

RECEIVED

JUL 31 2025

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 \$	_____
Receipt No.	_____
Received By	_____
Date Received	_____

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.

1. Permit No. 95-17950 Name of Permit Holder(s) GREGORY PINDRAS
 Telephone No. 206 794 4120 Email gre.gp@live.com
 Mailing Address 4451 S. WESTWAY DRIVE City COEUR D'ALENE State ID Zip 83814
1423 WARDEN AVE N City SEATTLE State WA Zip 98109

2. Source of Water WELL If Ground Water (well), Date Drilled mo. 11 / yr. 2020
 Drilling Permit/Tag No. D0085159 Drilling Company's Name H2O WELL SERVICE

3. Extent of use(s) completed as authorized by the water right permit:

Domestic (No. households) 2 Irrigation (No. acres) 0.05 Stockwater (No. and stock type) N/A
 Other _____

4. Total diversion rate or volume (storage only) for which proof is submitted 0 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.

5. Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)

WELL SHARED BY TWO SINGLE FAMILY HOMES (4451 S WESTWAY DR & 4423 S WESTWAY DR CDA ID) Pump is GOULDS 189PM 2 HP (SEE QUOTE ATTACHED)
WELL WAS DRILLED TO 195'

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 _____ |
| ☐ | ☒ | 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 \$ _____ 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: GREGORY PINDRAS Telephone No. 206 794 4120 Email gre.gp@live.com
 Mailing Address 4451 S. WESTWAY DR City COEUR D'ALENE State ID Zip 83814

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.

SIGNATURE OF PERMIT HOLDER*

PRINTED NAME AND TITLE

DATE

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



582 West Hayden Avenue • Hayden Lake, Idaho 83835
(208) 772-4004 Office • (800) 772-4901 Toll Free • (208) 772-4892 Fax • (509) 535-5554

REF IDAHO CODE 42-221K
NO FEE REQ'D

CUSTOMER NAME: Elaine Cooper
ADDRESS: 4423 W. Westway Dr
WELL ID: D0085159

March 24, 2021

18gpm = 0.04 CFS

Estimate given prior to site development.

Revised estimate may be required after site preparation is completed.

Estimated Proposal on "Constant Pressure" Pump System

Qty	Description	Each	Total
1	Goulds 18gpm 2hp (3-Phase) Pump / Motor		\$1,937.00
1	Goulds AquaSolo 3AS20 VFD Control		\$1,634.00
160	Drop Pipe 1-1/4"	\$2.80	\$448.00
175	Flat Jacket Submersible wire #10/3 w/grd	\$2.00	\$350.00
1	Check Valve 1-1/4" VFD	\$47.00	\$47.00
1	Misc. Job Supply		\$30.00
1	Pump Installation Labor		\$1,100.00
Phase One Total		To top of Well	\$5,546.00
1	Well Cap 6"		\$76.00
1	Pitless Adaptor 1-1/4"		\$203.00
100	Conduit 1" / Wire #10/4; Conduit 3/4" and Transducer Cable	\$7.00	\$700.00
100	Buried Pipe 1-1/4" Poly	\$2.20	\$220.00
1	JR 25 Pressure Tank		\$210.00
1	Tank Tee Package		\$275.00
1	Underground Fittings Package		\$150.00
1	Underground Stop Valve x 2 package		\$550.00
1	30" x 4' Vault / Lid Assembly		\$640.00
1	H Fixture Control Panel Board		\$450.00
1	Misc. Electrical Fittings		\$150.00
1	Electrical Disconnect w/circuit breaker (Includes Surge Suppression @ \$100)		\$220.00
1	Plumbing and Wiring Labor		\$1,450.00
Phase Two Total		Remainder of System	\$5,294.00
Subtotal			\$10,840.00
Optional Items:			
1	Water Analysis	\$80.00	\$80.00
1	Yard Hydrant, Parts & Labor	\$475.00	\$475.00
Optional Items Total			\$555.00
Subtotal			\$11,395.00
Sales Tax			\$0.00
Grand Total			\$11,395.00

Prices quoted are estimated amounts. Materials shall be at the price in effect at the time of installation.

Actual quantities and labor may vary.

Excavation, Backfill, Permits-Electrical & Plumbing are not included in this estimate.

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D0085159

Drilling Permit No. 895898

Water right or injection well # 95-17950 & 95-12371

2. OWNER: Gregory Pindras

Name _____

Address 1923 Warren Ave. N.

City Seattle State WA Zip 98109

3. WELL LOCATION:

Twp. 50N North ☒ or South ☐ Rge. 04W East ☐ or West ☒

Sec. 35 1/4 NW 1/4 SW 1/4

Gov't Lot _____ County Kootenai

Lat. 47 38.071 (Deg. and Decimal minutes)

Long. 116 48.433 (Deg. and Decimal minutes)

Address of Well Site 4423 W. Westway Dr.

City Coeur d' Alene

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	0	100	800 lbs.	Pressure Grout

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6"	+2	100	.250	Steel	☒	☐	☒
4"	-15	195	.200	PVC	☐	☒	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 100'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skilsaw

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
175	195	1/4x8	88	4"	PVC	Sch. 40

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
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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) 27' Static water level (ft) 11'

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

Describe access port Welded steel cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Ballor	Air	Flowing artesian
	30+	60	☐	☐	☒	☐

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
10	0	15	Broken Basalt		X
10	15	27	Broken Basalt w/ Tan Clay		X
10	27	35	Gray Silty Clay	X	
10	35	55	Brown Clay		X
10	55	70	Gray Silty Clay w/ Fine Sand		X
10	70	90	Brown Clay		X
10	90	100	Black Med. Basalt		X
6	100	180	Black Med. Basalt		X
6	180	195	Fractured Basalt w/ Water	X	

Completed Depth (Measurable): 195'
Date Started: Nov 11, 2020 Date Completed: Nov 18, 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 H2O Well Service Inc. Co. No. 448

*Principal Driller Tom Ruck Date 11-20-2020

*Driller Jim McLeske Date 11-20-2020

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.