

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 95-9247
Exam Date: 1/30/2015

1. Current Owner: LONE MOUNTAIN WATER ASSN INC
PO BOX 1074
RATHDRUM ID 83858
(208) 699-8084

2. Accompanied by: Gayle Darrigan
Phone No: 208-699-8084
Relationship to Permit Holder: Secretary/Treasurer

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 SE1/4SW1/4 Sec. 2, Twp 52N, Rge 04W, B.M. KOOTENAI County

Method of Determination: GPS and Maps. POD location at 47° 52.646N, 116° 47.851W (A0003276)

2.

PLACE OF USE: MUNICIPAL

Twp	Rge	Sec	NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW		NE		NW		SE		SW			
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Method of Determination:

3. _____ Delivery System Diagram Attached (required). Indicate all major components and distances between components. Indicate weir size/pipe as applicable.
- ___X___ 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___ Aerial Photo Attached (required for irrigation of 10+ acres).
- ___X___ 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>
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D0039876

*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>
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METER ON SYSTEM

2. Measurements: 31GPM

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: MUNICIPAL USE 9 HOMES X 1.2 AF = 10.8

G. NARRATIVE/REMARKS/COMMENTS

MUNICIPAL USE AT LONE MOUNTAIN WATER ASSOCIATION INC. PWS ID1280180. FLOW METER ON SYSTEM RUNNING AT 31GPM OR 0.07CFS AS WITNESSED BY AGENTS. PUMP SERVICE FLOW TEST ATTACHED AS ADDITIONAL PROOF OF FLOW RATE. 9 HOMES SERVICED WITH STORAGE TANK UNDER PUMP HOUSE.

Have conditions of permit approval been met? X Yes No

H. RECOMMENDATIONS

1. Recommended Amounts

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
MUNICIPAL	01/01 to 12/31	0.070 CFS	10.80 AF
Totals:		0.070 CFS	10.80 AF

2. Recommended Amendments

 Change P.D. as reflected above Add P.D. as reflected above X None

 Change P.U. as reflected above Add P.U. as reflected above Other

I. AUTHENTICATION

Field Examiner's Name Adam Frederick Date 2-25-2015

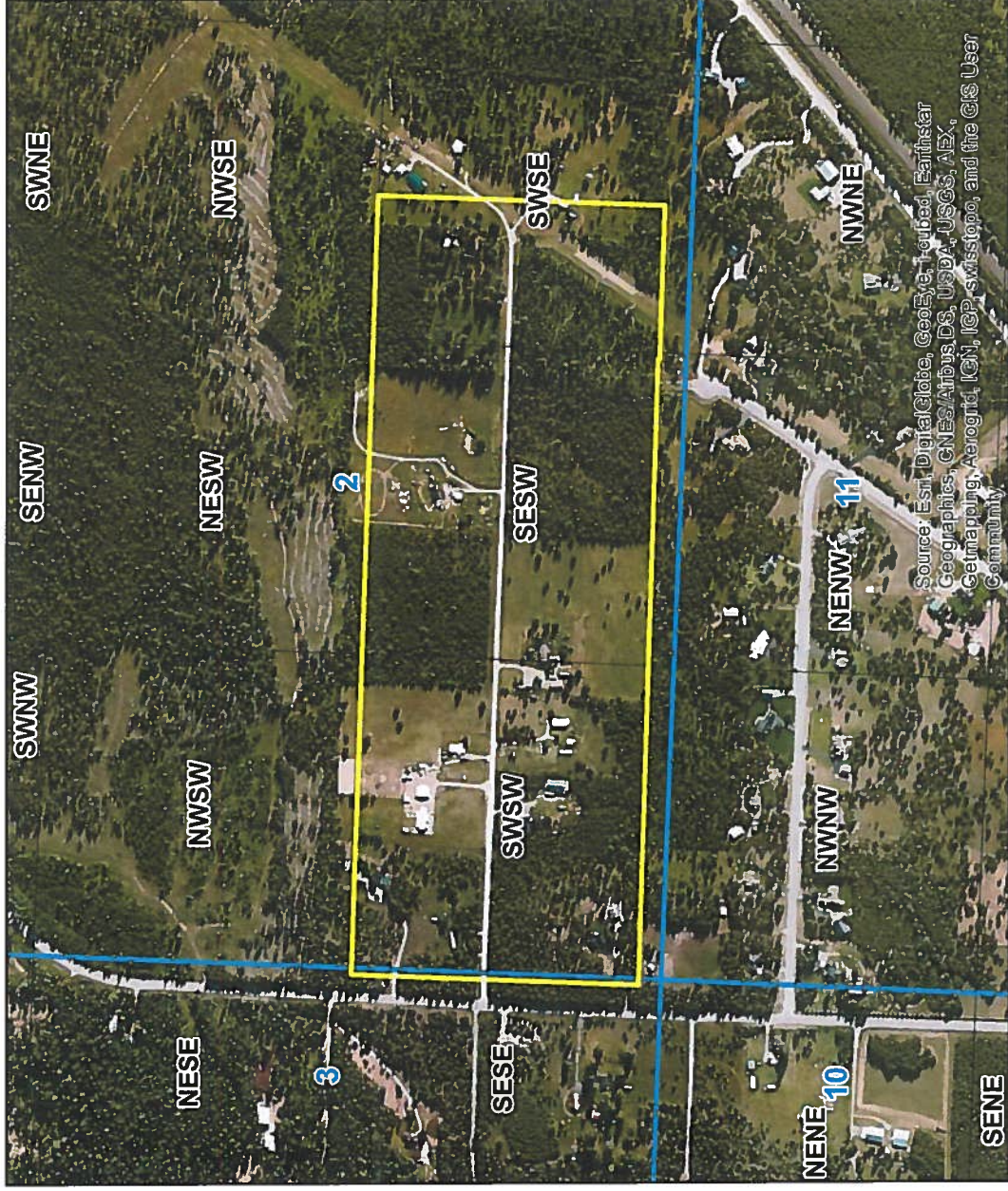
Reviewer Jim Brown Date 2-25-2015

Lone Mountain Water Assn Inc

Water Right License

95-9247

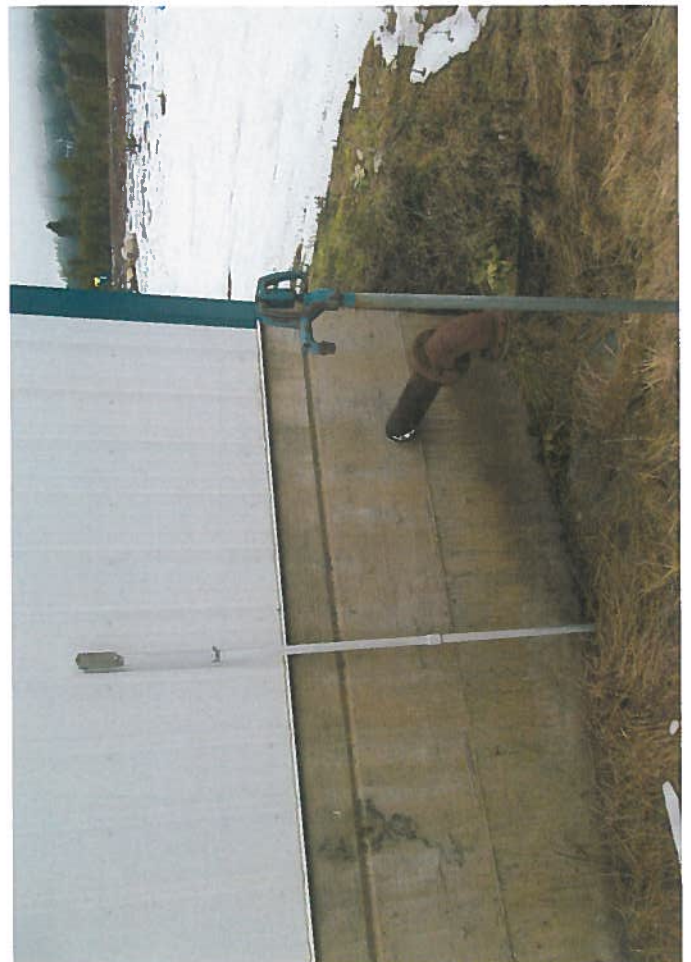
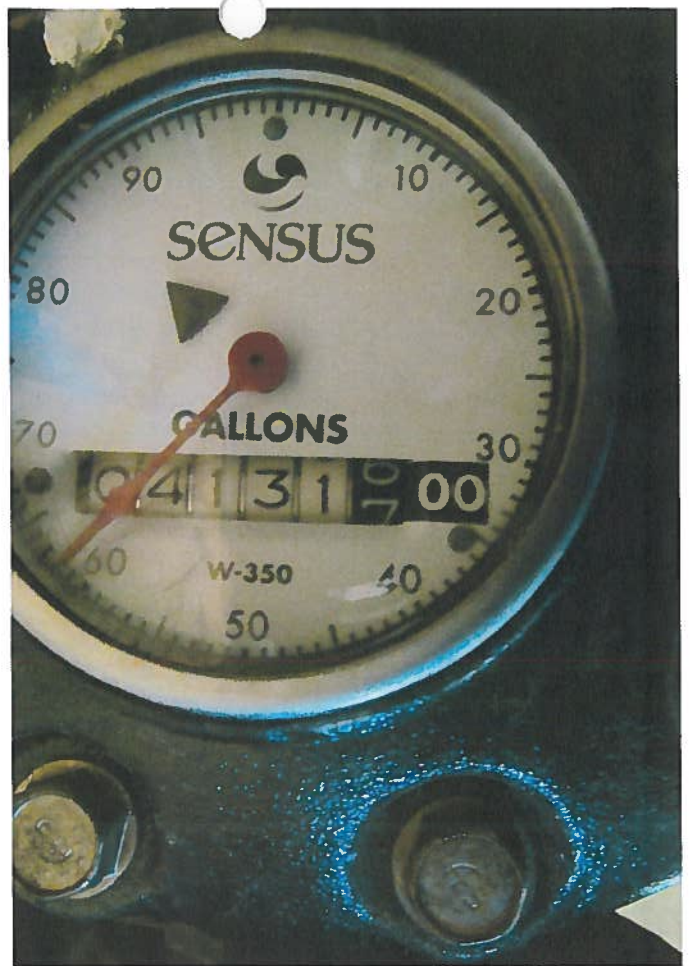
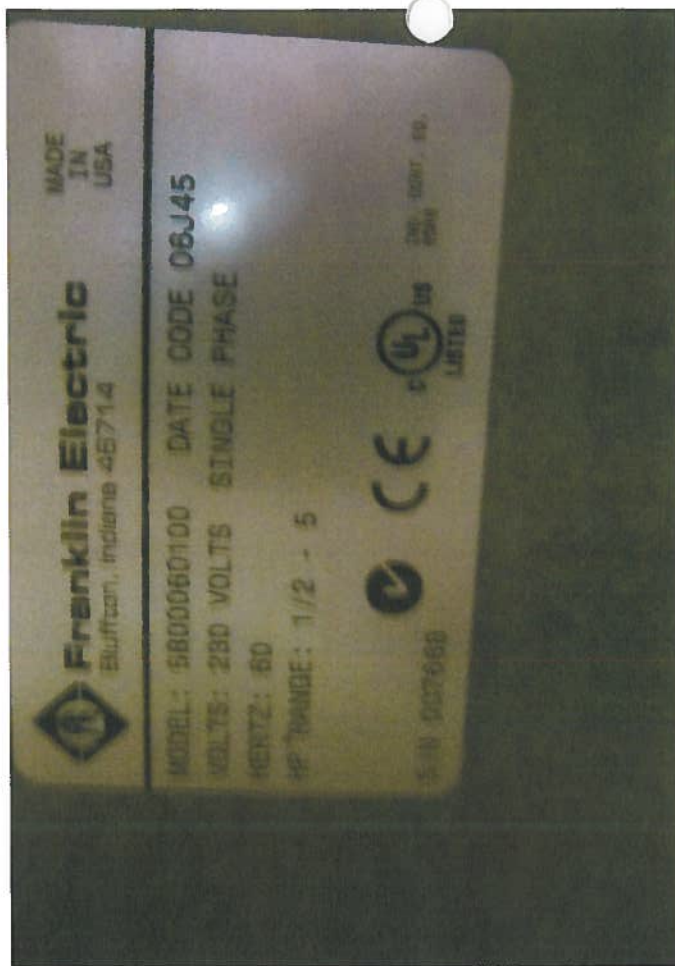
04W



- Water Service Area Boundary
- Townships
- PLS Sections
- Quarter Quarters

0 0.075 0.15 0.3 Miles

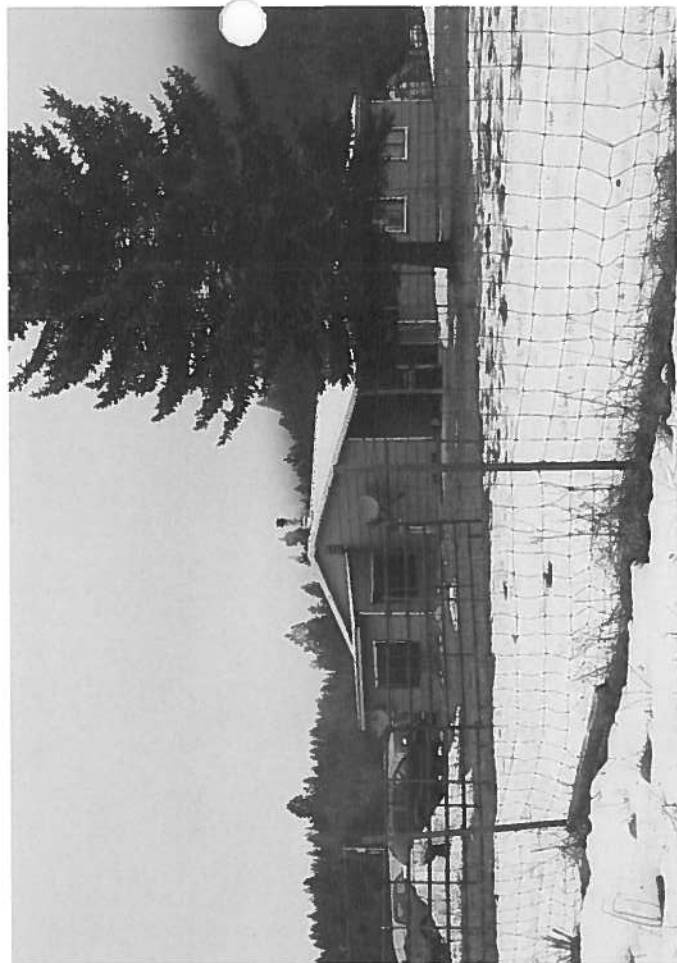




95.9147



95 9777



95-9247



95-92.47

Water Right 98-9247

DATE 12-22-05
 WELL CONSTRUCTION NEW
 WELL DEPTH 660
 STATIC WATER LEVEL 266
 GPM DRILLER TESTED 2
 TEST PUMP USED 186550
 PUMP SETTING 630
 PIPE SIZE 1" WIRE SIZE 6-3 PLAT
 LIQUID LEVEL CONTROLS NO

CUSTOMER NAME LDWE MT WATER
 ADDRESS _____
 PHONE _____
 JOB LOCATION _____
 PITLESS _____ PUMP HOUSE _____
 CONDITION _____
 PRESSURE TANK SIZE _____ w/10g _____
 ELECTRICAL CONTROLS _____

TIME	FLOW RATE	PRESSURE	WATER QUALITY	STATIC
7:30	30 GPM	0	CLEAR w/GAS	266
7:40	30 GPM	0	CLEAR w/GAS	300
7:50	30 GPM	0	CLEAR w/GAS	329
8:00	30 GPM	0	CLEAR w/GAS	357
8:10	30 GPM	0	CLEAR w/GAS	384
8:20	30 GPM	0	CLEAR w/GAS	400
8:30	30 GPM	0	CLEAR w/GAS	474
8:40	30 GPM	0	CLEAR w/GAS	518
8:50	25 GPM CAVITATED	0	CLEAR w/GAS	STABILIZED THROUGH 570 G30
9:00	15 GPM	0	CLEAR	STABILIZED 570
9:30	15 GPM	0	CLEAR	570
10:00	15 GPM	0	CLEAR	570
10:30	15 GPM	0	CLEAR	570
11:00	15 GPM	0	CLEAR	570
11:30	15 GPM	0	CLEAR	570
12:00	15 GPM	0	CLEAR	570
12:30	15 GPM	0	CLEAR	570
1:00	15 GPM	0	CLEAR	570
2:00	15 GPM	0	CLEAR	570
3:00	15 GPM	0	CLEAR	570
4:00	15 GPM	0	CLEAR	570
5:00	15 GPM	0	CLEAR	570

WELL TEST SUMMARY _____

Water Right 95-9247

DATE 12-22-23-05
 WELL CONSTRUCTION NEW
 WELL DEPTH 660
 STATIC WATER LEVEL 266
 GPM DRILLER TESTED 2
 TEST PUMP USED 186550
 PUMP SETTING 630
 PIPE SIZE 1 WIRE SIZE 6-3 FLAT
 LIQUID LEVEL CONTROLS NO

CUSTOMER NAME LONGMONT WATER
 ADDRESS _____
 PHONE _____
 JOB LOCATION _____
 PITLESS PUMP HOUSE _____
 CONDITION _____
 PRESSURE TANK SIZE _____ w/log _____
 ELECTRICAL CONTROLS _____

TIME	FLOW RATE	PRESSURE	WATER QUALITY	STATIC
6:00	15 GPM	0	CLEAR	570
7:00	15 GPM	0	CLEAR	570
8:00	15 GPM	0	CLEAR	570
9:00	15 GPM	0	CLEAR	570
10:00	15 GPM	0	CLEAR	570
11:00	15 GPM	0	CLEAR	570
12:00	15 GPM	0	CLEAR	570
1:00	15 GPM	0	CLEAR	570
2:00	15 GPM	0	CLEAR	570
3:00	15 GPM	0	CLEAR	570
4:00	15 GPM	0	CLEAR	570
5:00	15 GPM	0	CLEAR	570
6:00	15 GPM	0	CLEAR	570
7:00	15 GPM	0	CLEAR	570
8:00	15 GPM	0	CLEAR	570
8:50	15 GPM	0	CLEAR	570 ^{END} TEST
8:55	RECOVERY		CLEAR	570
9:00				551
9:10				513
9:20				472
9:30				434
9:40				404
				374

WELL TEST SUMMARY

Winter Right 95-92470

DATE 12-23-05
WELL CONSTRUCTION NEW
WELL DEPTH 600
STATIC WATER LEVEL 266
GPM DRILLER TESTED 2
TEST PUMP USED 186550
PUMP SETTING 630
PIPE SIZE 1 WIRE SIZE 6-3 Flat
LIQUID LEVEL CONTROLS

CUSTOMER NAME LOVE MT WATER
ADDRESS _____
PHONE _____
JOB LOCATION _____
PITLESS PUMP HOUSE _____
CONDITION _____
PRESSURE TANK SIZE _____ w/log _____
ELECTRICAL CONTROLS _____

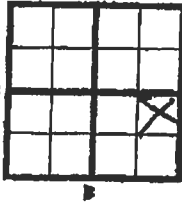
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WELL TEST SUMMARY

Dr. Milor: Dr-

Shanley Consulting and
Management ServicesIDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D0039876a. ing Permit No: 827932Other IDWR No. 95-9247

2. OWNER

Name Lone Mountain Water Association c/c Well Number: 906-marAddress 1626 Lincoln WayCity Coeur d'Alene State ID Zip 838143. LOCATION OF WELL by legal description
sketch map location must agree with written locationTwp. 52 North or ☒ South
Rge. 4 East or ☒ WestSec. 2 1/4 SE 1/4 SW 1/4Gov't Lot _____ County KOOTENAI

Lat: _____ : _____ : _____ Long: _____ : _____ : _____

Address of Well Site Rocky Rd City Athol
(Give at least name of road + Distance to Road or Landmark)

L1. _____ 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

DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

Material	SEAL/FILTER PACK		AMOUNT Sacks or Pounds	METHOD
	From	To		
BENTONITE	0	60	950 lbs	Poured Dry

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing Liner Welded Threaded
8	+3	267	322	Steel	☒ ☐ ☐
12	+2	60	250	-pulled at	☒ ☐ ☐

Length of Headpipe _____

Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____☐ Screens Screen Type _____

From	To	Blk Size	Member	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

500 ft. below ground Artesian pressure _____ lb.Depth flow encountered _____ ft. Describe access port or control devices: Steel cap welded

52N 4W 2

Office Use Only

Inspected by _____

Twp. 1/4 Rge. 1/4 Sec. 1/4

Lat: _____ : _____ : _____ Long: _____ : _____ : _____

11. WELL TESTS:

☐ Pump	☐ Bailor	☒ Air	☐ Flowing Artesian
Yield gal./min. _____	Drawdown _____	Pumping Level _____	Time _____
Estimated air lift _____			
2			1 Hr

Water Temp. cold _____ Bottom Hole Temp. cold _____

Water Quality test or comments: ClearDepth first Water encountered 638

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
12	0	Top Soil	☐	☒
12	3	64 Sand & Gravels some large cobbles	☐	☒
10	60	112 Sand & Gravels some large cobbles	☐	☒
10	112	240 Gravels & Sand	☐	☒
10	240	267 Granite Green & White	☐	☒
6	267	315 Granite Green & White	☐	☒
6	315	635 Granite Salt & Pepper	☐	☒
6	635	660 Granite Lattice water at 340	☐	☒

Water

Completed Depth 660 (Measurable)
Date: Started 1/14/2005 Completed 1/19/2005

13. DRILLER'S CERTIFICATION

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

Firm Name H2O Well Services, Inc. Firm No. 448Firm Official Louis Hanner Date 1-14-05

and

Supervisor or Operator Louis Hanner Date 01/20/05

(Sign Once I Firm Official and Operator)

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D D 0039876
DRILLING PERMIT NO. 827932
Water Right or Injection Well No. 95-0247
838097

2. OWNER:

Name Lone Mountain Water Association, c/c
Address 1626 Lincoln Way
City Coeur d' Alene, State ID Zip 83814

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. 4 East ☐ or West ☒
Sec. 2 1/4 SE 1/4 SW 1/4
Gov't Lot _____
County Kootenai ^{10 acres}
Lat: _____ Long: _____
Address of Well Site Rocky Rd

City Arhol, ID
Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☐ Domestic ☒ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply

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

6. DRILL METHOD:

☐ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method

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

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____

Packer ☐ Y ☐ N Type _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

268 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal/min.	Draw down	Pumping Level	Time

Water Temp. _____

Water Quality test or comments: _____

Bottom hole temp. _____

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
				Y N
			Performed Agua Freed treatment: Injected 1700 lbs. of CO2.	
			Results: Static level increased from 500' to new level at 268'. Yield increased 2 gpm to 15 gpm	

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IDWR/North

Completed Depth _____

(Measurable)

Date: Started 11/30/05 Completed 12/20/05

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 Water Recovery Serv. Firm No. 584

Principal Driller [Signature] and

Date 1/10/06

Driller or Operator II _____

Date _____

Operator I _____

Date _____

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

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