

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 95-9562

Exam Date: 10/4/2013

1. Current Owner: JAMES D UMLAND
12833 E SHADOW LN
ATHOL ID 83801-5065
(208)683-4748
2. Accompanied by: OWNER
Phone No:
Address:
Relationship to Permit Holder:

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 SYSTEM1. **LOCATION OF POINT(S) OF DIVERSION:**

GROUND WATER SE1/4SE1/4 Sec. 18, Twp 53N, Rge 02W, B.M. KOOTENAI County

Method of Determination: GPS

2.

PLACE OF USE: IRRIGATION

Twp Rge Sec	NE				NW				SW				SE				Totals
53N 02W 18	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	4.0
																	4.0

Total Acres: 4

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>Motor Make</u>	<u>Hp</u>	<u>Motor Serial No.</u>	<u>Pump Make</u>	<u>Pump Serial No. or Discharge Size</u>
<u>ID No.*</u>					
A0003221	96-95-N-0-43-000	1 HP			

D. FLOW MEASUREMENTS

5 gallon per 15 seconds = 20 gmp = 0.05cfs

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 12 \text{ AF}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = 19.9 \text{ AF}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 12$$

2. Volume Calculations for Other Uses: NONE

G. NARRATIVE/REMARKS/COMMENTS: THE OWNER USES A HOSE TO WATER THE LAWN.

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	0.050 CFS	12.0 AF
	<u>Totals:</u>	0.050 CFS	12.0 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 M. [Signature]* Date 12-20-2013

Reviewer *Keith C. Franklin* Date 12-20-2013

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Form 138-7
7/94

MAY 18 1995

NORTHERN REGION
IDWR

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

0312004

1. DRILLING PERMIT NO. 96-95-0-43-000
Other IDWR No. _____

2. OWNER:

Name James Unland
Address 4713 N. Darin Rd
City Otto Orchard State WA Zip 99027

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>53N</u>		North ☒	or	South ☐
W		Rge. <u>2W</u>		East ☐	or	West ☒
E		Sec. <u>18</u>		1/4 <u>8E</u> 1/4 <u>8E</u> 1/4		
S		Gov't Lot _____		County <u>Kootenai</u> 10 acres 100 acres		

Address of Well Site Off Good Hope Rd.

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

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	80	14	Tubex

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 80

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8"	+2	80	.256	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:

165 ft. below ground Artesian pressure _____ lb.

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

SESE 8 53N 2W

11. WELL TESTS:

☐ Pump ☐ Baller ☐ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
3.75 Est.	100%	700	1 Hr.

Water Temp. Cold Bottom hole temp. Cold

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	I
8"	0	20	Gravel, Sand, Clay		X
8"	20	75	Gravel, Sand, Clay		X
8"	75	375	BSW Granite Hard		X
375	375	400	Gravel & Block	X	
400	400	640	BSW Granite Hard	X	
640	640	700	BSW Granite Soft	X	

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MAY 15 1995

Department of Water Resources

OFFICE USE ONLY

Inspected by TOK

Twp. 53N Rge. 2W Sec. 18

MICROFILMED 14 SE 14 SE 14

MAR 8 3 1999

Completed Depth 700' (Measurable)
Date: Started 3/23/95 Completed 3/17/95

13. DRILLER'S CERTIFICATION

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

Firm Name United Drilling Inc. Firm No. 414

Firm Official Tim R. Callaghan Date 3/23/95

and _____

Supervisor or Operator Clint Penney Date 3/23/95



TAG.JPG



PUMP .JPG



POD.JPG



IRRIGATION.JPG



LAWN.JPG

95-9562



POWER.JPG





