

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 15-7320

Exam Date: 7/7/2015

1. Current Owner: FLINDERS SAMARIA RANCH LC
4889 S 4400 W
MALAD ID 83252

2. Accompanied by: Josh Paskett
Phone No: 208-766-3152
Address:
Relationship to Permit Holder:

3. SOURCE TRIBUTARY
GROUND WATER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: 15-7416 (11 acre overlap).
2. Other water rights with the same point of diversion: N/A

C. DIVERSION AND DELIVERY SYSTEM

1. LOCATION OF POINT(S) OF DIVERSION:

GROUND WATER NW1/4NW1/4 Sec. 13, Twp 15S, Rge 35E, B.M.
ONEIDA County

Method of Determination: Aerial Photography and GPS.

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	
15S	35E	12												3.2				3.7	6.9
15S	35E	13		38.0			31.4	10.8											80.2

Total Acres: 87.1

Method of Determination: Aerial Photography.

- 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 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 Size</u>
N/A	Unknown	40			

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

D. FLOW MEASUREMENTS

1.

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

2. Measurements: Unable to attach a flowmeter to the system. Well is an open discharge to ditch. Theoretical measurement was performed.

E. FLOW CALCULATIONS

_____ Additional Computation Sheets Attached

Measured Method: Theoretical calculation $\frac{(8.8) \times (HP) \times (E)}{H}$

$$\frac{(8.8) \times (40) \times (.70)}{(170 + (2.31 \times 0))} = 1.45 \text{ cfs}$$

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{I.R.} = 87.1 \text{ (Acres Irrigated)} \times 3.5 \text{ (Irrigation Requirement)} = 304.9 \text{ AF}$$

$$V_{D.R.} = 1.45 \text{ [Diversion Rate (cfs)]} \times 214 \text{ (Days in Irrigation season)} \times 1.9835 = 615.5$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 304.9 \text{ af}$$

2. Volume Calculations for Other Uses: None

G. NARRATIVE/REMARKS/COMMENTS

At the time of measurement, A 40 hp pump operated at the well and is an open discharge to several ditches which irrigate the property. DEM data was used to help identify plausible gravity flow from the ditches. The POU for water right 15-7416 overlaps the POU of water right 15-7320 by 11 acres. The water rights will be conditioned to have a combined irrigation limit of 121.1 acres and 423.9 af.

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	04/01 to 10/31	1.450 CFS	304.90 AF
<u>Totals:</u>		1.450 CFS	304.90 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 Scott Bergendorf Date 10-7-2015

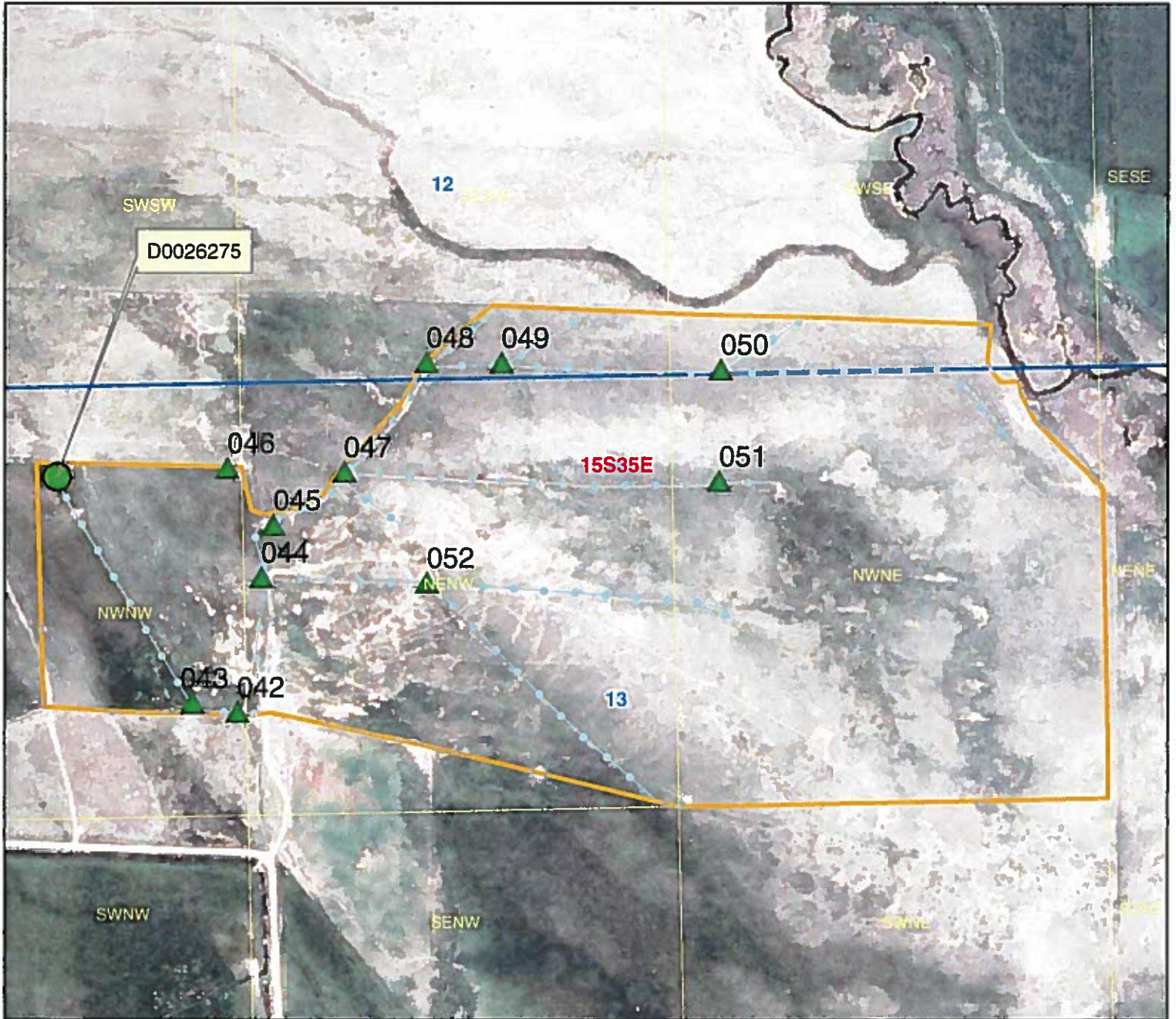
Reviewer _____ Date _____

Water Right License 15-7320

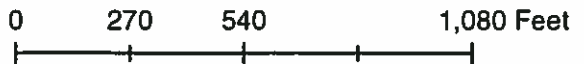
Idaho Department of Water Resources

Prepared by Scott Bergendorf
2013 Aerial photography

Onieda County
IDWR Basin 15



- ▲ Fieldexam pictures
- Ditches1
- ▭ 15-7320
- ▭ Township/Range
- ▭ Sections
- ▭ QQ

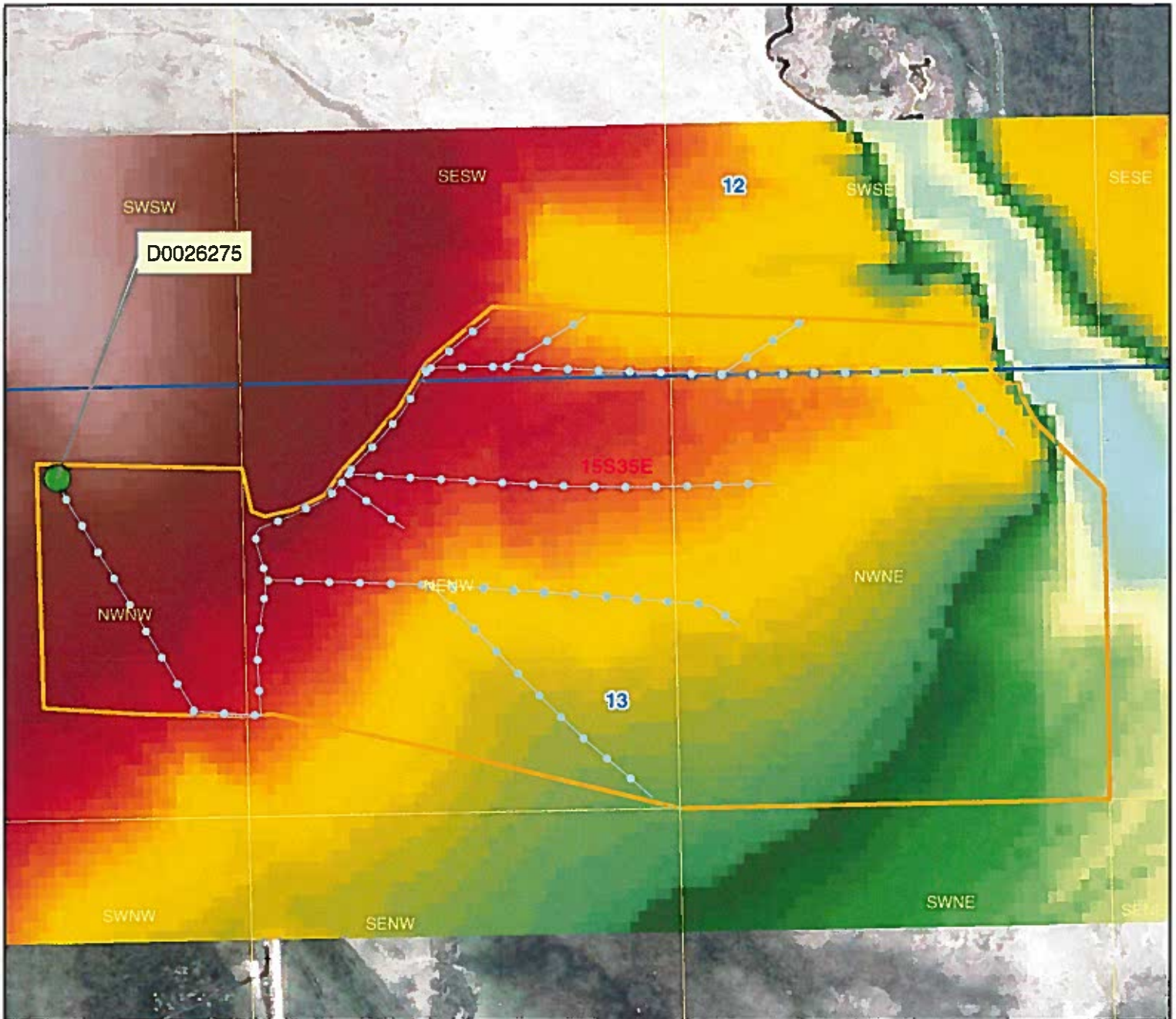


Water Right License 15-7320

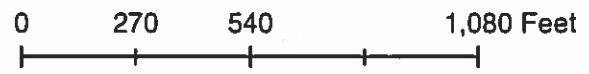
Idaho Department of Water Resources

Prepared by Scott Bergendorf
2013 Aerial photography

Onieda County
IDWR Basin 15



	Ditches1	DEM Meters		High : 1350.06 Low : 1342.11
	15-7320			
	Township/Range			
	Sections			
	QQ			





Ditch at POD 92





Pic
042



Looking West

Pic 043





044
looking
East



045
looking
West



046
looking
West



047
looking
east



047
looking
NE.



048
looking
east



048
looking
NE



049
looking
east



OSO

NE ↘

East ↗





051
looking
east



052
looking
SE

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 0026275
DRILLING PERMIT NO. 7-88856
Other IDWR No. _____

2. OWNER:
Name TOM FLINDER
Address 4089 S 4400W
City Malden State ID Zip 83252

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N		Twp. <u>15</u> North <input type="checkbox"/> or South <input checked="" type="checkbox"/>	
E		Rge. <u>35</u> East <input checked="" type="checkbox"/> or West <input type="checkbox"/>	
S		Sec. <u>13</u> 1/4 <u>1/4</u> 1/4 <u>1/4</u> 1/4	
W		Gov't Lot _____ County <u>oneida</u>	
		Lat: _____ Long: _____	
		Address of Well Site <u>Samaria</u>	
		City <u>Malden</u>	

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

LI. _____ 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/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	20	20	Overhaul

Was drive shoe used? N Shoe Depth(s) 180'
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
16"	0	180	375	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method machined
Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
50	70	1/8"	160	16"	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
137	139	3/4"	16	16"	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
156	155	1/2"	40	16"	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

0 ft. below ground Artesian pressure 2 lb.
Depth flow encountered _____ ft. Describe access port or control devices: 4" valve

11. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time

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

Depth first Water Encounter 24'

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

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
20"	0	2	Brown clay		X
20"	2	20	White clay		X
16"	20	28	White clay	X	
16"	28	50	Gray clay		X
16"	50	60	Black & Gray Gravel		
16"	60	80	Gravel & Clay	X	
16"	80	90	Brown clay		X
16"	90	95	Brown clay & Gravel		X
16"	95	100	Brown clay		X
16"	100	129	White clay		X
16"	129	131	Gravel + Sand	X	
16"	131	135	gray sand	X	
16"	135	140	good gravel	X	
16"	140	145	red sand clay gravel		X
16"	145	150	red clay		X
16"	150	155	red clay & gravel	X	
16"	155	160	Blue clay		X
16"	160	175	Blue clay		X
16"	175	180	gravel	X	

RECEIVED

Completed Depth 180' (Measurable)
Date: Started 11-07-02 Completed 11-26-02

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 Mountain West Well Drilling Firm No. 543

Firm Official Michael Flinder Date 1-6-02

and
Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

No. W 15916	Due no later than Jul 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		NATALIE PASKETT 4889 S 4400 W MALAD ID 83252			
	FLINDERS SAMARIA RANCH, LC JOSHUA D PASKETT 4889 S 4400 W MALAD ID 83252		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	JOSHUA D PASKETT	4889 S 4400 W	MALAD	ID	USA	83252
MEMBER	NATALIE A PASKETT	4889 S 4400 W	MALAD	I'	USA	83252
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID W 15916		Signature: Josh Paskett		Date: 05/19/2015		
		Name (type or print): Josh Paskett		Title: Owner Manager		
Processed 05/19/2015		* Electronically provided signatures are accepted as original signatures.				