

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 98-7863

Exam Date: 8/27/2015

1. Current Owner: SAM FODGE
PO BOX 179
BONNERS FERRY ID 83805
(208)267-5650
2. Accompanied by: Sam Fodge

3. SOURCE**TRIBUTARY**

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 L13 SW1/4SE1/4 Sec. 26, Twp 62N, Rge 01E, B.M. BOUNDARY County

Method of Determination: GPS and maps. POD location at 48° 41.429, 116° 17.587 (A0015466)

2.

PLACE OF USE: INDUSTRIAL

Twp Rge Sec	NE				NW				SW				SE				Totals
	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	
62N 01E 26									X				X	X	X	X	
									L 8				L 7	L 8	L 13	L 13	

PLACE OF USE: FIRE PROTECTION

Twp Rge Sec	NE				NW				SW				SE				Totals
	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	
62N 01E 26									X				X	X	X	X	
									L 8				L 7	L 8	L 13	L 13	

Method of Determination:

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.

<u>Well or Diversion</u>	<u>Motor Make</u>	<u>Hp</u>	<u>Motor Serial No.</u>	<u>Pump Make</u>	<u>Pump Serial No. or Discharge Size</u>
<u>ID No.*</u>					
D0053829	UNKNOWN	5			

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

D. FLOW MEASUREMENTS

1.

<u>Measurement</u>	<u>Type</u>	<u>Make</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Size</u>	<u>Calib. Date</u>
<u>Equipment</u>						

N/A

2. Measurements:

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

Measured Method: APPLICANT TOLD FIELD EXAMINER THAT PUMP SIZE WAS 5 HP. FIELD EXAMINER COULD NOT CONFIRM THAT BECAUSE THERE WAS NO PLATE TO IDENTIFY PUMP SIZE. APPLICANT ALSO SAID THE SYSTEM RUNS ON 60 PSI. THEORETICAL PUMPING EQUATION ESTIMATES FLOW AT $(5 \text{ HP})(8.8)(0.8) / 75 + (60 \times 2.3087) = 0.16 \text{ CFS}$

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: 18,000 GPD X 7 DAYS A WEEK = 126,000 GPW

$$126,000 \text{ GPW} \times 4 \text{ WEEKS} = 504,000 \text{ GPM}$$

$$504,000 \text{ GPM} \times 8 \text{ MONTHS} = 4,032,000 \text{ GPY}$$

$$4,032,000 / 325,850 \text{ GAL/AF} = 12.4 \text{ AF}$$

G. NARRATIVE/REMARKS/COMMENTS

FIELD EXAM SHOWED WELL WITH 5 HP PUMP. PLACE OF USE WAS A LOG PROCESSING PLANT WHERE INDUSTRIAL USE FOR WATER WAS DUST ABATEMENT. APPLICANT SAID BETWEEN FILLING UP 3K TANKER AND SPRAY NOZZLES ON PROCESSING PLANT THEY WENT THROUGH ABOUT 18,000 GALLONS PER DAY. PLANT OPERATED 7 DAYS A WEEK WITH 8 MONTHS OUT OF THE YEAR THAT WASNT BELOW FREEZING. ANNUAL VOLUME OF 12.4 AF WILL BE GIVEN FOR INDUSTRIAL USE. THEORETICAL PUMPING EQUATION ESTIMATES FLOW RATE OF ONLY 0.16 CFS. FIRE PROTECTION WILL BE REDUCED TO 0.16 CFS.

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	0.040 CFS	12.40 AF
FIRE PROTECTION	01/01 to 12/31	0.160 CFS	
<u>Totals:</u>		0.160 CFS	12.40 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 ☐ Other

I. AUTHENTICATION

Field Examiner's Name Adam Franklin Date 12-18-2015

Reviewer [Signature] Date 12-22-2015

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. **D 0053829**
DRILLING PERMIT NO. **848228**
Other IDWR No. _____

ENTERED

2. OWNER:

Name **FODGE PULP INC**
Address **PO BOX 179**
City **BONNERS FERRY** State **ID** Zip **83805**

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

North ☒ or South ☐
East ☒ or West ☐
Twp. **62** Rge. **1** Sec. **26**
Gov't Lot _____ County **BOUNDARY**
Lat: _____ Long: _____
Address of Well Site **6683 COW CREEK ROAD**
City **BONNERS FERRY**
(Give at least name of road + Distance to Road or Landmark)
Lt. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK: check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☐ Other (Replacement etc.)

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES:

Seal/Filter Pack		AMOUNT		METHOD
Material	From To	Sacks or Pounds		
BENTONITE	0 20	400#		OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) **100**

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

8. CASING/LINER:

Diameter	From To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1.5 90	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____

Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

☐ Perforations

☒ Screens

Method

Screen Type **STAINLESS STEEL**

From To	Slot Size	Number	Diameter	Material	Casing	Liner
90 100	.40	2	5	stainless	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

18 ft. below ground Artesian pressure _____ ft.
Depth flow encountered **18** ft. Describe access port or control devices: **WELL CAP**

11. WELL TESTS:

☒ Pump	☐ Bailer	☐ Air	☐ Flowing Artesian
Yield gal./min. 150+	Drawdown 24	Pumping Level 84	Time 2 hr

Water Temp. **COLD**

Bottom hole temp. **COLD**

Water Quality test or comments _____

Depth first Water Encounter **20**

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
10	0	10	10 FINE SILT	
10	10	12	12 GRAVEL	
10	12	18	18 FINE SILT/SAND	
6	18	58	58 LARGE GRAVEL/SAND/WATER	X
6	58	75	75 COARSE SAND/GRAVEL/WATER	X
6	75	90	90 LG GRAVEL/COARSE SAND/WATER	X

RECEIVED

21 2007

IDWR/North

Completed Depth **90** (Measurable)
Date: Started **7/31/2007** Completed **8/2/2007**

13. DRILLER'S CERTIFICATION:

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

Company Name **MINDEN WATER WELLS, INC.** Firm No. **320**

Firm Official **Edward A. Nienke** Date **8/15/2007**

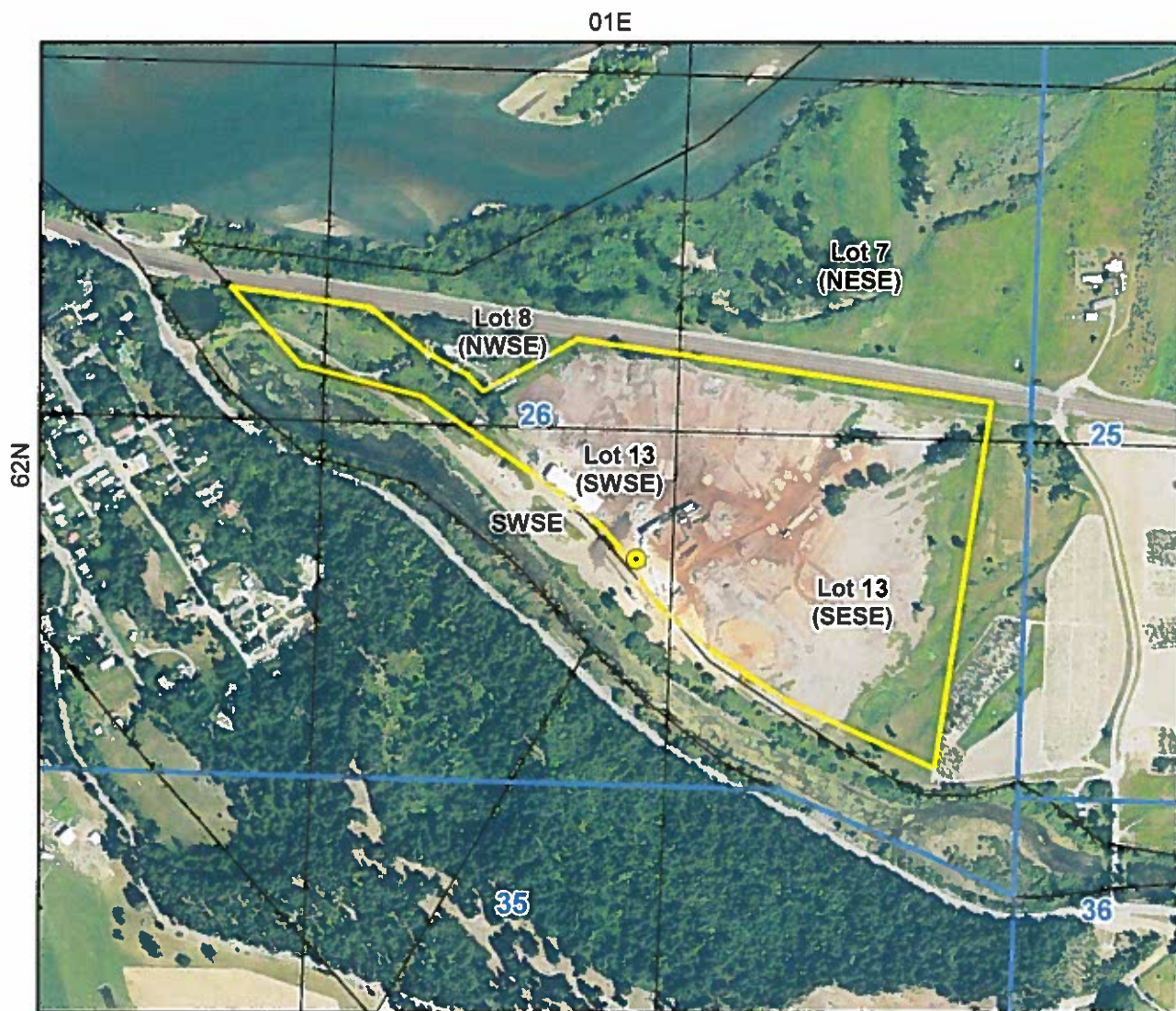
Driller or Operator **[Signature]** Date **8/15/2007**

(Sign once if Firm Official & Operator)

62N 1E 26

FORWARD WHITE COPY TO WATER RESOURCES

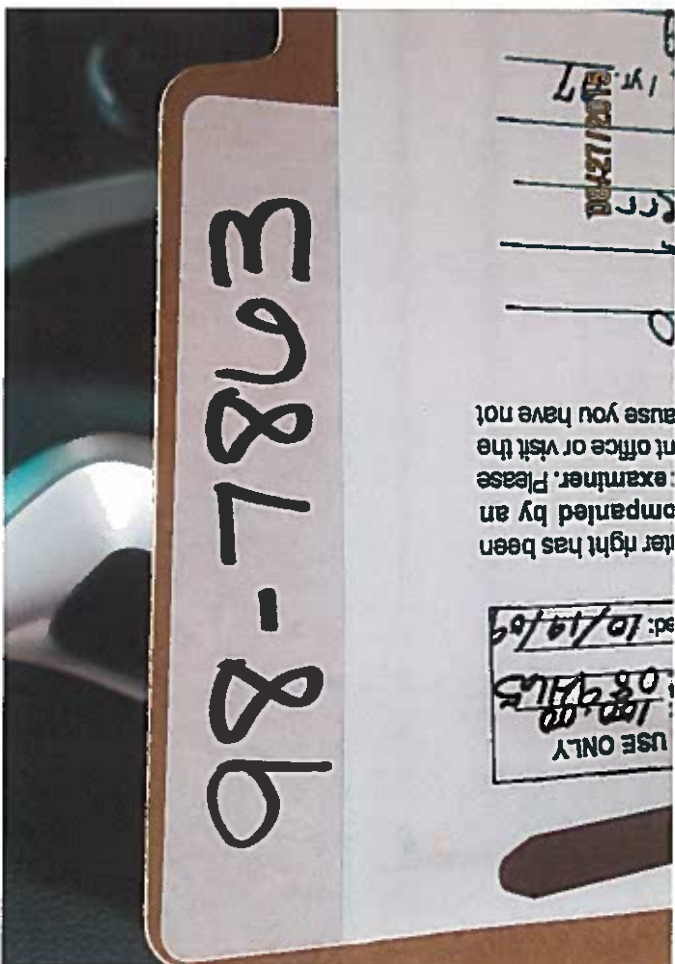
State of Idaho
Department of Water Resources
Water Right License
98-7863



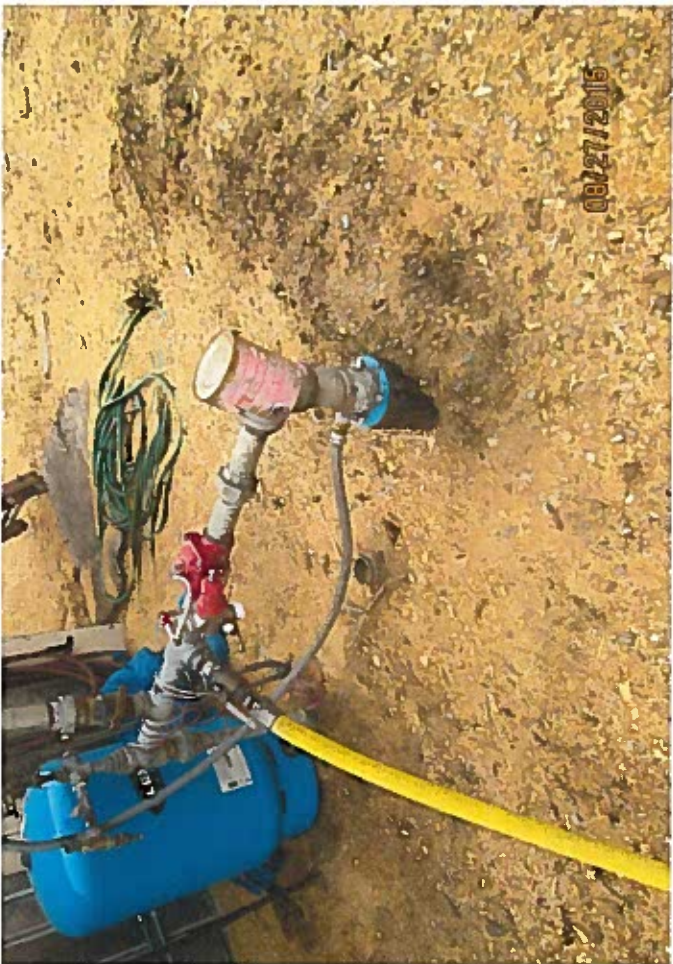
0 0.075 0.15 0.3 Miles

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





98-7862



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