

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 94-08877

Exam Date: 10/9/2015

1. Current Owner:
KINGSTON CEDAR LLC PO BOX 830 PINEHURST ID 83850 (208)755-7888
2. Accompanied by: Glen Nitzerson (Owner) and Bob Haines (Consultant)
Phone No: _____
Address: _____
Relationship to Permit Holder: _____

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 SYSTEM**1. LOCATION OF POINT(S) OF DIVERSION:**GROUND WATER L5 (SW $\frac{1}{4}$ SE $\frac{1}{4}$) Sec. 5, Twp 49N, Rge 02E, B.M. SHOSHONE CountyGROUND WATER L5 (SW $\frac{1}{4}$ SE $\frac{1}{4}$) Sec. 5, Twp 49N, Rge 02E, B.M. SHOSHONE County

Method of Determination: GPS and maps. POD locations at (D0003744) 47° 36.993, 116° 13.900, Well (94-91-N-12) 47° 36.993, 116° 13.882

2.

PLACE OF USE: FIRE PROTECTION

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
49N	02E	5															X L 5		

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	
49N	02E	5															X L 5		

PLACE OF USE: INDUSTRIAL

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
49N	02E	5															X L 5		

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.

X

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
D0003744		40			
94-91-N-12		7.5			

*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
GE PANAMETRIC	PANAMETRIC	GM	PT878	281889	2MG	3-31-2015

2. Measurements: IDWR PERFORMED FLOW MEASUREMENT FOR 11 MINUTES AND OBSERVED A FLOW RATE OF 524 GPM.

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 USE FOR 1 HOME/OFFICE WITH IRRIGATION UP TO ½ ACRE = 1.2 AF

INDUSTRIAL USE FOR BATHROOMS AND KITCHEN IN FACILITY: 15 EMPLOYEES X 25 GPD X 200 OPERATING DAYS / 325,850 GAL/AF = 0.2 AF

G. NARRATIVE/REMARKS/COMMENTS

FIELD EXAM SHOWED APPLICANT HAD ONLY 2 WELLS AND NOT THE 3 THAT WERE APPLIED FOR. APPLICANT HAD A 40 HP PUMP AND 7.5 HP PUMP. LOG PLANT HAD BEEN SHUT DOWN AND APPLICANT COULD ONLY SHOW PROOF THAT RESTROOMS AND LUNCH ROOM WERE USED DURING PERMIT DEVELOPMENT. APPLICANT SAID THERE WERE 15 EMPLOYEES AND AVERAGE DAILY CONSUMPTION WAS 25 GALLONS WITH 200 DAYS OF OPERATION. INDUSTRIAL USE WILL BE GIVEN A DIVERSION RATE OF 0.04 CFS WITH ANNUAL VOLUME OF 0.2 AF. DOMESTIC USE WAS FOR OFFICE/HOME. LICENSE WILL BE ISSUED FOR 0.04 CFS WITH 1.2 AF. FIRE PROTECTION WILL BE LICENSED FOR 0.20 CFS. IDWR WAS ABLE TO CONDUCT FLOW MEASUREMENT THAT SHOWED WELLS COULD PRODUCE 524 GPM OR 1.16 CFS. APPLICANT WILL APPLY FOR NEW APPLICATION WHEN PLANT IS READY TO START OPERATING AGAIN FOR PROPER INDUSTRIAL USE AND DIVERSION RATE.

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

H. RECOMMENDATIONS**1. Recommended Amounts**

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
INDUSTRIAL	01/01 to 12/31	0.04 CFS	0.2 AF
FIRE PROTECTION	01/01 to 12/31	0.20 CFS	
DOMESTIC	01/01 to 12/31	0.04 CFS	1.2 AF
<u>Totals:</u>		0.200 CFS	1.40 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 F. Fennell

Date

2-23-16

Reviewer

Barth E. Frankel

Date

2-24-2016

State of Idaho
Department of Water Resources
Water Right License
94-8877
Industrial

02E

49N



0 0.035 0.07 0.14 Miles

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

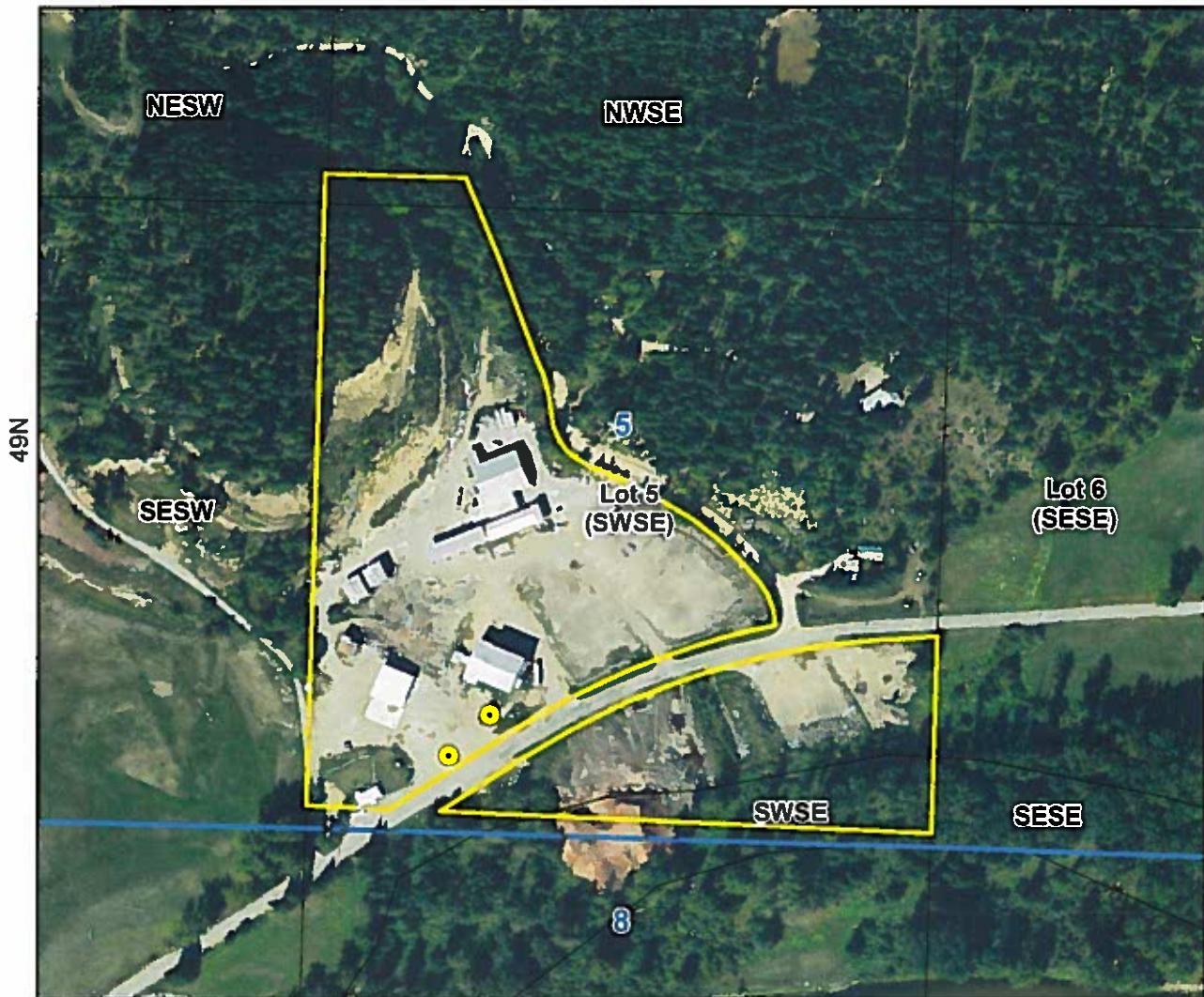


State of Idaho
Department of Water Resources
Water Right License

94-8877

Fire Protection

02E



0 0.0475 0.095 0.19 Miles

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



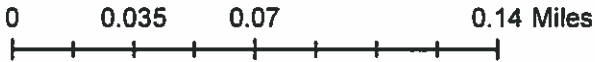
State of Idaho
Department of Water Resources
Water Right License

94-8877

Domestic

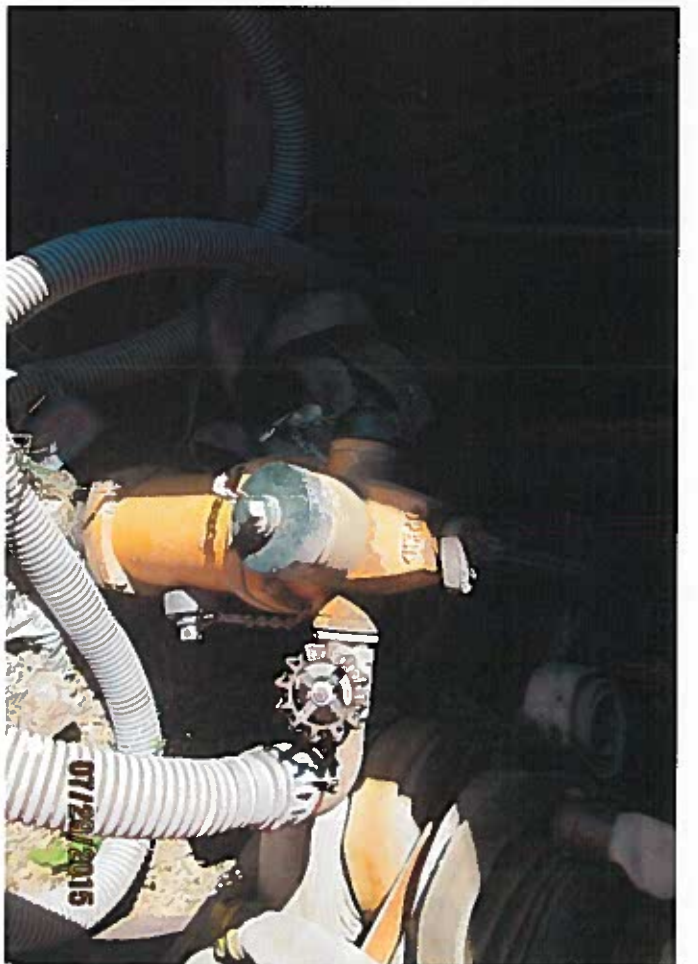
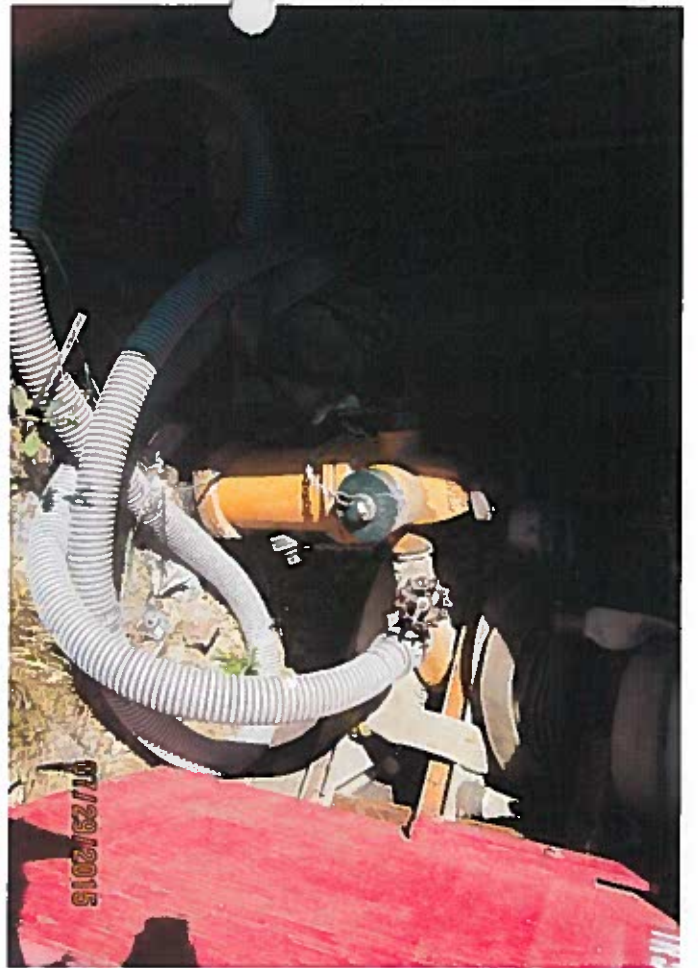
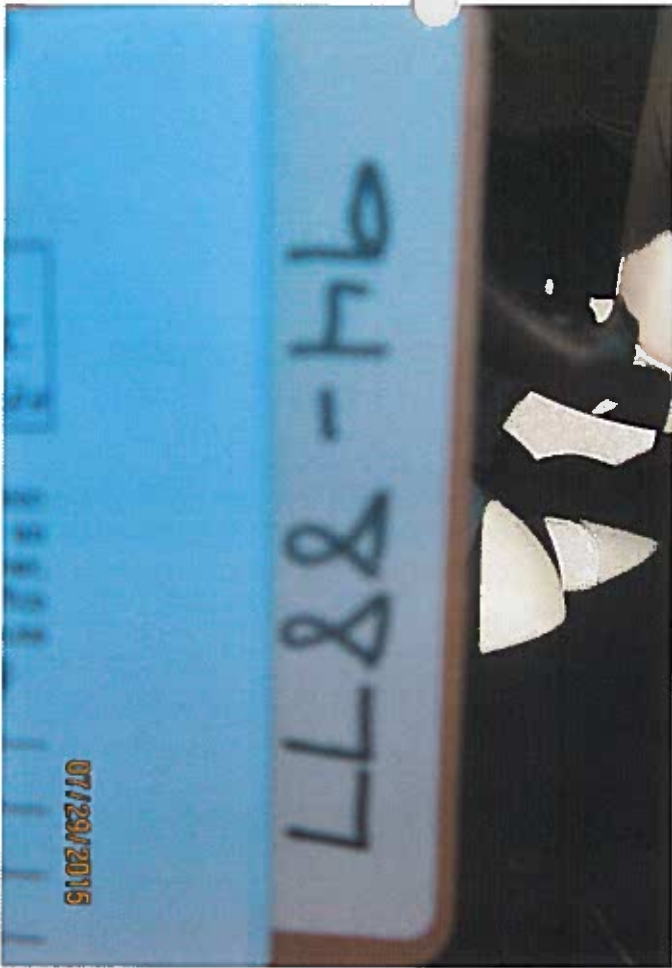
02E

49N

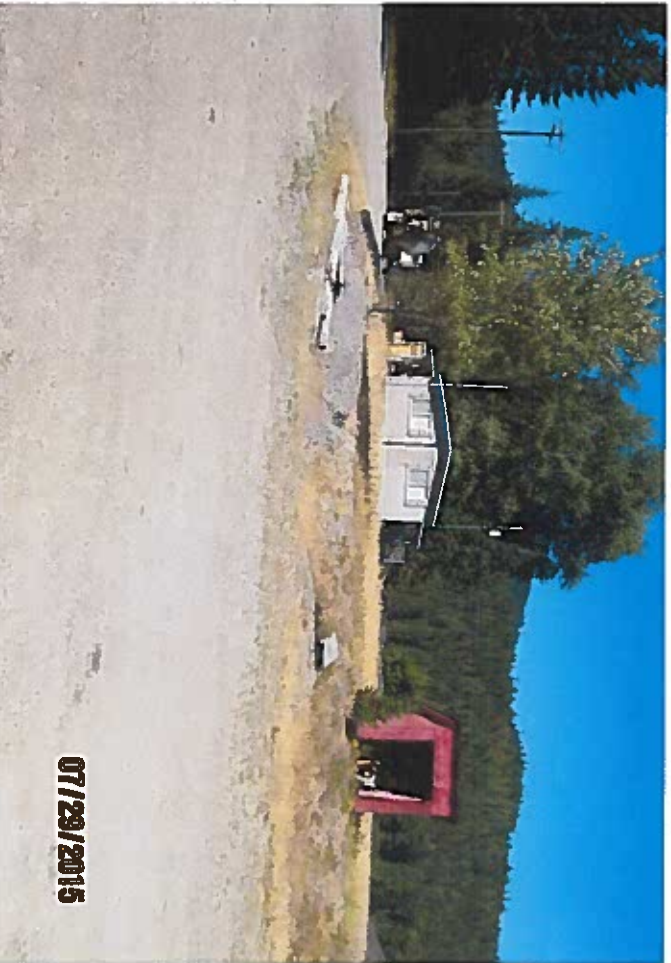
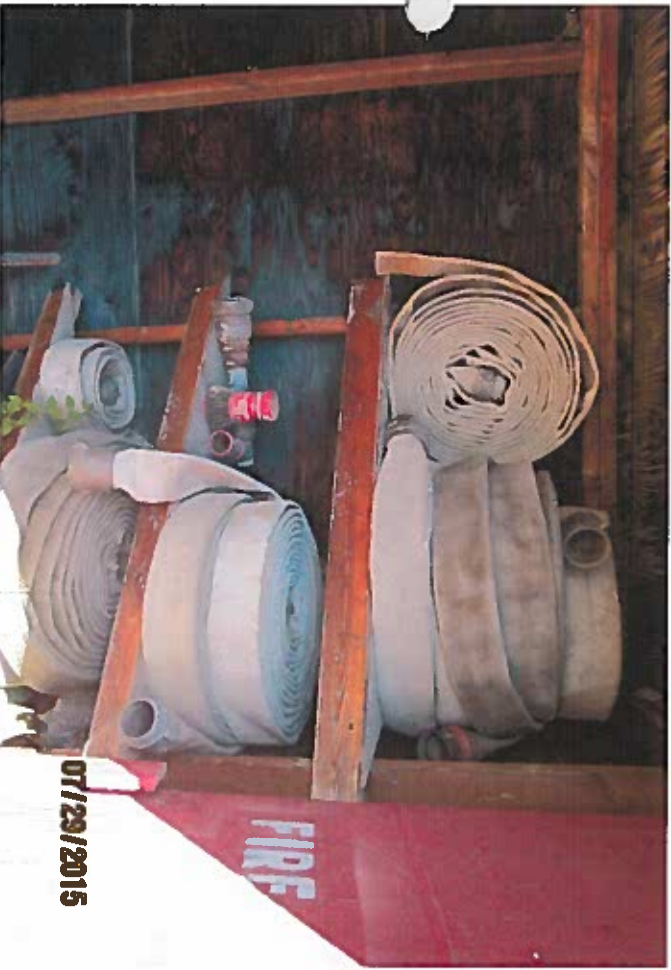
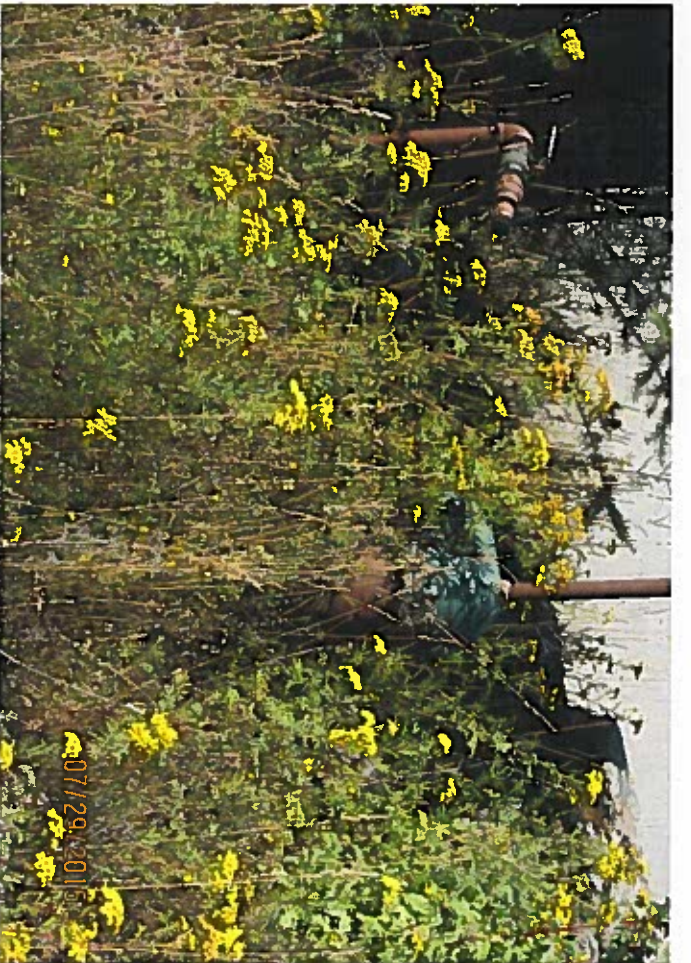


- Point of Diversion
- Place Of Use Boundary
- Townships
- PLS Sections



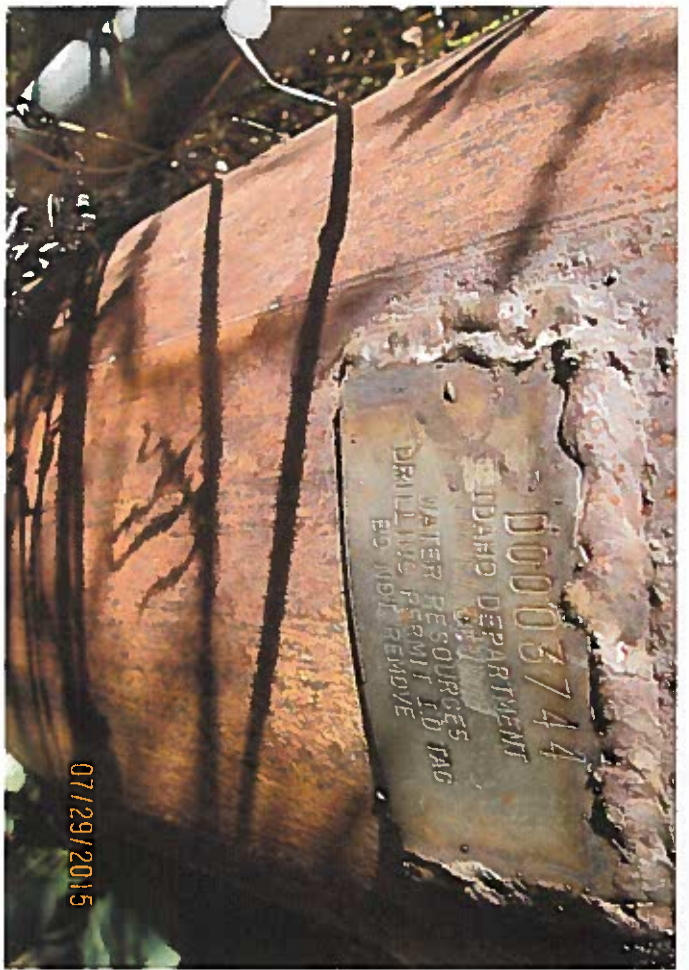


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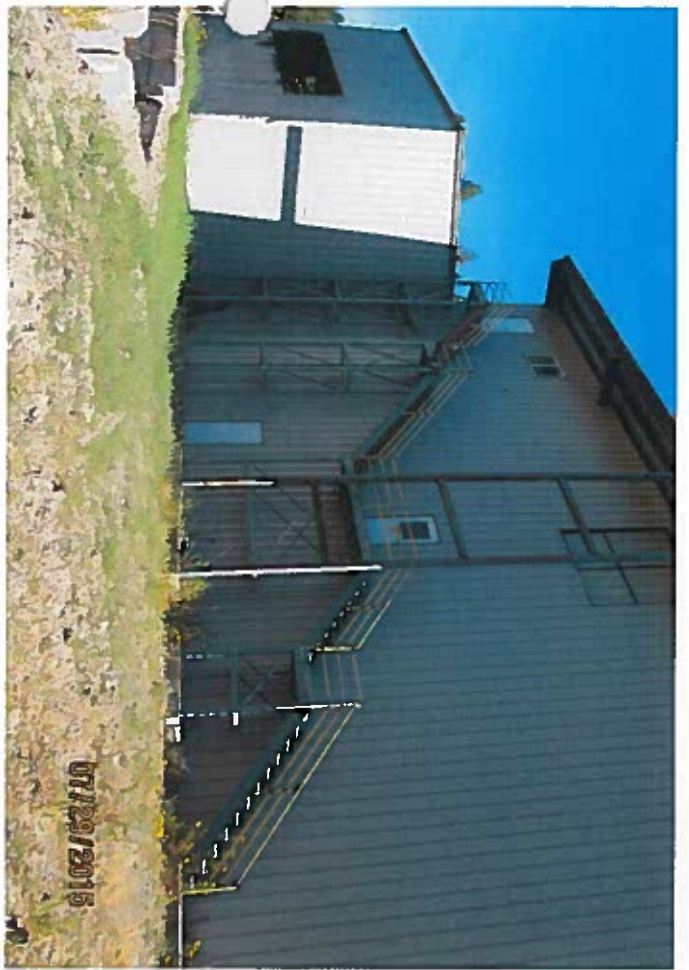


Home

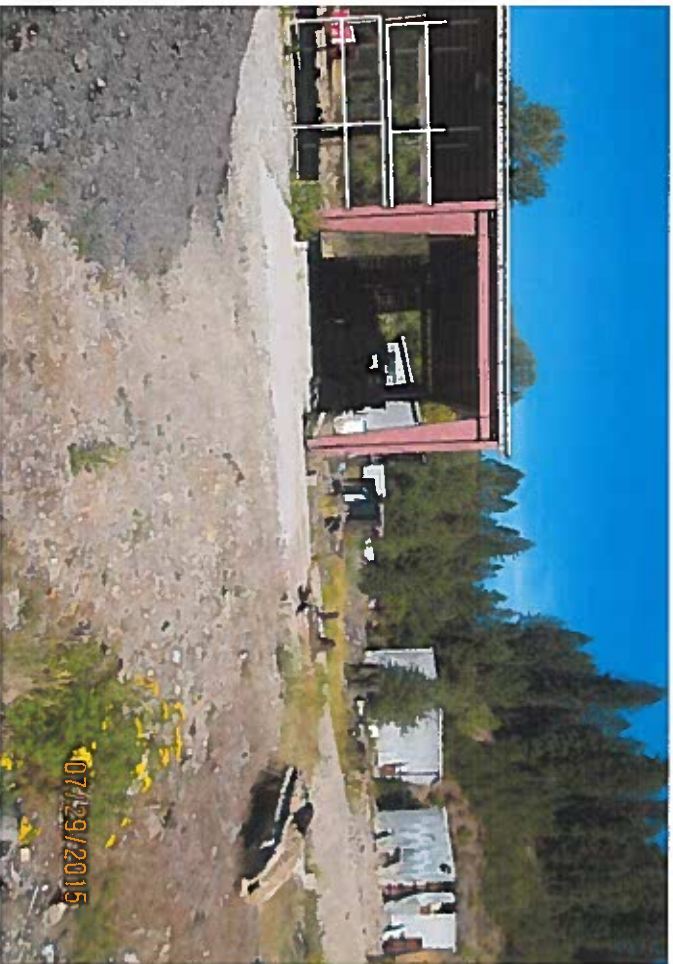
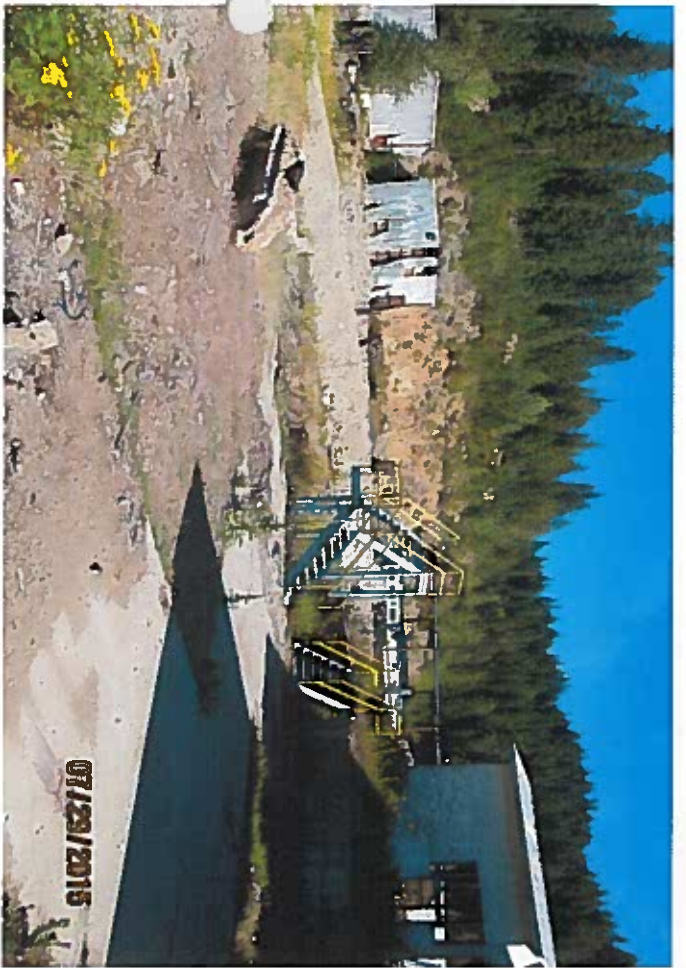
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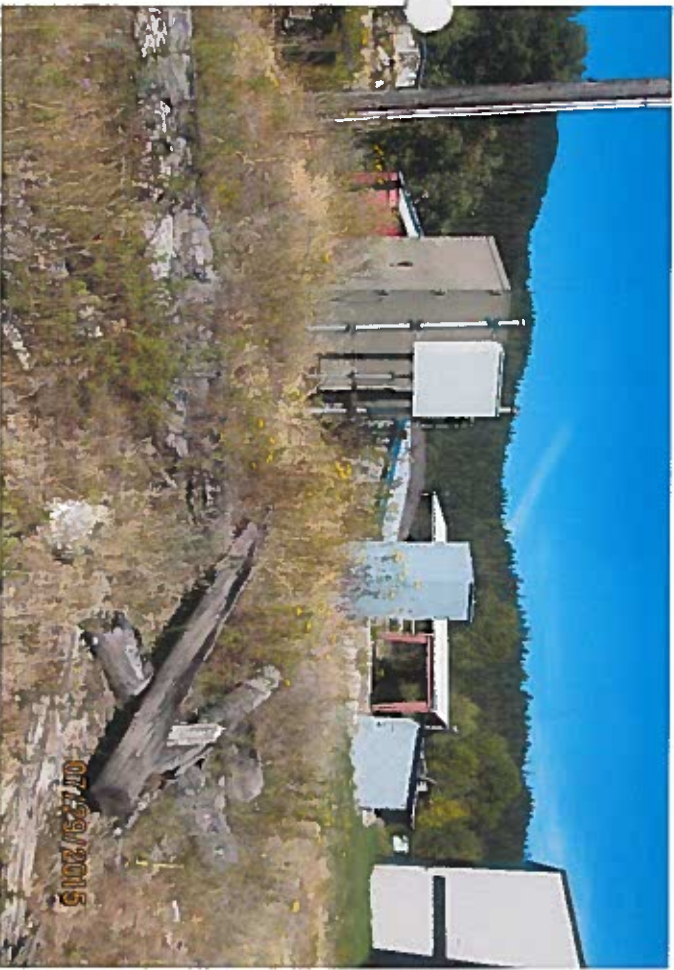
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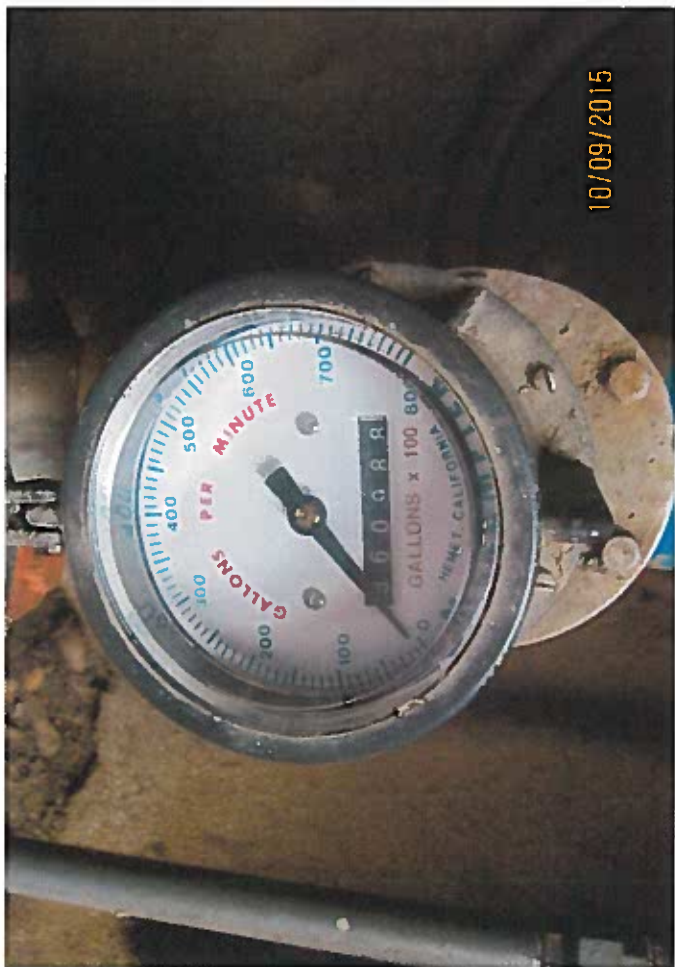


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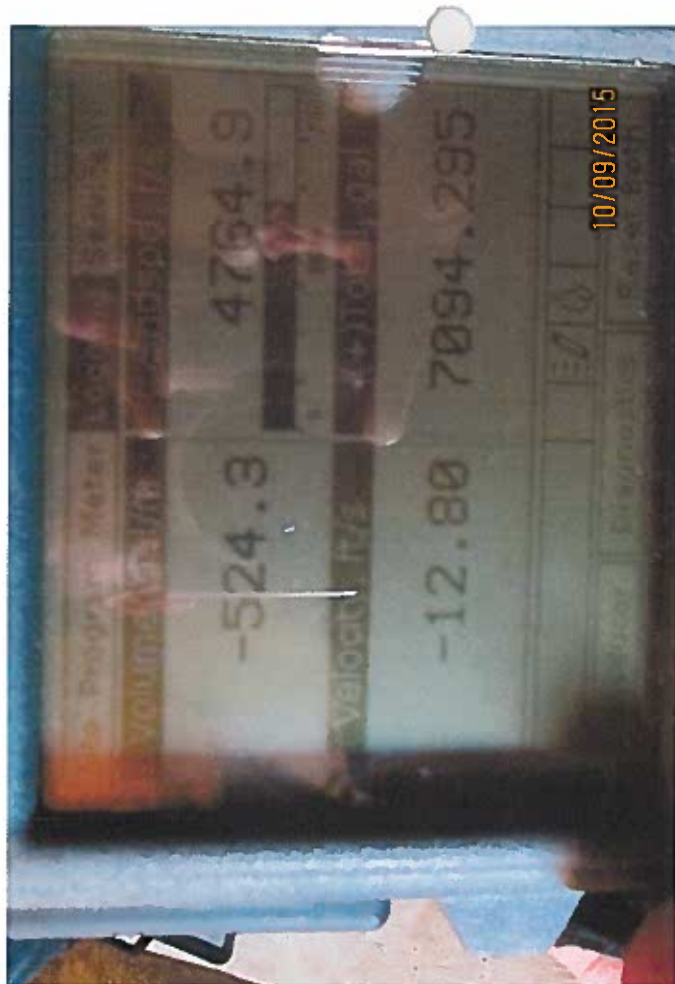


Industrial Use

94-8877



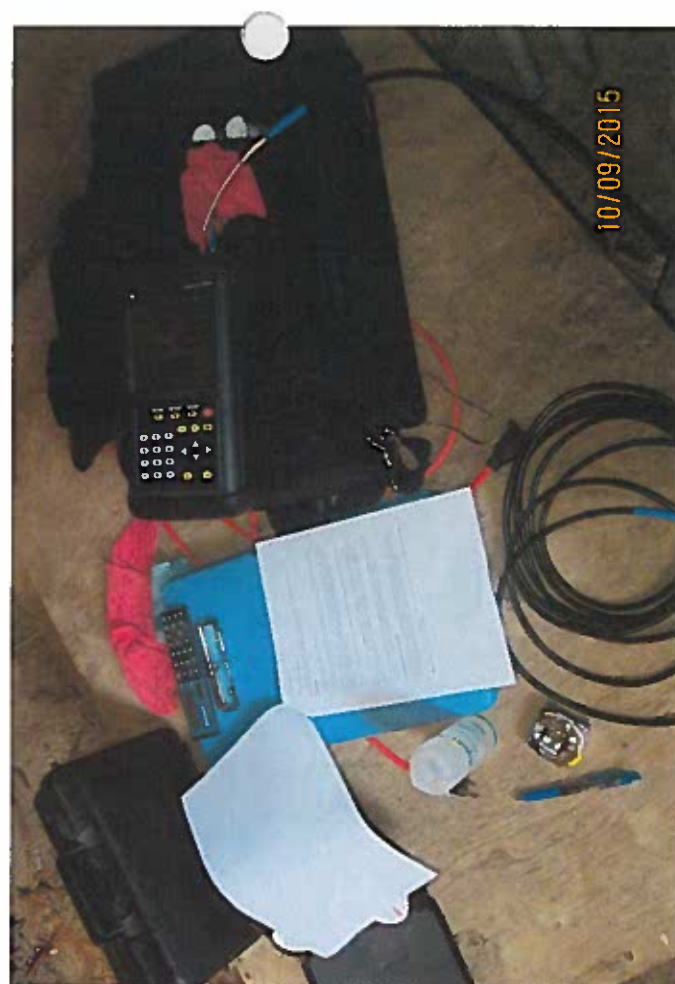
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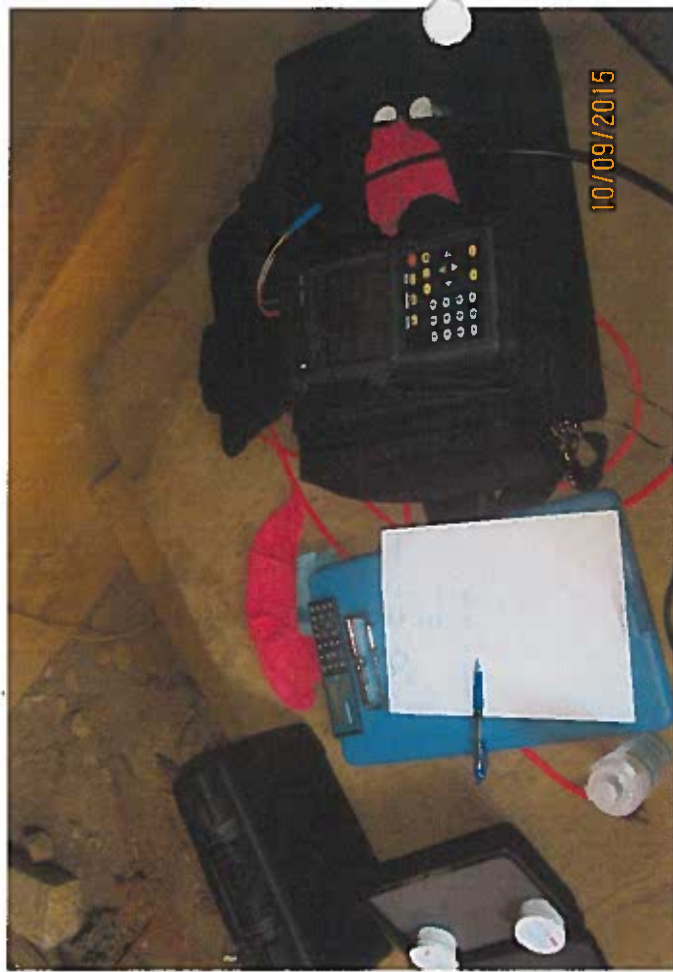
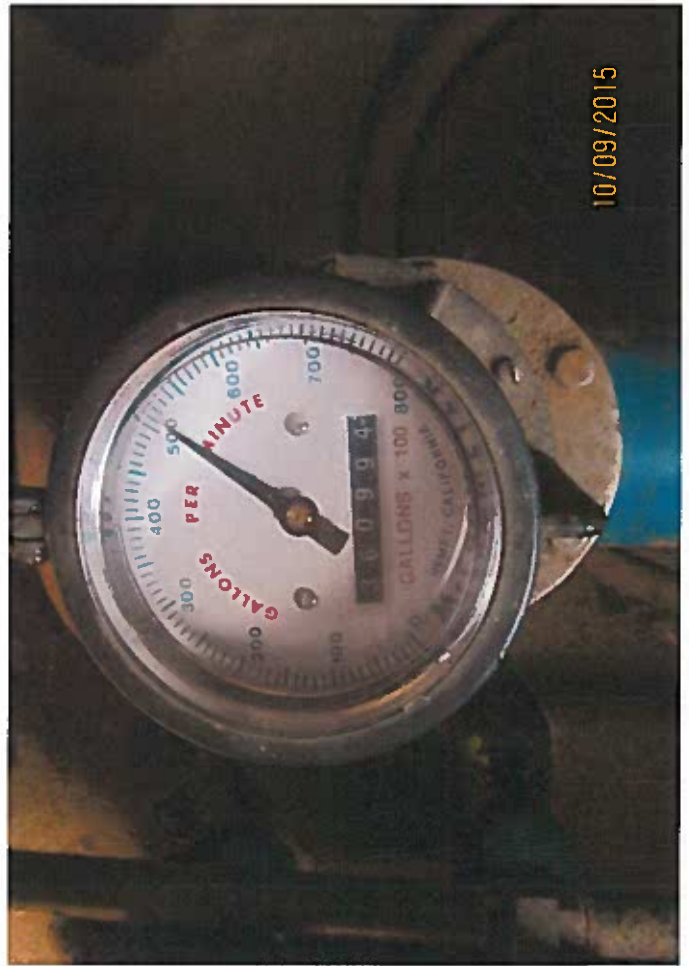


10/09/2015



10/09/2015

94-8877



94-8877



94-8877

RECEIVED

Form 238-7
11/ MAY 19 1998IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTPOSTED
77549

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

NORTHERN REGION

1. WELL TAG NO. D 3744DRILLING PERMIT N 94-98-N-0005-000

Other IDWR No _____

2. OWNER:

Name Malloy Lumber CompanyAddress P O Box 189 / 4587 Old River RDCity KingstonState IDZip 83839

3. LOCATION OF WELL by legal description:

N		Twp <u>49N</u>		North ☒ or South ☐																												
W		Rge <u>02E</u>		East ☒ or West ☐																												
E		Sec <u>05</u>		SW 1/4 SW 1/4 SE 1/4																												
S		Gov't Lot _____		County <u>Shoshone</u>																												
		Lat _____		Long _____																												
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Address of Well Site: (see next line)

L @ Bumble Bee Campground, L cross river, R 1/2 M, L City Kingston

Lot 5 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	
Aquagard Grout	0	18	15 sacks	30% solids

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 139Drive Shoe Seal Tested? ☒ Y ☐ N How? Driven to 139'

8. CASING/LINER

Diam	From	To	Gauge	Material	Casing	Liner	Weld	Thrd
8"	2	-139	0.025	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length Headpipe _____

Length Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations? Method Air perforator
☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casing	Liner
-125	-135	1"	200		Steel	☒	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

8 ft. below ground. Artesian pressure _____ lb.

Depth flow encountered 4 ft. Describe access port orcontrol devices: Steel cap welded

11. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
200+	100%	138	1 hr.

Water Temp. _____

Cold

Bottom hole temp. _____

Cold

Water Quality test or comments: (below) Depth first Water Encountered 4

clear, cold, no smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Lithology, Water Quality and Temperature	Remarks:	
				Water	
12"	0	18	Sand & gravel - 3/4 minus	☒	☐
8"	18	42	Sand & gravel - 1" minus	☒	☐
8"	42	50	Brown sand	☒	☐
8"	50	67	Gray clay & silt	☒	☐
8"	67	94	Sand & gravel - 3/4 minus	☒	☐
8"	94	143	Sand & gravel - 3" minus	☒	☐

Completed Depth 139 (Measurable)Date: Started 4/8/98 Completed 4/8/98

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 _____

and _____

Date 5/15/98Supervisor or Operator Jason C. BeckhamDate 5/15/98

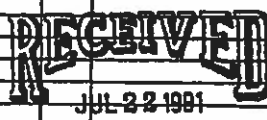
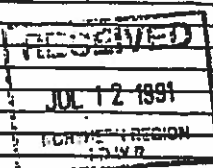
FORWARD WHITE COPY TO WATER RESOURCES

3

49N 2E 5 SWSW SE

WELL DRILLER'S REPORT

State 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.

1. WELL OWNER Name <u>HURRY RADFORD</u> Address <u>HCO 1-338 KINGSTON, ID 83839</u> Drilling Permit No. <u>94-91-N-12</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>10</u> feet below land surface. Flowing? ☒ Yes ☐ No G.P.M. flow <u>100+</u> Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature <u>COLD</u> °F. Quality <u>CLOUDY</u> 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 ☐ Slinger ☒ Air ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td><u>100+</u></td> <td><u>110</u></td> <td><u>3</u></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>100+</u>	<u>110</u>	<u>3</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" style="width: 100%; border-collapse: collapse;"> <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 7</td> <td>BROKEN SHALE</td> <td>y</td> </tr> <tr> <td>7</td> <td>7 31</td> <td>COBBLES RIVERBED ROCK</td> <td>X</td> </tr> <tr> <td>6</td> <td>31 35</td> <td>COBBLES RIVERBED ROCK</td> <td>y</td> </tr> <tr> <td>35</td> <td>A2</td> <td>HARD CLAY GRAY</td> <td>y</td> </tr> <tr> <td>A2</td> <td>102</td> <td>CLAY LT BROWN</td> <td>X</td> </tr> <tr> <td>102</td> <td>114</td> <td>Gravel</td> <td>X</td> </tr> </tbody> </table>	Bore Diam.	Depth From To	Material	Water Yes No	8	0 7	BROKEN SHALE	y	7	7 31	COBBLES RIVERBED ROCK	X	6	31 35	COBBLES RIVERBED ROCK	y	35	A2	HARD CLAY GRAY	y	A2	102	CLAY LT BROWN	X	102	114	Gravel	X			
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	 																															
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <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 + <u>1</u> inch</td> <td><u>114</u> feet</td> <td><u>114</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> <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? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation _____ inches by _____ inches <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ 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 <u>5"-3"</u> Placed from <u>40</u> feet to <u>60</u> feet Surface seal depth <u>31</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling 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>1</u> inch	<u>114</u> feet	<u>114</u> feet	_____ Inches	_____ inches	_____ feet	_____ feet	_____ Inches	_____ inches	_____ feet	_____ feet	_____ Inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet
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6. LOCATION OF WELL Sketch map location must agree with written location. N <table border="1" style="width: 100px; height: 100px; border-collapse: collapse; margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">*</td> <td style="text-align: center;">E</td> </tr> </table> S County <u>SHOSHONE</u> Subdivision Name _____ Lot No. <u>5</u> Block No. <u>1091</u> % SW % Sec. <u>5</u> T. <u>42N</u> S ☐ R. <u>2E</u> W ☐	W	*	E	10. Work started <u>6-7-91</u> finished <u>6-10-91</u>																												
W	*	E																														
11. DRILLERS CERTIFICATION I/we certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>UNITED DRILLING INC</u> No. <u>414</u> Address <u>P.O. BOX 2499</u> Date <u>6-17-91</u> CDA, ID <u>RDPA</u> Signed by (I/FM Official) <u>[Signature]</u> and <u>[Signature]</u> Operator <u>[Signature]</u>																																

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT