

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 96-9204

Exam Date: 5/23/2008

1. Current Owner: KOOTENAI HEIGHTS WATER SYSTEM
C/O FLOYD MC GHEE
PO BOX 1925
SANDPOINT ID 83864
(208)265-4440
2. Accompanied by: BOB HANSEN
Phone No: 208-265-4270
Address:
Relationship to Permit Holder: WATER 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 SYSTEM**1. LOCATION OF POINT(S) OF DIVERSION:**

GROUND WATER NW¼SW¼ Sec. 1, Twp 57N, Rge 02W, B.M. BONNER County

Method of Determination: GPS

2.

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	
57N 02W 1										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 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 Size</u>

*Code to correspond with No. on map and aerial photo

D. FLOW MEASUREMENTS

1.

<u>Measurement Equipment</u>	<u>Type</u>	<u>Make</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Size</u>	<u>Calib. Date</u>

2. Measurements:

E. FLOW CALCULATIONS

Additional Computation Sheets Attached

Measured Method:

PUMP EQUATIONS WATER RIGHT No. 96-9204						
		HP	H in feet	Efficiency as a decimal	Pumping lift in feet	System pressure in PSI
Q =	HP*8.8*Eff/H	5	150.7755102	0.7	12	60
Q =	0.205 cfs 91.8 gpm					

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:

N/A

G. NARRATIVE/REMARKS/COMMENTS

THIS SYSTEM HAS GROUNDWATER FOR MUNICIPAL USE.

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>
MUNICIPAL	01/01 to 12/31	0.200 CFS
<u>Totals:</u>		0.200 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

Date

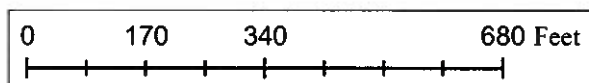
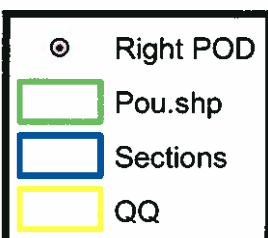
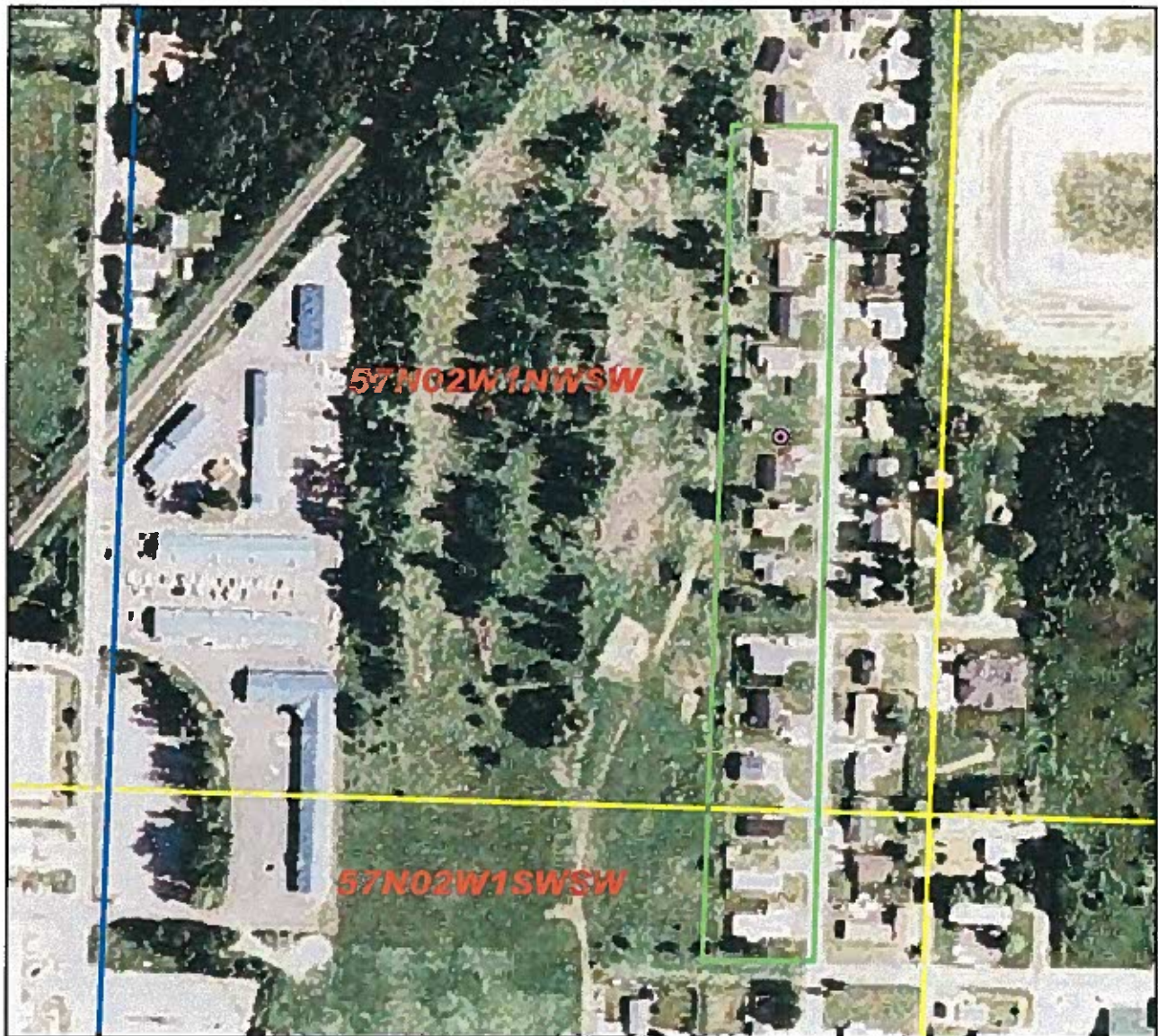
6-9-08

Reviewer

Date

6/16/8

96-9204



IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0035587
DRILLING PERMIT NO. 826137
Water Right or Injection Well No. 96-9204

2. OWNER: 96-9204
Name Floyd McGhee
Address P.O. Box 1925
City Sandpoint State ID Zip 83864

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 57 North ☒ or South ☐
Rge. 2 East ☐ or West ☒
Sec. 1 1/4 NE 1/4 NE 1/4
Gov't Lot _____
County Bonner

Lat: _____ Long: _____
Address of Well Site 507 Humbird St
City Kootenai

(Give at least name of road + Distance to Road or Landmark)
Lt. 10 Blk. 1 Sub. Name Kootenai Heights

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
bentonite	0	58	1650lbs	surface pipe

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 149
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+2	149	322	steel	☒	☐	☒	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

12 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____
cap

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
85		200	3hr

Water Temp. cold Bottom hole temp. _____

Water Quality test or comments: clear

Depth first Water Encounter 152

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
120	28		brown silty clay		
	28	58	blue clay some silt		
8	58	141	blue clay some silt		
	141	143	blue clay some gravel		
	143	152	decomposed granite		
	152	154	soft decomposed granite	x	
			approx 40 gpm		
	154	177	decomposed granite		
	177	180	soft decomposed granite	x	
			approx 40-45 gpm		
	180	200	decomposed granite		
			keep pump up in 8" casing		

RECEIVED
DEC 29 2004
IDWR/North

Completed Depth 200ft (Measurable)
Date: Started 11-15 Completed 11-19-04

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 Bronson Water Wells Firm No. 360

Principal Driller Clint Bronson Date 11-22-04

and
Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.



PLACE OF USE 1



PLACE OF USE 2



POINT OF DIVERSION



PUMP INFORMATION



WELL AND WELL HOUSE



WELL TAG

96-9204



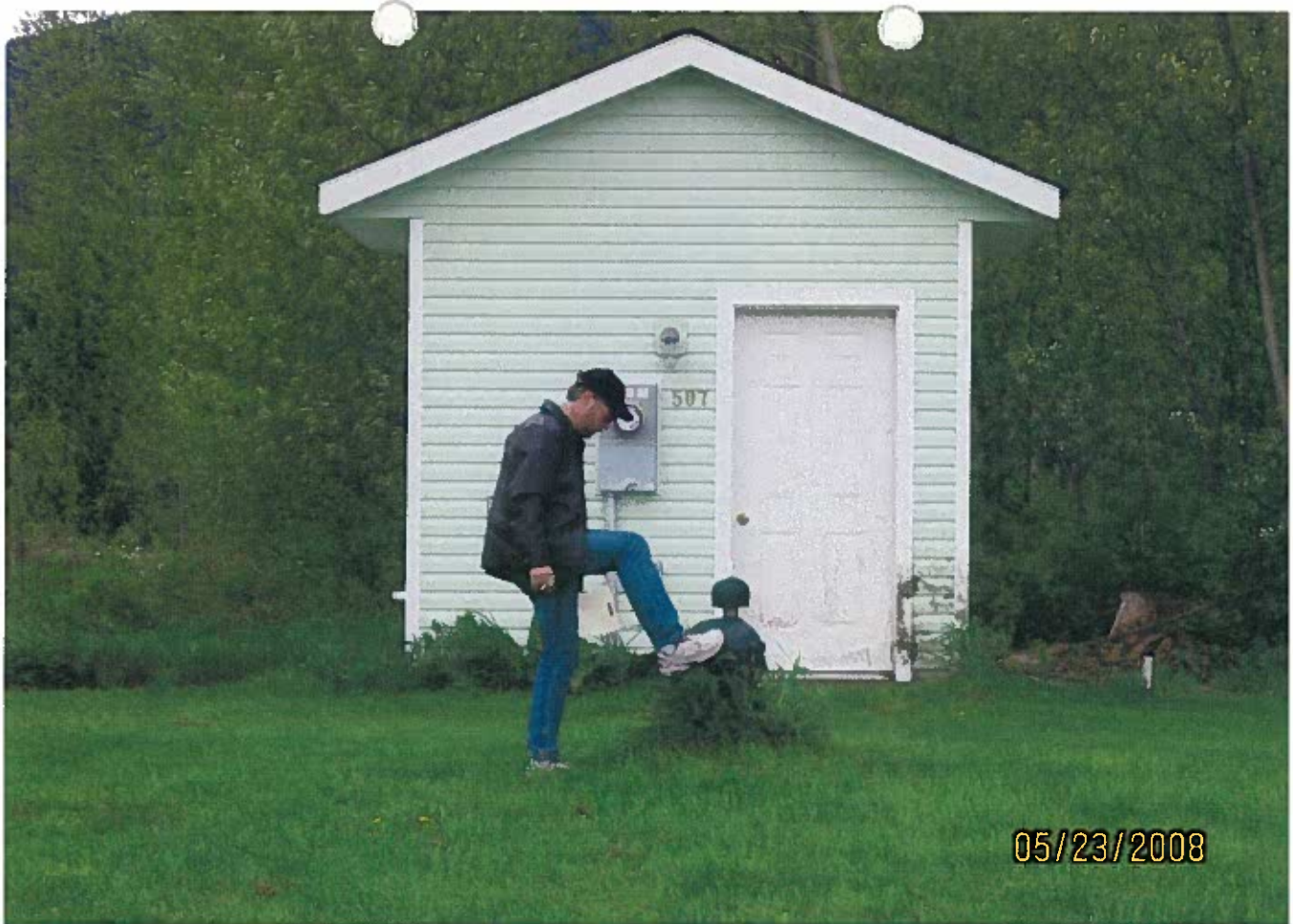
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