

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 94-7448

Exam Date: 7/13/2012

1. Current Owner: KINGSTON WATER DISTRICT
PO BOX 127
KINGSTON ID 83839
(208) 682-3892
2. Accompanied by: JON GROTH
Phone No: 208-682-3892
Address: PO BOX 127 KINGSTON ID 83839
Relationship to Permit Holder: OPERATOR/ MANAGER

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	SW1/4NW1/4	Sec. 5,	Twp 48N,	Rge 02E, B.M.
SHOSHONE County				
GROUND WATER	NE1/4NE1/4	Sec. 36,	Twp 49N,	Rge 01E, B.M.
SHOSHONE County				
GROUND WATER	SW1/4NW1/4	Sec. 5,	Twp 48N,	Rge 02E, B.M.
SHOSHONE County				

Method of Determination:

PLACE OF USE: MUNICIPAL

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
48N	01E	1	X L 1	X L 2			X L 3												
48N	02E	5					X L 4	X											
48N	02E	6	X L 1	X L 2			X L 3	X L 4											
49N	01E	36			X L 7	X L 8				X L 6	X			X	X	X	X	X	
49N	02E	31			X	X		X L 2	X	X	X L 3	X L 4	X	X	X	X	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.

<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>
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D0056554

D0055443

OLD WELL (2) HOLLOSHAFT 30 HP

*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>
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2. Measurements: FLOW RATE METER F-1000-RB 414 GPM AT OLD WELL LOCATION SEC 36

DATA INDUSTRIAL METER DERIES 3000 USE ON NEW WELLS IN SEC 5,(350GPM AND 353 GPM)

E. FLOW CALCULATIONS

____Additional Computation Sheets Attached

Measured Method:



Kingston Water District

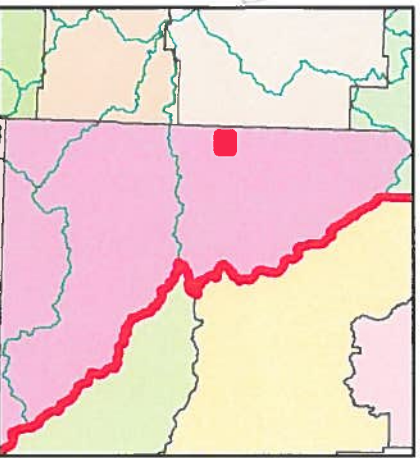
System

Permit Numbers: 94-7448

Municipal Service Area Boundary
GIS Place of Use Illustration

Pad

- Service Area
- State Outline
- Townships
- PLS Sections
- Quarter Quarters

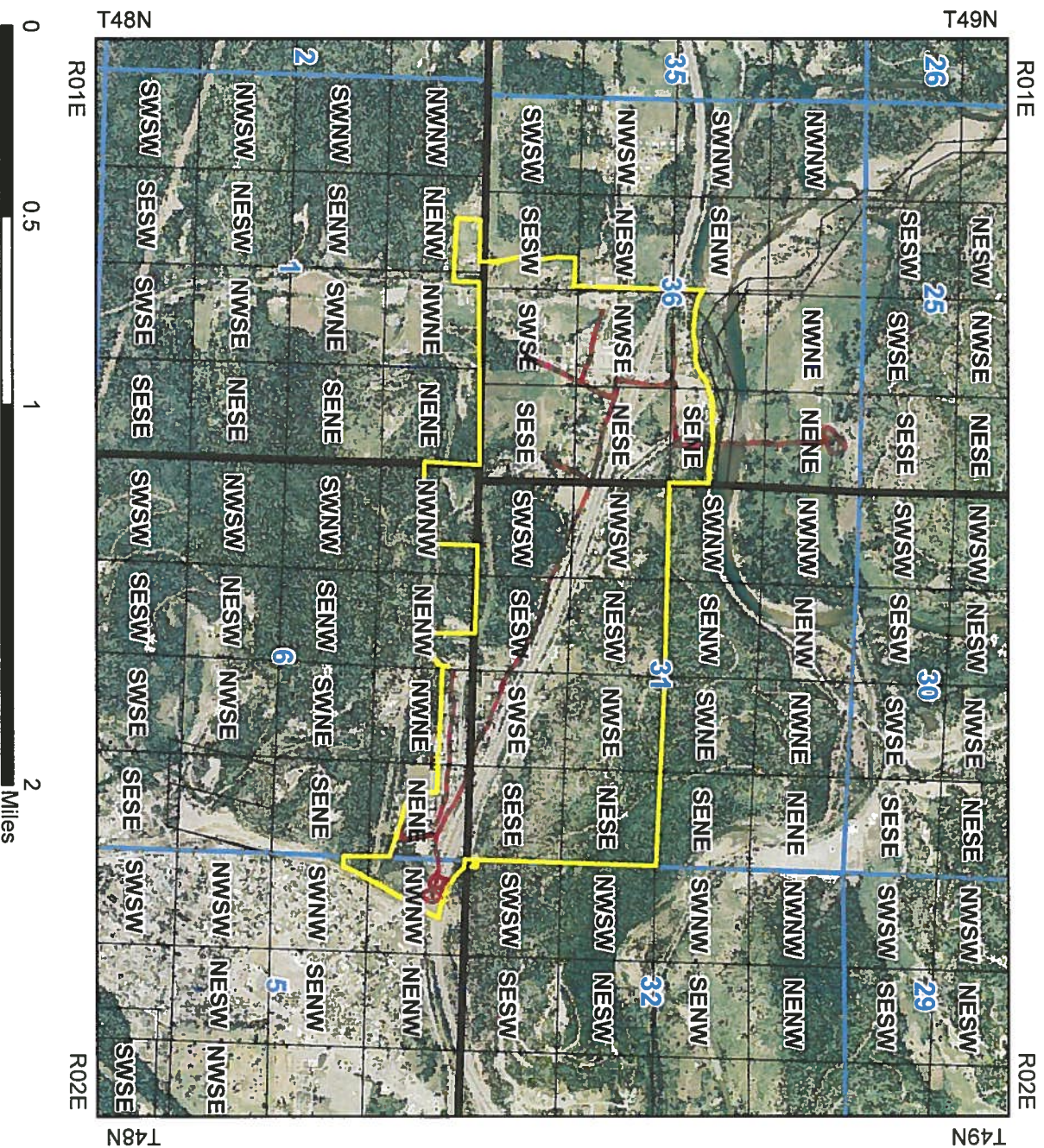


Shoshone County

IDWR Basin 94

Prepared by Davis, Eric

2009 Aerial Photography



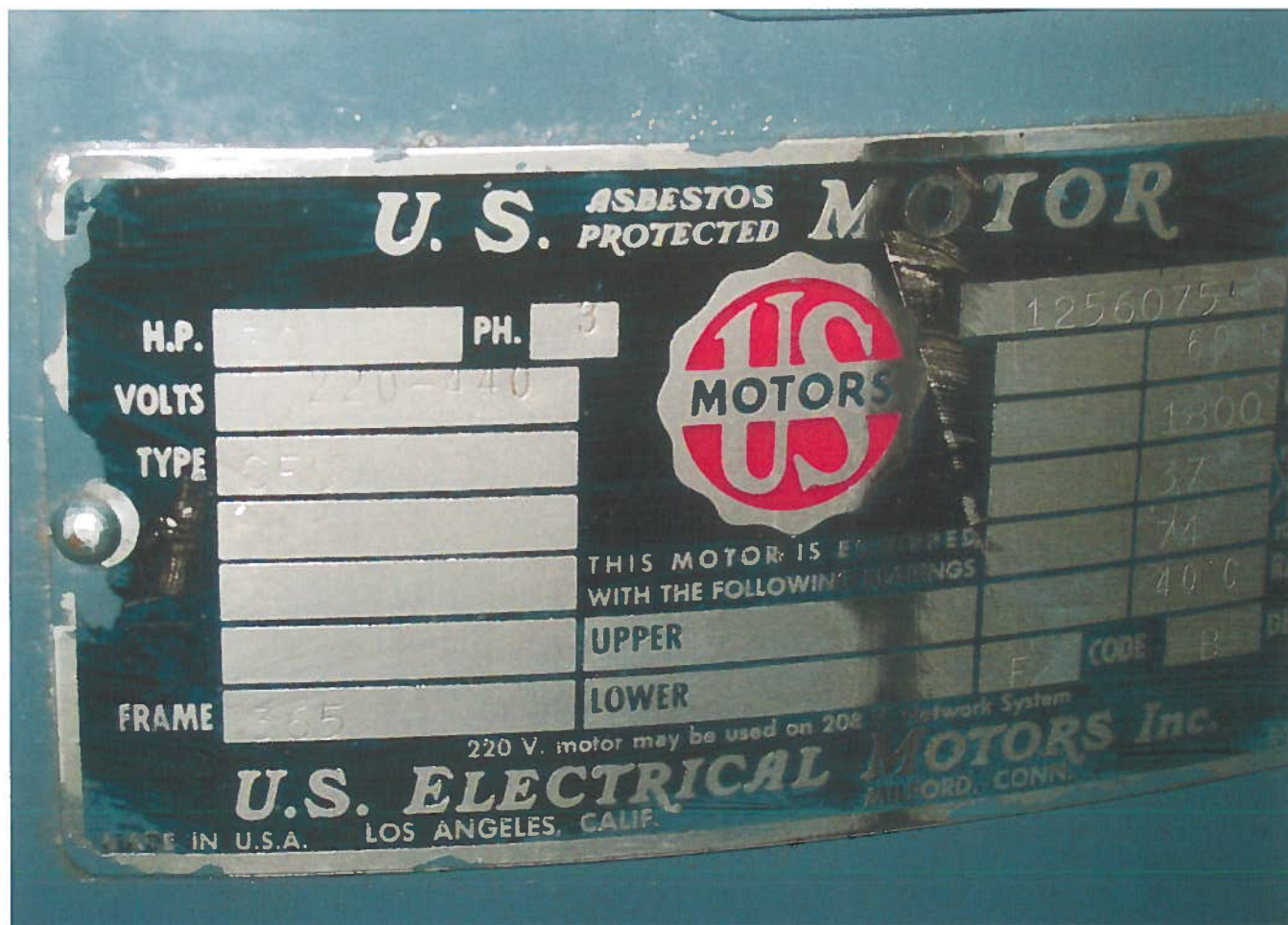
94-7448

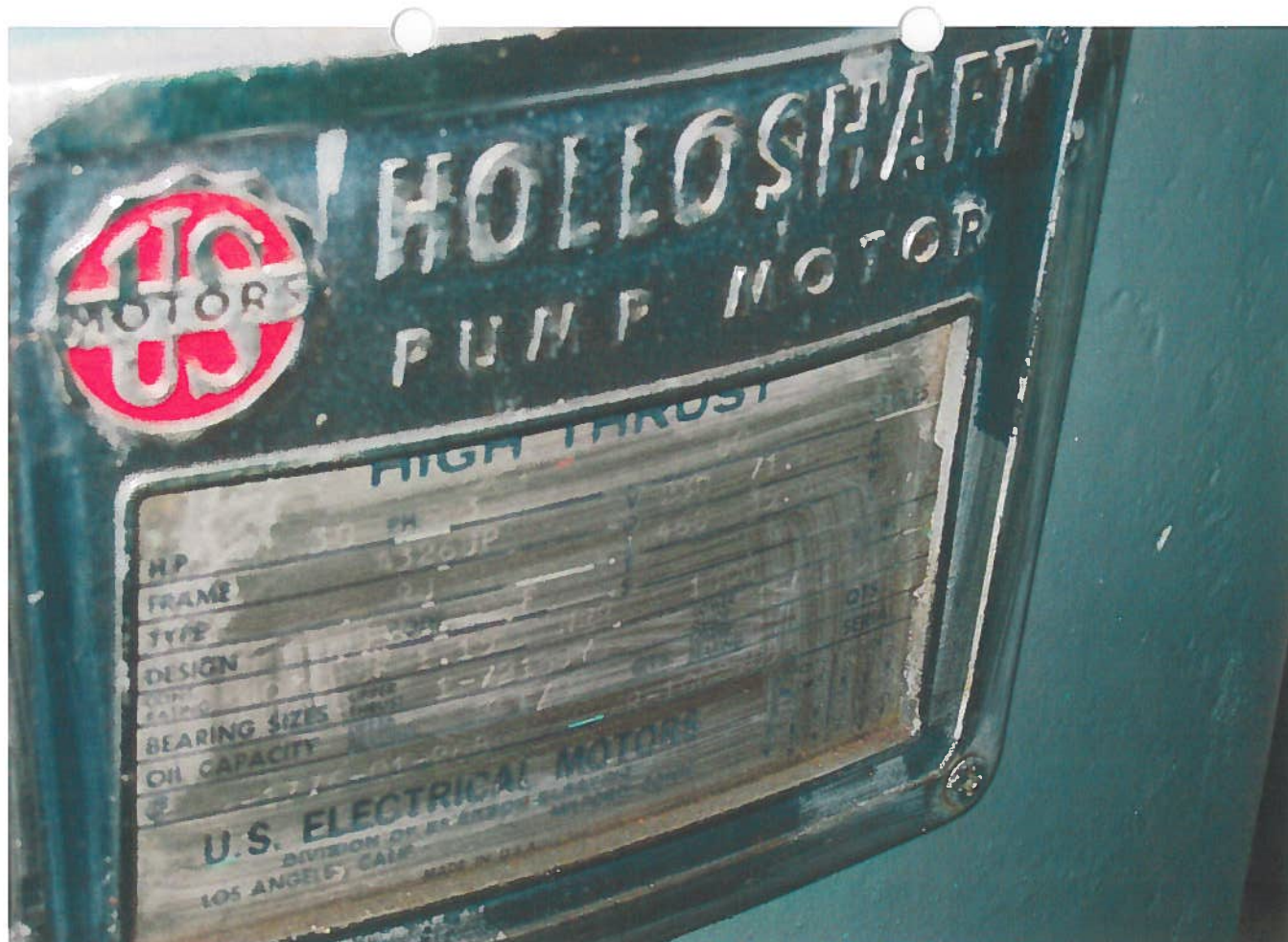


↑ New wells ↑



↑ OLD WELL









Data
Industrial®
A Magnetech, Inc. Company

Series 3000

350.0 GPM
33438608.0 gal

Relay 1



Pulse Out



Menu

Enter



TX RX





F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

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

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

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

2. Volume Calculations for Other Uses: NO VOLUME ON THIS MUNICIPAL

G. NARRATIVE/REMARKS/COMMENTS: The amendment is to add a (POD) well D0055443. The PWS # is ID1400030. Kingston Water District has suitable measuring devices.

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>
MUNICIPAL	01/01 to 12/31	1.900 CFS	
<u>Totals:</u>		1.900 CFS	

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 [Signature] Date 9-4-2012

Reviewer [Signature] Date 6/12/2013

State of Idaho
Department of Water Resources
APPLICATION FOR AMENDMENT

(For Licensing Purposes)

WATER RIGHT NO. 94-07448

Date of Priority: April 24, 2008

Maximum Diversion Rate: 1.90 CFS

Maximum Diversion Volume:

Comes now KINGSTON WATER DISTRICT
PO BOX 127

KINGSTON ID 83839 and represents to the Director of the Idaho Department of Water Resources that he is the owner and holder of Permit to appropriate the Public Waters of the State of Idaho No. 94-07448, and requests that the permit be changed as follows:

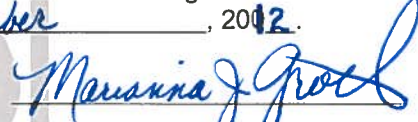
Source: GROUND WATER

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>
MUNICIPAL	01/01 to 12/31	1.90 CFS

LOCATION OF POINT(S) OF DIVERSION:

GROUND WATER SHOSHONE County	SW1/4NW1/4	Sec. 5, Twp 48N, Rge 02E, B.M.
GROUND WATER SHOSHONE County	NE1/4NE1/4	Sec. 36, Twp 49N, Rge 01E, B.M.
GROUND WATER SHOSHONE County	SW1/4NW1/4	Sec. 5, Twp 48N, Rge 02E, B.M.

Permit holder asserts that no one will be injured by such change and that such change will be made at permit holder's own risk. Signed this 19th day of November, 2012.


(Signature)

State of Idaho
Department of Water Resources
APPLICATION FOR AMENDMENT
(For Licensing Purposes)
WATER RIGHT NO. 94-07448

FOR DEPARTMENT USE ONLY

Preliminary check by _____ Fee = \$100¹² Received by NS # N029576 Date 11/23/2012

ACTION OF THE DEPARTMENT OF WATER RESOURCES

I, GARY SPACKMAN, of the Department of Water Resources hereby approve the above Application for Amendment for Permit No. 94-07448 with the following:

CONDITIONS OF APPROVAL

1. After specific notification by the Department, the right holder shall install a suitable measuring device or shall enter into an agreement with the Department to use power records to determine the amount of water diverted and shall annually report the information to the Department.
2. Place of use is within the service area of Kingston Water District as provided for under Idaho law.
3. A map depicting the place of use boundary for this water right at the time of this approval is attached to this document for illustration purposes.
4. Place of use is within the area served by the public water supply system of Kingston Water District.
5. This right does not grant any right-of-way or easement across the land of another.

Witness my hand this 11 day of June, 2013


For, GARY SPACKMAN
Director



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815-7763

Phone: (208) 762-2800 • Fax: (208) 762-2819 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

09/05/2012

RECEIVED

NOV 23 2012

KINGSTON WATER DISTRICT
PO BOX 127
KINGSTON ID 83839

IDWR / NORTH

RE: Water Right Permit No. 94-07448

Dear Permit Holder(s):

The Department of Water Resources is reviewing the permit referenced above prior to issuing a water right license. By issuing a license, the Department confirms the extent of development that has been established in compliance with the terms of the permit. The examiner who verified your water use reported that certain elements of the permit have been developed differently than described on your permit. Changes that do not increase the authorized use of water under the permit can be requested and approved in accordance with Section 42-211, Idaho Code. Before a license can be issued, your permit must be amended to depict your water use as it was actually developed.

Based on the examiner's report, the following elements were developed differently than described on your permit:

☒ Point(s) of Diversion

☐ Place(s) of Use

☐ Other

The enclosed Application for Amendment form depicts the elements of the water right as they will appear on the license when it is issued. Please review the amendment form carefully. If you concur with the information presented, please sign the form and return it with the \$100.00 filing fee within 14 days.

If you have any questions, please call me at 208-762-2800.

Sincerely,

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

RECEIVED
FEB 23 2009

1. WELL TAG NO. D 0056554

Drilling Permit No. **854424**

Water right or injection well # **97-07448**

2. OWNER

Name **Kingston Water District**

Address **P.O. Box 124**

City **Kingston** State **ID** Zip **83839**

3. WELL LOCATION:

Twp. **48** North ☒ or South ☐ Rge. **2** East ☒ or West ☐

Sec. **5** 1/4 **SW** 1/4 **NW** 1/4

Gov't Lot _____ County **Shoshone**

Lat. _____ (Deg. and Decimal minutes)

Long. _____ (Deg. and Decimal minutes)

Address of Well Site **202 South 3rd Street. Well #2**

City **Pinehurst**

(Show 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 check all that apply (Replacement etc.)

☒ 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 ft ³)	Placement method/procedure
Bentonite	0	58	1150 lbs	Pressure Grout
Grout				br Tremmie Pipe

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
10	+3	88	.365	Steel	☒	☐	☐	☒
					☐	☐	☐	☐
					☐	☐	☐	☐

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

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type **Stainless Steel**

Set Screen, pulled back casing to expose

Method of Installation **Screen**

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
88	98	.100	10' LG	9.5	S/S	304 S.S.
84	88	blank	4' LG	9.5	Steel	.250

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type **K-Packer**

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device **Steel Cap Welded**

12. STATIC WATER LEVEL and WELL TESTS: **IDWR / NORT**

Depth first water encountered (ft) **29** Static water level (ft) **23**

Water temp. (°F) _____ Bottom hole temp. (°F) _____

Describe access port _____

Well test:

Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesi
41 Ft	450	6 Hours	☒	☐	☐	

Water Quality test or comments: **Clear, Cold, No Smell**

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
16	0	1	Topsoil		X
16	1	30	Sand and gravel coarse	X	
16	30	35	Clays & silts brown/green traces of gravel	X	
16	35	58	Clays & silts brown/green	X	
12	58	79	Silt gray/green	X	
12	81	88	Gravel coarse with brown fines	X	
12	88	98	Gravel coarse	X	

UNITED
PUMP & DRILLING
3125 W. Hayden Ave. Hayden, ID 83835
Office (800) 682-9641 (208) 772-7867

Completed Depth (Measurable) **98 FT**

Date: Started **1-05-09** Completed **1-19-09**

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 **United Pump & Drilling** Co. No. **636**

*Principal Driller **Jason Beckham** Date _____

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

48N 02E 0S

(2) FLOWERVE 40hp

90 FT

56554

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

RECEIVED

FEB 23 2009

1. WELL TAG NO. D 0055443

Drilling Permit No. 854425

Water right or injection well # 97-07448

2. OWNER

Name Kingston Water District

Address P.O. Box 124

City Kingston State ID Zip 83839

3. WELL LOCATION:

Twp. 48 North ☒ or South ☐ Rge. 2 East ☒ or West ☐Sec. 5 1/4 SW 1/4 NW 1/4
10 acres 40 acres 160 acres

Gov't Lot _____ County Shoshone

Lat. _____ (Deg. and Decimal minutes)

Long. _____ (Deg. and Decimal minutes)

Address of Well Site 202 South 3rd Street. Well #1

City Pinehurst

Other 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 check all that apply

(Replacement etc.)

☒ 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	58	1850 lbs	Pressure Grout
Grout				by Tremmie Pipe

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
10	+3	85	.365	Steel	☒	☐	☐	☒
					☐	☐	☐	☐
					☐	☐	☐	☐

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

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N MethodManufactured screen ☒ Y ☐ N Type Stainless Steel

Set screen and pulled back casing to expose

Method of Installation screen

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
83	88	.060	5 ft	9.5	S.S.	304 S.S.
88	98	.100	10 ft	9.5	S.S.	304 S.S.

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type K-Packer

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 Steel Cap Welded

12. STATIC WATER LEVEL and WELL TESTS DWR / NORTH

Depth first water encountered (ft) 29 Static water level (ft) 23

Water temp. (°F) Cold Bottom hole temp. (°F) Cold

Describe access port _____

Well test:

Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
31 Ft	450	6 Hours	☒	☐	☐	☐

Water Quality test or comments: Clear, Cold, No Smell

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
16	0	1	Topsoil	X
16	1	30	Sand gravel coarse	X
16	30	35	Clays & silts brown/green traces of gravel	X
16	35	58	Clay & silts brown/green	X
12	58	79	silt gray/green	X
12	79	81	Silt brown some gravel	X
12	81	88	Gravel coarse with brown fines	X
12	88	98	Gravel coarse	X

UNITED
PUMP & DRILLING
3125 W. Hayden Ave. Hayden, ID 83835
Office (800) 682-9641 (208) 772-7867

Completed Depth (Measurable) 98 FT

Date: Started 12-08-08 Completed 1-08-09

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 United Pump & Drilling Co. No. 636

*Principal Driller Jason Beckham Date 1-09-09

*Driller Date 2-2-09

*Operator II Date

Operator I Date

*Signature of Principal Driller and rig operator are required.

48N 02E 05

Well #2