

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 15-7449

Exam Date: 1/24/20

1. Current Owner:
THE KENNETH AND DIXIE BERNARDS FAMILY TRUST 4080 W SAMARIA RD MALAD CITY ID 83252-6620

2. In-office qualification (IDAPA 035.01.r): Total diversion rate \leq 0.24 cfs and not irrigation or storage

3. **SOURCE:**
GROUND WATER

Method of Determination Permit application, ArcMap, aerial imagery, and USGS topography

B. OVERLAP REVIEW

1. Other water rights with the same place of use: NO Overlap

Water Right No.	Source	Purpose of Use	Basis
N/A	N/A	N/A	N/A

Comments: Overlap review shows overlap within the same QQ however this right is pertinent to a neighboring property for used for stockwater.

2. Other water rights with the same point-of-diversion: NO Overlap

Water Right No.	Source	Purpose of Use	Basis
N/A	N/A	N/A	N/A

Comments There are no other water rights that share POD.

C. DIVERSION AND DELIVERY SYSTEM

1. **LOCATION OF POINT(S) OF DIVERSION:**

GROUND WATER SW $\frac{1}{4}$ NW $\frac{1}{4}$, Sec. 25, Twp 15S, Rge 35E, B.M. ONEIDA County

Method of Determination: Permit application, ArcMap, aerial imagery, and USGS topography

PLACE OF USE: 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	
15S	35E	25										X							

Method of Determination: Map of property submitted by land owner identifies POU clearly. PLSS data through ArcMap also verified.

3. Delivery System Diagram Attached (required). Indicate all major components and distances between components.
N/A Indicate weir size/pipe as applicable.

X Map Attached Showing Location(s) of point(s) of diversion and place(s) of use (required). Scale must be 1:24,000 or greater.

N/A Aerial Photo Attached (required for irrigation of 10+ acres).

N/A Photo of Diversion and System Attached

4.

Well or Diversion ID No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
N/A	N/A	N/A	N/A	N/A	N/A

D. FLOW MEASUREMENTS

1.

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calib. Date
N/A	N/A	N/A	N/A	N/A	N/A	N/A

2. Measurements:

In office field exam so flow measurements not applicable.

E. FLOW CALCULATIONS

Domestic Permit	0.04 cfs
B.U. Proof Fee:	\$50 → 0.00 cfs to 0.20 cfs
License Recommendation	0.04 cfs

F. VOLUME CALCULATIONS

1. Volume Calculations for irrigation: N/A
2. Volume Calculations for Other Uses: Domestic = 1.2 afa as per Apps Memo No. 22 "Definition of Domestic."

G. NARRATIVE/REMARKS/COMMENTS

The field exam was conducted in-office January 17, 2020 by Kate Hulse.

The permit 15-7449 was assigned to The Kenneth and Dixie Bernards Family Trust on May 22, 2019 and authorized the diversion of 0.04 cfs from groundwater for domestic use for 1 home in Section 25, Township 15 South, Range 35 East, NW 1/4, SW 1/4 and SW 1/4 NW 1/4. The proof of beneficial use was submitted on November 4, 2019 by The Kenneth and Dixie Bernards Family Trust. Current Oneida county taxlot data represents The Kenneth and Dixie Bernards Family own the land pertinent to the place of use and point of diversion. Based on the information provided in the water right file, this qualifies for an in office field exam.

Ground water comes from a well drilled in 2005. As per the application, the system diverts water from a joint well with a pump and electric motor. As a result, I am recommending 0.04 cfs for domestic purposes. Overlap review found no additional water rights for the POU and POD.

Have conditions of permit approval been met? ☒ Yes ☐ No

H. RECOMMENDATIONS

1. Recommended Amounts

<u>Beneficial Use</u>	<u>Period of Use</u>	<u>Rate of Diversion</u>
DOMESTIC	01/01 to 12/31	0.04 CFS

Totals: 0.04 CFS

2. Recommended Amendments

☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☒ None

☐ Change P.U. as reflected above ☐ Add P.U. as reflected above ☒ None

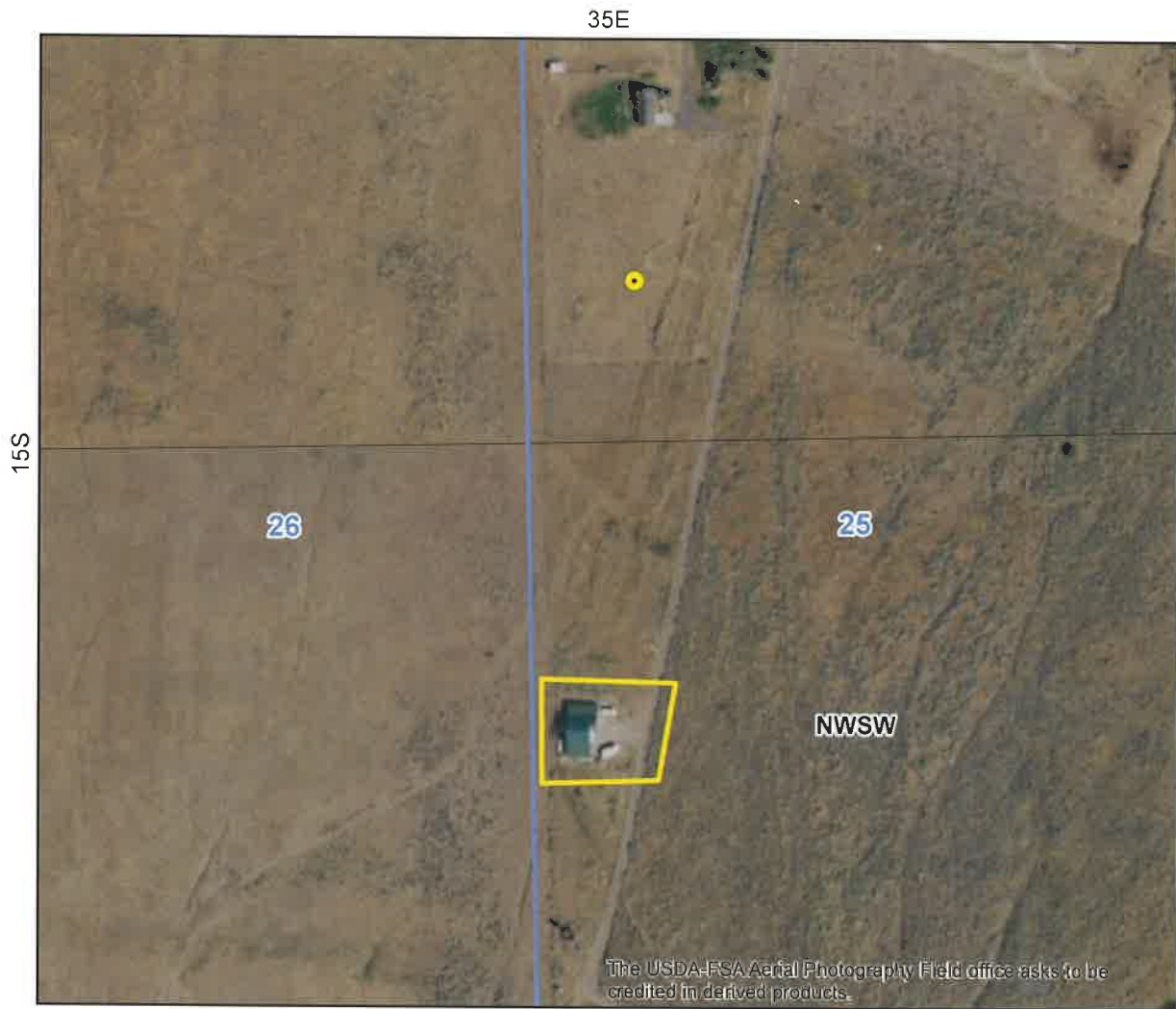
I. AUTHENTICATION






Kate Huelse - Water Resource Agent

Field Examiner's Name _____ Date _____


Reviewer _____ Date _____

State of Idaho
Department of Water Resources
Beneficial Use In Office Field Exam
15-7449



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

0 0.035 0.07 0.14 Miles



Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

15

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	:	:	Long
:	:	:	:

1. WELL TAG NO. D 0037810

DRILLING PERMIT NO.

Water Right or Injection Well No.

2. OWNER:

Name Robert & Ilene Durban
Address P.O. Box 680
City Escondido State CA Zip 92033

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 15 North ☐ or South ☒
Rge. 25 East ☒ or West ☐
Sec. 25 1/4 NW 1/4 SW 1/4
Gov't Lot _____
Lat: _____ Long: _____
Address of Well Site Sammaria
City Malad

(One at least name of road + Distance to Road or Landmark)
Lt. _____ Blk. _____ Sub. Name _____

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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>20</u>		

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) _____

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>0</u>	<u>360</u>	<u>25</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Torch

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>360</u>	<u>360</u>	<u>4/6"</u>	<u>25</u>	<u>6"</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

200' ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>20</u>			

Water Temp. cold Bottom hole temp. cold

Water Quality test or comments: _____

Depth first Water Encounter 255'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10"</u>	<u>0</u>	<u>193</u>	<u>Cobbles & Boulder Gravel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>10"</u>	<u>193</u>	<u>260</u>	<u>Brown clay & Gravel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>10"</u>	<u>260</u>	<u>273</u>	<u>Red clay</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>8"</u>	<u>273</u>	<u>360</u>	<u>Line & Broken plow</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Completed Depth 360' (Measurable)

Date: Started 12-5-05 Completed 12-20-05

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 Mountain West Well Drilling Firm No. 5213

Principal Driller Michael Zander Date 12-23-05

and Driller or Operator II Mike Zander Date 12-23-05

Operator I _____ Date _____

Principal Driller and Rig Operator Required.

Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES