

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 95-10745

Exam Date: 8/4/2014

1. Current Owner: JOHN MC CONNELL
6097 W PRAIRIE AVE
POST FALLS ID 83854-5909
(208)664-1063

And/Or

PEARL MC CONNELL
6097 W PRAIRIE AVE
POST FALLS ID 83854-5909
(208)664-1063

2. Accompanied by: Owner

Phone No: Same

Address: Same

3. **SOURCE****TRIBUTARY**

GROUND WATER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: 95-8680, 95-7267
2. Other water rights with the same point of diversion: None

C. DIVERSION AND DELIVERY SYSTEM1. **LOCATION OF POINT(S) OF DIVERSION:**

GROUND WATER SW1/4SW1/4 Sec. 20, Twp 51N, Rge 04W, B.M. KOOTENAI County

Method of Determination: GPS and Maps. N47° 44'713", W116° 52'101"

2.

PLACE OF USE: IRRIGATION

Twp Rge Sec	NE				NW				SW				SE				Totals
51N 04W 20	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	3.0
											3.0						3.0

Total Acres: 3

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>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>
D0010178	Franklin	3		Franklin	

*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>
Fuji	Ultrasonic Flowmeter		N/A	N/A		3/2/2014

2. Measurements: Flow Measurement 24gpm

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 3 \times 3 = 9\text{AF}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = 0.06 \times 246 \times 1.9835 = 30\text{AF}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 9\text{AF}$$

G. NARRATIVE/REMARKS/COMMENTS

MULTIPLE HOSE BIBS, 3HP PUMP, 24GPM, LAWN & TREE IRRIGATION.

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	0.060 CFS	9.00 AF
<u>Totals:</u>		0.060 CFS	9.00 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 *Eric Kato* Date 11-18-2014Reviewer *Adam Friedman* Date 11-18-2014

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. **D0010178**

DRILLING PERMIT N _____

Other IDWR No _____

2. OWNER:

Name **John McConnell**

Address **5901 E Prairie Ave**

City **Post Falls**

State **ID**

Zip **83854**

3. LOCATION OF WELL by legal description:

N	Twp	51N	North	☒ or	South	☐
W	Rge	04W	East	☐ or	West	☒
E	Sec	29	1/4 SE	1/4 SW	1/4	
S			10 Ac	40 Ac	160 Ac	
		Gov't Lot	County Kootenai			
		Lat	Long			

Address of Well Site: (see next line)

Same _____

City _____

Lot _____

Blk _____

Sub. Name (see next line)

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/Lbs	
Bentonite	0	18	14 sacks	pour in

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) **ring bit - 299'**

Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6"	1	-299	0.025	steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length Headpipe _____

Length Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations? Method **air perforator**

☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
280	297	1"	400		Steel	☒	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

240 ft. below ground. Artesian pressure _____ lb.

Depth flow encountered **240** ft. Describe access port or

control devices: **Steel cap welded**

11. WELL TESTS:

- ☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
20+			

Water Temp. _____

cold

Bottom hole temp. _____

cold

Water Quality test or comments: (below) Depth first Water Encountered **245**

clear, cold, no smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	3	Topsail	☐	☒
8	3	18	Sand & gravel - 3/4 minus	☐	☒
6	18	145	Sand & gravel - 3/4 minus	☐	☒
6	145	230	Sand & gravel - 1/4 minus	☐	☒
6	230	260	Sand & gravel - 1/8 minus	☒	☐
6	260	299	Sand & gravel - 1/2 minus	☐	☒

Completed Depth **299** (Measurable)

Date: Started **7/1/99** Completed **7/2/99**

13. DRILLERS CERTIFICATION

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

Firm **United Drilling Inc.**

Firm No **41**

Name _____

Firm Official _____

and _____

Supervisor or Operator **Jason C. Beckham**

Date **7/2/99**

Date **7/2/99**

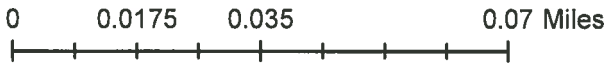
FORWARD WHITE COPY TO WATER RESOURCES

State of Idaho
Department of Water Resources
Water Right License
95-10745

04W



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





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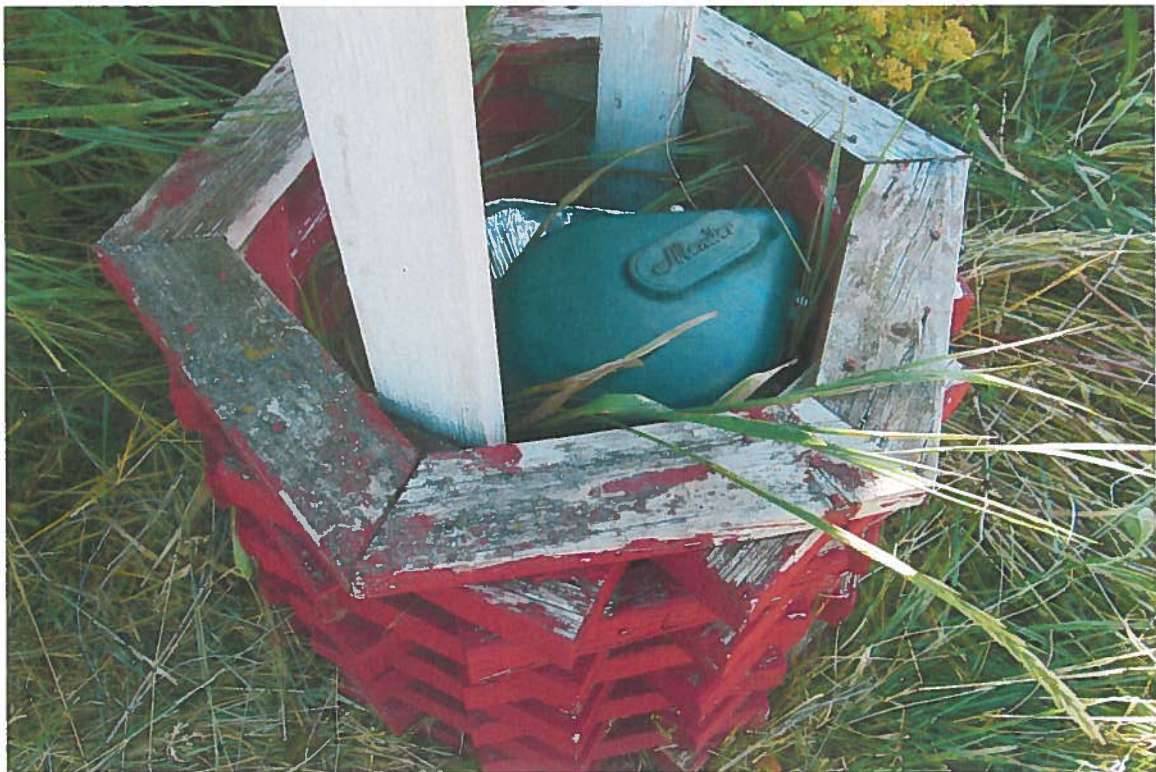


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