

OCT 11 2023

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

FOR OFFICE USE ONLY

Amt. of Fee \$ 50-
Receipt No. C117158
Received By KM
Date Received 10.11.23

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. 95-17665 Name of Permit Holder(s) David R & Deborah L CISCAL
Telephone No. 208 561 1056 Email 5dcs@verizon.net
Mailing Address 12289 E Whitetail Dr. City Arthol State ID Zip 83801
- Source of Water _____ If Ground Water (well), Date Drilled mo. 2-18 yr. 95
Drilling Permit/Tag No. 46-95-N-30 Drilling Company's Name Hester Well Drilling
- Extent of use(s) completed as authorized by the water right permit:
Domestic (No. households) 1 Irrigation (No. acres) 16 Stockwater (No. and stock type) 5 equines/mixed
Other Small fish pond, with small water stream
- Total diversion rate or volume (storage only) for which proof is submitted 0.20 cfs OR N/A 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.)
10 gpm pump from well, 5 in ground risers, garden hoses & rain bird sprinklers.
- 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 _____
☐	☒	Reasonably Anticipated Future Needs ("RAFN") Municipal use

If RAFN Municipal use, additional increment of beneficial use developed? ☐ Yes (attach CWRE report) ☐ No
- 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: David or Deborah CISCAL Telephone No. 208-561-1056 Email 5dcs@verizon.net
Mailing Address 12289 E Whitetail Dr. City Arthol State ID Zip 83801

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.

David R. Ciscal
SIGNATURE OF PERMIT HOLDER*

David R. Ciscal
PRINTED NAME AND TITLE

5 Oct 23
DATE

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

RECEIVED

Form 238-7
7/94

MAR 24 1995

NORTH IDAHO
IDWR

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

OCT 11 2023

1. DRILLING PERMIT NO. 96-95-N-30
Other IDWR No. _____

2. OWNER:

Name J Hank Hester
Address Rt. 1 Box 142
City Priest River ID State ID Zip 83856

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>53</u> North ☒ or South ☐	
E		Rge. <u>2</u> East ☐ or West ☒	
S		Sec. <u>18</u> SE 1/4 SE 1/4 SW 1/4	
W		Gov't Lot _____ County <u>Kootenai</u>	

Address of Well Site Old Rail Road
City Ferragut

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

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT Sacks or Pounds	METHOD
Material	From	To		
Bentonite	0	20	7	OVERBORED

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 320'
Was drive shoe seal tested? Y ☐ N ☒ How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	1 1/2	320	25	Steel	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method N/A
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

290 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: SESESW 18 53N 2W

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
<u>50</u>			<u>4 HOURS</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	3	Top Soil		☒
10	3	165	Large GRAVEL		☒
10	165	173	GRANITE Bolder		☒
10	173	181	SAND and GRAVEL		☒
10	181	187	GRANITE Bolder		☒
10	187	235	SAND and GRAVEL		☒
10	235	242	GRANITE Bolder		☒
10	242	285	SAND and GRAVEL		☒
10	285	292	DECOMPOSED GRANITE		☒
10	292	298	GRANITE		☒
10	298	306	GRAVEL and Fractured Granite		☒
1			50 GPM		
10	300	315	GRANITE		☒
10	315	326	Fractured Granite		☒
10	326	320	GRANITE		☒

OFFICE USE ONLY
Inspected by LDK
Twp. 53N Rge. 2W Sec. 18
SE 1/4 SE 1/4 SW 1/4

MICROFILMED

MAR 04 1995

Completed Depth 320' (Measurable)
Date: Started 2-18-95 Completed 2-24-95

13. DRILLER'S CERTIFICATION

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

Firm Name Hester Well Drilling Inc. Firm No. 528
Firm Official J Hank Hester Date 2-24-95
and
Supervisor or Operator C Mark Howley Date 2-24-95
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES



IDAHO DEPARTMENT OF
WATER RESOURCES

322 E Front Street, Suite 648, Boise ID 83702 • PO Box 83720, Boise ID 83720-0098
Phone: 208-287-4800 • Fax: 208-287-6700 • Email: idwrinfo@idwr.idaho.gov • Website: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

October 20, 2023

DAVID R CISCEL
DEBORAH L CISCEL
12289 E WHITETAIL DR
ATHOL ID 83801

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 95-17665

Dear Permit Holder(s):

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.

Please be advised that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the Department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any Department office or at the Department's website at www.idwr.idaho.gov.

If you have any questions concerning the field examination, please contact the Northern Region Office of the Department located in Coeur d'Alene at (208) 762-2800.

Sincerely,

Amanda Veibell
Technical Records Specialist

Enclosure(s)