Site _____

Lot, block and subdivision Lot 1 Pine Terrace Tracts

4. Proposed use of well:

(X) Domestic: The use of water for homes, organization camps, public campgrounds, livestock and for any other purpose in connection therewith, including irrigation of up to 1/2 acre of land, if the total use is not in excess of 13,000 gpd; or any other uses, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

Domestic does not include water for multiple ownership subdivisions, mobile home parks, commercial or business establishments, unless the use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

() Non-Domestic: Any beneficial use not included within the definition of domestic.

() Injection

() Monitoring - A well bore schematic and map is required for each well.
 No. of proposed wells: _____

5. Well construction information:

A. (X) New well () Deepen () Replace - See Condition 9

B. Proposed Surface Diameter 6" Proposed Maximum Depth 140'

C. Anticipated bottom hole temperature:

- (X) 85°F or less (Cold water well)
 () 85°F to 212°F (Low temp. geothermal well)
 () 212° or more (Geothermal well)

6. Construction Start Date ASAP

7. Anticipated Well Driller Ponderosa or H2O Well Service
 NOTE: The actual well driller must be identified prior to drilling.

8. Applicant's signature Edwin P. Keegan Date 5/1/92

Title Owner

(Owner, Firm Representative, etc.)

RECEIVED

MAY 8 1992

ACTION OF THE DEPARTMENT OF WATER RESOURCES

This Permit is approved

Date 5/1/92

If approved, this permit authorizes the construction or modification of a well subject to the following conditions. READ CAREFULLY!

GENERAL CONDITIONS:

1. The well must be constructed in compliance with the applicable statutes, specific conditions of approval shown on the water right permit, injection well permit, transfer or amendment and the rules and regulations of the Department for water appropriation, injection wells and well construction standards.
2. This drilling permit is valid for two (2) months from the above approval date for the start of construction and is valid for one (1) year from the approval date for completion of the well unless an extension has been granted.
3. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare which may be required before construction of this well.
4. The well shall be constructed by a driller currently licensed in the State of Idaho who must maintain a copy of the drilling permit at the drilling site.
5. Approval of this drilling permit does not authorize trespass on the land of another party.
6. This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.
7. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
8. If a bottom hole temperature of 85° or greater is encountered, well construction shall cease and the well driller and the well owner shall contact the Department immediately.
9. If this permit is for a replacement well, the well being replaced must be abandoned in accordance with Department Rules and Regulations.

SPECIFIC CONDITIONS:

Robert D. Haynes

Signature of Authorized Department Representative

Deje. Mgr.

Title

Receipt No. N5403 Received by pm Fee \$35.00 Date 5/1/92

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SEP 18 1992

EXTENSION OF DRILLING PERMIT

Extension approved by _____ Approval Date _____

This extension is good for 60 days beyond the above extension

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.

[illegible]



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

Phone: (208) 327-7900 FAX: (208) 327-7866

CECIL D. ANDRUS
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

August 12, 1992

EDWIN P KEEGAN
W 3002 RIVERVIEW DR
SPOKANE WA 99205

PERMIT APPROVAL NOTICE

RE: PERMIT NO. 95-08751

Dear Permit Holder:

Enclosed is a copy of your approved application for permit. We direct your attention to the conditions of approval on the final page.

Enclosed is a form entitled "Instructions for Proof of Beneficial Use". Please read the instructions carefully since you must take further action to develop this permit. Also enclosed is a form entitled "Proof of Beneficial Use". If your project is already completed you should complete and submit this form immediately.

Sincerely,

BRENDA L. MILLER
Water Resource Agent

BLM:cz

Enclosures

RECEIVED

SEP 18 1992

AFFIDAVIT OF PUBLICATION

STATE OF IDAHO,
County of Kootenai,

} ss.

upon oath deposes and says:

Julia Jacobs

being first duly sworn

1. I am now and at all times hereinafter mentioned was a citizen of the United States, resident of the State of Idaho, over the age of twenty-one years and not a party of the above entitled action.

2. I am now and at all times hereinafter mentioned was the printer (principal clerk) of the "Coeur d'Alene Press," a newspaper printed and published daily except Sunday in Coeur d'Alene, Kootenai County, Idaho, and having a general circulation in said county.

3. The

Legal Notice

of which the annexed is a printed copy, was published in the regular *Thurs* issue of said newspaper for *2* consecutive *weeks* commencing on the *26th* day of *May*, 19*92*, and ending on the *28th* day of *May*, 19*92*, and such publication was made as often during said period as said *Daily* newspaper was regularly issued.

4. That said newspaper has been continuously and uninterruptedly published in said Kootenai County, during a period of more than seventy-eight consecutive weeks immediately prior to the first publication of said notice.

Julia Jacobs

Subscribed and sworn to before me this *28th* day of *May*, 19*92*.

RECEIVED

JUN 01 1992

NORTHERN REGION
IDWR

Roberta Manley

Notary Public for the State of Idaho,
residing at Coeur d'Alene, Idaho.

ROBERTA MANLEY

commission expires *2-3-93*

NOTICE OF APPLICATION FOR WATER RIGHT

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

95-08749
GROUSE FLATS WATER ASSN
PO BOX 694
RATHDRUM, ID 838580694
Source: GROUNDWATER
Diversión Pt: NESESW Sec 32 T 53N R 04W in KOOTENAI County.
Use: IRRIGATION (140 CFS)
DOMESTIC (140 CFS)
Total Diversión: (140 CFS)
Dated Filed: 5/4/1992
In: KOOTENAI County
T53N R04W S32 SESW SWSE
9.0 ACRES TOTAL
95-08750

LAKE, JOY
LAKE, GARY
1955 E 12TH AVE
POST FALLS, ID 83854
Source: GROUNDWATER
Diversión Pt: NWSE Sec 35 T 51N R 05W in KOOTENAI County.
Use: IRRIGATION (100 CFS)
DOMESTIC (040 CFS)
Total Diversión: (100 CFS)
Dated Filed: 5/8/1992
In: KOOTENAI County
T51N R05W S35 NWSE
5.0 ACRES TOTAL
95-08751

KEEGAN, EDWIN P
W 3002 RIVERVIEW DR
SPOKANE, WA 99205
Source: GROUNDWATER
Diversión Pt: LOT 4 (NWSW) Sec 19 T 48N R 04W in KOOTENAI County.
Use: DOMESTIC (040 CFS)
Total Diversión: (040 CFS)
Dated Filed: 5/1/1992
In: KOOTENAI County
T48N R04W S19 Lot 4 (NWSW)
95-08752

TERRILL, JIM
TERRILL, DOREEN
13004 PEMBROOK VALLEY DR
ST LOUIS, MO 63141
Source: COEUR D'ALENE LAKE
Tributary: SPOKANE RIVER
Diversión Pt: NENSW Sec 33 T 50N R 03W in KOOTENAI County.
Use: IRRIGATION (040 CFS)
DOMESTIC (030 CFS)
Total Diversión: (070 CFS)
Dated Filed: 4/30/1992
In: KOOTENAI County
T50N R03W S33 NENW
1.0 ACRES TOTAL
96-08698

ULBRIGHT, MARIE
ULBRIGHT, DUANE
24755 GOODHOPE RD
ATHOL, ID 83801
Source: UNNAMED STREAM
Tributary: SAGE CREEK
Diversión Pt: NENESE Sec 31 T 53N R 02W in KOOTENAI County.
Use: IRRIGATION (040 CFS)
Total Diversión: (040 CFS)
Dated Filed: 5/1/1992
In: KOOTENAI County
T53N R02W S351 NESE
0.5 ACRES TOTAL

For additional information concerning the property location, call the Northern Regional Office at 765-4639.

The permit(s) will be subject to all prior water rights. Protests must be filed with the Director, Dept. of Water Resources, Northern Region, 1910 Northwest Blvd., Suite 210, Coeur d'Alene, Idaho 83814 on or before JUNE 8, 1992.

R. KEITH HIGGINSON, Director
Legal 525
May 21, 28, 1992

95-08751

KEEGAN, EDWIN P
W 3002 RIVERVIEW DR
SPOKANE, WA 99205

Source: GROUNDWATER

Diversion Pt: LOT 4 (NWSW) Sec 19 T 48N R 04W in KOOTENAI County.

Use: DOMESTIC (.040 CFS)
Total Diversion: (.040 CFS)

Date Filed: 5/ 1/1992

In: KOOTENAI County
T48N R04W S19 Lot 4 (NWSW)

RECORDED

SEP 18 1992