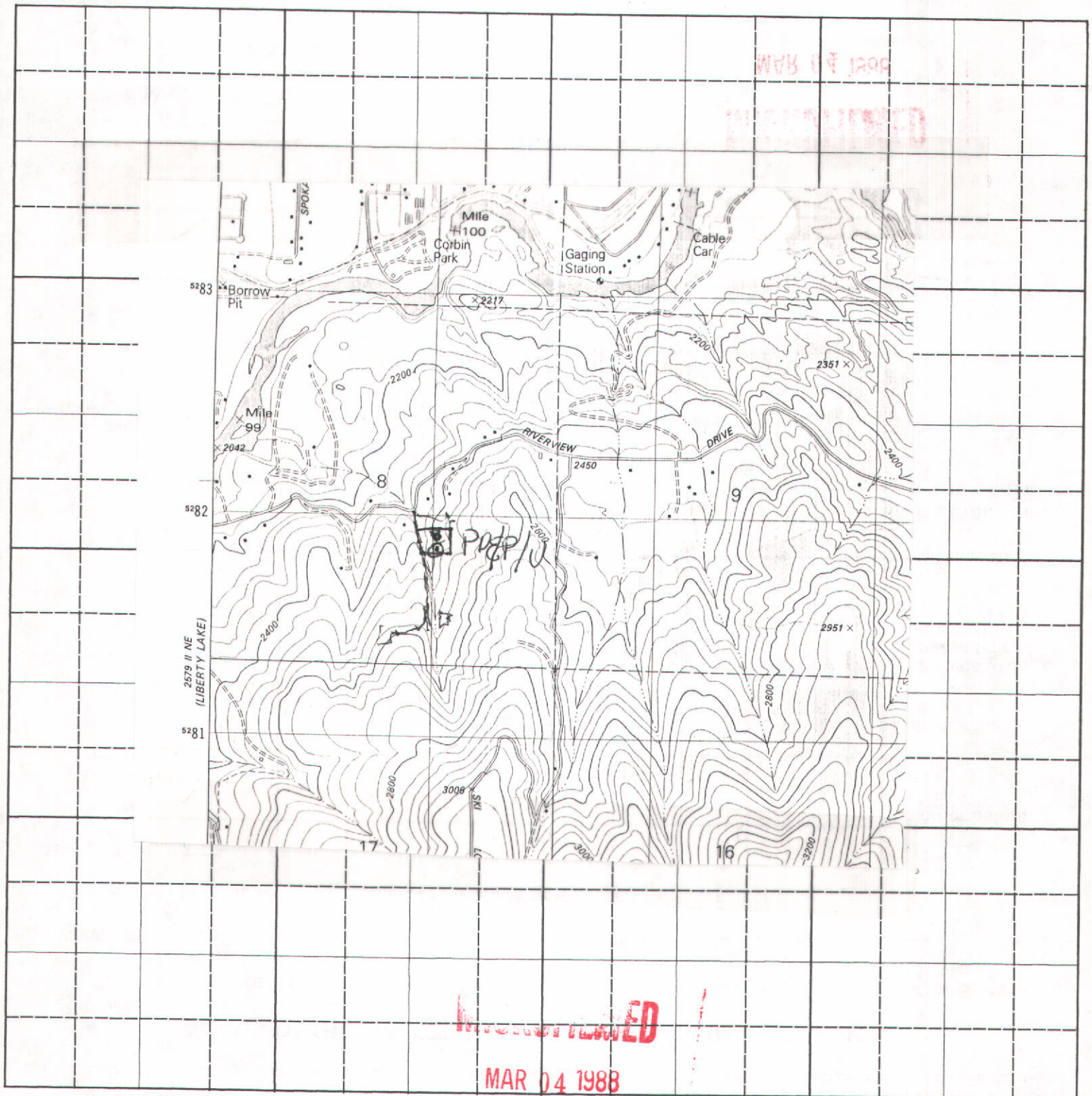


13. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



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.

M. J. J. J.
(Applicant)

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT SUPPLEMENT
C O N T E N T S

() B/U Acknowledgment Letter Sent

This Examination Report Contains the Following Documents.

(☒) Field Report (☒) Quad Sheet () Gov. Lot Plat () Sr. Agent Review
() Aerial Photo () Photo PD/PU (☒) Well Log

Number of Diagrams Attached _____ Number of Calculation Sheets Attached _____

() Correspondence (Date) _____

() Other (List) _____

Contacts: _____

Remarks:

WELL HEAD →



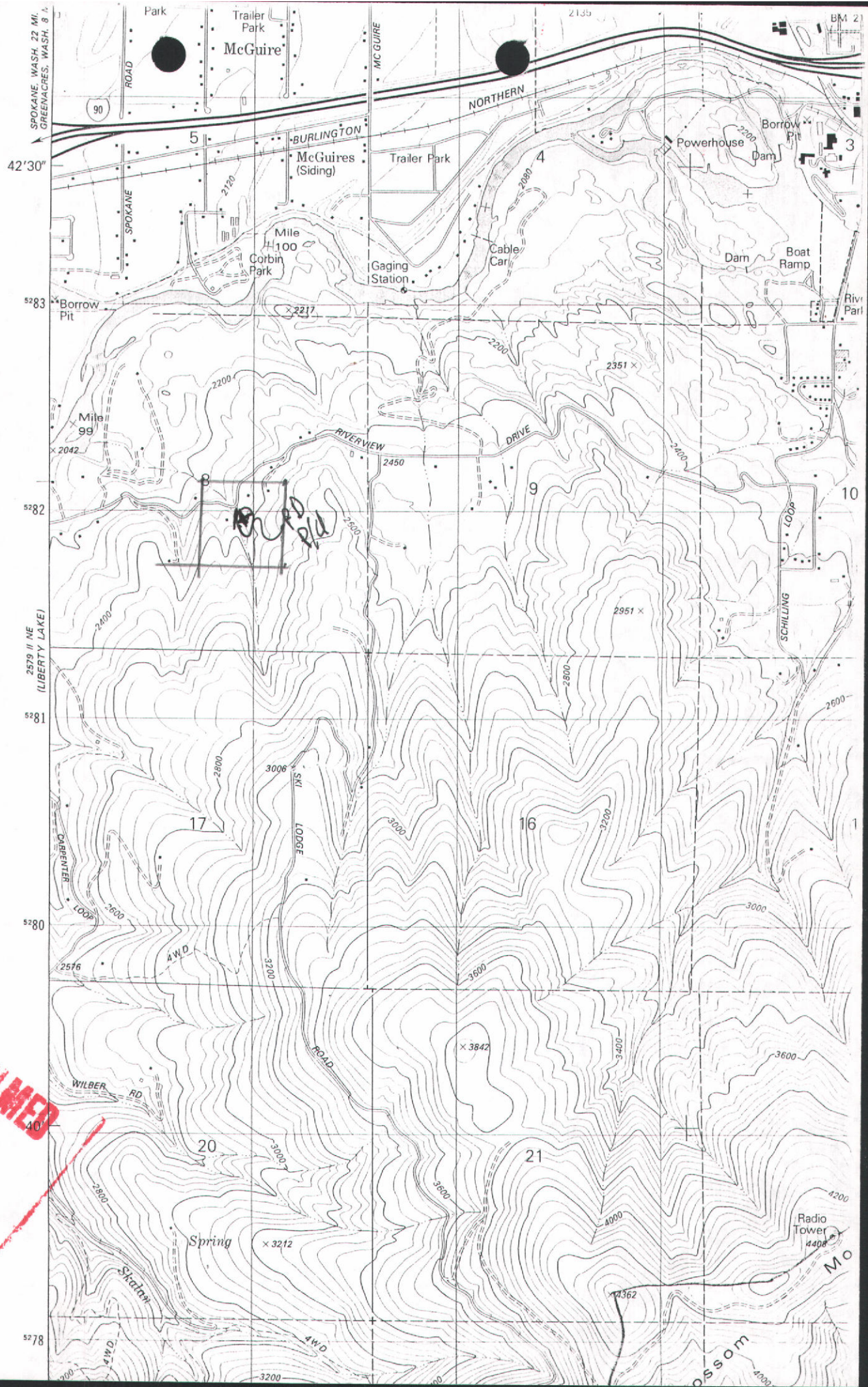
← STORAGE
FILMED

Exam Completed By _____ Date _____
Sr. Agent Review _____ Date _____
Regional Manager Review RYA _____ Date 6/12/90

FEB 17 1991

PERMIT NUMBER

95-08558



SCHEMATIC

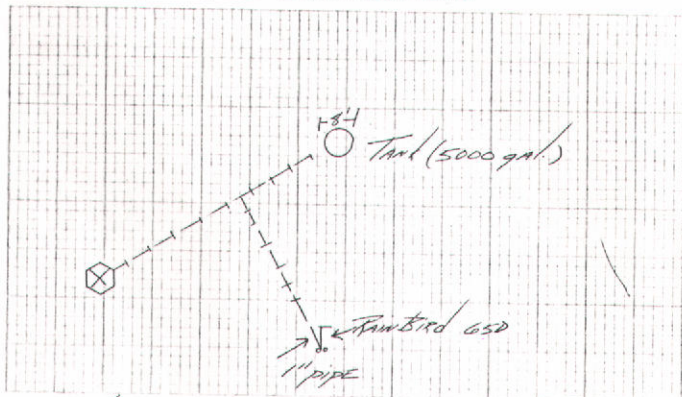
Provide a schematic diagram showing the location of the well in the quarter-quarter with respect to houses, roads, other wells or readily identifiable features.

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" = 175

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

NAME: Michael Bell PERMIT NUMBER: 9505558
 PD: 524 R. SEC. 8 T. 41 S. 58 MAP: # 13
 FUI: 1 R. SEC. 8 T. 41 S. 58 AC/IRE: 1 QUAD: 17
 TRIBUTARY TO: Carbenter



NOT FILMED

FEB 07 1991

Inspected by

Charles H. Hannon
6/22/88

Date

6/27/88

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08558

Priority: September 30, 1987

Maximum Diversion Rate:
Maximum Diversion Volume:¹

0.04 CFS
14.0 AF

This is to certify, that MICHEL LEE BELL
P.O. BOX 1062

POST FALLS, ID 838540000 has complied with the terms and conditions
of the permit, issued pursuant to Application for Permit dated September 30, 1987; and
has submitted Proof of Beneficial Use on February 21, 1989. 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>
IRRIGATION	04/01 to 11/01	0.04 CFS	14.0 AF

LOCATION OF POINT(S) OF DIVERSION:

NWSE , Sec. 8, Township 50N, Range 05W
KOOTENAI County

PLACE OF USE: IRRIGATION
TWN RGE SEC

ACRES

ACRES

ACRES

TOTAL

50N 05W 8

NWSE 4

4

Total number of acres irrigated:

4

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. This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.5 afa per acre for the lands above.

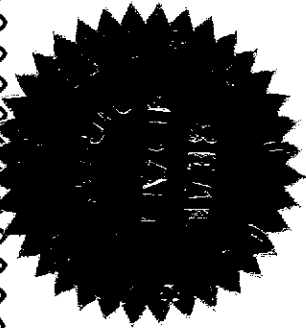
MICROFILMED

FEB 07 1991

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08558

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 15th
day of FEBRUARY, 1991.



Acting for


R. Keith Higginson, Director

RECEIVED

FEB 07 1991

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

APPROVED

1. Name of applicant Michiel Lee Bell Phone 773-0147
Post office address Box 1062 (W. 3050 Riverview) Post Falls ID 83854
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 SE $\frac{1}{4}$, Govt. Lot _____
Sec. 8 Township 50N Range 5W B.M. Kedshaw County; additional
points of diversion if any: _____
4. Water will be used for the following purposes:
Amount 15 cfs for Irrigation purposes from 3-15 to 11-15 (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)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
5. Total quantity to be appropriated is (a) .15 cubic feet per second and/or (b) _____ acre feet per annum
6. Proposed diverting works:
a. Description of ditches, flumes, pumps, headgates, etc. Well & Pump

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 650 feet.
d. Is ground water with a temperature of greater than 90°F being sought? _____
7. Time required for the completion of the works and application of the water to the proposed beneficial use is
5 years (minimum 1 year).

Microfilm

MAR 04 1988

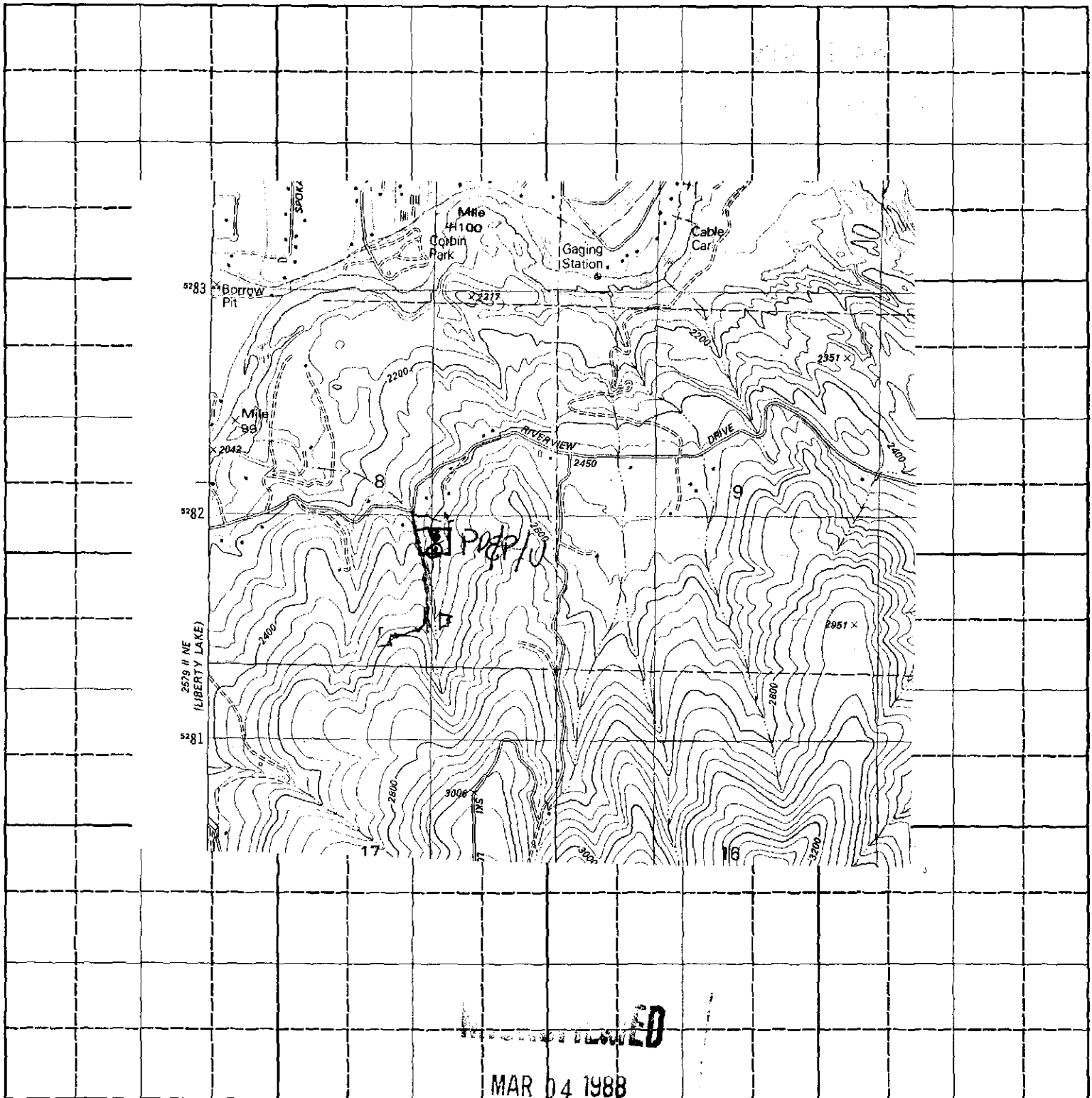
DECLASSIFIED

5

[illegible]

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.



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.

Marion 24 Rd
(Applicant)

RECEIVED
MAR 04 1988

[Signature]
Director

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 December 1, 1989.
- 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: Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code. 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. Permit holder shall comply with the bonding requirements of Section 42-233, Idaho Code, if water with a bottom hole temperature of 85°F or more is encountered. Witness my hand this 30th day of November, 1987.

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No. 95-8558, and said application is hereby APPROVED.

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

Received by <u>PM</u>	Date <u>9/30/87</u>	Time <u>11:50</u>	Proposed Priority <u>9/30/87</u>
Fee \$ <u>3000</u>	Received by <u>PM</u>	# <u>41758</u>	Date <u>9/30/87</u>
Publication prepared by <u>PM</u>	Date <u>10/2/87</u>	Published in <u>10/15/87</u>	Date <u>10/27/87</u>
Publication approved <u>PM</u>	Date <u>10/27/87</u>		

AFFIDAVIT OF PUBLICATION

STATE OF IDAHO,
County of Kootenai,

} ss.

Wilma Parsons

being first duly sworn
upon oath deposes and says:

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

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 *15* day of *October*, 1987, and ending on the *22* day of *October*, 1987, 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.

Wilma Parsons

Subscribed and sworn to before me this *22* day of *October*, 19 *87*.

Roberta Manley

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

ROBERTA MANLEY

My commission expires *9-3-93*

RECEIVED

OCT 22 1987

Department of Water Resources
Northern District Office

NOTICE OF APPLICATION FOR WATER RIGHT

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

95-8558

BELL, MICHEL LEE
P. O. BOX 1062, W. 3050
RIVERVIEW, POST FALLS,
ID 83854

Source: GROUNDWATER
Diversion Pt: NWSE Sec 08 T
50N R 05W

Use: IRRIGATION (0.150
CFS)

Date Filed: 09/30/1987

In: NWSE Sec 08 T 50N R 05W
FOR 5 ACRES

95-8559

PATTON, TINA
P. O. BOX 175, STOTT RD.,
HARRISON, ID 83833

Source: SPRING trib. to
SINKS

Diversion Pt: SENWSE Sec 18
T 48N R 03W

Use: STOCKWATER (0.010
CFS)

Date Filed: 09/30/1987

In: LOT 01 (NENE) Sec 30 T
48N R 03W

The permit(s) will be subject to all prior water rights. Protests must be filed with the Director, Dept. of Water Resources, 4055 Government Way, Suite 9, Coeur d'Alene, Idaho 83814 on or before NOVEMBER 2, 1987.

R. KEITH HIGGINSON, Dir.
Legal 396
Oct. 15, 22, 1987

LEADER

MAR 04 1988

FILMED

February 5, 1991

MICHIEL LEE BELL
P.O. BOX 1062
POST FALLS, ID 838540000

RE: WATER RIGHT NO. 95-08558

Dear Water Right Holder(s):

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

Sincerely,

JIM JOHNSON
Water Rights Supervisor

JJ:blm

Enclosure

RECEIVED
FEB 67 1991

December 27, 1990

MICHIEL LEE BELL
P.O. BOX 1062
POST FALLS, ID 838540000

RE: WATER RIGHT NO. 95-08558

Dear Water Right Holder(s):

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

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

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

Sincerely,

JIM JOHNSON
Water Rights Supervisor

JJ:blm

Enclosure

RECEIVED

FEB 07 1991

1062

LICENSE REVIEW CHECKLIST

Permit No. 95-8558

Name/Address change? ok ☒

Priority date Advance? yes no ☒

Memo to advance
Order to reinstate needed? yes no ☒

Total cfs Limited by fee .04 ☒

Limited by capacity

Total volume Limited by flow

Chart checked for AF rate/ac ☒ 3.5

Capacity Actual measurement checked NONE

Theoretical checked NONE

If greater than permit, check for other rts

Source Changed? yes no ☒

If so, is memo needed to clarify?

P/D Verify with map ☒ permit ☒

More than one per $\frac{1}{4}$? Remember remark

Check p/d overlap N/A

Uses Check irrigation period of use w/ chart 4/1-11/1

P/U Verify with map ☒ permit ☒

> 5 acres irrigated, run overlap N/A

Remarks More than one p/d in $\frac{1}{4}$

Description of non-irrig uses

Special overlap condition

Conditions -

Measuring device
W.Master control
Overlap R30
Water quality
Other

Dates/Misc. -

Water Dist
App Rec'd
Proof Rec'd

CHECK FOR ADJ. CLAIM

Needed according to proof filed
Filed - needs amended
Add'l fee required
Not filed -
Not needed ☒

MicroFILMED

Comments/Changes to Examiner's Recommendations: FEB 07 1991

License 10-day ☒

30-day

Back of field report signed? ☒

Reviewer S. Curtis Date 12/11/90 Review time 8 min.

SENIOR AGENT REVIEW

RECEIVED
JUN 27 1990

Check List
for
Beneficial Use Field Report

Department of Water Resources

Permit 95-08658

A. GENERAL INFORMATION

- ☒ 1. Name and address are most current available. (Check BU statement)
☒ 2. Exam Date
☒ 3. Source (Check Permit)

B. OVERLAP REVIEW

- ☒ 1. & 2. (Rule 5,1,4)

C. SYSTEM DESCRIPTION

- ☒ 1. Diversion System Diagram (Rule 5,1,3 / 5,1,4)
☒ 2. USGS (Rule 5,1,7 / 5,1,9) Aerial (Rule 5,1,17)
Photo of pd and/or pu or explanation
☒ 3. Word Picture (Rule 5,1,3 / 5,1,4)
☒ 4. Diversion (Rule 5,1,3)
☒ 5. Compare with USGS Map, Land Survey Maps, Aerial Photos and Permit.
☒ 6. Irrigation (Rule 5,1,8) method of determination

D. FLOW MEASUREMENTS Check math (Rule 5,1,13 / 5,1,14)

E. FLOW CALCULATIONS Check math (Rule 5,1,13 / 5,1,14)

F. OPTIONAL

G. VOLUME CALCULATIONS

- ☒ Three significant figures and no more than 1/10's (Rule 6,1,2)
Fish (Rule 5,1,11) number stock, homes, etc... (Rule 5,1,12)

H. REMARKS AND OVERLAP ANALYSES

- ☒ All actual uses listed (Rule 5,1,2):
☒ All unused, permitted uses listed (Rule 5,1,2):
☒ Overlaps (Rule 5,1,4):
☒ Return flows (Rule 5,1,5):
☒ Conditions (Rule 5,1,6).

I. RECOMMENDATIONS

- ☒ 1. Municipal (Rule 5,1,10): Compare with items E & G, permit, fee, capacity
(Rule 5,1,15): Measured flows for each use listed separately (Rule 5,1,14).
Period of year (Rule 5,1,13)
☒ 2. Compare permit to exam for amendments (Rule 5,1,16)

J. AUTHENTICATION

☒ Name, Signature, Certification Date, Exam Date.

WELL INSPECTION REPORT

☒ Check with permit and well log for discrepancies

Signature

J. King

Date

12/1/89

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT SUPPLEMENT
C O N T E N T S

() B/U Acknowledgment Letter Sent

This Examination Report Contains the Following Documents.

(☒) Field Report (☒) Quad Sheet () Gov. Lot Plat () Sr. Agent Review
() Aerial Photo () Photo PD/PU (☒) Well Log

Number of Diagrams Attached _____ Number of Calculation Sheets Attached _____

() Correspondence (Date) _____

() Other (List) _____

Contacts: _____

Remarks: _____

WELL HEAD →



Exam Completed By _____ Date _____
Sr. Agent Review _____ Date _____
Regional Manager Review RYA Date 6/12/90

PERMIT NUMBER

95-08558

RECEIVED

JUN 27 1990

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

Department of Water Resources

A. GENERAL INFORMATION

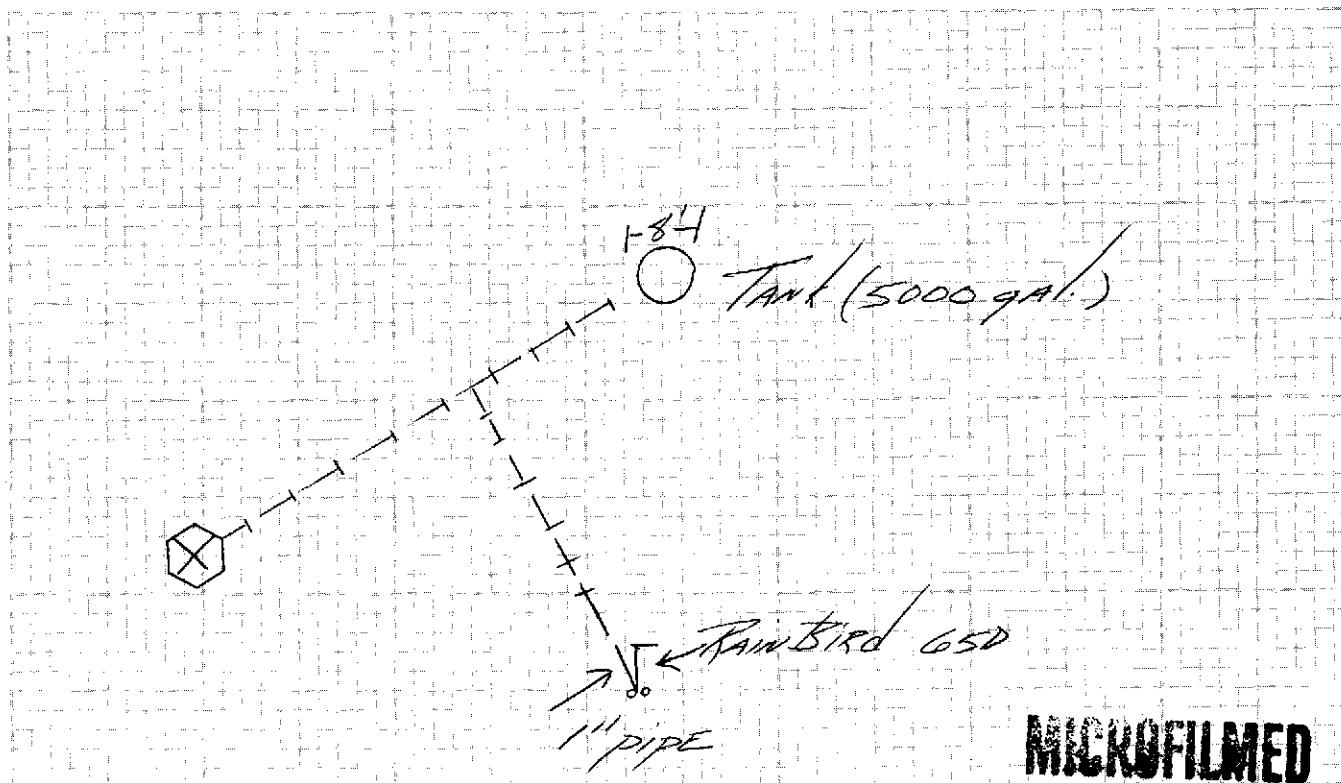
1. Owner: Michael Bell Permit No. 95 08558
Current Address: Box 10102 Post Falls ID 83854 Phone No. 773 0147
2. Accompanied by: Mrs. Bell EXAM. DATE: 6/22/89
Address: same Phone No. _____
Relationship to Permit Holder: Wife
3. Source: Groundwater tributary to _____

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" = 175

FEB 07 1991

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

MICROFILMED

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

6' x 325 ft depth well w/ 1/2 in PVC to 5000 ft
bank elevations (5' x 17") gravity flow to
paved (650 w/ 9/32" aggregate.

☐ 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:

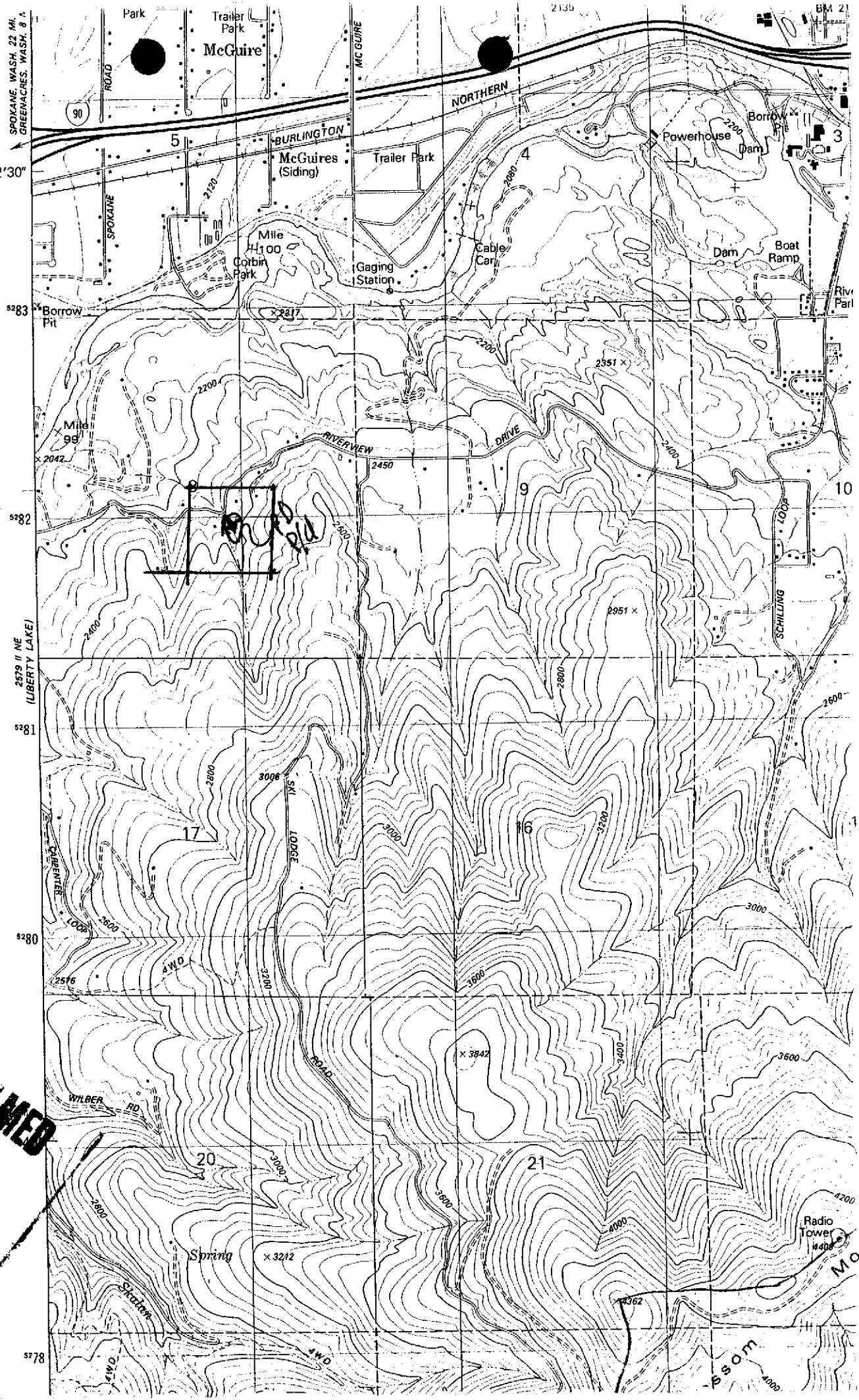
Indicate Method of Determination *MAF*

[illegible]

Do not use this space

FEB 07 1951

MICROFILMED



Microfilmed
FEB 07 1991

Do not use this space

D. FLOW MEASUREMENTS

☐ 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:

at cfs

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:

MICROFILMED

FEB 07 1991

H. REMARKS AND OVERLAP REVIEW ANALYSIS

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use	Rate of Diversion	Annual Volume
	From To	Q (cfs)	V (af)
1st	3/15 11/15	0.04	14.0

2. Recommended Amendments

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

J. AUTHENTICATION

Field Examiner's Name

Signature

Certification Date

Field Report Preparation Date

Logan L. Johnson
2/17/89
June 22 1989

- ☒ None
- ☐ Other

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

Totals: 0.04 14.0

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



MICROFILMED

FEB 07 1991

State of Idaho
Department of Water Resources
WELL INSPECTION FORM

This form should be completed by the examiner when conducting a field examination to determine the extent of beneficial use of water from a well or whenever a well is inspected for other reasons. The form should be forwarded to Groundwater Protection Section in the State Office upon completion.

1. Legal Description of well location. Twp. 50N, Rge. 5W,
Sec. 8, Qtr./Qtr. NW SE or Lot _____
2. Owner Michael Bell
Address Box 10602, City Post Falls, State Id
3. Approx. date of well construction 11/12/87
Well Driller Brownson Water Wells
4. Casing: Diameter 6 in. Condition good
5. Casing length above land surface 2 ft
6. Well depth (ft) 325 Flowing _____ Temp. _____
Access port YES
7. Condition of piping and valving good
8. Evidence of well seal _____
9. Shut in pressure or static water level 90 ft
10. Evidence of leakage around the casing no
11. Does well need repair no
12. Comments _____

(OVER)

NOT FILMED
FEB 07 1991

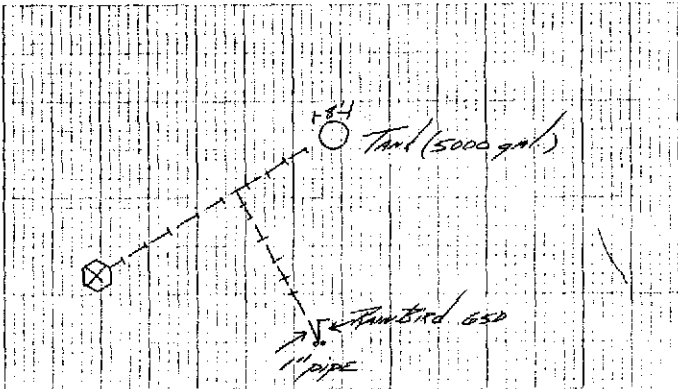
SCHEMATIC

Provide a schematic diagram showing the location of the well in the quarter-quarter with respect to houses, roads, other wells or readily identifiable features.

2. Other water rights with same point of diversion: None
☐ Copies Attached ☐ Copies of Field Exam's Attached

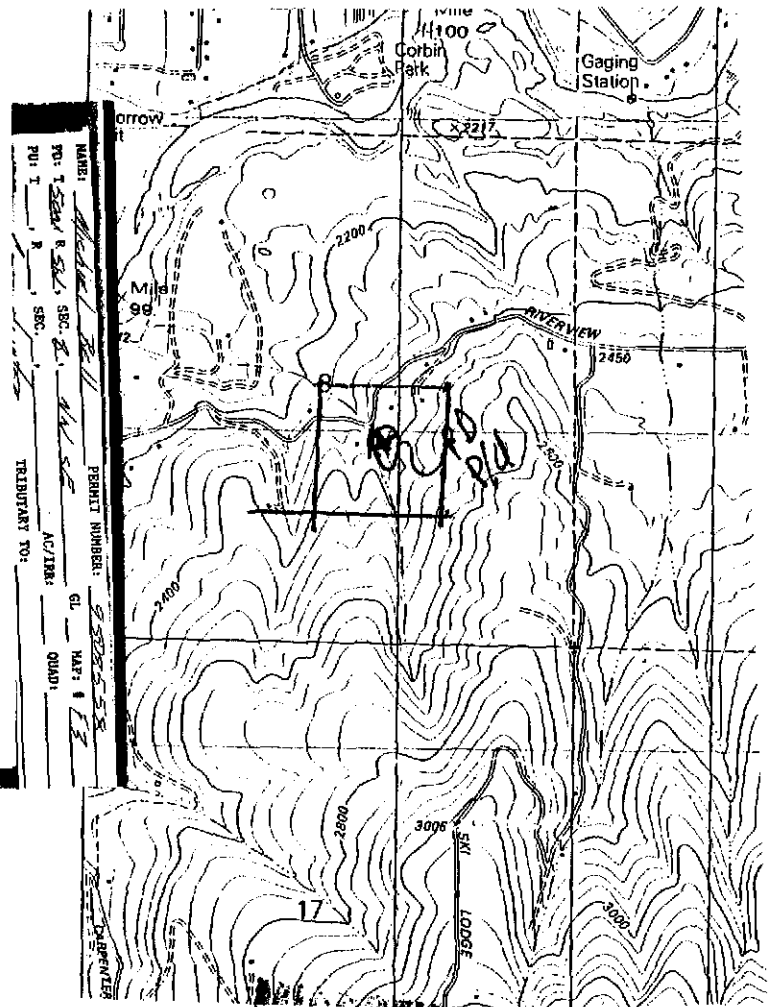
C. SYSTEM DESCRIPTION

1. Diversion System Diagram: Indicate all major components and distances between components. Indicate well size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



Scale: 1" = 175'

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



RECEIVED

FEB 07 1988

Inspected by

Charles H. Johnson
6/22/88

Date

6/22/88



State of Idaho

DEPARTMENT OF WATER RESOURCES

NORTHERN REGION, Suite 210 • 1910 Northwest Blvd. • Coeur d'Alene, Idaho 83814 • (208) 765-4639

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

May 16, 1989

RECEIVED
MAY 22 1989

Mr. Michiel Bell
Box 1062
Post Falls, Id. 83854

Department of Water Resources

Re: 95-8558

Dear Mr. Bell:

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 prior to the time the examination is made so that you may demonstrate 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

MICHIEL BELL

JUN 15 1989



1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 95-8558

Date: 4/25/89

General Considerations:

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

Source of Water:

_____ Surface water
Y Groundwater
_____ 1. well log in file
Y 2. drilling permit
Y 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?
N Has permit holder indicated when water was first put to a beneficial use?

Measuring Device:

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

Remarks:

Proof acceptable

N/A Priority Calculation:
Date proof received _____
Date proof due _____
No. of days late _____
Priority date _____
NEW PRIORITY DATE _____

SEND FILES TO DATA ENTRY AND THEN TO MICROFILM

RECEIVED

FEB 24 1989

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

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

no \$ enclosed PROOF OF BENEFICIAL USE
Department of Water Resources

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. 95-8558

Name(s) of Permit Holder: MICHAEL BELL

Post Office Address: Box 1062 (W. 3050 RIVERVIEW)

POST FALLS, ID 83854

Telephone No. 773-0147

Source of Water: GROUNDWATER

Extent of Use:

Domestic _____ (number of households)

Stockwater _____ (number and type of stock)

Irrigation 4 (acres)

Other/Remark _____

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

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

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

Fee enclosed \$ N/A
(See License Examination Fee Schedule)

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

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

SAME AS ABOVE

(Name)

(Telephone Number)

(Address)

The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho.

JUN 15 1989

2/21/89
Date

Michael J. Bell
Signature of Permit Holder (and title, if appropriate)

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.

RECEIVED
USE TYPEWRITER OR
BALLPOINT PEN
DH

AUG 25 1988

1. WELL OWNER

Name Mike Bell

Address PO Box 1062 Post Falls, Id 83854

D.P. # 95-87-2-001

Owner's Permit No. 95-85548

2. NATURE OF WORK

☒ New well

☐ Deepened

☐ Replacement

☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

☐ Domestic

☒ Irrigation

☐ Test

☐ Municipal

☐ Industrial

☐ Stock

☐ Waste Disposal or Injection

☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary

☐ Air

☐ Hydraulic

☐ Reverse rotary

☐ Cable

☐ Dug

☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness

Diameter

From

To

250 inches

6 inches

1 feet

20 feet

_____ inches

_____ inches

_____ feet

_____ feet

_____ inches

_____ inches

_____ feet

_____ feet

_____ inches

_____ inches

_____ feet

_____ feet

Was casing drive shoe used?

☐ Yes

☒ No

Was a packer or seal used?

☐ Yes

☒ No

Perforated?

☐ Yes

☒ No

How perforated?

☐ Factory

☐ Knife

☐ Torch

Size of perforation _____ inches by _____ inches

Number

From

To

_____ perforations

_____ feet

_____ feet

_____ perforations

_____ feet

_____ feet

_____ perforations

_____ feet

_____ feet

Well screen installed?

☐ Yes

☒ No

Manufacturer's name _____

Type

Model No.

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed?

☐ Yes

☒ No

☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 19

Material used in seal:

☐ Cement grout

☒ Bentonite

☐ Puddling clay

☐ _____

Sealing procedure used:

☐ Slurry pit

☐ Temp. surface casing

☒ Overbore to seal depth

Method of joining casing:

☐ Threaded

☐ Welded

☐ Solvent Weld

☐ Cemented between strata

Describe access port well cap

7. WATER LEVEL

Department of Water Resources

Static water level 20 feet below land surface.

Flowing? ☐ Yes ☒ No G.P.M. flow _____

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature _____ OF. Quality _____

Describe artesian or temperature zones below _____

8. WELL TEST DATA

☐ Pump

☐ Bailer

☒ Air

☐ Other _____

Discharge G.P.M.

Pumping Level

Hours Pumped

3 1/2

325

3

9. LITHOLOGIC LOG

Bore Diam.

Depth

Material

Water

From

To

Yes

No

1

6

surface soil

X

X

6

125

med hard granite

X

125

280

hard granite with fractures

X

280

325

hard granite

X

10.

Work started 10-24-87 finished 11-12-87

11. DRILLERS CERTIFICATION

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

Name Bronson Water Wells Firm No. 360

Address PO Box 1 Spirit Lake, Id Date 1-16-88

Signed by (Firm Official) [Signature]

and (Operator) _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

N

W

E

S

X

Subdivision Name MICROFILMED

Lot No. _____ Block No. JUN 15 1989

County Kootenai

NW SE 8 T. 50 N N/S, R. 5 W E/W.

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.

PH

1. WELL OWNER

Name MIKE BEEB BELL
Address PO Box 1062 Post Falls IDA.
Owner's Permit No. 95-855-8

7. WATER LEVEL

Static water level 50 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality Good
Describe artesian or temperature zones below.

2. NATURE OF WORK

☐ New well ☒ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as
materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____
Discharge G.P.M. 20 GPM Pumping Level _____ Hours Pumped _____

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
6	325	380	GRANITE - HARD, FRACT AREAS		X
	380	570	GRANITE - VERY HARD FRACS		X
	570	620	GRANITE - HARD/VERY HARD FRACS WATER 570' @ 5 GPM	X	
	620	625	GRANITE - MED. FRACT.	X	
	625	650	WATER @ 20 GPM GRANITE - VERY HARD		X

4. METHOD DRILLED

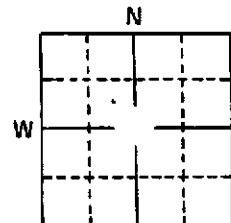
☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☐ Steel ☐ Concrete ☐ Other _____
Thickness _____ inches Diameter _____ inches + _____ feet To _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
Was casing drive shoe used? ☐ Yes ☐ No
Was a packer or seal used? ☐ Yes ☐ No
Perforated? ☐ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches
Number _____ From _____ To _____
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
Well screen installed? ☐ Yes ☐ No
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth _____ Material used in seal: ☐ Cement grout
☐ Bentonite ☐ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing
☐ Overbore to seal depth
Method of joining casing: ☐ Threaded ☐ Welded ☐ Solvent
Weld
☐ Cemented between strata
Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____
Lot No. _____ Block No. _____

County KOOTENAI
NW 1/4 SE 1/4 Sec. 8 T. 50 N. S. R. 40 E. W.

10.

Work started 4/19 finished 4/22/88

11. DRILLERS CERTIFICATION

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

Name J. J. Drilling Inc. Firm No. 319
Address 35613 LINKE RD.
GREENACRES WY. Date 4/26/88
Signed by (Firm Official) _____
and _____
(Operator) _____

State of Idaho
Department of Water Resources

D R I L L I N G P E R M I T

(Authorizing Construction of a Well)*

1. Applicant Michael Bell
2. Address Box 1062
Post Falls ID.
- (☒ Well Owner () Well Operator () Other, specify _____
3. Water right permit no. _____; Injection well permit no. _____
4. Proposed well location 1/4 NW 1/4 SE 1/4, or Gov't lot No. _____,
Sec. 8, Twp. 50N, Rge. 5W, County _____,
Lot, block and subdivision _____
5. Proposed use of well: (Check all that apply)
() Domestic () Stockwater () Monitoring
(☒) Irrigation () Industrial () Municipal
() Injection () Other, Specify _____
6. Well construction information:
(☒) New well () Deepen () Replace
Proposed surface diameter _____ Proposed depth _____
Anticipated bottom hole temperature:
(☒) 85°F or less (Cold water well)
() 85°F to 212°F (Low temp. geothermal well)
() 212°F or more (Geothermal well)
7. Anticipated construction start date 10/15/87
8. Well Driller (if known) Bronson Well Drilling # 360
Address _____
Date _____ Applicant's signature Michael Bell
Title _____

MICROFILMED

ACTION OF IDWR

(✓) Approved

() Denied

The approval of this permit authorizes the construction of a well as described on this application subject to the conditions on this permit.

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 its date of issuance for the start of construction and is valid for one (1) year from the date of issuance for completion of the well unless an extension has been granted.
3. The permit holder or his representative shall notify the Department ten (10) days prior to the start of construction unless good cause for later notification can be shown.
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. Issuance 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.

SPECIFIC CONDITIONS:

Dated this 30th day of November, 19 87.

Signed L. Kirk HigginsTitle Received by RJAFee 100⁰⁰Date 9/30/87

MICROFILM

Receipt No. 41758Construction start date JUN 15 1989Construction start extension to Extension approved by

State of Idaho
Department of Water Resources

DRILLING PERMIT

(Authorizing Construction of a Well)*

1. Applicant Michael Bell
2. Address Box 1062
Post Falls ID.

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

3. Water right permit no. _____; Injection well permit no. _____
4. Proposed well location 1/4 NW 1/4 SE 1/4, or Gov't lot No. _____,
Sec. 8, Twp. 50N, Rge. 5W, County _____,
Lot, block and subdivision _____

5. Proposed use of well: (Check all that apply)
() Domestic () Stockwater () Monitoring
(☒ Irrigation () Industrial () Municipal
() Injection () Other, Specify _____

6. Well construction information:
(☒ New well () Deepen () Replace
Proposed surface diameter _____ Proposed depth _____

Anticipated bottom hole temperature:

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

7. Anticipated construction start date 10/15/87
8. Well Driller (if known) Bronson Well Drilling
Address _____

Date _____ Applicant's signature Miss Z. Bell
Title _____

MAR 04 1988

ACTION OF IDWR

(✓) Approved

() Denied

The approval of this permit authorizes the construction of a well as described on this application subject to the conditions on this permit.

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 its date of issuance for the start of construction and is valid for one (1) year from the date of issuance for completion of the well unless an extension has been granted.
3. The permit holder or his representative shall notify the Department ten (10) days prior to the start of construction unless good cause for later notification can be shown.
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. Issuance 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.

SPECIFIC CONDITIONS:

Dated this 30th day of November, 19 87.

Signed

Title

Received by

Fee 100⁰⁰

Date

9/30/87

ED

Receipt No. 41758

Construction start date

MAR 04 1988

Construction start extension to

Extension approved by

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

STATEHOUSE
BOISE, IDAHO 83720
(208) 334-4440
DECEMBER 04, 1987

BELL, MICHAEL LEE
P.O. BOX 1062
W. 3050 RIVERVIEW
POST FALLS, ID 83854

PERMIT APPROVAL NOTICE

RE: PERMIT NO. 95-8558

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.

PLEASE NOTE THE 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 A FORM ENTITLED "INSTRUCTIONS FOR PROOF OF BENEFICIAL USE". PLEASE READ THE INSTRUCTIONS CAREFULLY SINCE YOU MUST TAKE FURTHER ACTION TO DEVELOP THIS PERMIT INTO A LICENSE.

SINCERELY,

GARY SPACKMAN
SUPERVISOR, WATER ALLOCATION SECTION

GS: SC
ENCLOSURES

MICROFILMED

MAR 04 1988

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: JK

APPLICATION NUMBER: 95-8558

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.

Field check by: _____

Date: _____

Comments: _____

☐ Yes ☒ No Field check required.

☐ Yes ☒ No Critical groundwater area.

☐ Yes ☒ No Request dam safety information. Sent by: _____ Date: _____

☒ Yes ☐ No* In form to receipt.

*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 Platted by: _____ Map No. _____

☐ Yes ☐ No Other rights on same place of use. _____

☒ Yes ☐ No* In form for advertising.

☐ Yes ☒ No Final date for protests: 11/2/87

☐ Yes ☒ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

☒ Affidavit of publication received. Date: 10/23/87

☒ 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? _____

☒ 9/30/87 Date of priority recommended.

Special conditions of approval or cover letter. _____

allow 2 yrs. for B/U development

By: [Signature] Date: 11/12/87

STATE OFFICE REVIEW:

L17

46 26

☐ See attached sheet for more information.

By: KW Date: 11/23/87

RECEIVED

NOV 16 1987

process
drilling
permit

95-8558

BELL, MICHEL LEE

P.O. BOX 1062, W. 2050 RIVERVIEW, POST FALLS, ID 83854

Source: GROUNDWATER

Diversion Pt: NWSE Sec 08 T 50N R 05W

Use: IRRIGATION (0.150 CFS)

Date Filed: 09/30/1987

In: NWSE Sec 08 T 50N R 05W FOR 5 ACRES

MICROFILMED

MAR 04 1988