

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No. 85-15740

1. Owner: LEO & SUE DARROW

Phone No: 208-743-5530

Current Address: 39049 FORSMAN LN

City, State, Zip: LEWISTON, ID 83501

2. Accompanied by: N/A, IN-OFFICE EXAM, 42-111 WELL Exam Date: 5/3/2012

Address:

Phone No:

Relationship to Permit Holder:

3. Source: GROUND WATER

Tributary to: N/A

B. OVERLAP REVIEW

1. Other water rights with the same place of use: N/A

2. Other water rights with the same point of diversion: N/A

C. DIVERSION AND DELIVERY SYSTEM

1. Point(s) of Diversion

[illegible]

2. Place(s) of Use

[illegible]

D. FLOW MEASUREMENTS

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calibration Date
N/A						

Measurements N/A

E. NARRATIVE/REMARKS/COMMENTS

DOMESTIC USE: Assessor information per: ArcMap photo, tax lot research, confirmed dwelling on site for identified owner.

See attached well log. Well was drilled for Perry Heinecke. Well agreement in file under Sweet Water Creek Water Users Association.

Have conditions of permit approval been met? ☒ Yes ☐ No

F. FLOW CALCULATIONS

Measured Method: ☐ Additional Computation Sheets Attached
ALLOW PERMIT RATE

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation: N/A
 $VI.R. = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$
 $VD.R. = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 =$
 $V = \text{Smaller of VI.R. and VD.R.} =$

2. Volume Calculations for Other Uses: ALLOW
0.6,
internal
use
only

H. RECOMMENDATIONS

1. Recommended Amount

BENEFICIAL USE	PERIOD OF USE		RATE OF DIVERSION ANNUAL	
	From	To	Q(cfs)	V(afa)
DOMESTIC	01/01	12/31	0.02	0.6

TOTALS 0.02 0.6

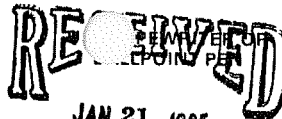
2. Recommended Amendments

☐ 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 Jean Hersley
Reviewer

Date 5/3/2012
Date



WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

JAN 21 1985

1. WELL OWNER

Name PERRY HEINECKE
Address 1706-13th LEWISTON ID
Owner's Permit No. 85-82-N-9

7. WATER LEVEL

Static water level 635 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow 35
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature 60 °F. Quality Good
Describe artesian or temperature zones below

2. NATURE OF WORK

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>35</u>	<u>860</u>	<u>6</u>
<u>30</u>	<u>835</u>	<u>4</u>
<u>30</u>	<u>810</u>	<u>2</u>
<u>25</u>	<u>785</u>	<u>2</u>

3. PROPOSED USE

- ☒
- Domestic
- ☐
- Irrigation
- ☐
- Test
- ☐
- Municipal
-
- ☐
- Industrial
- ☐
- Stock
- ☐
- Waste Disposal or Injection
-
- ☐
- Other _____ (specify type)

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
10	0	2	TOP SOIL		
10	2	5	FR. BLUE BASALT		
10	5	9	FR. BROWN ROCK		
10	9	20	FR. BROWN & RED ROCK		
8	20	30	BLUE BASALT		
8	30	50	DIRTY BASALT		
8	50	87	RED INTERBED ROCK		
8	87	93	DIRTY BASALT		
8	93	140	BLUE BASALT		
8	140	155	RED INTERBED		
8	155	175	BLUE BASALT w/ BROWN ROCK		
8	175	190	BLUE BASALT		
8	190	200	RED + BRN INTERBED + TAN SHELL		
8	200	215	FR. BRN INTERBED		
8	215	233	DIRTY BASALT - SOFT		
8	233	263	BLUE BASALT - HARD		
8	263	285	FR. BLUE BASALT		
8	285	300	BRN + RED INTERBED		
8	300	305	FR. BRN + RED ROCK		
8	305	325	POROUS BRN + RED ROCK		
8	325	345	LITTLE TAN SHELL		
8	345	380	BLUE BASALT FR w/BRN MED. HARD		
8	380	415	HARD BLUE BASALT		
8	415	420	RED + BRN INT. w/ TAN SHELL		
8	420	500	BROWN ROCK		
8	500	515	BLUE BASALT		
8	515	533	RED + BLUE ROCK		
8	533	550	RED INTERBED		
8	550	570	RED + BROWN ROCK		
8	570	590	BLUE BASALT		
8	590	615	DIRTY BASALT		
8	615	640	BROWN & BRN ROCK		

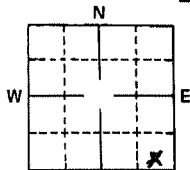
4. METHOD DRILLED

- ☐
- Rotary
- ☒
- Air
- ☐
- Hydraulic
- ☐
- Reverse rotary
-
- ☐
- Cable
- ☐
- Dug
- ☐
- Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____
Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches
Number _____ From _____ To _____
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
Well screen installed? ☐ Yes ☒ No
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth _____ Material used in seal: ☒ Cement grout
☒ Bentonite ☐ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing
☐ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent
Weld _____
☐ Cemented between strata
Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name _____

Lot No. _____ Block No. _____

County NEZ PERCE
SE 1/4 SE 1/4 Sec. 4 T. 33 N. S. R. 4 WBM

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name DE TRAY DAILLING Firm No. 150Address 1036-15th St Date 12/27/84

CLARKSTON, WA

Signed by (Firm Official) [Signature]and
(Operator) [Signature]

HEINECKE PAGE 2

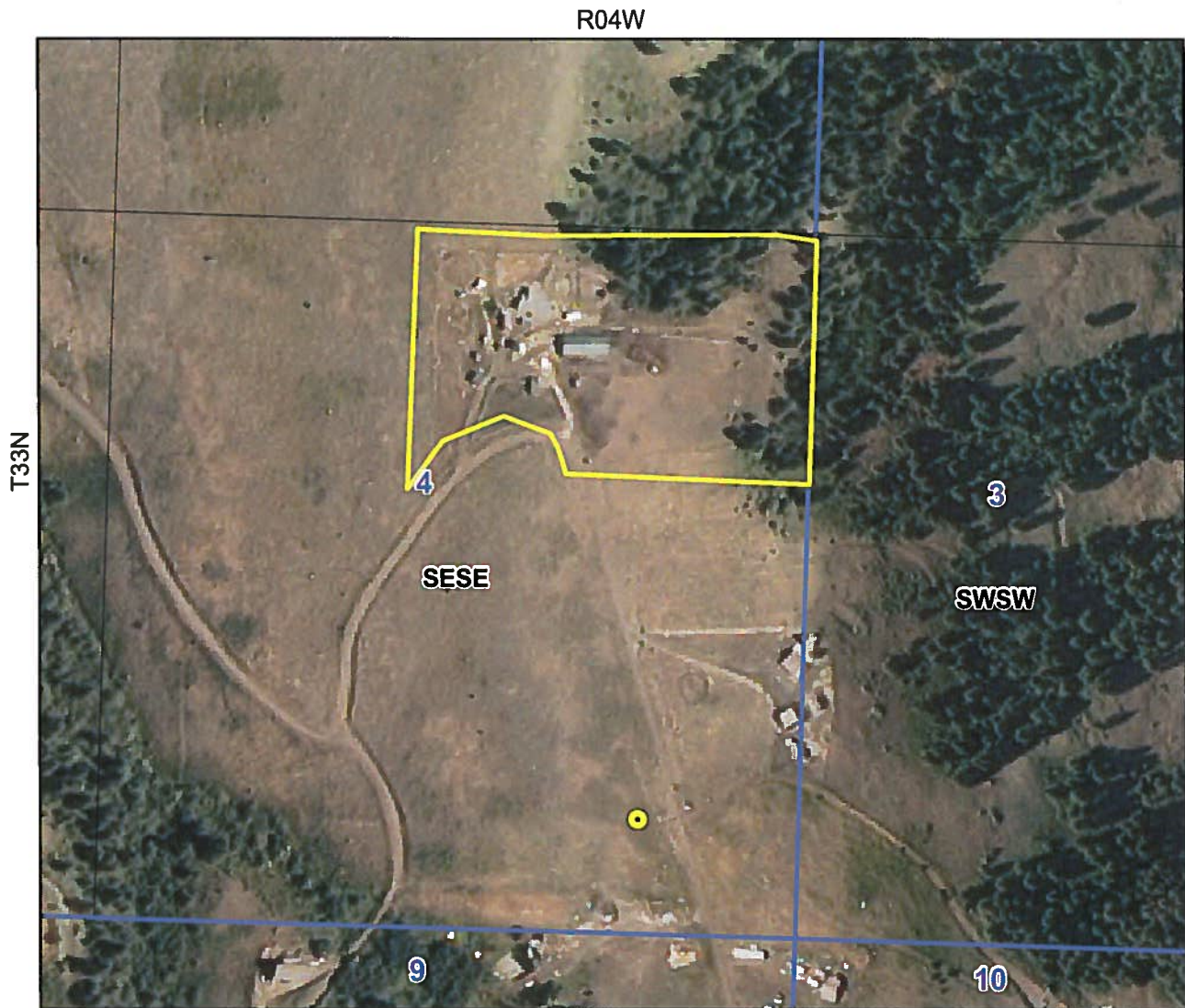
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESU PEN WRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>PERRY HEINECKE</u> Address <u>85-82-N-9</u> Owner's Permit No. _____	7. WATER LEVEL Static water level _____ feet below land surface. Flowing? ☐ Yes ☐ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ Describe artesian or temperature zones below.																																																																						
2. NATURE OF WORK ☐ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailer ☐ Air ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Discharge G.P.M.	Pumping Level	Hours Pumped																																																																			
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4. METHOD DRILLED ☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	10. Work started _____ finished <u>8/16/82</u>																																																																						
5. WELL CONSTRUCTION Casing schedule: ☐ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☐ Yes ☐ No Was a packer or seal used? ☐ Yes ☐ No Perforated? ☐ Yes ☐ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Well screen installed? ☐ Yes ☐ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth _____ Material used in seal: ☐ Cement grout ☐ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☐ Overbore to seal depth Method of joining casing: ☐ Threaded ☐ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port _____	Thickness	Diameter	From	To	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were compiled with at the time the rig was removed. Firm Name _____ Firm No. <u>150</u> Address _____ Date _____ Signed by (Firm Official) _____ and (Operator) _____																																						
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. N W E S Subdivision Name _____ Lot No. _____ Block No. _____ County <u>SE 1/4 SE 1/4 Sec. 4, T. 33 N, R. 4 E W</u>	USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT																																																																						

State of Idaho
Department of Water Resources
Permit to Appropriate Water
85-15740
Water Service Area Boundary for Leo Darrow



0 0.04 0.08 0.16 Miles

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



Identify

Identify from: Taxlots

Taxlots

DARROW LEO

ArcMap layer

Location: 2,281,486.994 1,673,424.010 Meters

Field	Value
OBJECTID	7646634
UPDATED	1/13/2012
PIN	RP33N04W049005
OWNER	DARROW LEO
ADDRESS1	39049 FORSMAN LN
ADDRESS2	
CITY	LEWISTON
STATE	ID
ZIPCODE	83501
P_ADDRESS	39049 FORSMAN LN
P_ZIPCODE	83501
SUB_NAME	
LEGAL1	899.0-000.00
LEGAL2	#7059 OF SESE 4 33 4W
LEGAL3	
LEGAL4	
LEGAL5	
LEGAL6	<null>
ACRES	7.4
COUNTY	Nez Perce
SOURCE	<null>
YEAR_BUILT	1997
SHAPE	Polygon

Identified 1 feature

Identify

Identify from: Nez_Perce

Nez_Perce

toxlot
county layer

Location: 2,281,425.201 1,673,436.087 Meters

Field	Value
FID	1096
Shape	Polygon
UPDATED	11/1/2010
PIN	RP33N04W049005
OWNER	DARROW LEO &
ADDRESS1	39049 FORSMAN LN
ADDRESS2	
CITY	LEWISTON
STATE	ID
ZIPCODE	83501
P_ADDRESS	39049 FORSMAN LN
P_ZIPCODE	83501
SUB_NAME	
LEGAL1	899.0-000.00
LEGAL2	#7059 OF SESE 4 33 4W
LEGAL3	
LEGAL4	
LEGAL5	
YEAR_BUILT	1997

Identified 1 feature