

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 95-10953

Exam Date: 8/7/2015

1. Current Owner: PAUL LAWSON
PO BOX 1048
HAYDEN ID 83835
(208) 772-3222
2. Accompanied by: Paul Lawson

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 NE1/4SW1/4 Sec. 32, Twp 52N, Rge 03W, B.M. KOOTENAI County

Method of Determination: GPS and maps. POD location at 47° 48.487, 116° 44.106 (A0015486)

2.

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	
52N 03W 32									9.0								9.0

Total Acres: 9

PLACE OF USE: COMMERCIAL

Twp Rge Sec	NE				NW				SW				SE				Totals
	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
52N 03W 32									X								

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.

<u>Well or Diversion</u> <u>ID No.*</u>	<u>Motor Make</u>	<u>Hp</u>	<u>Motor Serial No.</u>	<u>Pump Make</u>	<u>Pump Serial No. or Discharge</u> <u>Size</u>
D0040867	FRANKLIN	3			

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

D. FLOW MEASUREMENTS

1.

<u>Measurement</u> <u>Equipment</u>	<u>Type</u>	<u>Make</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Size</u>	<u>Calib. Date</u>
5 GALLON BUCKET TEST						
2. Measurements: 5 GALLONS FILLED IN 10 SECONDS. 60 SECONDS / 10 SECONDS = 6 X 5 GALLONS = 30 GPM OR 0.07 CFS						

E. FLOW CALCULATIONS

Measured Method: N/A

☐ Additional Computation Sheets Attached

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

$$V_{IR} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 9 \text{ AC} \times 3 \text{ AF} = 27 \text{ AF}$$

$$V_{DR} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = 0.08 \times 246 \times 1.9835 = 39.0 \text{ AF}$$

$$V = \text{Smaller of } V_{IR} \text{ and } V_{DR} = 27 \text{ AF}$$

2. Volume Calculations for Other Uses: COMMERCIAL VOLUME WILL BE GIVEN SAME VOLUME AS IRRIGATION VOLUME BECAUSE THE COMMERCIAL PART IS THE TREE FARM ITSELF. THEY WILL NOT BE COMBINED JUST GIVEN 27 AF FOR ANNUAL VOLUME.

G. NARRATIVE/REMARKS/COMMENTS

FIELD EXAM SHOWED WELL WITH 3 HP PUMP. FIELD EXAMINER WAS ABLE TO PERFORM 5 GALLON BUCKET TEST WHICH FILLED UP IN 10 SECONDS. MEASURED DIVERSION RATE WAS 30 GPM OR 0.07 CFS. APPLICANT HAD FROST FREE SPICKETS ALL AROUND PROPERTY TO USE TO IRRIGATE NEW TREES AND UNDER BRUSH. APPLICANT WOULD HARVEST WOOD ONCE IT WAS BIG ENOUGH AND WOULD REPLANT NEW TREES AROUND PROPERTY. LICENSE WILL BE GIVEN FOR 0.07 CFS FOR IRRIGATION AND COMMERCIAL. IRRIGATION AND COMMERCIAL WILL EACH BE GIVEN ANNUAL VOLUMES OF 27 AF BUT THEY WILL NOT BE ADDED TOGETHER FOR TOTAL ANNUAL VOLUME.

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>
IRRIGATION	03/15 to 11/15	0.070 CFS	27.00 AF
COMMERCIAL	03/01 to 11/01	0.070 CFS	27.00 AF
<u>Totals:</u>		0.070 CFS	27.00 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 Friedman Date 12-21-2015

Reviewer Keith E. Frankel Date 12/21/2015

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

12-10-1-7

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	:	Long:
:	:	:	:

1. WELL TAG NO. D 0040867
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:
 Name PAUL LOWSON
 Address 1285 E ELCA DR.
 City HAIDEN State ID. Zip 83885

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 52 North ☒ or South ☐
 Rge. 3 East ☐ or West ☒
 Sec. 32 1/4 NE 1/4 SW 1/4
 Gov't Lot _____ County KOOTENAI
 Lat: _____ Long: _____
 Address of Well Site 14973 N. Boot Hill Rd
 City HAIDEN
 (Give at least name of road - Distance to Road or Landmark)
 Lt. _____ Blk. _____ Sub. Name _____

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 Material	From	To	Weight / Volume	Seal Placement Method
<u>BENTONITE</u>	<u>0</u>	<u>25</u>	<u>135 sacks</u>	<u>OVERBORED</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 135'
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+2</u>	<u>135</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4</u>	<u>20</u>	<u>280</u>	<u>900</u>	<u>PVC</u>	☐	☒	☒	☐

Length of Headpipe N/A Length of Tailpipe N/A
 Packer ☐ Y ☒ N Type N/A

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAW CUT
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>260</u>	<u>280</u>	<u>1/8x1/16</u>	<u>40</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>N/A</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian pressure N/A lb.
 Depth flow encountered N/A ft. Describe access/port or control devices: N/A

12. WELL TESTS:

☐ Pump	☐ Bailor	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
<u>20 GPM</u>			<u>4 Hours</u>

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

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>25</u>	<u>Clay</u>		☒
<u>8</u>	<u>25</u>	<u>130</u>	<u>Clay</u>		☒
<u>8</u>	<u>130</u>	<u>135</u>	<u>Bisalt</u>		☒
<u>6</u>	<u>135</u>	<u>258</u>	<u>Bisalt</u>		☒
<u>6</u>	<u>258</u>	<u>261</u>	<u>Fractured Bisalt</u>	☒	
<u>6</u>	<u>261</u>	<u>280</u>	<u>Bisalt</u>		☒

Completed Depth 280' (Measurable)
 Date: Started 10-21-05 Completed 11-1-05

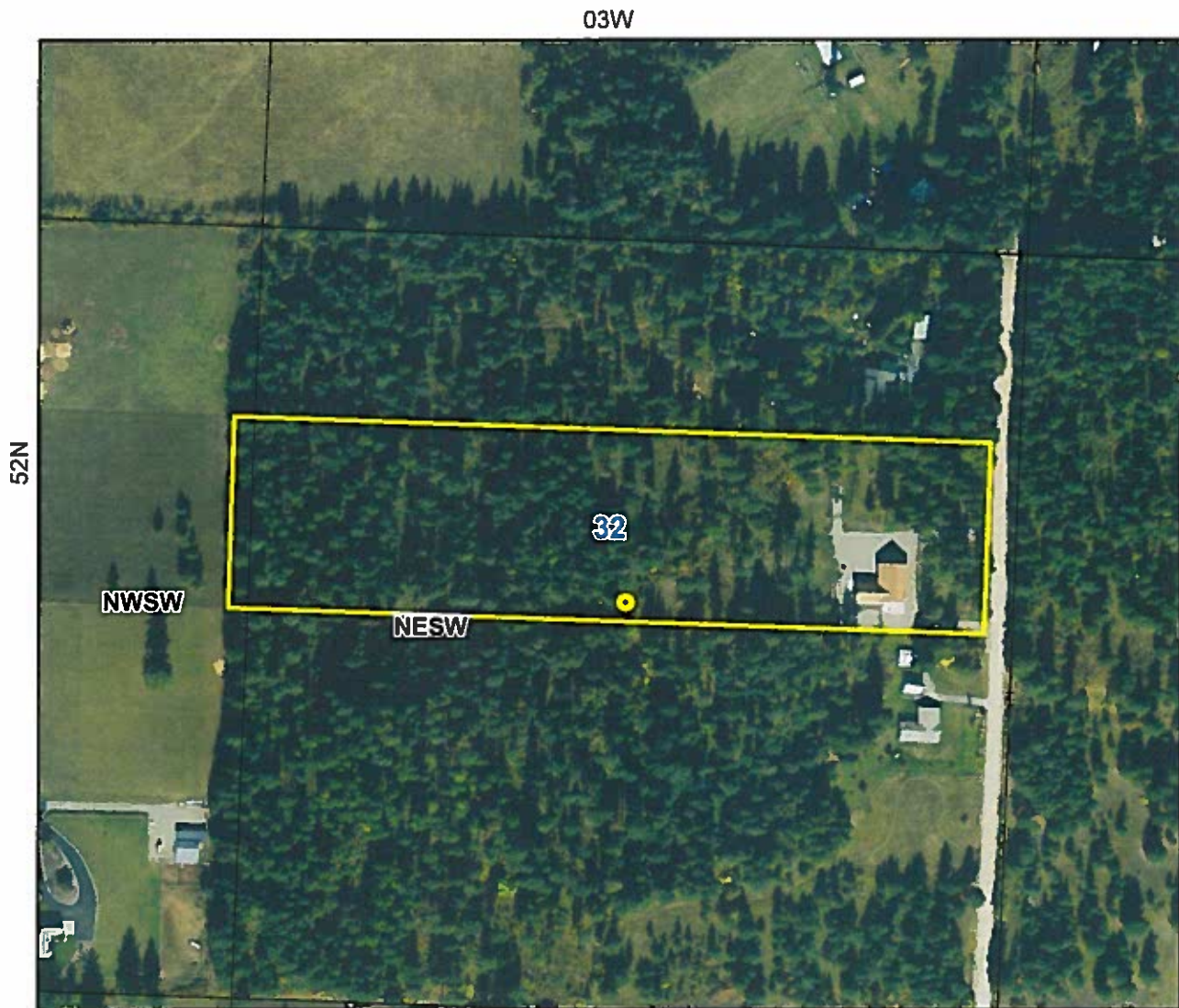
14. DRILLER'S CERTIFICATION

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

Company Name Horsley Drilling Firm No. 632
 Principal Driller Mark Horsley Date 11-1-05
 and Driller or Operator II _____ Date _____
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

State of Idaho
Department of Water Resources
Water Right License
95-10953



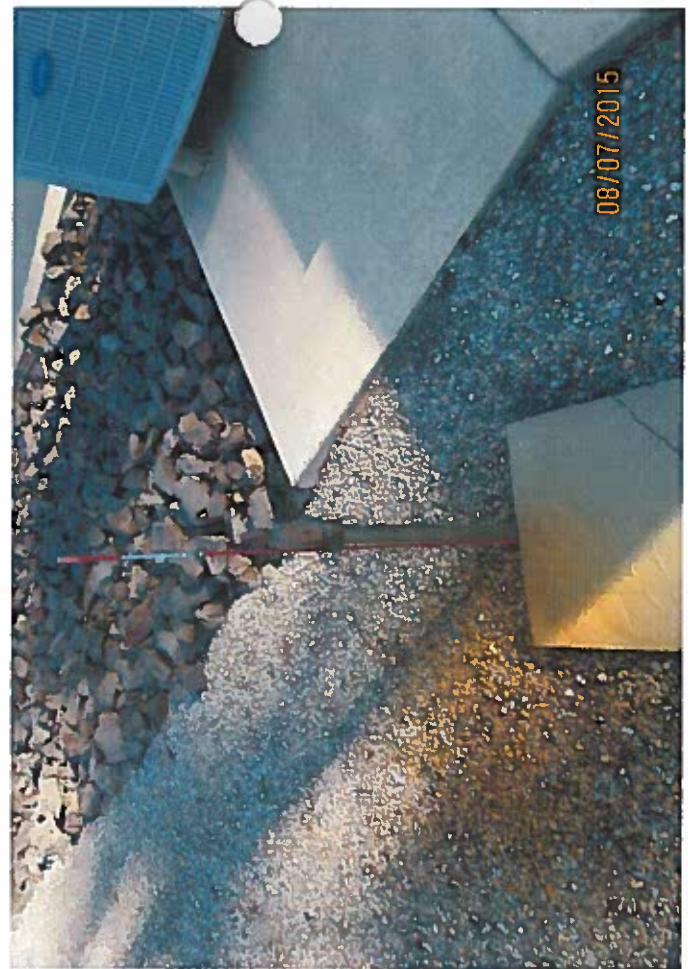
0 0.0375 0.075 0.15 Miles

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



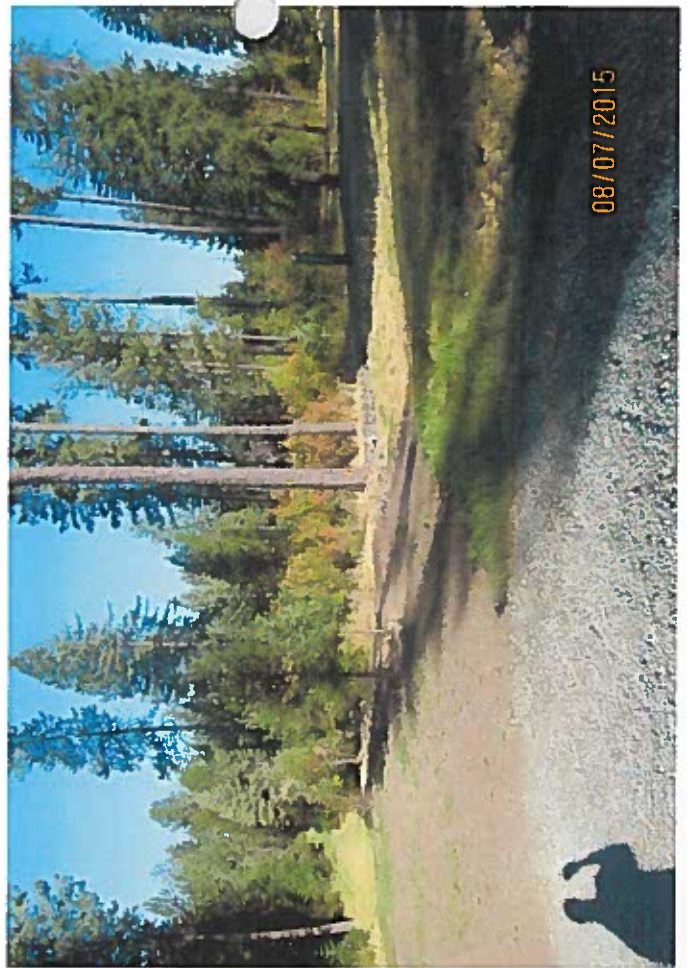


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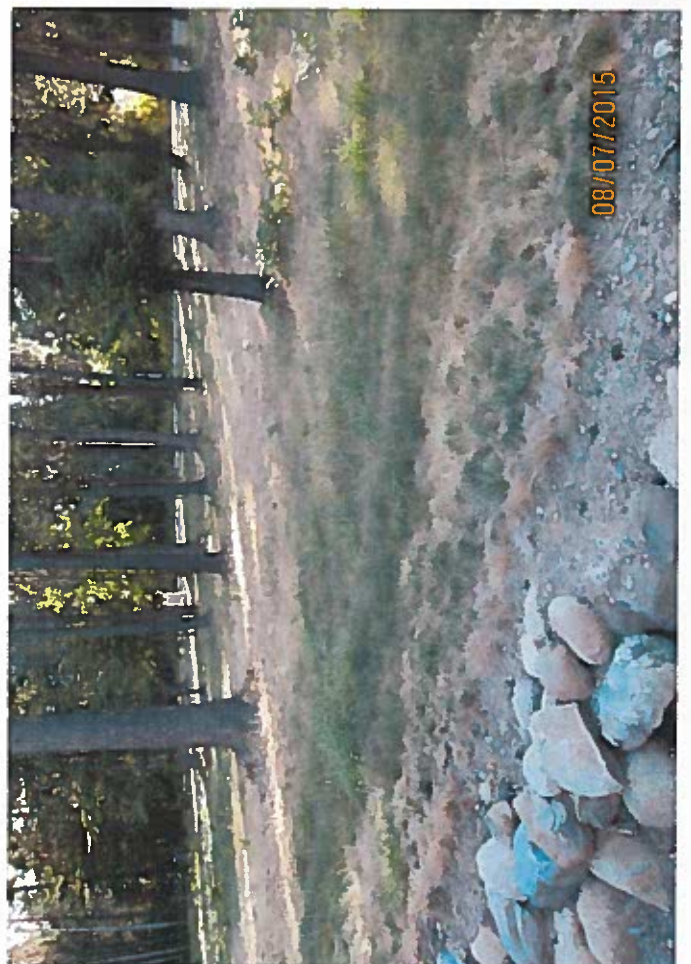
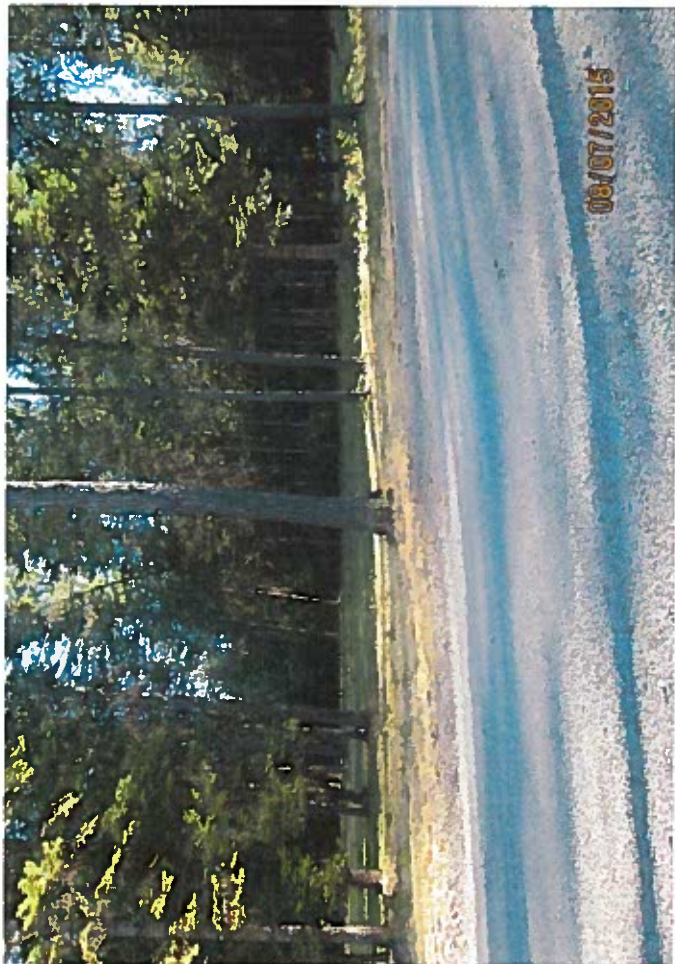
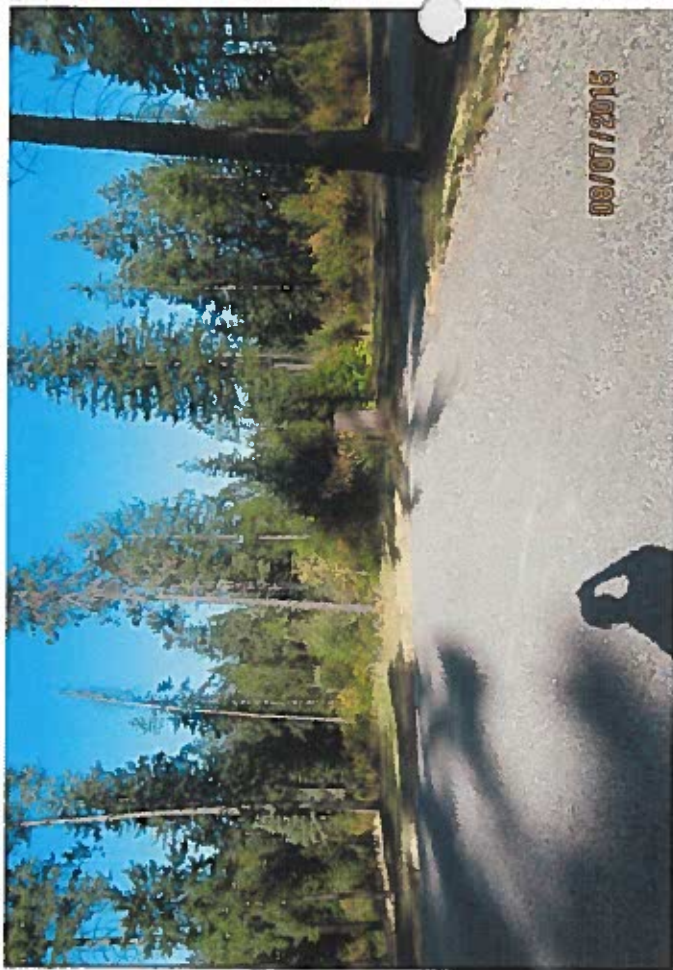




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