

77662

Ident. No. 94-8877**RECEIVED****DEC 12 2011****IDWR/NORTHERN**

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT
To appropriate the public waters of the State of Idaho

1. Name of applicant(s) KINGSTON CEDAR LLC Phone 208-682-2213
Name connector (check one): ☐ and ☐ or ☐ and/or
Mailing address: PO BOX 249 City KINGSTON
State ID Zip 83839 Email: _____
2. Source of water supply GROUNDWATER which is a tributary of _____
3. Location of point(s) of diversion:

Twp	Rge	Sec	Govt Lot	1/4	1/4	1/4	County	Source	Local name or tag #
49N	02E	5	5		SW	SE	SHOSHONE	GROUND WATER	
49N	02E	5	5		SW	SE	SHOSHONE	GROUND WATER	
49N	02E	5	5		SW	SE	SHOSHONE	GROUND WATER	

4. Water will be used for the following purposes:
- Amount 0.2 for INDUSTRIAL purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per year)
- Amount 0.2 for FIRE PROTECTION purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per year)
- Amount 0.04 for DOMESTIC purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per year)
- Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)
5. Total quantity to be appropriated is (a) 0.2 cubic feet per second (cfs) and/or (b) _____ acre-feet per year (af).
6. Proposed diverting works:
- a. Describe type and size of devices used to divert water from the source. PUMP
- b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total reservoir capacity _____ acre-feet. If the reservoir will be filled more than once each year, describe the refill plan in item 11.
For dams 10 feet or more in height OR reservoirs with a total storage capacity of 50 acre-feet or more, submit a separate Application for Construction or Enlargement of a New or Existing Dam. Application required? ☐ Yes ☐ No
- c. Proposed well diameter is _____ inches; proposed depth of well is _____ feet.
- d. Is ground water with a temperature of greater than 85°F being sought? ☐ Yes ☐ No
- e. If well is already drilled, when? _____; drilling firm _____;
Well was drilled for (well owner) _____; Drilling Permit No. _____.
7. Description of proposed uses (if irrigation only, go to item 8):
- a. Hydropower; show total feet of head and proposed capacity in kW. _____
- b. Stockwatering; list number and kind of livestock. _____
- c. Municipal; show name of municipality or the applicant's qualifications as a municipal provider. _____
- d. Domestic; show number of households _____
- e. Other; describe fully. _____

8. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of the use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
49N	02E	5											I						
49N	02E	5											F						
49N	02E	5											D						
													L5						

Total number of acres to be irrigated: _____

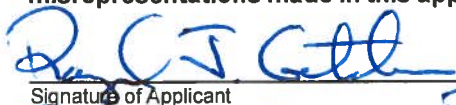
9. Describe any other water rights used for the same purposes as described above. Include water delivered by a municipality, canal company, or irrigation district. If this application is for domestic purposes, do you intend to use this water, water from another source, or both, to irrigate your lawn, garden, and/or landscaping? _____

10. a. Who owns the property at the point of diversion? APPLICANT
- b. Who owns the land to be irrigated or place of use? APPLICANT
- c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: _____

11. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. INDUSTIAL USE IS FOR WATERING LOGS AND FOR DUST. DOMESTIC USE FOR OFFICE AND BATHROOMS

12. Time required for completion of works and application of water to proposed beneficial use is 1 years (minimum 1 year).
13. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½" x 11" map clearly identifying the proposed point of diversion, place of use, section #, township & range. A photocopy of a USGS 7.5 minute topographic quadrangle map is preferred.

The information contained in this application is true to the best of my knowledge. I understand that any willful misrepresentations made in this application may result in rejection of the application or cancellation of an approval.



Signature of Applicant

Raymond J. Getchins Resource Manager

Print Name (and title, if applicable)

Signature of Applicant

Print Name (and title, if applicable)

For Department Use:

Received by _____ Date 12-12-11 Time _____ Preliminary check by _____

Fee \$ 100⁰⁰ Received by ED Receipt No. N028792 Date 12-12-11

APPLICATION



1 inch = 307 feet



Legend



QQ



Taxlots

RECEIVED

Form 238-7

11 MAY 1998

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: : :

NORTHERN REGION

1. WELL TAG NO. D 3744

DRILLING PERMIT N 94-98-N-0006-000

Other IDWR No _____

2. OWNER:

Name Malloy Lumber Company

Address P O Box 189 / 4587 Old River RD

City Kingston

State ID

Zip 83839

3. LOCATION OF WELL by legal description:

N
Twp 49N North ☒ or South ☐
Rge 02E East ☒ or West ☐
Sec 05 SW 1/4 SW 1/4 SE 1/4
10 Ac 40 Ac 160 Ac
Gov't Lot _____ County Shoshone
Lat _____ Long _____
S
Address of Well Site: (see next line)

L @ BumbleBee Campgrnd, L cross river, R 1/2M, L City Kingstone

Lot 5 Blk _____ Sub. Name (see next line)

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	Sacks/Lbs	
Aquagard Grout	0	18	15 sacks	30% solids

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 139

Drive Shoe Seal Tested? ☒ Y ☐ N How? Driven to 139'

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
8"	2	-139	0.025	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations? Method Air perforator

☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
-125	-135	1"	200		Steel	☒	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

8 ft. below ground. Artesian pressure _____ lb.

Depth flow encountered 4 ft. Describe access port or

control devices: Steel cap welded

11. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
200+	100%	138	1 hr.

Water Temp. _____ Cold _____ Bottom hole temp. _____ Cold _____

Water Quality test or comments: (below) Depth first Water Encountered 4

clear, cold, no smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Lithology, Water Quality and Temperature	Water	
12"	0	18	Sand & gravel - 3/4 minus	☒ Y	☐ N
8"	18	42	Sand & gravel - 1" minus	☒ Y	☐ N
8"	42	50	Brown sand	☒ Y	☐ N
8"	50	87	Gray clay & silt	☒ Y	☐ N
8"	87	94	Sand & gravel - 3/4 minus	☒ Y	☐ N
8"	94	143	Sand & gravel - 3" minus	☒ Y	☐ N

Completed Depth 139 (Measurable)

Date: Started 4/8/98 Completed 4/9/98

13. DRILLERS CERTIFICATION

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

Firm Name United Drilling, Inc. Firm No 414

Firm Official [Signature] Date 5/15/98

Supervisor or Operator Jason C. Beckham Date 5/15/98

49N 2E 5 SW SW SE

FORWARD WHITE COPY TO WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState 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 MURRY RADFORD
Address HCO 1-338 KINGSTON, ID 83839
Drilling Permit No. 94-91-N-12
Water Right Permit No. _____

7. WATER LEVEL

Static water level 10 feet below land surface.
Flowing? ☒ Yes ☐ No G.P.M. flow 100+
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature COLD °F. Quality CLOUDY
Describe artesian or temperature zones below

2. NATURE OF WORK

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Well diameter increase
-
- ☐
- 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>100+</u>	<u>110</u>	<u>3</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
8	0	7	BROKEN SHALE		X
	7	31	COBBLES RIVERBED ROCK	X	
6	31	35	COBBLES RIVERBED ROCK		X
	35	42	HARD CLAY GRAY		X
	42	108	CLAY LT BROWN		X
	108	114	Gravel	X	

4. METHOD DRILLED

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

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>.250</u> inches	<u>6</u> inches	<u>+ 1</u> feet	<u>114</u> 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
- ☐
- Gun
-
- 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

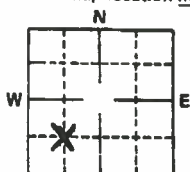
Gravel packed? ☒ Yes ☐ No ☐ Size of gravel 5"-3"Placed from 40 feet to 60 feetSurface seal depth 31 Material used in seal: ☐ Cement grout☒ Bentonite ☐ Pudding clay ☐ _____Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

Weld

☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name _____

Lot No. 5 Block No. 1991County SHOSHONE1/4 SW 1/4 Sec. 5 T. 42N S. 2E W. 0

10.

Work started 6-7-91 finished 6-10-9111. DRILLERS CERTIFICATION deI/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name UNITED DRILLING INC No. 414Address P.O. BOX 2499 Date 6-17-91CDA, ID 83839Signed by (Firm Official) [Signature]

and

(Operator) [Signature]

RECEIVED

AUG 12 1992

Department of Water Resources

Correction
on legal

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT