

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 98-7791

Exam Date: 7/31/2012

1. Current Owner: CLIFFORD R KRAMER
BOX 188
EASTPORT ID 83826-0188
(208)267-7262
2. Accompanied by: Bar Tender
Phone No: Same
Address: Same
Relationship to Permit Holder: Employee

3. SOURCE TRIBUTARY
GROUND WATER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: 98-7774, 98-4057 Claim
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 SW1/4SW1/4 Sec. 11, Twp 64N, Rge 02E, B.M. BOUNDARY County

GROUND WATER SW1/4SW1/4 Sec. 11, Twp 64N, Rge 02E, B.M. BOUNDARY County

Method of Determination: Map and Aerial Photo (GPS was not working at this location)

2.

PLACE OF USE: COMMERCIAL

Twp Rge Sec	NE				NW				SW				SE				Totals
64N 02E 11	<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>	
										X	X						

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.

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

PUMP EQUATIONS WATER RIGHT No.				WELL#1 98-7791	D0058264	
		HP	H in feet	Efficiency as a decimal	Pumping lift in feet	System pressure in PSI
Q =	HP*8.8*Eff/H	5	398.4693878	0.7	225	75
Q =	0.077 cfs 34.7 gpm					

PUMP EQUATIONS WATER RIGHT No.				WELL # 2 96-7791	D0010760	
		HP	H in feet	Efficiency as a decimal	Pumping lift in feet	System pressure in PSI
Q =	HP*8.8*Eff/H	3	144.0816327	0.7	40	45
Q =	0.128 cfs 57.7 gpm					

E. FLOW CALCULATIONS

☒ Additional Computation Sheets Attached

Measured Method:

F. VOLUME CALCULATIONS**Hotel: 14 Rooms at 60 Gallons per 24hr X 356 days per year = 9.2 AF****Resort: Average Patron per day is 40 at 10 gallons per X 356 days per year = 4.4 AF****RV Sites with sewer is 50 gallons per camp (8 Sites) 180 Days per year = 2.8 AF****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>
COMMERCIAL	01/01 to 12/31	0.190 CFS	16.40 AF
	<u>Totals:</u>	0.190 CFS	16.40 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 *Carlynn* Date 4-24-2013Reviewer *Keith E. Franklin* Date 7-9-2013



1.JPG



2.JPG



D0010760.JPG



D0058264.JPG



HOTEL.JPG



WELLS.JPG



METER.JPG



RESORT.JPG



RV SITE .JPG











IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D D0058264
Drilling Permit No. 8161799
Water right or injection well # _____

2. OWNER: Cliff Kramer
Name 20082 D08X 188
Address Eastport, ID 83826
City _____ State _____ Zip _____

3. WELL LOCATION:
Twp. 44 North ☒ or South ☐ Rge. 02 East ☒ or West ☐
Sec. 11 NE 1/4 SW 1/4 SE 1/4
Gov't Lot _____ County Burley
Lat. 48 ° 54' 20" (Deg. and Decimal minutes)
Long. 116 ° 10' 28" (Deg. and Decimal minutes)
Address of Well Site 4 miles south on Meadow Rd City Burley Ferry
(Give at least name of road + distance to road or landmark)
Lot _____ Blk. _____ Sub. Name _____

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK:
☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:
☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:
Seal material From (ft) To (ft) Quantity (lbs or ft³) Placement method/procedure
Bentonite 0 57 900 PAV

8. CASING/LINER:
Diameter (nominal) From (ft) To (ft) Gauge/Schedule Material Casing Liner Threaded Welded
10 0 57 .25 Steel ☒ ☐ ☐ ☐
6 0 57 .25 metal ☒ ☐ ☐ ☒
4 55 500 160 plastic ☐ ☒ ☐ ☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 57

9. PERFORATIONS/SCREENS:
Perforations ☒ Y ☐ N Method Drill
Manufactured screen ☐ Y ☐ N Type _____
Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>460</u>	<u>500</u>	<u>1/2</u>	<u>30</u>	<u>4</u>	<u>plastic</u>	<u>160</u>

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

10. FILTER PACK:
Filter Material From (ft) To (ft) Quantity (lbs or ft³) Placement method

11. FLOWING ARTESIAN:
Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____
Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 38 Static water level (ft) 30
Water temp. (°F) 45 Bottom hole temp. (°F) 45
Describe access port Well Cap

Well test: _____ Test method: _____
Drawdown (feet) Discharge or yield (gpm) Test duration (minutes) Pump Bailer Air Flowing artesian
500 5 10 ☐ ☐ ☒ ☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
10	0	57			
6	0	57	cable silt seeps of water		
6	57	250	Shale, crack, gray		
6	250	500	Shale, cracks, gray		

RECEIVED

SEP 29 2011

IDWR / NORTH

Completed Depth (Measurable): 500
Date Started: 8/22/11 Date Completed: 9/29/11

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 Universal Drilling Co. No. 650
Principal Driller Scott Hittle Date 8/22/11
Driller Scott Hittle Date _____
Operator II _____ Date _____
Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

64N 02E 11

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Form 238-7
11/87 JGE

DEC 08 1999

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

IDWR/North

1. WELL TAG NO. D 0010417

DRILLING PERMIT NO. D0010417

Other IDWR No. 98-99-N-0024-000

2. OWNER:

Name CLIFFORD R KRAMER

Address HC01 BOX 439

City NAPLES

State ID Zip 83847

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Sketch map location must agree with written location.

North ☒ or South ☐
East ☒ or West ☐
Twp. 64 North ☒ or South ☐
Rge. 2 East ☒ or West ☐
Sec. 11 1/4 SW 1/4 SW 1/4
Gov't Lot _____
County BOUNDARY
Lat _____ Long _____
Address of Well Site COUNTY RD 34
City EASTPORT

(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		AMOUNT		METHOD
Material	From To	From To	Backs or Pounds	
BENTONITE	0 18	300		TEMP. CASED

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18'

Was drive shoe seal tested? ☒ Y ☐ N How? AIR

8. CASING/LINER:

Diameter	From To	Gauge	Material	Casing	Liner	Welded	Threaded
6 +11/2	18	250	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:

10 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 280 ft. Describe access port or control

devices: WELDED CAP

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat _____ Long _____

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
1/2	420	420	2 HR

Water Temp. COLD Bottom hole temp. COLD

Water Quality test or comments: GOOD

Depth first Water Encounter 255

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
9-5/8	0	13	SAND- BROKEN SHALE			
9-5/8	13	18	GRAY SHALE			
6	18	255	GRAY SHALE			
6	255	275	PURPLE SHALE		X	
6	275	320	GRAY SHALE			
6	320	420	BROKEN GRAY SHALE		X	
shale was broken and the well did not stay open to the bottom.						

Completed Depth 260 (Measurable)
Date: Started 7/27/99 Completed 7/30/99

13. DRILLER'S CERTIFICATION:

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

Company Name MINDEN WATER WELLS, INC. Firm No. 320

Firm Official *Edmund A. Minden* Date 8/19/99

and Driller or Operator *[Signature]* Date 8/19/99

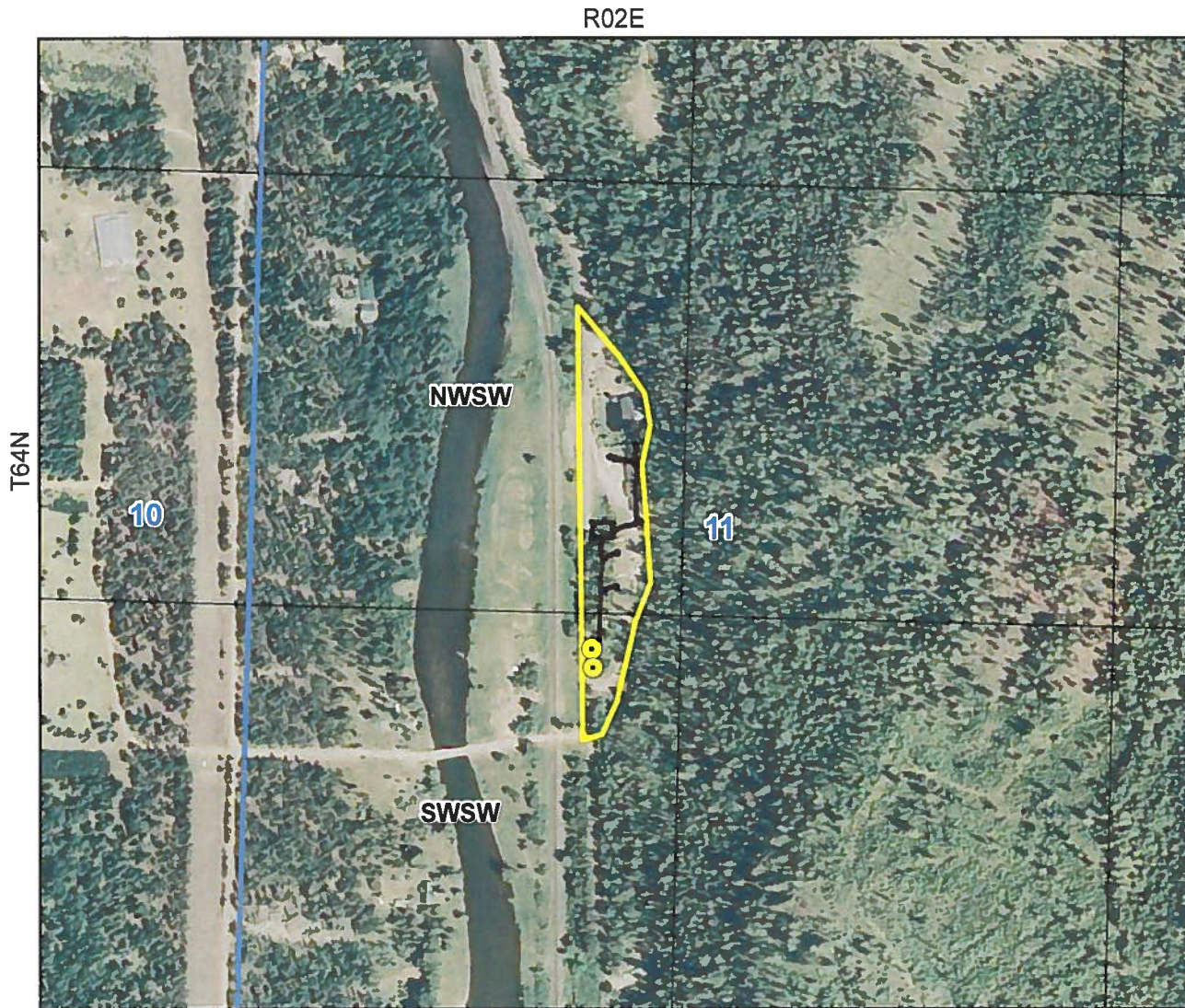
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

64 N 2 E 11

State of Idaho
Department of Water Resources
Water Right License *SYSTEM*
98-7791

Water Service Area Boundary for Clifford R Kramer



0 0.05 0.1 0.2 Miles

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

