

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED

JUL 30 1992

Department of Water Resources

08171

A. GENERAL INFORMATION

Permit No. 95-08171

Phone No. 773-5805

1. Owner: ALICE I. HARDISON
W. 6350 HOLLAND RD.
POST FALLS ID 83854

Current Address: _____

2. Accompanied by: SAME EXAM. DATE: 4/10/92

Address: _____ Phone No. _____

Relationship to Permit Holder: _____

3. Source: GROUND WATER tributary to _____

B. OVERLAP REVIEW

1. Other water rights with same place of use: _____

☐ Copies Attached

2. Other water rights with same point of diversion: _____

☐ 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).

☐ Photo of Diversion and System Attached

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

☐ Aerial Photo Attached

(required for irrigation of 10 acres or more)

MICROFILMED

DEC 15 1992



95-08171
T50N R6W
Sec. 13

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DEC 15 1992

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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.

USE THE WHITE OR
YELLOW COPY

1. WELL OWNER Name <u>Alice Hardison</u> Address <u>W6350 Holland Rd Post, Falls, ID</u> Owner's Permit No. _____	7. WATER LEVEL Static water level <u>1000</u> feet below surface Flowing? Yes ☒ No ☐ G.P.M. flow _____ Arterian closed in pressure _____ Controlled by ☐ Valve ☐ Cap ☐ Plug Temperature _____ OF Quality _____ Describe infection or foreign object in well																																																																			
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 _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Pressure Head</th> </tr> <tr> <td><u>Est. 75 GPM</u></td> <td></td> <td></td> </tr> </table>	Discharge G.P.M.	Pumping Level	Pressure Head	<u>Est. 75 GPM</u>																																																															
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th rowspan="2">Water Yes/No</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>8"</td> <td>0</td> <td>10</td> <td>TOP SOIL</td> <td></td> </tr> <tr> <td></td> <td>10</td> <td>23</td> <td>C. Brown</td> <td></td> </tr> <tr> <td></td> <td>23</td> <td>33</td> <td>S. Jy. Clay</td> <td></td> </tr> <tr> <td></td> <td>33</td> <td>53</td> <td>Clay + some sand (fine)</td> <td></td> </tr> <tr> <td></td> <td>53</td> <td>65</td> <td>Decomposed granite</td> <td></td> </tr> <tr> <td></td> <td>65</td> <td>70</td> <td>Granite med</td> <td></td> </tr> <tr> <td></td> <td>70</td> <td>79</td> <td>Granite med</td> <td></td> </tr> <tr> <td>6"</td> <td>79</td> <td>112</td> <td>Granite med</td> <td></td> </tr> <tr> <td></td> <td>112</td> <td>138</td> <td>Granite med</td> <td></td> </tr> <tr> <td></td> <td>138</td> <td>141</td> <td>Granite soft</td> <td></td> </tr> <tr> <td></td> <td>141</td> <td>150</td> <td>Granite med</td> <td></td> </tr> <tr> <td></td> <td>150</td> <td>178</td> <td>Granite med</td> <td></td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water Yes/No	From	To	8"	0	10	TOP SOIL			10	23	C. Brown			23	33	S. Jy. Clay			33	53	Clay + some sand (fine)			53	65	Decomposed granite			65	70	Granite med			70	79	Granite med		6"	79	112	Granite med			112	138	Granite med			138	141	Granite soft			141	150	Granite med			150	178	Granite med	
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary Cable ☐ Dig ☐ Other _____	5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a backfill or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number _____ perforations From _____ feet To _____ feet perforations _____ feet perforations _____ 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 <u>18"</u> 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. Submission Name _____ Lot No. _____ Block No. _____ County <u>Kootenai</u> <u>NE 1/4 SW 1/4 Sec 13 T. 50 N. R. 6 E. W.</u>	10. Work started <u>11-4-86</u> completed <u>11-5-86</u> 11. DRILLERS CERTIFICATION I/We certify that all minimum well construction requirements were complied with at the time the rig was being used. <u>AGUA Drilling</u> Firm Name <u>Exploration Inc.</u> Address <u>P.O. Box 225, Falls, ID</u> Signed by (Firm Official) <u>Scott W. Smith</u> and <u>Scott W. Smith</u> (Operator)																																																																			

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

RECEIVED
DEC 15 1992

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 95-08171

Priority: April 9, 1982

Maximum Diversion Rate: 0.04 CFS
Maximum Diversion Volume: 2.4 AF

This is to certify, that ALICE I HARDISON
W 6350 HOLLAND RD

POST FALLS ID 83854 has complied with the terms and conditions
of the permit, issued pursuant to Application for Permit dated April 9, 1982; and
has submitted Proof of Beneficial Use on March 10, 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	2.4 AF

LOCATION OF POINT(S) OF DIVERSION: NESW , Sec. 13, Township 50N, Range 06W
KOOTENAI County

PLACE OF USE: DOMESTIC
TWN RGE SEC

50N 06W 13 NESW

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 2 homes.

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 16TH
day of OCTOBER, 1992

Acting for R. Keith Higginson, Director

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DEC 15 1992

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

For Office Use Only
\$15 FEE Received by af
Date 3-11-87
Receipt # 41531

MAR 11 1987 REQUEST FOR EXTENSION OF TIME

To provide additional time in which to submit proof
Department of Water Resources of beneficial use for a water right permit

The Idaho Department of Water Resources will consider this form as a request that the permit holder(s) be granted an additional period of time in which to complete development of a water right under the provisions of Section 42-204, Idaho Code.

Permit No. 95-8171

Name(s) of Permit Holder: Alice I. Hardison

Post Office Address: W. 6350 Holland Rd.

Post Falls, Id. Telephone No. 773-5805

Date Proof is Due: 5/1/87

Describe what work has been completed toward the development of this water right: _____
(This must be filled out! If no work has been completed, show "none".)

WELL DRILLED - SYSTEM IN - 3 HOMES USING WATER - ~~WELL~~ WATER
"RUSTY" & INSUFFICIENT FOR IRRIGATION - PREPARATIONS
BEING MADE FOR NEW WELL

Costing \$ _____

The permit holder(s) has been unable to complete the remainder of the work for the following reasons:

~~THE~~ INSUFFICIENT TIME TO BUILD HOMES & DRILL
~~WELL~~ WELLS

Permit holder(s) request an extension to MAY 1, 1992.
(1 yr. minimum)

Alice I. Hardison
(Signature)*

FEE: \$15.00

*IF OTHER THAN PERMIT HOLDER,
POWER OF ATTORNEY MUST BE SUPPLIED.

ACTION OF THE DEPARTMENT OF WATER RESOURCES

MICROFILMED

IT IS HEREBY ORDERED that the above request for extension of time be APPROVED and the time within which to submit proof of beneficial use is extended to May 1, 1992.

APR 14 1987

Signed this 20th day of March, 19 87.

A. Glen Saxton
Chief, Operations Bureau

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

APPROVED

To appropriate the public waters of the State of Idaho

1. Name of applicant Alice T. Hardison Phone 773-5805

Post office address W. 6350 Holland Rd Post Falls, Id

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

3. Location of point of diversion is NE $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 13 Township 50N

Range 6W B.M. Kootenai County, additional points of diversion if any: _____

4. Water will be used for the following purposes:

Amount 0.16 for Domestic purposes from 1/1 to 12/31 (both dates inclusive)
(cfs or acre-feet per annum)

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

Amount 0.20 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)

5. Total quantity to be appropriated:

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

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. Well, Pump and Pipeline

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

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

c. Proposed well diameter is 6 inches; proposed depth of well is 100 feet.

7. Time required for the completion of the works and application of the water to the proposed beneficial use is 5 years (minimum 1 year - maximum 5 years).

8. Description of proposed uses:

a. If water is not for irrigation:

(1) Give the place of use of water: NE $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 13 Township 50N
Range 6W B.M.

(2) Amount of power to be generated: _____ horsepower under _____ feet of head.

(3) List number of each kind of livestock to be watered 40 head cattle

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

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

[illegible]

applicant to make this filing Applicant has agreed to supply domestic water to other parties

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
App, John Bradley, Truck Sch

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

(This water right is being relinquished)

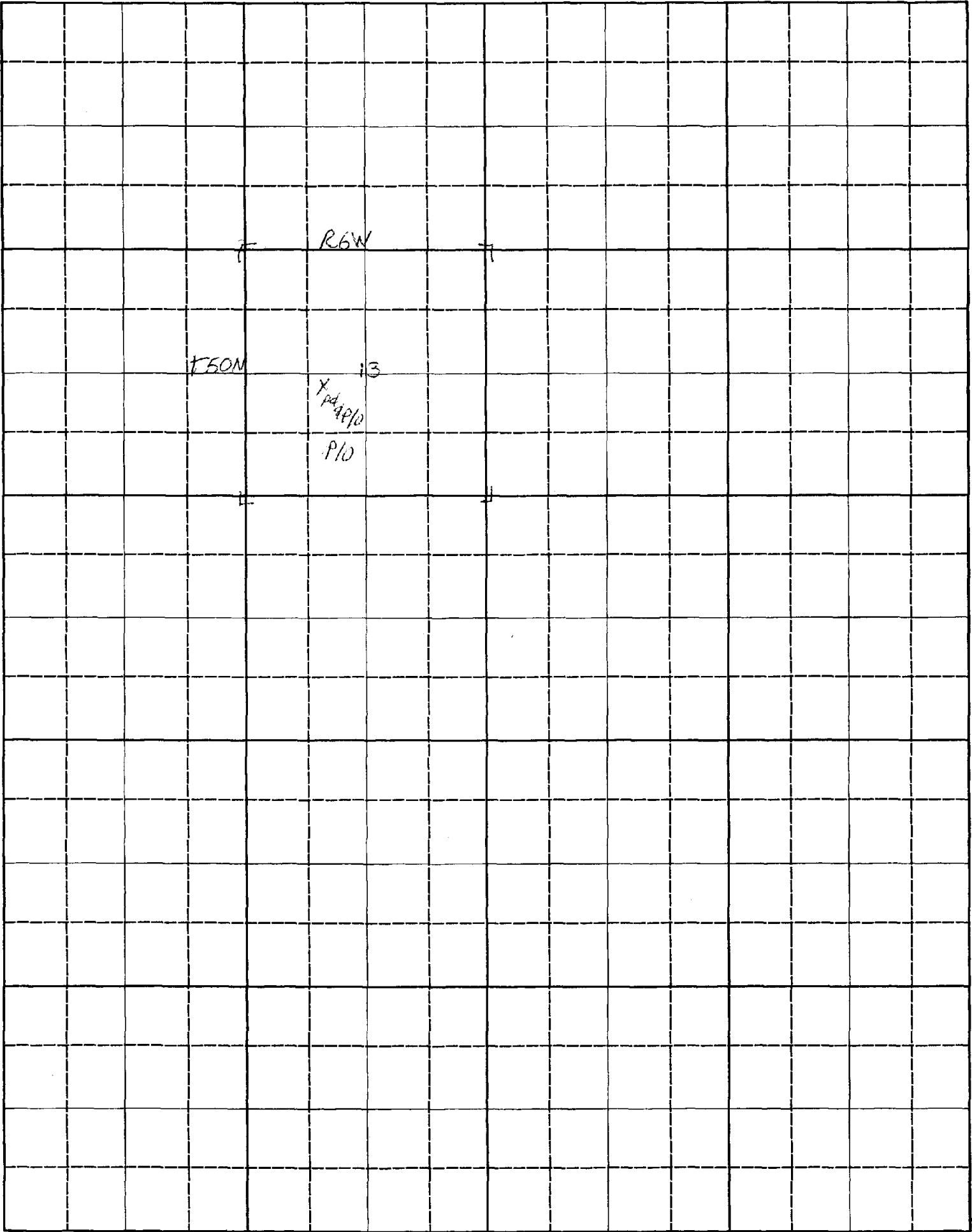
c. Describe any other water rights used for the same purposes as described above. 95-7182

27 Total number of acres to be irrigated

TWP	RANGE	SEC.	NE¼			NW¼			SW¼			SE¼			TOTALS
			NE¼	NW¼	SW¼	NE¼	NW¼	SW¼	NE¼	NW¼	SW¼	NE¼	NW¼	SW¼	
50N	6W	13							24			3			27

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

11. 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.

Alice J. Hardison
(Applicant)

MICROFILMED

MICROFILMED

A. Alan Saylor

Witness my hand this 27th day of May, 1982

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.

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.

fore May 1, 1987.

b. Proof of construction of works and application of water to beneficial use shall be submitted on or be-

a. SUBJECT TO ALL PRIOR WATER RIGHTS.

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

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No. 95-8171, and said application is hereby APPROVED.

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

Received by DB Date 4/9/82 Time 11:10am
Preliminary check by JK Fee \$ 30.00
Received by DB Date 4/22/82
Publication prepared by Ann Allen Green Date 4/13/82
Published in _____
Publication dates 4/22-29/82
Publication approved pr Date 4/3/82
Protests filed by: MSM
Copies of protests forwarded by _____
Hearing held by _____ Date _____
Recommended for approval denial by pr

AFFIDAVIT OF PUBLICATION

NOTICE OF APPLICATION FOR WATER RIGHT

Notice is hereby given that the following application(s) have been submitted for permit to appropriate the public waters of the State of Idaho:

94-7215

HAINES, GORDON &/or MARGO

RT. 1 BOX 203, CATALDO, ID 83810

Source: GROUNDWATER

Date Filed: 04/14/1982

Amount: 0.04 CFS

Diversion Point: SESE Sec 07 T

48N R 01W, KOOTENAI Co.

Use: DOMESTIC (0.04 CFS) from 01/01 to 12/31

Place of Use: SESE Sec 07 T 48N R 01W

Diversion Means: WELL, PUMP AND PIPELINE.

95-8171

HARDISON, ALICE I.

W. 6350 HOLLAND RD., POST FALLS, ID 83854

Source: GROUNDWATER

Date Filed: 04/09/1982

Amount: 0.20 CFS

Diversion Point: NESW Sec 13 T

50N R 06W, KOOTENAI Co.

Use: IRRIGATION (0.20 CFS)

from 03/15 to 11/15; STOCK-

WATER (0.02 CFS) from 01/01 to

12/31; DOMESTIC (0.18 CFS)

from 01/01 to 12/31

Place of Use: NESW Sec 13 T

50N R 06W NESW Sec 13 T

50N R 06W FOR 27 ACRES

Diversion Means: WELL, PUMP

AND PIPELINE.

If issued, the permit(s) will be

subject to all prior water rights.

Protests against the granting of

any permit must be filed with the

Director of the Idaho Department

of Water Resources, 4056 Gov't

Way, Coeur d'Alene, Id, 83814 on

or before MAY 10, 1982.

A. KENNETH DUNN

Director

Legal 384

April 22, 29, 1982

STATE OF IDAHO,
County of Kootenai,

} ss.

Alice Hardison 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 Apple Water Right

of which the annexed is a printed copy, was published in the regular Thursday issue of said newspaper for 2 consecutive weeks, commencing on the 22 day of Apr, 1982, and ending on the 29 day of Apr, 1982, 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.

Alice Hardison

Subscribed and sworn to before me this 29 day of Apr, 1982

RECEIVED
APR 30 1982

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

LEADER
Department of Water Resources
Northern District Office

APR 22 1982



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

October 21, 1992

ALICE I HARDISON
W 6350 HOLLAND RD
POST FALLS ID 83854

RE: WATER RIGHT NO. 95-08171

Dear Water Right Holder(s):

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

Sincerely,

PAMELA SKAGGS
Water Resource Agent

PS:cz

Enclosure

DEC 15 1992

September 9, 1992

ALICE I HARDISON
W 6350 HOLLAND RD
POST FALLS ID 83854

RE: WATER RIGHT NO. 95-08171

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,

PAMELA SKAGGS
Water Resource Agent

PS:cz

Enclosure

RECORDED

DEC 15 1992

LICENSE REVIEW CHECKLIST

Permit # 95-08171

Date 9-08-92
28

	Yes	No	
NAME	_____	_____/✓	Address Change? _____
PRIORITY DATE	_____	_____/✓	Advance? _____
	_____	_____/✓	Memo to Advance _____
	_____	_____/✓	Order to Reinstate Needed? _____
TOTAL CFS	_____	_____/✓	Incorrect Fee for rate recommended? _____
	NA	_____	Disagree with Actual Measurement? _____ <u>.09 cfs (DOM)</u>
	NK	_____	Disagree with Theoretical? <u>No pump info</u>
	_____	_____/✓	Limited by Capacity? <u>.04 cfs</u>
TOTAL VOLUME			Rate/ac _____ AFA Irr. Season _____
			Standard Irr. Season _____
			Season Recommended _____
	_____	_____/✓	Disagree with Examiner's Calculations? _____ <u>2 x 1.2 = 2.4 afg (DOM)</u>
	_____	_____/✓	Limited by Flow? <u>.04 x 36.5 x 1.9835 = 2.9 > 2.4</u>
SOURCE	_____	_____/✓	Changes? Clarification of <u>Originally Intended</u> source _____
	_____	_____/✓	Notice of Intent to Void. _____
P/D	_____	_____/✓	Verify with Map _____
	_____	_____/✓	Amendment Needed? _____
	_____	_____/✓	Is Overlap Analysis a Consideration? _____
P/U	_____	_____/✓	Verify with Map _____
	_____	_____/✓	Amendment Needed? _____
	_____	_____/✓	Is Overlap Analysis a Consideration? _____
USES	_____	_____/✓	Change(s) in Nature of Use? <u>Drop Stock + IRR</u>
	_____	_____/✓	Amendment Needed? _____
REMARKS	_____	_____/✓	Multiple P/Ds in 1/4 1/4? _____
	✓	_____	Non-Irr. Uses <u>DOM/2 Homes</u>
	_____	_____/✓	Special Overlap Condition _____
	_____	_____/✓	Other _____
CONDITIONS	_____	_____/✓	Measuring Device _____ DATES/MISC _____
	_____	_____/✓	W/Master Control _____ Water Dist. _____
	_____	_____/✓	Overlap _____ App Rec'd _____
	_____	_____/✓	Water Quality _____ Exam Made _____
COMMENTS/MEMOS NEEDED:	<u>Reduced Rate, uses</u>		
License	10-Day	✓ 15-Day	Special Correspondence

DATE: 09/08/92
PAGE: 1

TOTAL DIVERSION:

Water Source: GROUNDWATER

NE SW

D

NESW	NWSW
Lt AC	Lt AC Lt
---	---

MS

KOOTENAI

of use:

2 homes.

04/09/1982
03/10/1992
: 07/28/1992

N (Not Required)

oof of Beneficial Use Rcvd

09/08/92 SKAGGS

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED

JUL 30 1992

Department of Water Resources

08171

A. GENERAL INFORMATION

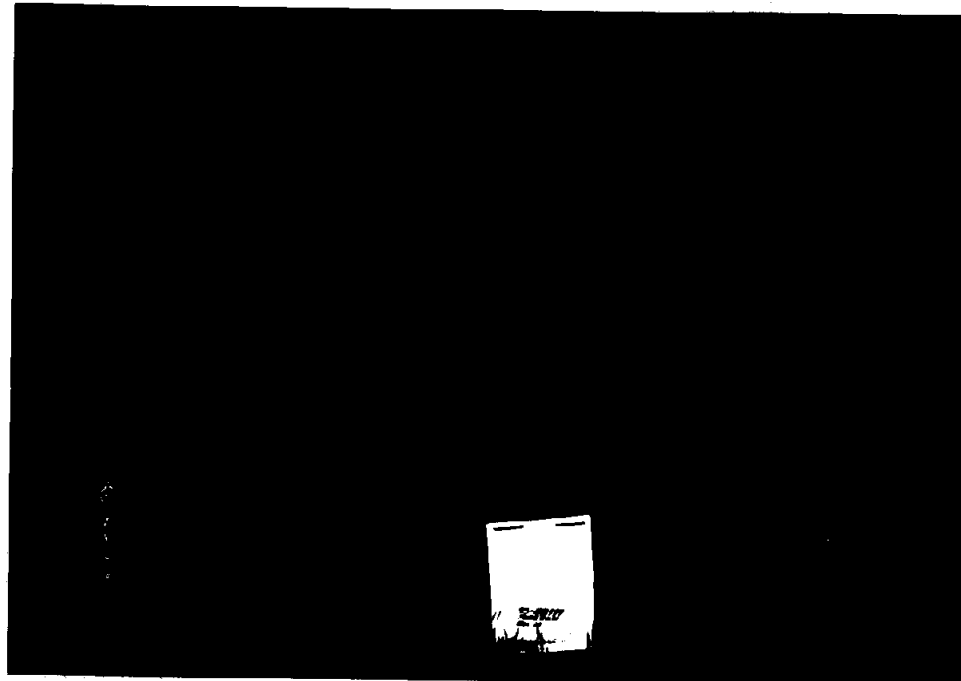
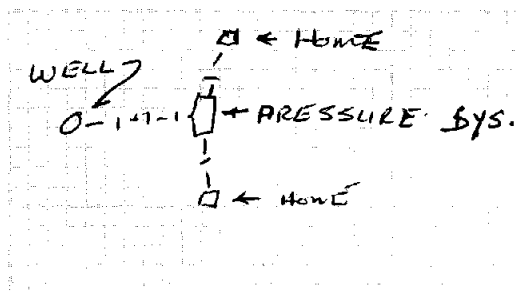
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W. 6350 HOLLAND RD.
POST FALLS ID 83854
- Permit No. 95-08171
Phone No. 773-5805
- Current Address: _____
2. Accompanied by: SAME EXAM. DATE: 4/10/92
Address: _____ Phone No. _____
Relationship to Permit Holder: _____
3. Source: GROUND WATER tributary to _____

B. OVERLAP REVIEW

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_____ ☐ Copies Attached
2. Other water rights with same point of diversion: _____
_____ ☐ 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

RECEIVED

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.)

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

A 6" x 178' WELL WITH PIPING TO PRESSURE SYSTEM THEN TO TWO HOMES

☐ See Remarks on page 4 for continuation

Well or Diversion Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size

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

5. Point(s) of Diversion:

Ident. No.	Gov't. Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Method of Determination/Remarks

6. Place(s) of Use:

Indicate Method of Determination

Twp.	Rge.	Sec.	NE 1/4	NW 1/4	SE 1/4	SW 1/4	NE 1/4	NW 1/4	SE 1/4	SW 1/4	NE 1/4	NW 1/4	SE 1/4	SW 1/4	NE 1/4	NW 1/4	SE 1/4	SW 1/4	Totals
60N	60W	13																	

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:

2 Homes

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:

MITCHELL

2 Homes

DEC 15 1992

H. REMARKS AND OVERLAP REVIEW ANALYSIS

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
DOMESTIC	1-1	12-31	0.04	9.4

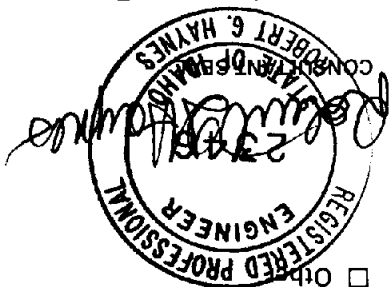
2. Recommended Amendments

- ☐ 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

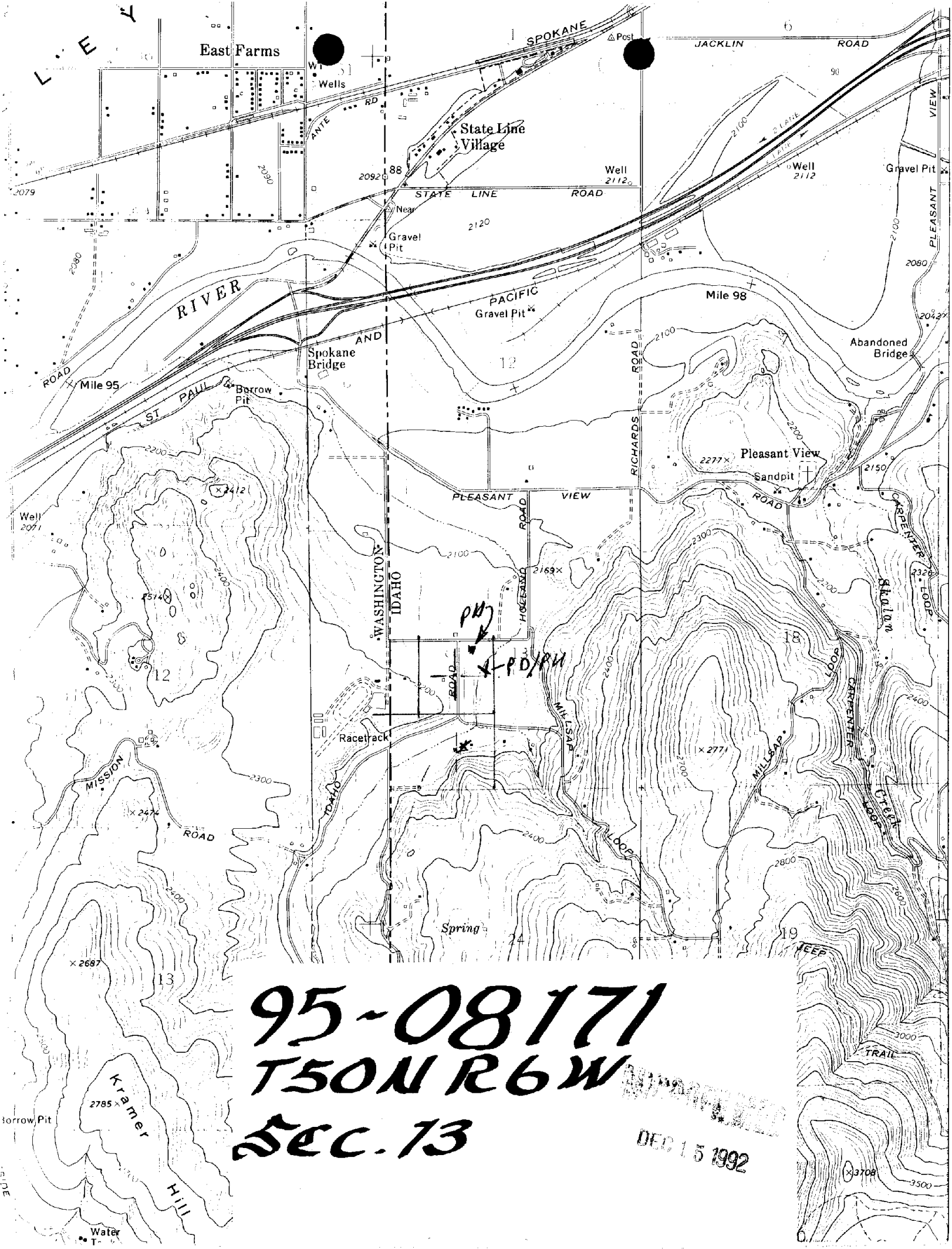
Field Examiner's Name: Tom D. King
 Signature: [Signature]
 Certification Date: 3/20/92
 Field Report Preparation Date: 4/10/92

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



DEC 15 1992

MICROFILMED



95-08171
T50N R6W
Sec. 13

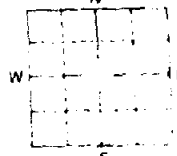
DEC 15 1992

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

USE FOR WATER OR
OTHER PURPOSES

WELL DRILLER'S REPORT

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

1. WELL OWNER Name <u>Alice Hardison</u> Address <u>W6350 Holland Rd. Post Falls, ID 24</u> Owner's Permit No. _____	7. WATER LEVEL Static water level <u>1000</u> feet below surface Flowing? Yes ☒ No ☐ G.P.M. _____ Artesian closed in pressure _____ Controlled by _____ Valve ☐ Cap ☐ Temperature _____ OF Quality _____ (See instructions on temperature recording)																																																																			
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 _____ Discharge G.P.M. _____ Pumping _____ <u>Est. 75 GPM</u>																																																																			
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th rowspan="2">Water Yes No</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td>8"</td><td>0</td><td>10</td><td>Top Soil</td><td></td></tr> <tr><td></td><td>10</td><td>23</td><td>Clay Brown</td><td></td></tr> <tr><td></td><td>23</td><td>33</td><td>S. Ly Clay</td><td></td></tr> <tr><td></td><td>33</td><td>53</td><td>Clay sand</td><td></td></tr> <tr><td></td><td>53</td><td>65</td><td>Decomposed</td><td></td></tr> <tr><td></td><td>65</td><td>70</td><td>Granite</td><td></td></tr> <tr><td></td><td>70</td><td>79</td><td>Granite Med</td><td></td></tr> <tr><td>6"</td><td>79</td><td>112</td><td>Granite Med</td><td></td></tr> <tr><td></td><td>112</td><td>138</td><td>Granite Med</td><td></td></tr> <tr><td></td><td>138</td><td>141</td><td>Granite Soft</td><td></td></tr> <tr><td></td><td>141</td><td>150</td><td>Granite Med</td><td></td></tr> <tr><td></td><td>150</td><td>178</td><td>Granite Med</td><td></td></tr> </tbody> </table>	Bore Diam.	Depth		Material	Water Yes No	From	To	8"	0	10	Top Soil			10	23	Clay Brown			23	33	S. Ly Clay			33	53	Clay sand			53	65	Decomposed			65	70	Granite			70	79	Granite Med		6"	79	112	Granite Med			112	138	Granite Med			138	141	Granite Soft			141	150	Granite Med			150	178	Granite Med	
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	150	178	Granite Med																																																																	
4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dig ☐ Other _____	10. Work started <u>11-4-86</u>																																																																			
5. WELL CONSTRUCTION Casing schedule ☒ Steel ☐ Concrete ☐ Other _____ Line inches _____ Diameter <u>6"</u> inches From _____ feet To <u>79</u> feet inches _____ inches _____ feet _____ feet inches _____ inches _____ feet _____ feet inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a backflow 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 _____ Model No. _____ Type _____ 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 <u>18"</u> Material used in seal _____ Cement grout ☒ Bentonite ☐ Pudding clay Sealing procedure used _____ Slurry pit ☒ Temp. surface caving ☒ 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.  Section Name _____ Lot No. _____ Block No. _____ County <u>Kootenai</u> <u>NE 1/4 SW 1/4 Sec 13 T. 50 N. R. 6 E. W.</u>	11. DRILLERS CERTIFICATION I/We certify that all minimum well _____ complied with at the time the rig was _____ <u>Aqua Drilling</u> Firm Name <u>Exploration Inc.</u> Address <u>P.O. Box 305 Elm</u> Signed by (Firm Official) <u>Scott</u> and _____ (Operator) <u>Scott</u>																																																																			

DEC 15 1986

State of Idaho
Department Of Water Resources
WELL INSPECTION FORM

If well is associated with water right, provide WR Permit No. 95-08171

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. _____ N, Rge. _____ Sec. _____, _____ $\frac{1}{4}$ _____ $\frac{1}{4}$ Gov. Lot _____

2. Owner: _____

Address: _____,

City _____, State _____

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

4. Access Port:	Y ☒	N ☐	Static Water Level:	<u>100</u>
Pressure Gauge:	Y ☐	N ☒	Casing Diameter:	<u>6"</u>
Flowing:	Y ☐	N ☒	Temperature:	<u> </u>

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 : _____

RECEIVED
DEC 15 1992

March 20, 1992

ALICE I. HARDISON
W. 6350 HOLLAND RD.
POST FALLS ID 83854

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 95-08171

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.

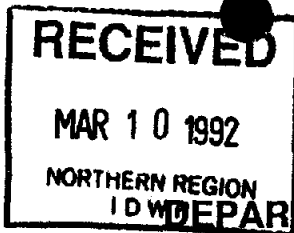
If you have questions concerning this matter, please feel free to contact the NORTHERN Regional Office in Coeur D' Alene at (208)765-4639.

Sincerely,

Karen L. Gustafson
Secretary/Records Manager

c: IDWR - Region

RECORDED
MAY 22 1992



OFFICE USE ONLY
Amt. of Fee \$ 4/A
Date _____
Receipt No. _____
Receipt by _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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. 95-8171 Telephone No. 773-5805
2. Name(s) of Permit Holder(s): ~~W. 6350~~ ALICE HARDISON
3. Mailing Address: W. 6350 HOLLAND RD. POST FALLS, ID 83854
4. Source of Water: GROUNDWATER

If **GROUNDWATER**, Well Driller's Name: AQUA DRILLING Date Drilled: 1986

OPTIONAL:

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

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

Domestic 1 (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 0.04 cfs OR _____ acre/feet

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

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

OR

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

8. Fee Enclosed: \$ _____ (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.

ALICE HARDISON
Name

Telephone No. _____

Address _____

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.

MICROFILMED

MAY 22 1992

Date

3/10/92 Alice Hardison
Signature (and title, if on behalf of a company or organization)

**ANALYSIS SHEET
FOR
PROOF OF BENEFICIAL USE**

Permit No. 95-08171 Reviewed by Klg Date 3/16/92

GENERAL CONSIDERATIONS

TYPES OF USE

yes Name same as permit? domestic - 1
yes Address same as permit?
yes Proof timely received? Correct Uses? yes
If not, complete calculation below.

SOURCE OF WATER

 Surface water source
✓ Ground water source
NA Drilling permit required?
1986 / Copy in the file? Drilling Permit No.
/ Amount paid for permit Correct?
/ 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

*permit holder has applied for much less water
has also dropped irrigation + stockwater use -
proof acceptable*

DATA ENTRY

New Address

Proof Made 3/10/92
3/20/92 Klg

February 28, 1992

ALICE I. HARDISON
W. 6350 HOLLAND RD.
POST FALLS ID 83854

PROOF DUE NOTICE

RE: PERMIT NO. 95-08171

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 May 1, 1992. (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 complete field examination report prepared by a certified water right examiner may be used to submit the required proof.

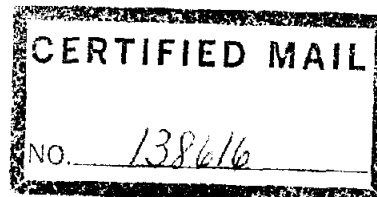
If you have not fully completed your project, and you or a previous owner of this permit have not received a prior extension of time, you may request an extension of time if the delay is for reasonable cause as provided in Section 42-204, Idaho Code. If you have been prevented from proceeding by a governmental 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. If neither is received, the department will send you a lapse notice. Within sixty (60) days of the mailing of the lapse notice, the permit will no longer be of any force nor effect.

SINCERELY,

Karen L. Gustafson
Secretary/Records Manager

Enclosures



MICROFILMED

MAY 22 1992

March 23, 1987

Alice I. Hardison
W. 6350 Holland Rd.
Post Falls, ID 83854

Dear Ms. Hardison:

Re: Permit No. 95-8171

Enclosed is a copy of the approved request for extension of time. The time within which to submit proof of beneficial use is extended to May 1, 1992.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

RITA I. FLECK
Secretary/Records Manager

Enclosure

MICROFILMED

APR 14 1987

STAFF REVIEW SHEET - EXTENSION OF TIME

Permit No. 95-8171

Reviewed by [Signature]

Date 3-19-1987

BASIC INFORMATION

- Y Date stamp received
Y Extension received timely
 (not prior to 6 month before proof due date or after reinstatement period)
Y Fee received and receipted
Y Name and signature same as permit
N Address change (indicate on coding sheet)

BASIS FOR EXTENSION REQUEST

- Y Has adequate work been completed to demonstrate due diligence?
Y Has the cost incurred been adequate to demonstrate an intent to complete the project?
N/A Has the permit been involved in litigation?
 a. Swan Falls _____ Dismissed from Swan Falls _____
 Other _____ Identify _____
 b. Is supporting documentation needed to complete the file? _____
 Requested _____
 c. Calculate the period of delay

Date litigation completed _____

Date litigation began _____

Total period of delay = _____

Present proof due date + _____

NEW PROOF DUE DATE = _____

- _____ Is delay by a government agency?
 _____ Is supporting documentation needed to complete the file?
 Requested? _____

ACTION TAKEN . Recommend approval based on due diligence for 5 years

REPROFILMED

Special conditions or remarks:

APR 14 1987

N/A Reinstatement Date extension received _____ = _____
 Proof due date _____
 No. of days late _____ = _____
 Priority date _____ = + _____
 ADJUSTED PRIORITY DATE _____ = _____

- Prepare coding sheet
- Change rolodex card



State of Idaho

DEPARTMENT OF WATER RESOURCES

STATE OFFICE, 450 W. State Street, Boise, Idaho

CECIL D. ANDRUS

Governor

A. KENNETH DUNN

Director

Mailing address:
Statehouse
Boise, Idaho 83720
(208) 334-4440

EXTENSION OF TIME

March 12, 1987

Alice I. Hardison
W. 6350 Holland Rd.
Post Falls, ID 83854

PERMIT NO. 95-8171

We are in receipt of the \$15 extension fee for Extension(s) of Time to provide additional time in which to submit proof of beneficial use on a water right permit.

Your request for extension(s) of time is being reviewed by staff. You will be informed of our decision when review has been completed.

Enclosed is our receipt No. 41551.

Roberta Garrett
Records Supervisor

Enclosure

MICROFILMED

APR 14 1987

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

- - - - -

STATEHOUSE
BOISE, IDAHO 83720
(208) 334-4440
CERTIFIED MAIL
FEBRUARY 28, 1987

138823

HARDISON, ALICE I.
W. 6350 HOLLAND RD.
POST FALLS, ID 83854

PROOF DUE NOTICE

RE: PERMIT NO. 95-8171

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 MAY 1, 1987. (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. IF NEITHER IS RECEIVED, THE DEPARTMENT WILL SEND YOU A LAPSE NOTICE. WITHIN SIXTY (60) DAYS OF THE MAILING OF THE LAPSE NOTICE, THE PERMIT WILL NO LONGER BE OF ANY FORCE NOR EFFECT.

SINCERELY,

RITA FLECK
SECRETARY/RECORDS MANAGER

ENCLOSURES

MICROFILMED

APR 14 1987

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

STATEHOUSE
BOISE, IDAHO 83720
(208) 334-4440

HARDISON, ALICE I.
W. 6350 HOLLAND RD.
POST FALLS, ID 83854

JUNE 08, 1982

RE: PERMIT NO. 95-8171

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.

WE HAVE ENCLOSED A FORM 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

NOTED

State of Idaho
Department of Water Resources

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY: JK APPLICATION NUMBER: 95-8171

CHECK:

- ☒ Source.
☒ Point of diversion.
☒ County.
☒ Quantity of water and period of use.
☒ Description of diverting works.
☒ Time required for beneficial use of water.
☒ Place of use or acres irrigated.
☒ Map.
☒ Signature.
☒ Fee.
☒ Yes ☒ No Field check required.
☐ Yes ☒ No Critical groundwater area.
☒ Yes ☒ No Request dam safety information. Sent by: _____ Date: _____
☒ Yes ☐ No* In form to receipt.

Field check by: _____

Date: _____

Comments: _____

*REQUEST THE FOLLOWING ADDITIONAL INFORMATION FROM THE APPLICANT: _____

SEND COPIES TO:

- ☐ Idaho State Health Department.
☐ 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: 5/10/82 ✓
☐ Yes ☐ No Protests received. If yes, record information on 4th page of application.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. Date: 4/30/82 ✓
☒ 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? _____
4/19/82 Date of priority recommended.
✓ Special conditions of approval or cover letter. _____

By: RLH Date: 5/14/82

STATE OFFICE REVIEW:

SLW/LJ2 26

- ☐ See attached sheet for more information.

By: Tolpe Date: 5/24/82

RECEIVED
MAY 24 1982

POINT OF DIVERSION AND STREAM INDEX INFORMATION

TRACT	SEC	TWP	RGE	gov't lot	rediv. (R)	REACH
IDAHO STREAM CODE INDEX						

TRACT	SEC	TWP	RGE	gov't lot	rediv. (R)	REACH
IDAHO STREAM CODE INDEX						

TRACT	SEC	TWP	RGE	gov't lot	rediv. (R)	REACH
IDAHO STREAM CODE INDEX						

TRACT	SEC	TWP	RGE	gov't lot	rediv. (R)	REACH
IDAHO STREAM CODE INDEX						

TRACT	SEC	TWP	RGE	gov't lot	rediv. (R)	REACH
IDAHO STREAM CODE INDEX						

95-8171-

HARDISON, ALICE I.

W. 6350 HOLLAND RD., POST FALLS, ID 83854

Source: GROUNDWATER

Date Filed: 04/09/1982

Amount: 0.20 CFS

Diversion Point: NESW Sec 13 T 50N R 06W, KOOTENAI Co.

Use: IRRIGATION	(0.20 CFS)	from 03/15 to 11/15
STOCKWATER	(0.02 CFS)	from 01/01 to 12/31
DOMESTIC	(0.16 CFS)	from 01/01 to 12/31

Place of Use: NESW SESW Sec 13 T 50N R 06W NESW Sec 13 T 50N R 06W
FOR 27 ACRES

Diversion Means: WELL, PUMP AND PIPELINE.

MICROFILM