

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 95-11962

Exam Date: 7/28/2016

1. Current Owner:
HOWARD F & BETTY J ROMPS REVOCABLE TRUST 5319 W SPYGLASS LN COEUR D ALENE ID
83814 (208) 664-9142

2. Accompanied by: Betty Romps

3. **SOURCE:**
GROUND WATER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: None
2. Other water rights with the same point-of-diversion: None

C. DIVERSION AND DELIVERY SYSTEM1. **LOCATION OF POINT(S) OF DIVERSION:**

GROUND WATER L9 (NE¼SE¼) Sec. 9, Twp 48N, Rge 04W, B.M. KOOTENAI County

Method of Determination: GPS and maps. POD location at 47° 30.950, 116° 51.398 (A0020099)

2.

PLACE OF USE: DOMESTIC

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
48N	04W	9													X L 9				

PLACE OF USE: IRRIGATION

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
48N	04W	9													1.0 L 9				1.0

Total Acres: 1

Method of Determination: Google Earth and Arc map.

3.

Delivery System Diagram Attached (required). Indicate all major components and distances between components.

X 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.X Aerial Photo Attached (required for irrigation of 10+ acres).X 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
95-94-N-86					

*Code to correspond with No. on map and aerial photo

D. FLOW MEASUREMENTS

1.

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

2. Measurements: 5 GALLON BUCKET TEST

5 GALLONS IN 9 SECONDS = 5 GAL / 9 SEC X 60 SEC = 33.3 GPM OR 0.07 CFS

E. FLOW CALCULATIONS

Measured Method:

_____ Additional Computation Sheets Attached

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{IR} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 1 \text{ AC} \times 3 \text{ AF} = 3 \text{ AF}$$

$$V_{DR} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = 0.03 \times 246 \times 1.9835 = 14.6 \text{ AF}$$

$$V = \text{Smaller of } V_{IR} \text{ and } V_{DR} = 3 \text{ AF}$$

2. Volume Calculations for Other Uses: DOMESTIC USE FOR 1 HOME = 0.6 AF

G. NARRATIVE/REMARKS/COMMENTS

Field exam with applicant Betty Romps showed well with unknown pump size. Field examiner was unable to verify pump size during exam even with thorough exam of garage and basement. Field examiner was able to perform 5 gallon bucket test which filled in 9 seconds and is equal to 33 gpm or 0.07 cfs. One home was served and the irrigation occurring under the permit was 1 acre. Irrigation was provided by automatic sprinklers with various frost free hydrants located around the property. License will be issued for 0.07 cfs with annual volume of 3.6 AF.

Have conditions of permit approval been met? X Yes No

H. RECOMMENDATIONS

1. Recommended Amounts

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
DOMESTIC	01/01 to 12/31	0.04 CFS	0.6 AF
IRRIGATION	03/15 to 11/15	0.03 CFS	3.0 AF
	<u>Totals:</u>	0.070 CFS	3.60 AF

2. Recommended Amendments

 Change P.D. as reflected above Add P.D. as reflected above X None

 Change P.U. as reflected above Add P.U. as reflected above X None

I. AUTHENTICATION

Field Examiner's Name Adam Fusholt Date 12-19-2016

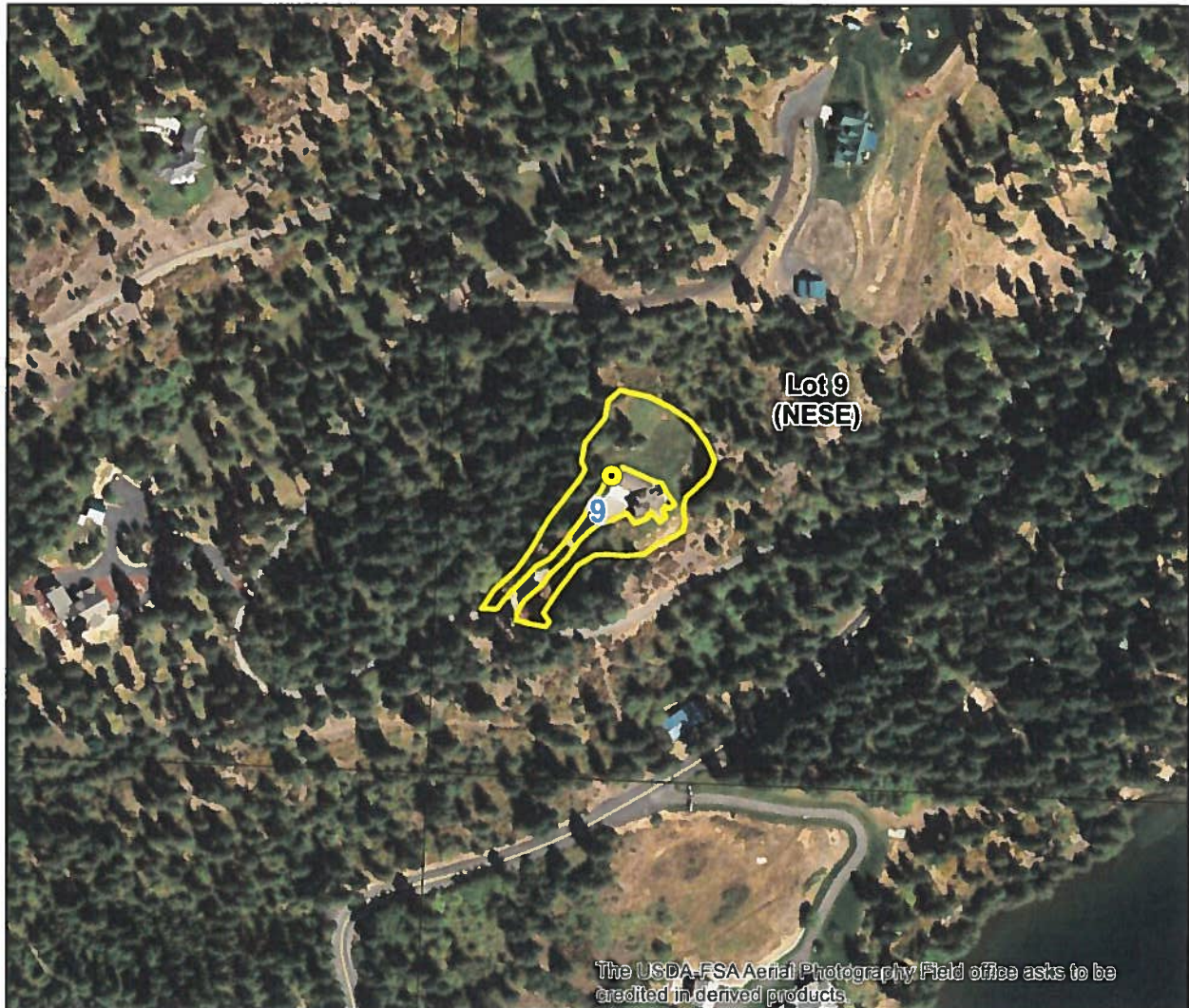
Reviewer Morgan Case Date 1/12/2017

State of Idaho
Department of Water Resources
Water Right License
95-11962

IRRIGATION

04W

48N



0 0.035 0.07 0.14 Miles

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

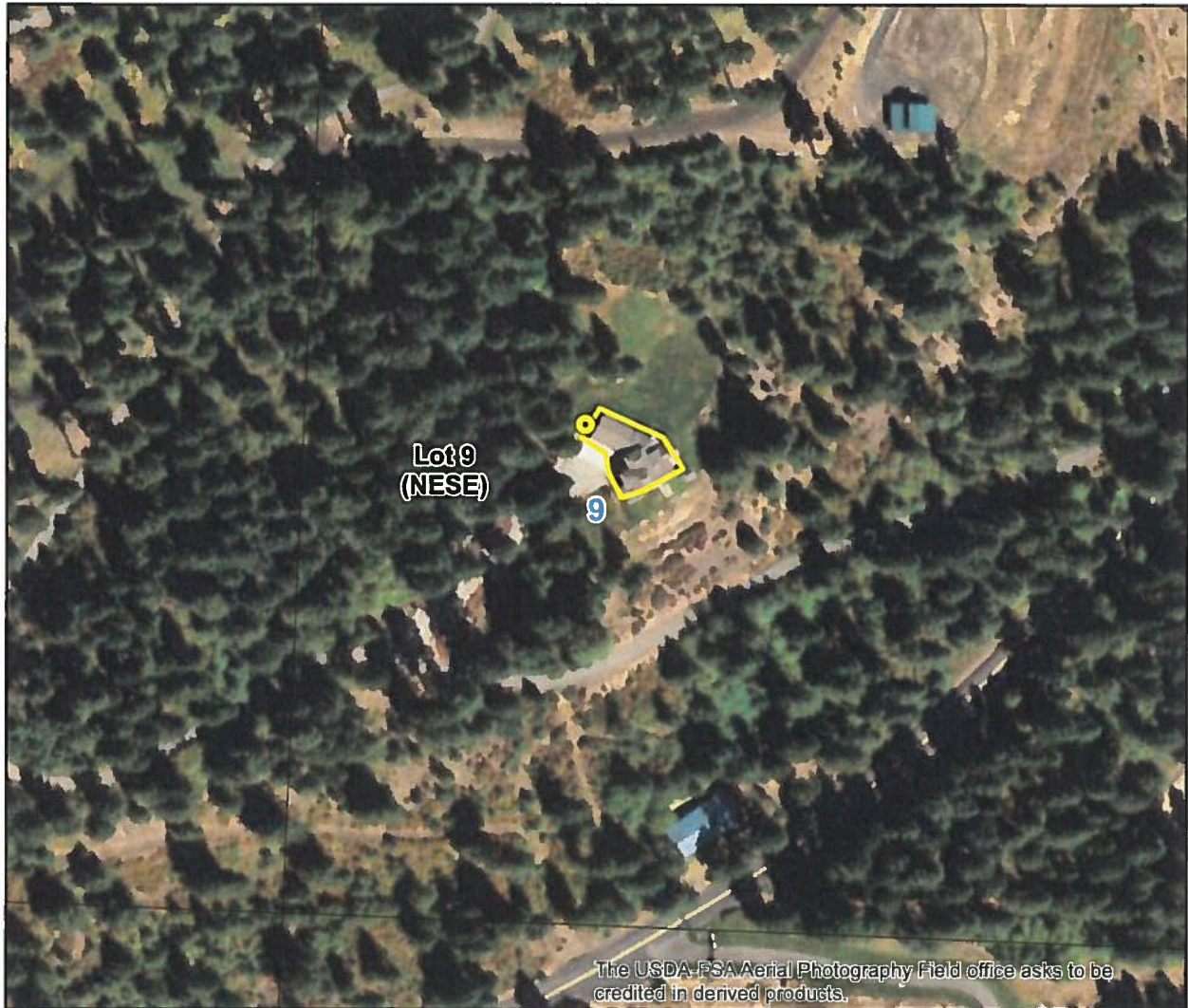


State of Idaho
Department of Water Resources
Water Right License
95-11962

DOMESTIC

04W

48N



0 0.02 0.04 0.08 Miles

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



State of Idaho
Department of Water Resources
Water Right License
95-11962

SYSTEM DIAGRAM

04W

48N



0 0.015 0.03 0.06 Miles

● Point of Diversion

□ Townships

□ PLS Sections



UNRECEIVED

**Use Typewriter
or
Ball Point Pen**

MAY 2 1994

2. OWNER: MR GREG SHERES
Name
Address PO BOX 2409
City CDA State ID Zip 83814

Sketch map location must agree with written location.

Twp. 48 North ☒ or South ☐
 Rge. 04 East ☐ or West ☒
 Sec. 09 1/4 NW 1/4 SE 1/4
 Gov't Lot 10 County Kootenai

Address of Well Site **ROCKFORD BAY**

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

Lt. _____ Blk. _____ Sub. Name _____

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

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	20	5 bags	CRUMBLES

Was drive shoe used? Y ☒ N ☐

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	237	.250	Steel	☒	☐	☒	☐
4"	-10	325	160	pvc	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations	Method	SAW CUT 4" PVC LINER
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☐ Screens **Screen Type**

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
285	225	1/4	60	4"	Liner	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

245 ft. below ground Artesian pressure lb.

Depth flow encountered _____ ft. Describe access port or control devices:

NW SE 9 48N 4W

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15 GPM			1 hour

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: GOOD & CLEAN

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

Completed Depth 325' (Measurable)
Date: Started 05/03/94 Completed 05/05/94

13. DRILLER'S CERTIFICATION

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

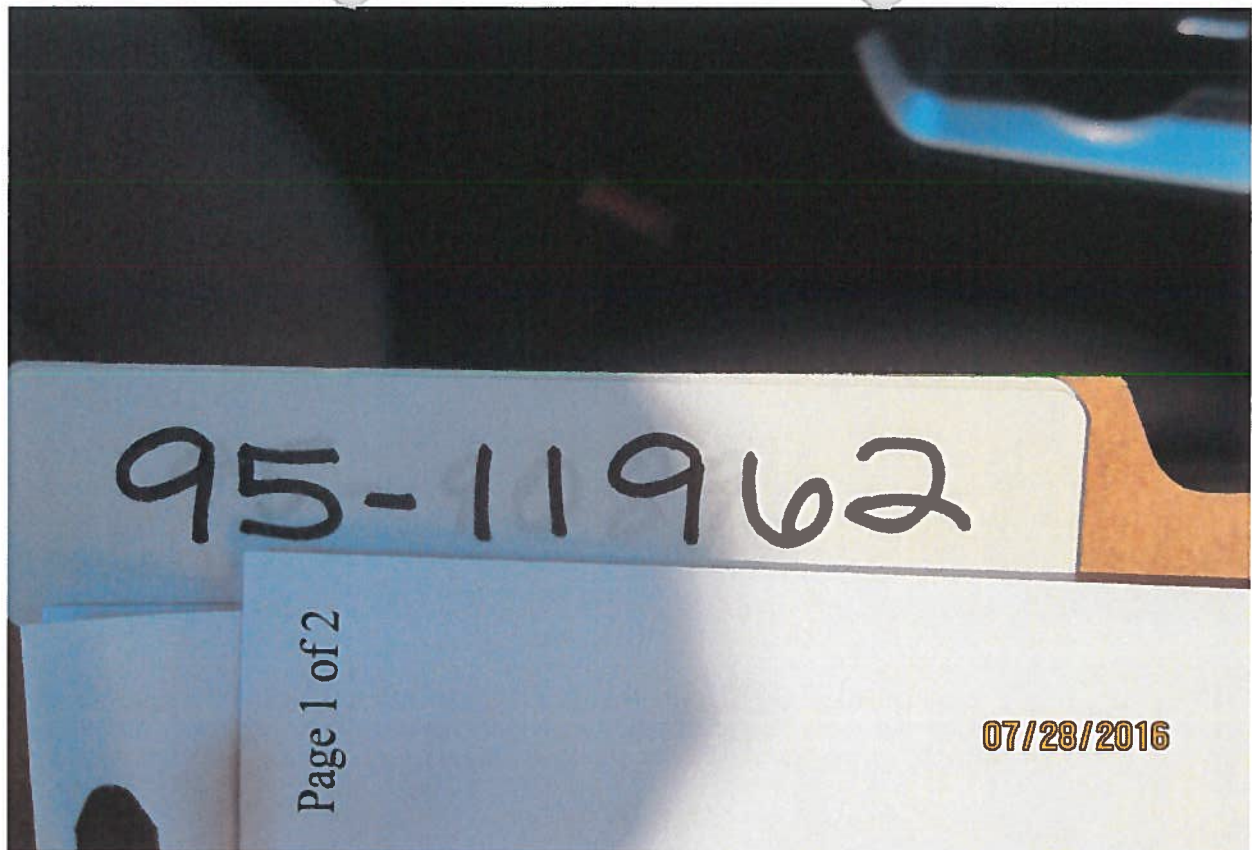
Firm Name H2O WELL SERVICE INC Firm No. #448

Firm Official John Wheeler, Date 5-16-84

and
Supervisor or Operator Mark J. Lee Date 05/06/94

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES



Well with unknown pump size. Application said well log was 95-94-N-86. Given ID tag A0020099



Frost free hydrant where 5 gallon bucket test was performed in 9 seconds.



Home.



Side yard along garage. Well located in flower bed next to garage.







Irrigation sprinkler head.



Looking down driveway from home. Irrigation along both sides.



Looking up driveway from road.