

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 95-10452

Exam Date: 10-10-2013

1. Current Owner: DOMINIQUE R PITMAN
11702 E BUNCO RD
ATHOL ID 83801
(208)691-1298
2. Accompanied by: OWNER
Phone No:
Address:
Relationship to Permit Holder: OWNER

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 NE1/4NW1/4 Sec. 25, Twp 53N, Rge 03W, B.M. KOOTENAI County

Method of Determination: GPS AND MAP

2.

PLACE OF USE: IRRIGATION

Twp Rge Sec	NE				NW				SW				SE				Totals
53N 03W 25	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	5.0

Total Acres: 5

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>
--	-------------------	-----------	-------------------------	------------------	--

D0040372

A0003227

*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>
--	-------------	-------------	------------------	-------------------	-------------	--------------------

BUCKET 5 GALON

2. Measurements: 35 GPM = 35/448.83 = 0.077CFS = TOTAL 0.08 CFS

E. FLOW CALCULATIONS

_____Additional Computation Sheets Attached

Measured Method:

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

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

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = 0.08 \times 214 \text{ DAYS} \times 1.9835 = 33.9 \text{ AF}$$

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

2. Volume Calculations for Other Uses: NONE

G. NARRATIVE/REMARKS/COMMENTS

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	0.080 CFS	15.00 AF
<u>Totals:</u>		0.080 CFS	15.00 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 *Patricia E. Franklin* Date 12-03-2013

Reviewer *Patricia E. Franklin* Date 12/20/2013



LAWN -.JPG



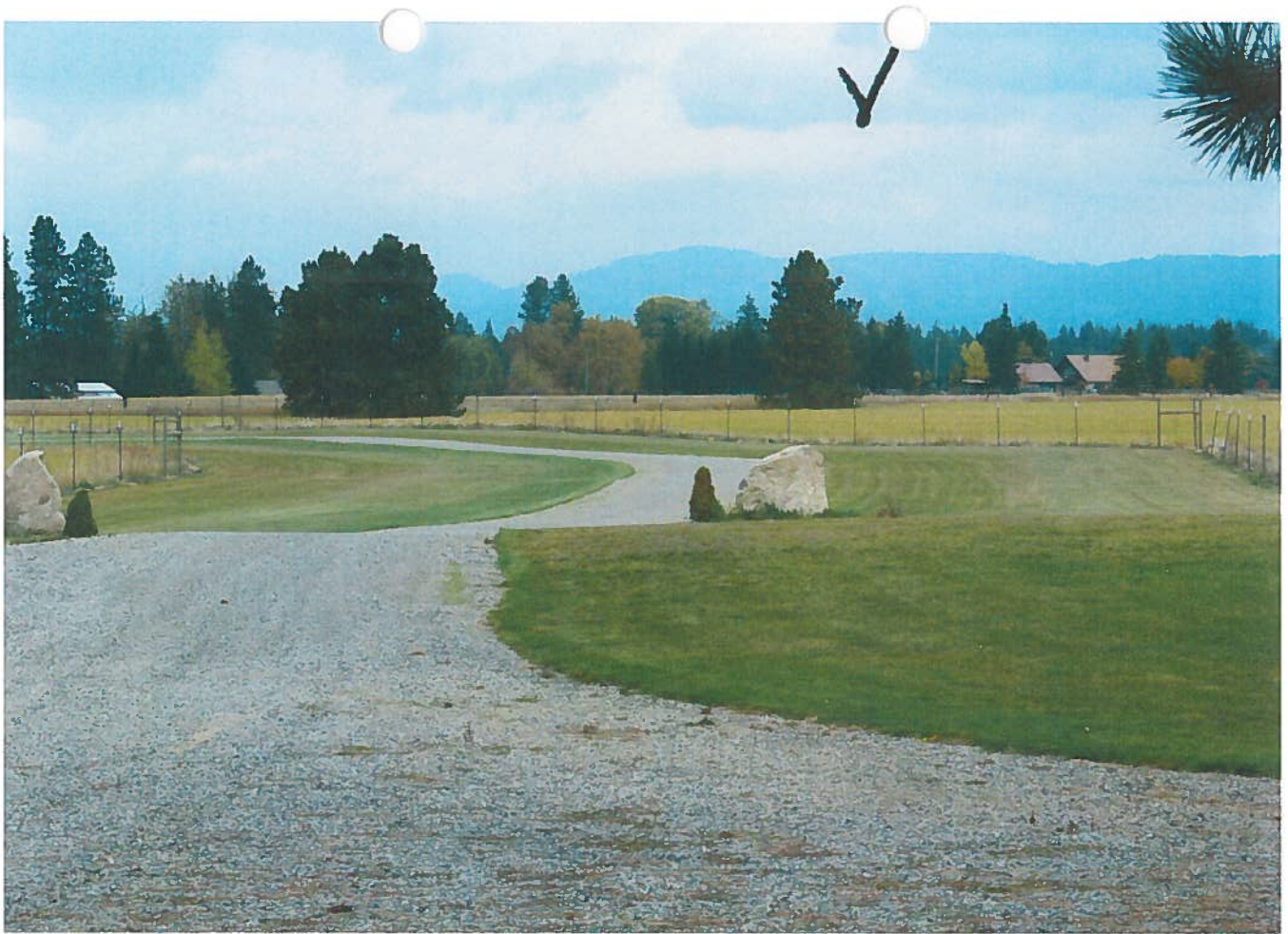
D0040372.JPG



IRR IN TREES.JPG



LAWN .JPG





IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No. _____			
Inspected by <u>RFO</u>			
Twp <u>53N</u> Rge <u>3W</u> Sec <u>25</u>			
1/4 <u>NE</u> 1/4 <u>NW</u> 1/4			
Lat: : :		Long: : :	

1. WELL TAG NO. D 40972
 DRILLING PERMIT NO. 834529
 Water Right or Injection Well No. _____

2. OWNER:
 Name DOMINIQUE PITMAN
 Address 11570 N. CATTIE DR
 City HAYDEN State ID Zip 83835

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk. Sub. or Directions to well.
 Twp. 53 North ☒ or South ☐
 Rge. 3 East ☐ or West ☒
 Sec. 25 1/4 E 1/2 NW 1/4
 Gov'l Lot _____ County KOOTENAI
 Lat: : : Long: : :
 Address of Well Site 11702 E BUNCO RD
 City ATLID
 (Give at least name of road - (Distances 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 Material	From	To	Weight / Volume	Seal Placement Method
<u>BENTONITE</u>	<u>0</u>	<u>18</u>	<u>100 lbs</u>	<u>Pump 12" & 8"</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 3.5'
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>1</u>	<u>3.5</u>	<u>250</u>	<u>STEEL</u>	☒	☐	☒	☐
<u>4"</u>	<u>1</u>	<u>4.2</u>	<u>160</u>	<u>PVC</u>	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method TORCH & DRILL
 Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>2.8</u>	<u>3.4</u>	<u>3/4"</u>	<u>40</u>	<u>6"</u>	<u>STEEL</u>	☒	☐
<u>2.4</u>	<u>4.2</u>	<u>8/16"</u>	<u>180</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>NO</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
27 ft. below ground Artesian pressure 0 lb.
 Depth flow encountered 27 ft. Describe access port or control devices:
WELL CAP
53N 3W 25

12. WELL TESTS:
☒ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
<u>18</u>	<u>ACTX</u>	<u>40</u>	<u>1 HR</u>
<u>18</u>	<u>UNKNOWN</u>	<u>40</u>	<u>1 HR</u>

Water Temp. Cold Bottom hole temp. Cold
 Water Quality test or comments: good

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>12"</u>	<u>0</u>	<u>3</u>	<u>CLAY & GRAVEL</u>	☒	☐
<u>3</u>	<u>3</u>	<u>5</u>	<u>GRANITE BOULDER</u>	☒	☐
<u>3</u>	<u>5</u>	<u>10</u>	<u>GRAVEL & CLAY</u>	☒	☐
<u>10</u>	<u>10</u>	<u>18</u>	<u>GRAVEL</u>	☒	☐
<u>18</u>	<u>18</u>	<u>27</u>	<u>GRAVEL</u>	☒	☐
<u>6"</u>	<u>27</u>	<u>29</u>	<u>GRANITE BOULDER</u>	☒	☐
<u>29</u>	<u>29</u>	<u>35</u>	<u>LARGE GRAVEL & GRANITE</u>	☒	☐
<u>35</u>	<u>35</u>	<u>39</u>	<u>GRANITE BROKEN</u>	☒	☐
<u>39</u>	<u>39</u>	<u>42</u>	<u>HARD</u>	☒	☐

Completed Depth 42' (Measurable)
 Date: Started 6-15-05 Completed 6-26-05

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 BRAND X WATER WELLS Firm No. 289
 Principal Driller Linden Lorden Date 6/29/05
 and _____ Date _____
 Driller or Operator II _____ Date _____
 Operator I _____ Date _____
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.