STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 95-10023
Exam Date: 10/9/2013

1. Current Owner: TOM TORGERSON
   1836 NORTHWEST BLVD
   COEUR D ALENE ID 83814
   (208)640-8086
2. Accompanied by:
   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 SYSTEM

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

GROUND WATER SE1/4NE1/4 Sec. 14, Twp 53N, Rge 03W, B.M. KOOTENAI County

Method of Determination: GPS AND MAP

2.

PLACE OF USE: DOMESTIC

Twp Rge Sec	NE				NW				SW				SE				Totals
	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
53N 03W 14	X	X	X	X													

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	
53N 03W 14	.5		3.0	1.5													5.0

Total Acres: 5

Method of Determination:

3. __X___ 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.

Well or Diversion ID No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
D0040929 AND D0040928					

PUMP EQUATIONS WATER RIGHT No.					WELL # 1 and WELL # 2 95-9235	
		HP	H in feet	Efficiency as a decimal	Pumping lift in feet	System pressure in PSI
Q =	HP*8.8*Eff/H	10	530.9524	0.8	450	35
Q =	0.133 cfs		59.6 gpm			

D. FLOW MEASUREMENTS 0.133cfs per well = 0.266 cfs

1.

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calib. Date

2. Measurements:

E. FLOW CALCULATIONS _____Additional Computation Sheets Attached

Measured Method:

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$V_{I.R.}$ = (Acres Irrigated) x (Irrigation Requirement) =5 x 3AF= 15AF

$V_{D.R.}$ = [Diversion Rate (cfs)] x (Days in Irrigation season) x 1.9835 =63.67AF

V = Smaller of $V_{I.R.}$ and $V_{D.R.}$ **=15AF**

2. Volume Calculations for Other Uses: DOMESTIC 28 HOMES X 0.6AF = 16.8AF

G. NARRATIVE/REMARKS/COMMENTS

THE PWS # ID 1280069

(6) HOMEES ARE ON THIS SYSTEM AT THE DATE OF THIS EXAM. 5 ACRES OF IRRIGATION WAS LOCATED ON THE DAY OF THE EXAM. THIS IS A COMPLET SYSTEM FOR THE FIRE WITH A 4000 GALON TANK.

Have conditions of permit approval been met? __X__ Yes _____No

H. RECOMMENDATIONS

1. Recommended Amounts

BENEFICIAL USE	PERIOD OF USE	DIVERSION RATE	ANNUAL VOLUME
DOMESTIC	01/01 to 12/31	0.200 CFS	16.80 AF
IRRIGATION	04/01 to 10/31	0.150 CFS	15.00 AF
	Totals:	0.200 CFS	31.80 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 Eric [illegible] Date 12-17-13

Reviewer Keith E. Franklin Date 12-19-13

Form 238-7
7/98
Starships Consulting and Management Services

IDAHO DEPARTMENT OF WATER RESOURCES

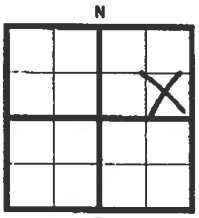
WELL DRILLER'S REPORT

Office Use Only
Inspected by_____
Twp.____ Rge.____ Sec.____
____1/4____1/4____1/4
Lat: : : Long: : :

1. WELL TAG NO. D0040929
Drilling Permit No: 838396
Other IDWR No. 96-9235

2. OWNER **Well Number:**
Name TORGERSON, TOM WELL #1 1076
Address 1836 NORTHWEST BLVD
City COEUR D ALENE State ID Zip 83814

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



Twp. 53 ☑ North or ☐ South
Rge. 03 ☐ East or ☑ West
Sec. 14 1/4 SE 1/4 NE 1/4
Gov't Lot _____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site RILEY LOOP & HWY 54 City ATHOL
(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 Material	From	To	AMOUNT Sacks or Pounds	METHOD
AQuaguard	0	60	800 LBS	TEMP CASING
BENTONITE	0	60	700 LBS	TEMP CASING

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

8. CASING/LINER:

Diameter	From	To	Gauge	Materi	Casing	Liner	Welded	Threaded
8	+3 1/2	473	.322	STEEL	☑	☐	☑	☐

Length of Headpipe 5' Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☐ Perforations Method _____
☑ Screens Screen Type STAINLESS STEEL

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
473	483	60	2	8	S/S	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
420 ft. below ground Artesian pressure _____ lb.
Depth flow encountere _____ ft. Describe access port or control devices: WELD ON CAP

53N 3W 14

11. WELL TESTS:
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
APRROX 50+			3 1/2 HRS

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: CLEAR
Depth first Water encountered 420

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
14	0	3	TOP SOIL	☐	☑
14	3	60	SAND GRAVEL & COBBLE	☐	☑
10	60	110	SAND GRAVEL & COBBLE	☐	☑
10	110	270	SAND & GRAVEL	☐	☑
10	270	281	SAND, GRAVEL & BOULDERS	☐	☑
10	281	360	SAND & GRAVELS	☐	☑
10	360	375	SAND, GRAVEL & BOULDERS	☐	☑
10	375	420	SAND & GRAVELS	☐	☑
10	420	483	SAND & GRAVELS	☑	☐

RECEIVED
DEC 01 2005
IDWR/North

RECEIVED
FEB 22 2006
IDWR/North

Completed Depth 483 (Measurable)
Date: Started 11/8/2005 Completed 11/15/2005

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~~ WellService, Inc. Firm No. 448
Firm Official [signature] Date 11-22-05
and
Supervisor or Operator [signature] Date 11/17/05
TODD MORGAN (Sign Once if Firm Offical and Operator)

Form 238-7
7/98
Starships Consulting and Management Services

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. D0040928
Drilling Permit No: 836395
Other IDWR No. 96-9235

2. OWNER **Well Number:** 1096
Name TORGERSON, TOM WELL #2
Address 1836 NORTHWEST BLVD
City COEUR D ALENE State ID Zip 83814

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

N / W / E / S

Twp. 53 ☑ North or ☐ South
Rge. 03 ☐ East or ☑ West
Sec. 14 1/4 SE 1/4 NE 1/4
Gov't Lot _____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site RILEY LOOP & HWY 54 City ATHOL
(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 Material	From	To	AMOUNT Sacks or Pounds	METHOD
3/8 HOLE PLUG	0	60	2,400 LBS	TEMP CASING

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

8. CASING/LINER:

Diameter	From	To	Gauge	Materi	Casing	Liner	Welded	Threaded
8	+3 1/2	473	.322	STEEL	☑	☐	☑	☐

Length of Headpipe 5' Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☐ Perforations Method _____
☑ Screens Screen Type STAINLESS STEEL

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
473	483	60	2	8	S/S	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
408 ~~400~~ ft. below ground Artesian pressure _____ lb.
Depth flow encountere _____ ft. Describe access port or control devices: _____
53 N 3 W 14

11. WELL TESTS:
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
50+			HRS
			5

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: CLEAR
Depth first Water encountered 420

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
	0	0		☐	☐
14	0	3	TOP SOIL	☐	☑
14	3	60	SAND, GRAVEL & COBBLE	☐	☑
10	60	110	SAND, GRAVEL, COBBLE	☐	☑
10	110	270	SAND & GRAVEL	☐	☑
10	270	281	SAND, GRAVEL & BOULDERS	☐	☑
10	281	360	SAND & GRAVELS	☐	☑
10	360	375	SAND, GRAVEL & BOULDERS	☐	☑
10	375	420	SAND & GRAVELS	☐	☑
10	420	483	SAND & GRAVELS	☑	☐

RECEIVED
DEC 30 2005
IDWR/North

RECEIVED
FEB 22 2006
IDWR/North

Completed Depth 483 (Measurable)
Date: Started 12/9/2005 Completed 12/19/2005

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 ~~H20~~ WellService, Inc. Firm No. 448
Firm Official [signature] Date 12-21-05
and
Supervisor or Operator [signature] Date 12/20/05
TODD MORGAN (Sign Once if Firm Offical and Operator)

PUMPS.JPG

SYSTEM.JPG

PUMP HOUSE.JPG

MAIL BOXS.JPG

SIGN_.JPG

IMG_0611.JPG

FIRE.JPG

IMG_0616.JPG

SIGN.JPG

STUB OUT.JPG

HOME #1 .JPG

HOME #2.JPG

IMG_0626.JPG

HOME #3.JPG

LAWN.JPG

HOME #4.JPG

HOME#5.JPG

HOME #6.JPG

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2 POD.JPG

IMG_0648BUSTER PUMPS.JPG

FLOW 1.JPG

FLOW 2.JPG

95-10023

PMU 2000
Pump Status
Zone Status
Set
Esc
Enter
GRUNDFOS

1
2
3
4
5
6
7
8
1P
9
10
11
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14
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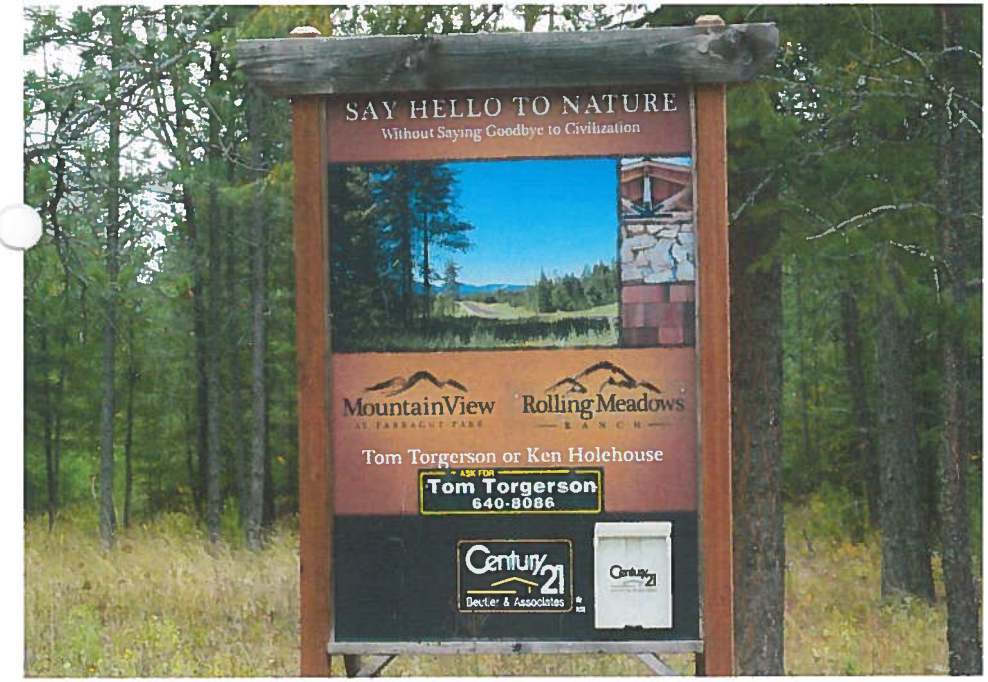
16
2P

CAUTION


SAY HELLO TO NATURE
Without Saying Goodbye to Civilization
MountainView
Rolling Meadows
Tom Torgerson or Ken Holehouse
ASK FOR
Tom Torgerson
640-8086
Century 21
Beutler & Associates

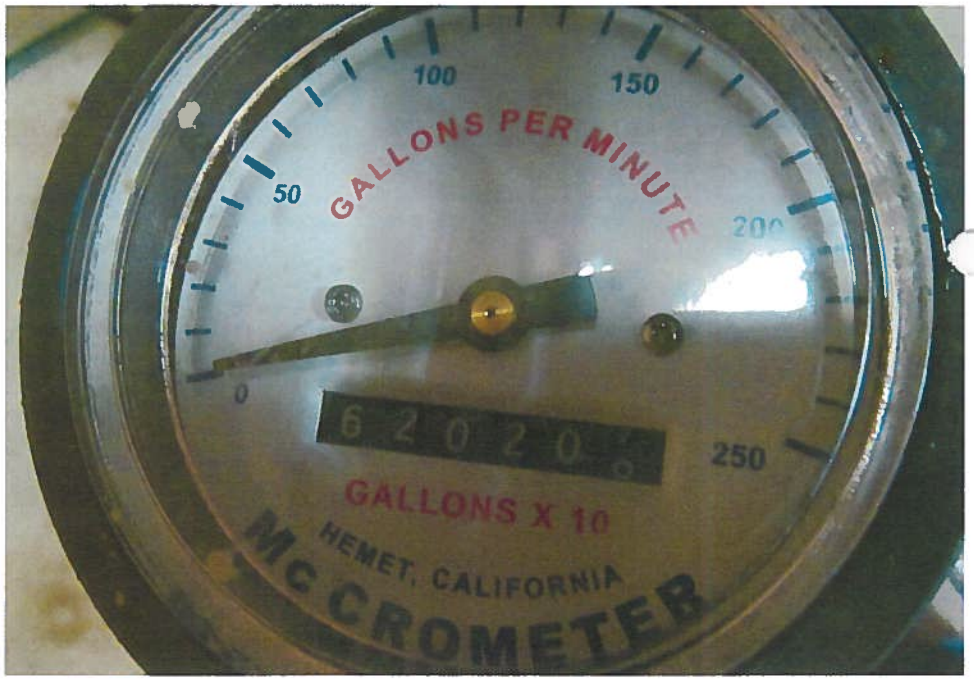
9466

9585

Century 21
Beuler & Associates
765-5554
CAUTION

CHEMICAL SAMPLING LOCATION
GPS SITE ID NO.
ID 009154
DO NOT REMOVE
IDAHO DEPARTMENT
OF
WATER RESOURCES

50
100
150
200
250
GALLONS PER MINUTE
GALLONS X 10
HEMET, CALIFORNIA
McCROMETER


0
50
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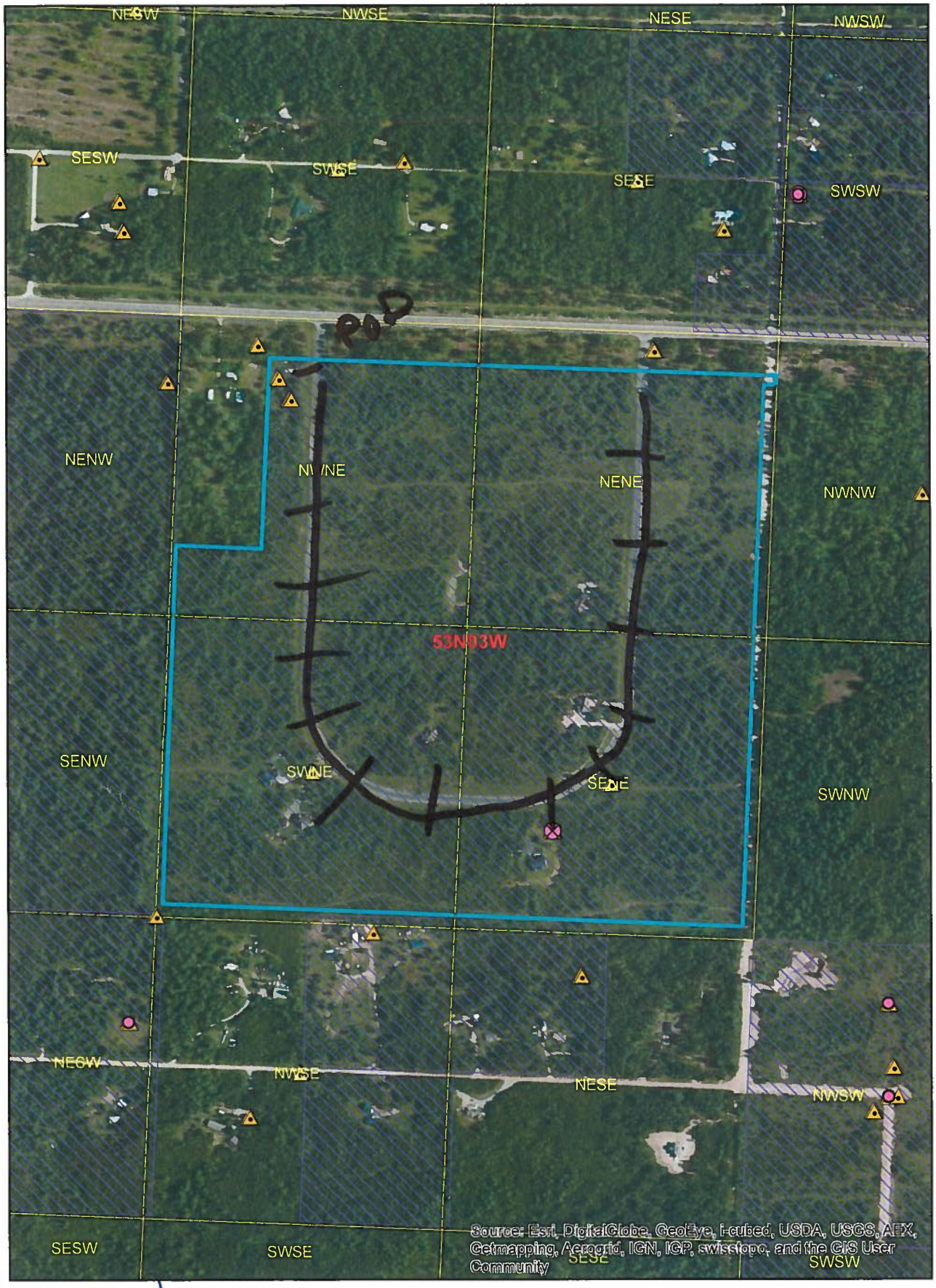
GALLONS PER MINUTE
GALLONS X 10
HEMET, CALIFORNIA
McCROMETER

95-10023



N

(6 homes) N 47 56.821

WP 208 W 116 39.846