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APR 27 2026

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

DEPT. OF WATER RESOURCES

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. 95-18725 Name of Permit Holder(s) Christopher Lipton

Telephone No. 360-430-7748 Email chrismlipton@gmail.com

Mailing Address 2644 S Big Rock Road City Post Falls State ID Zip 83854

2. Source of Water Ground Water If Ground Water (well), Date Drilled mo. 08 / yr. 2003

Drilling Permit/Tag No. 805989 Drilling Company's Name United Drilling Inc.

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

Domestic (No. households) 1 Irrigation (No. acres) 1/2 ac. Stockwater (No. and stock type) 0

Other _____

4. Total diversion rate or volume (storage only) for which proof is submitted 0.04 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.)

Pump

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: Christopher Lipton Telephone No. 360-430-7748 Email chrismlipton@gmail.com

Mailing Address 2644 S Big Rock Road City Post Falls State ID Zip 83854

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*

Christopher M Lipton

PRINTED NAME AND TITLE

22 April 2026

DATE

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

State of Idaho
Department of Water Resources

Attachment to Permit Number

95-18725

This map depicts the 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.

05W



- Point of Diversion
- Place Of Use Boundary
- Townships
- Sections
- Quarter Quarters



0 0.04 0.09 0.14 0.18 Miles



Imagery: 2023 Aerial Photography

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT
RECEIVED

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: : : Long: : :

1. WELL TAG NO. D0028646 SEP 04 2003

DRILLING PERMIT N 805989 IDWR/North

2. OWNER:

Name Stacy Akana

Address 3101 E. Seltice Way

City Post Falls State ID Zip 83854

3. LOCATION OF WELL by legal description:

N
W E S
Twp 50N North ☒ or South
Rge 05W East ☐ or West ☒
Sec 30 1/4 NW 1/4 SE 1/4
Gov't Lot _____ County Kootenai
Lat _____ Long _____
Address of Well Site: (see next line)

Big Rock Road

City _____ Lot _____ Blk _____ Sub. Name (see next line)

4. USE:

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

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			Amount	Method
Material	From	To	Sacks/Lbs	
Bentonite Gran.	0	19	3 Sacks	Dry Pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 19'

Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casing	Liner	Weld	Thrded
6"	+1	19	0.250	Steel	☒			
4"	-15	300	0.160	PVC		☒	☒	

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations? Method _____
☒ Screens? Screen Type PVC Johnson

From	To	Slot	Nmbr	Diam	Material	Casing	Liner
-260	300	40		4"	PVC		☒

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

70 ft. below ground. Artesian pressure _____ lb.
Depth flow encountered 258 ft. Describe access port or control devices: Steel Cap Welded

11. WELL TESTS:

Yield gal./min.	Drawdown	Pump Level	Time
25	100%	300	1 Hour

Water Temp. _____ COLD Bottom hole temp. _____ COLD
Water Quality test or comments: (below) Depth first Water Encountered 50
CLEAR

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water
8	0	6	Clay with Sand	☒ Y ☐ N
8	6	13	Decomposed Granite - Soft	☒ Y ☐ N
8	13	19	Decomposed Granite - Medium/Soft	☒ Y ☐ N
6	19	48	Decomposed Granite - Medium/Soft	☒ Y ☐ N
6	48	51	Decomposed Granite - Orange - Soft	☒ Y ☐ N
			with Iron -- 1 GPM	☒ Y ☐ N
6	51	137	Granite - Salt&Pepper with Rose - Medium	☒ Y ☐ N
6	137	144	Granite - Green - Soft -- 1 GPM	☒ Y ☐ N
6	144	257	Granite - Salt&Pepper with Rose - Medium	☒ Y ☐ N
6	257	261	Granite - Salt&Pepper with Green - Soft	☒ Y ☐ N
6	261	300	Granite - Salt&Pepper - Medium	☒ Y ☐ N
			4x6 Shale Trap Set @ 60'	

Water travels @ 60 ft. from well to house.
New well pump installed in ~~2025~~ 2023
Well pump is 3hp and pumps up to 15 gpm
Irrigation takes place at the house and serves small area of landscaping around the house.

Completed Depth 300 (Measurable)
Date: Started 8/19/03 Completed 8/20/03

13. DRILLERS CERTIFICATION

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

Firm United Drilling Inc. Firm No 414
Name _____
Firm Official Tim M. Valdez pms. Date 8/21/03
and _____
Supervisor or Operator Mark A. Penick Date 8/21/03

50 N 5W 30

FORWARD WHITE COPY TO WATER RESOURCES