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MAR 18 2024

DEPT. OF WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY
Amt. of Fee \$ 50.00
Receipt No. N044425
Received By UMB
Date Received 3/13/24

The Idaho Department of Water Resources (Department) considers this form a statement that the permit holder(s) applied water to beneficial use and completed development of a water right to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner (CWRE).** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, complete a Notice of Change in Water Right Ownership form. If you wish to relinquish your permit because you have not established the authorized water use and are not applying for an extension, please notify the Department in writing.

- Permit No. 95-18207 Name of Permit Holder(s) Jeffrey E. Jones and Tammy J. Jones
Telephone No. 360-620-2747 Email jonesjefftam@gmail.com
Mailing Address 326 Songbird Way City Spirit Lake State ID Zip 83869
- Source of Water Ground Water (Well) If Ground Water (well), Date Drilled mo. May / yr. 2020
Drilling Permit/Tag No. 893822 / Tag# 0084537 Drilling Company's Name Horsley Drilling INC.
- Extent of use(s) completed **as authorized by the water right permit:**
Domestic (No. households) 1 Home Irrigation (No. acres) 1/2 Stockwater (No. and stock type) 50 Mixed
Other _____
- Total diversion rate or volume (storage only) for which proof is submitted 0.06 cfs OR _____ af
If the total developed water use is 5 acres of irrigation or less, is stockwater storage of 14.6 acre-feet or less, or has a diversion rate of less than 0.24 cfs, attach a map of the place of use and point of diversion and photographs showing beneficial use.
- Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)
Drilled Well completed in May 2020 that delivers 50GPM at a depth of 540 feet.

6. Permit condition compliance. Refer to the permit approval conditions and check all the items required, then check "Yes" or "No" to indicate whether the required items were established, submitted, and/or installed:

Required? Yes No (If "Yes", attach required data, evidence of compliance, or evidence of installation)

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| ☐ | ☐ | ☐ | Ground water level data, pumping information, or other diversion data |
| ☐ | ☐ | ☐ | Mitigation plan |
| ☐ | ☐ | ☐ | Lockable controlling works |
| ☐ | ☐ | ☐ | Measuring device |
| ☐ | ☐ | ☐ | Fish screen |
| ☒ | ☒ | ☐ | Other requirements of the water right permit <u>All conditions of approval met in permit 95-18207</u> |
| ☐ | ☐ | ☐ | Reasonably Anticipated Future Needs ("RAFN") Municipal use |

If RAFN Municipal use, additional increment of beneficial use developed? ☐ Yes (attach CWRE report) ☐ No

7. Fee Enclosed \$ 50.00 or ☐ CWRE field report attached or ☐ No fee required

See fee schedule on page 3 of the instructions. Proof statements filed without an appropriate fee are incomplete.

8. Person to contact to accompany a Department representative during the field examination of the water system:

Name: Jeffrey E. Jones Telephone No. 360-620-2747 Email jonesjefftam@gmail.com
Mailing Address 326 Songbird Way City Spirit Lake State ID Zip 83869

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Jeffrey E. Jones and Tammy J. Jones 3/9/2024
SIGNATURE OF PERMIT HOLDER* PRINTED NAME AND TITLE DATE

*Attach power of attorney if completing on behalf of permit holder.

State of Idaho
Department of Water Resources
Permit to Appropriate Water
NO. 95-18207

Priority: November 24, 2021

Maximum Diversion Rate: 0.06 CFS

This is to certify that

JEFFREY E JONES
326 SONGBIRD WAY
SPIRIT LAKE, ID 83869

AND

TAMMY J JONES
326 SONGBIRD WAY
SPIRIT LAKE, ID 83869

have applied for a permit to appropriate water from:

Source : GROUND WATER

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>
STOCKWATER	01/01 to 12/31	0.02 CFS
DOMESTIC	01/01 to 12/31	0.04 CFS

Location of Point(s) of Diversion

GROUND WATER NW¼, SE¼, Sec. 21, Twp 54N, Rge 04W, B.M., BONNER County

Place of Use: STOCKWATER and DOMESTIC

Twp	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
54N	04W	21														X			

Conditions of Approval:

1. Proof of application of water to beneficial use shall be submitted on or before **January 01, 2026**.
2. Subject to all prior water rights.
3. This right does not grant any right-of-way or easement across the land of another.
4. Right holder shall comply with the drilling permit requirements of Idaho Code § 42-235 and applicable Well Construction Rules of the Department.
5. Domestic use is for 1 home.
6. The irrigation occurring under this domestic use shall not exceed 1/2 acre.
7. Stockwater use is for 50 head Mixed Stock.

This permit is issued pursuant to the provisions of Idaho Code § 42-204.

Signed this 14th day of January, 2022.



ADAM FREDERICK
Water Rights Supervisor

State of Idaho
Department of Water Resources

Attachment to Permit to Appropriate Water

95-18207

This map depicts the STOCKWATER and DOMESTIC place of use boundary for this water right at the time of this approval and is attached to the approval document solely for illustrative purposes.

04W



-  Point of Diversion
-  Place Of Use Boundary
-  PLS Sections
-  Quarter Quarters
-  Taxlots

0 0.025 0.05 0.1 Miles



Tax parcel information provided by Bonner County.

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0084537

Drilling Permit No. 893822

Water right or injection well # _____

2. OWNER: _____

Name Jim Loisel

Address 6224 Colfax St.

City Dalton Gardens State ID Zip 83815

3. WELL LOCATION:

Twp. 54 North ☒ or South ☐ Rge. 04 East ☐ or West ☒

Sec. 21 10 acres 1/4 NW 40 acres 1/4 SE 160 acres

Gov't Lot _____ County Bonner

Lat. 48 00.667N (Deg. and Decimal minutes)

Long. 116 50.0967W (Deg. and Decimal minutes)

Address of Well Site 326 Songbird Way

City Spirit Lake

(Give at least name of road + distance to Road or Landmark)

Lot. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection

☐ Other _____

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well

☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite Chips	0	20	700 lbs.	Dry Pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing Liner	Threaded	Welded
6"	+2	540	.250	Steel	☒	☐	☒
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) Ring Bit @ 540'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Down Hole Air Perforator

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
520	540	1/4x1	6	6"	Steel	.250

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
NA				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 394' Static water level (ft) 365'

Water temp. (°F) Cold Bottom hole temp. (°F) Cold

Describe access port Welded Steel Cap

Well test:	Test method:
Drawdown (feet)	Pump
Discharge or yield (gpm)	Bailer
Test duration (minutes)	Air
NA	Flowing artesian
50+ gpm	
240	

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
12"	0	20	Sand and Gravel		X
8"	20	260	Sand and Gravel		X
8"	260	305	Gravel and Brown Clay		X
8"	305	388	Brown Clay and Sand		X
8"	388	394	Brown Clay, Sand and Gravel		X
8"	394	410	Sand with 10% Gravel	X	
8"	410	540	Sand, Gravel and Brown Silt	X	

Completed Depth (Measurable): 540'

Date Started: 05/04/2020 Date Completed: 05/05/2020

14. DRILLER'S CERTIFICATION:

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

Company Name Horsley Drilling, Inc. Co. No. 632

*Principal Driller C. Mark Horsley Date 05/07/2020

*Driller Justin Durazo Date 05/07/2020

*Operator II Justin Durazo Date 05/07/2020

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.