

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 83-11990

Exam Date: 08/20/2019

1. Current Owner:

EDWARD MC CORMICK 5846 LAKEVIEW RD OROFINO ID 83544 AND/OR
DENISE MC CORMICK 5846 LAKEVIEW RD OROFINO ID 83544

2. Accompanied by: In-house

Phone No:

Address:

Relationship to permit Holder:

3. **SOURCE:**

GROUND WATER

Method of Determination: permit **B. OVERLAP REVIEW**

1. Other water rights with the same place of use:

YES Overlap

Water Right No.	Source	Purpose of Use	Basis
83-7136	Groundwater	Municipal	ArcMap
83-7118	Groundwater	Municipal	ArcMap
83-11931	Groundwater	Municipal	ArcMap

Comments: No overlapping conditions needed

2. Other water rights with the same point-of-diversion:

NO Overlap

Water Right No.	Source	Purpose of Use	Basis

Comments: NA **C. DIVERSION AND DELIVERY SYSTEM**1. **LOCATION OF POINT(S) OF DIVERSION:**

GROUND WATER SE¼ NE¼, Sec. 23, Twp 37N, Rge 01E, B.M. CLEARWATER County

Method of Determination: Permit

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	
37N	01E	23				X													

Method of Determination: Permit & ArcMap & Clearwater County

3.

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

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

_____ Aerial Photo Attached (required for irrigation of 10+ acres).

_____ 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

D. FLOW MEASUREMENTS

1.

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calib. Date

2. Measurements:

E. FLOW CALCULATIONS

_____ Additional Computation Sheets Attached

Measured Method:

F. VOLUME CALCULATIONS

1. Volume Calculations for irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 =$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} =$$

2. Volume Calculations for Other Uses: 1.2 af for domestic indoor and 1/2 acre of irrigation, standard volume according to current policy and Administrative Memo # 22.

G. NARRATIVE/REMARKS/COMMENTS: ArcMap and Clearwater County confirmed dwelling on site and list The McCormick Family Living Trust as current owner. There are 3 municipal water rights from the Lakeview Water District that overlap this right that are on separate wells. No overlapping conditions will be added. License is for indoor and outdoor use up to 0.5 acres of irrigation. No lockable measuring device required at this time. This right is currently not within a water district.

Place of use and point of diversion are located with Lot 15 Lakeview Recreational Subdivision.

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>	<u>Annual Volume</u>
DOMESTIC	01/01 to 12/31	0.04 CFS	1.2 AF
<u>Totals:</u>		0.04 CFS	1.2 AF

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 Jean Hersley - Technical Records Specialist 2

Field Examiner's Name Jean Hersley Date 8-20-19
 Reviewer PH Date 9/9/19

Clearwater County

Region

Election

Planning

PLSS

E911

Area Map

5846 Lakeview Rd, Orofino, ID, 8 X



Show search results for 5846 Lakeview...



15

332.97'

662.35'

(2 of 2)

PARCEL INFORMATION: RP007500010150

PARCEL ADDRESS	5846 LAKEVIEW RD
RP NUMBER	RP007500010150
OWNERSHIP	PRIVATE
OWNERSHIP NAME	THE MCCORMICK FAMILY LIVING
PARCEL STATE	Idaho
PARCEL CITY	OROFINO
PARCEL ZIP CODE	83544
PARCEL DESCRIPTION	LAKEVIEW FIRST ADDITION SEC 23 37N 1E LOT 15
ACRES	5.06
Zoom to	...

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D D0069661
Drilling Permit No. 877200

Water right or injection well # _____

2. OWNER: Debbie Booth

Name _____

Address 5846 LakeviewCity Drofino State ID Zip 83544

3. WELL LOCATION:

Twp. 37 North ☒ or South ☐ Rge. 1 East ☒ or West ☐Sec. 23 1/4 SE 1/4 NE 1/4Gov't Lot _____ County ClearwaterLat. 46 ° 32 ' 389 (Deg. and Decimal minutes)Long. 116 ° 17 ' 114 (Deg. and Decimal minutes)Address of Well Site 5846 LakeviewCity Drofino

(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)	Placement method/procedure
<u>Bentonite</u>	<u>0</u>	<u>38</u>	<u>1250 #</u>	<u>overbore</u> <u>(granular)</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>8</u>	<u>+2</u>	<u>58</u>	<u>250</u>	<u>Steel</u>	☒	☐	☐	☒
<u>4 1/2</u>	<u>-20</u>	<u>500</u>	<u>sch 40</u>	<u>pvc</u>	☐	☒	☐	☒

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

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method SawManufactured screen ☐ Y ☐ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>460</u>	<u>500</u>	<u>1/4x6</u>	<u>77</u>	<u>4 1/2</u>	<u>pvc</u>	<u>Sch 40</u>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	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) 360 Static water level (ft) 230Water temp. (°F) 57.0 Bottom hole temp. (°F) _____Describe access port well cap

Well test:

Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
<u>500</u>	<u>3.5 est</u>	<u>1 hr</u>	☐	☐	☒	☐

Water quality test or comments: good

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
<u>12</u>	<u>0</u>	<u>10</u>	<u>Broken Basalt</u>		☒
<u>12</u>	<u>10</u>	<u>40</u>	<u>Decomposed Granite</u>		☒
<u>8</u>	<u>40</u>	<u>140</u>	<u>Salt/Pepper Granite</u>		☒
<u>8</u>	<u>140</u>	<u>360</u>	<u>Green Granite</u>		☒
<u>8</u>	<u>360</u>	<u>500</u>	<u>Salt/Pepper Granite</u>	☒	

RECEIVED

NOV 09 2015

IDWR / NORTH

Completed Depth (Measurable): 500Date Started: 10-27-15 Date Completed: 10-28-15

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 Neil & Sons Well Drilling LLC Co. No. 616*Principal Driller [Signature] Date 10/28/15

*Driller _____ Date _____

*Operator II [Signature] Date 10/28/15

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

