

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No. 96-9561

1. Owner: JACK CHILDRESS & KANDI CHILDRESS

Phone No: 208-627-8781

Current Address: 739 PENINSULA RD

City, State, Zip: HOPE ID 83836

2. Accompanied by: N/A, IN-OFFICE EXAM, 42-111 WELL Exam Date: 5/28/2015

Address:

Phone No:

Relationship to Permit Holder:

3. Source: GROUND WATER

Tributary to: N/A

B. OVERLAP REVIEW

1. Other water rights with the same place of use: N/A
2. Other water rights with the same point of diversion: N/A

C. DIVERSION AND DELIVERY SYSTEM

1. Point(s) of Diversion

[illegible]

2. Place(s) of Use

[illegible]

D. FLOW MEASUREMENTS

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calibration Date
N/A						

Measurements N/A

E. NARRATIVE/REMARKS/COMMENTS

DOMESTIC USE: Assessor information per: ArcMap photo (2013), confirmed dwelling on site for identified owner. Lot is owned by JKC National LLC of which Kandi Childress is the manager. See attached page from IDSOS. Place of use and point of diversion located Block 2, Lot 7, Mountain View Shores See attached well log.

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

F. FLOW CALCULATIONS

Measured Method: ☐ Additional Computation Sheets Attached
ALLOW PERMIT RATE

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation: N/A
 $VI.R. = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$
 $VD.R. = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 =$
 $V = \text{Smaller of VI.R. and VD.R.} =$

2. Volume Calculations for Other Uses: ALLOW
1.2 or 0.6
AF for
domestic,
add stock
AF if
applicable

H. RECOMMENDATIONS

1. Recommended Amount

BENEFICIAL USE	PERIOD OF USE		RATE OF DIVERSION ANNUAL	
	From	To	Q(cfs)	V(afa)
DOMESTIC	01/01	12/31	0.04	1.20
TOTALS			0.04	1.20

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 Jean Hersley
Reviewer



Date 5/28/2015
Date

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 D0058270

DRILLING PERMIT NO. D0058270 859.713

Other IDWR No. _____

2. OWNER:

Name Jack & Kandi Childress

Address P.O. Box 109

City Hope State ID Zip 83836

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N	
W	E

Twp. 56 North ☒ or South ☐
Rge. 1 East ☒ or West ☐
Sec. 12 1/4 NE 1/4 NW 1/4
Gov't Lot _____ County Bonner
Lat _____ Long _____
Address of Well Site 101 E Cedar Lane
City Hope

(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/Filter Pack		AMOUNT		METHOD
Material	From To	From To	Sacks or Pounds	
Bentonite	0 38		22 sacks	temp case

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 57

Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	57	.250	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

30 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 260 ft. Describe access port or control devices: well cap

11. WELL TESTS:

☐ Pump	☐ Bailor	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
4	280	280	2 hrs

Water Temp. cold Bottom hole temp. cold

Water Quality test or comments:

Depth first Water Encounter 150

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y N
10	0	38	clay/gravel	
6	38	150	gray shale/med	
6	150	160	gray shale/med 1 gpm	X
6	160	260	gray shale/med	
6	260	270	gray shale/med 3 gpm	X
6	270	280	gray shale/med	

RECEIVED

SEP 01 2010

IDWR / NORTH

Completed Depth 280 (Measurable)
Date Started 8/16/2010 Completed 8/17/2010

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 _____ Date 8/18/2010
and _____
Driller or Operator _____ Date 8/18/2010
(Sign once if Firm Official & Operator)

56N 01E 12

FORWARD WHITE COPY TO WATER RESOURCES

96.9561

No. W 113729	Due no later than May 31, 2014 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			KANDI CHILDRESS 739 PENINSULA RD HOPE ID 83836 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
MANAGER	KANDI E CHILDRESS	22809 E COUNTRY VISTA DR APT #332	LIBERTY LAKE WA USA 99019
5. Organized Under the Laws of: FL W 113729		6. Annual Report must be signed.* Signature: Kandi Childress Date: 04/22/2014 Name (type or print): Kandi Childress Title: Manager	
Processed 04/22/2014		* Electronically provided signatures are accepted as original signatures.	

96.9561



Block, Darla

From: Block, Darla
Sent: Monday, May 18, 2015 10:51 AM
To: Marston, Sascha
Subject: Refund Needing Issued:

May 18, 2015

Re: Issuance of a refund under water right permit no. 96-9561

Dear Sascha,

Please issue a refund in the amount of \$50.00 from Receipt ID C100427. A License examination fee is not required for this permit since the permit lists a maximum diversion rate of 0.04 cfs from groundwater.

Please send the refund to the following:

**JACK CHILDRESS
KANDI CHILDRESS
739 PENINSULA RD
HOPE ID 83836**

*Thanks,
Darla*