

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 95-12307

Exam Date: 6/1/2016

1. Current Owner:
LEES POINT WATER ASSN 8026 E LEES POINT RD HAYDEN LAKE ID 83835 (208) 640-9290
2. Accompanied by: Terry Mason
Relationship to Permit Holder: President

3. SOURCE: GROUND WATER**B. OVERLAP REVIEW**

1. Other water rights with the same place of use: 95-11596, 95-11023, 95-8184, 95-9461
2. Other water rights with the same point-of-diversion: None

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

GROUND WATER L6 (SE¼SE¼) Sec. 10, Twp 51N, Rge 03W, B.M. KOOTENAI County

Method of Determination: GPS and maps. POD location at 47° 46.426, 116° 40.858 (A0015441)

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	
51N	03W	10																X L 6	
51N	03W	11											X L 7						

Method of Determination: GPS and maps

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
95-91-N-120					

*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 12 SECONDS IS EQUAL TO 25 GPM OR 0.06 CFS.

E. FLOW CALCULATIONS

Measured Method:

Additional Computation Sheets Attached

F. VOLUME CALCULATIONS**1. Volume Calculations for Irrigation:**

$$V_{IR} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$$

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

$$V = \text{Smaller of } V_{IR} \text{ and } V_{DR} =$$
2. Volume Calculations for Other Uses: DOMESTIC IN HOME USE ONLY FOR 9 HOMES = 9 X 0.6 AF = 5.4 AF**G. NARRATIVE/REMARKS/COMMENTS**

FIELD EXAM SHOWED WATER ASSOC SERVED 9 HOMES, 7 BUILT AND 2 STUBBED IN. ASSOCIATION PRESIDENT IDENTIFIED ALL 9 TAXLOTS SERVED BY WELL. THIS LICENSE IS FOR IN HOME USE ONLY AS CONDITIONED ON PERMIT. 5 GALLON BUCKET TEST PERFORMED AND FILLED IN 12 SECONDS. DIVERSION RATE IS 25 GPM OR 0.06 CFS. LICENSE WILL BE ISSUED FOR 5.4 AF AND 0.06 CFS. WELL PUMPED TO 3K STORAGE TANK THAT FED HOMES.

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

H. RECOMMENDATIONS**1. Recommended Amounts****BENEFICIAL USE**

DOMESTIC

PERIOD OF USE

01/01 to 12/31

DIVERSION RATE

0.06 CFS

ANNUAL VOLUME

5.4 AF

Totals:

0.060 CFS

5.40 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

Field Examiner's Name

Adam Fiedorik

Date

6-15-2016

Reviewer

Morgan Case

Date

6/22/2016

State of Idaho
Department of Water Resources
Water Right License
95-12307



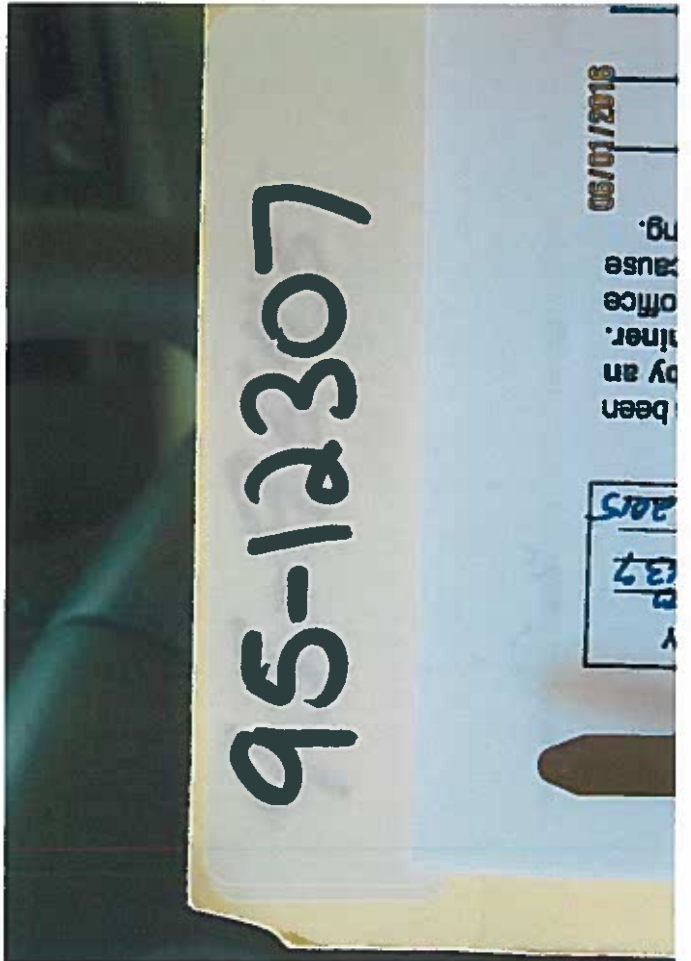
- Point of Diversion
- Place Of Use Boundary
- Townships
- PLS Sections

0 0.035 0.07 0.14 Miles

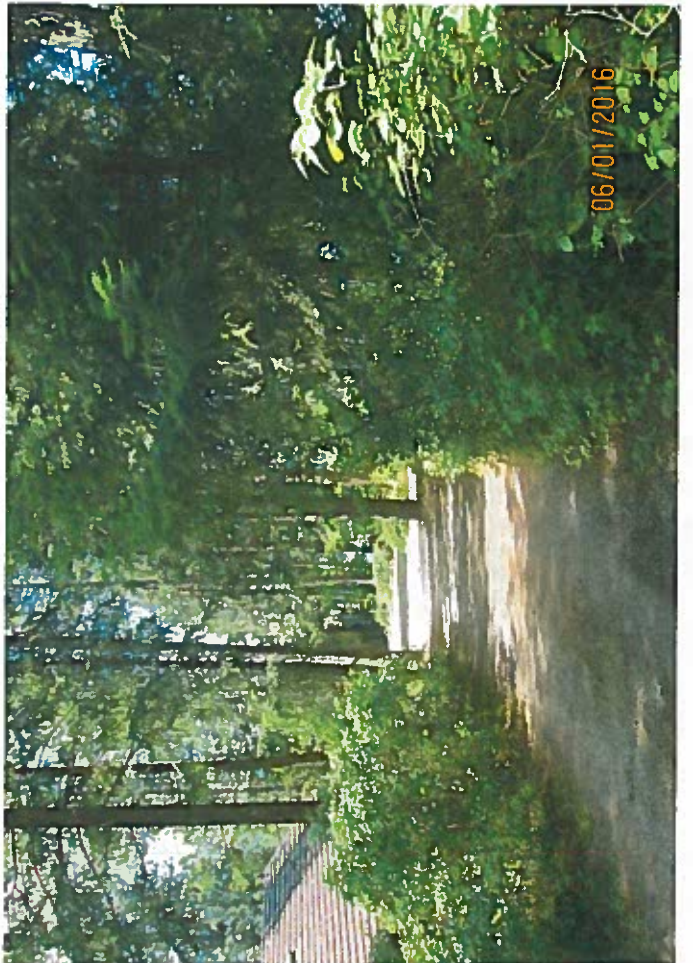


TAXLOTS SERVED BY WATER RIGHT 95-12307

1. 51N03W116350
2. 51N03W109700
3. 51N03W109675
4. 048450010030
5. 04845001002A
6. 048450010010
7. 51N03W109575
8. 51N03W109550
9. 51N03W109490



95-12307



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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.USE TYPEWRITER OR
BALLPOINT PEN

95-12307

Permit
753042Well ID
274029

1. WELL OWNER Name <u>Dr. Don Canaday</u> Address <u>1714 Southridge</u> Drilling Permit No. <u>95-91-N-120</u> Water Right Permit No. _____		7. WATER LEVEL Static water level <u>80'</u> feet below land surface. Flowing? ☐ Yes ☐ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ Describe artesian or temperature zones below.																																	
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Sailer ☒ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>Air lift 18 gpm</u></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>Air lift 18 gpm</u>																												
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th>Bore Diam.</th><th>Depth From To</th><th>Material</th><th>Water Yes No</th></tr></thead><tbody><tr><td>8</td><td>0 4</td><td>Top Soil - Gravel</td><td>X</td></tr><tr><td>4</td><td>4 18</td><td>Granite Decomposed</td><td></td></tr><tr><td>4</td><td>18 80</td><td>Granite - soft</td><td>X</td></tr><tr><td>80</td><td>80 160</td><td>Granite - Med</td><td></td></tr><tr><td>160</td><td>160 300</td><td>Granite - soft</td><td>X</td></tr><tr><td>300</td><td>300 360</td><td>Granite - Med</td><td>X</td></tr><tr><td>360</td><td>360 420</td><td>Granite - soft</td><td>X</td></tr></tbody></table>		Bore Diam.	Depth From To	Material	Water Yes No	8	0 4	Top Soil - Gravel	X	4	4 18	Granite Decomposed		4	18 80	Granite - soft	X	80	80 160	Granite - Med		160	160 300	Granite - soft	X	300	300 360	Granite - Med	X	360	360 420	Granite - soft	X
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		RECEIVED AUG 28 1991 Department of Water Resources																																	
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other <u>PVC 420'</u> <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>250</u> inches</td><td><u>6</u> inches</td><td><u>2</u> feet</td><td><u>18</u> feet</td></tr><tr><td><u>PVC</u> inches</td><td><u>4</u> inches</td><td><u>5</u> feet</td><td><u>420</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☐ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? <u>PVC</u> ☐ Yes ☒ No <u>SAW</u> How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation <u>1/8</u> inches by <u>4</u> inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>60</u> perforations</td><td><u>360</u> feet</td><td><u>420</u> feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☐ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port _____				Thickness	Diameter	From	To	<u>250</u> inches	<u>6</u> inches	<u>2</u> feet	<u>18</u> feet	<u>PVC</u> inches	<u>4</u> inches	<u>5</u> feet	<u>420</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	<u>60</u> perforations	<u>360</u> feet	<u>420</u> feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. N W E S X County <u>Kootenai</u> Subdivision Name <u>Lees PDE 80 & 105</u> Lot No. _____ Block No. _____ SE 1/4 SE 1/4 Sec. 10, T. 51 N. 3 R. 3 E. 3		10. Work started <u>8-8-91</u> finished <u>8-10-91</u>																																	
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were compiled with at the time the rig was removed. Firm Name <u>H2O Well Svc</u> Firm No. <u>449</u> Address <u>Hayden Lake ID</u> Date <u>8-12-91</u> Signed by (Firm Official) <u>John Verbeke</u> and <u>Pat Hammond</u> (Operator)																																			