

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 95-9066

Exam Date: 8/10/2007

1. Current Owner: MARK KIEFER
10659 CLIFFHOUSE RD
HAUSER ID 83854
(208)773-3446

And

KAROL KIEFER
10659 N CLIFF HOUSE RD
HAUSER ID 83854-5535
(208)773-3446

2. Accompanied by: OWNER

Phone No: SAME

Address: SAME

Relationship to Permit Holder:

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 SE1/4SE1/4 Sec. 3, Twp 51N, Rge 05W, B.M. KOOTENAI County

Method of Determination: GPS

2.

PLACE OF USE: IRRIGATION

Twp Rge Sec	NE				NW				SW				SE				Totals
	<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>	
51N 05W 3																15.0	15.0

Total Acres: 15

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>
D0017057	Franklin	15	—	Franklin	6T150150
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*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>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

2. Measurements:

18 Sprinklers, 3/16 heads @ 7.5 gpm @ 55 PSI⁰

18 X 7.5 gpm = 135 gpm

E. FLOW CALCULATIONS

_____ Additional Computation Sheets Attached

Measured Method:

PUMP EQUATIONS					
WATER RIGHT No.			95-9066		
	HP	H in feet	Efficiency as a decimal	Pumping lift in feet	System pressure in PSI
$Q = \frac{HP \times 8.8 \times \text{Eff}}{H}$	15	309.9047619	0.7	148	70
Q = 0.299 cfs 134.0 gpm					

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 15 \text{ ac} \times 3 = 45 \text{ AF}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = 0.30 \times 246 \times 1.9835 = 146.3 \text{ AF}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 45 \text{ AF}$$

2. Volume Calculations for Other Uses:

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>
IRRIGATION	03/15 to 11/15	0.300 CFS	45 AF
<u>Totals:</u>		0.300 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 Eng. J. J. [Signature] Date 9-7-2007

Reviewer [Signature] Date 9/17/7

95-9066



0.2 0 0.2 0.4 Miles

-  GCDB51N05W GCDB
-  Right POD
-  Point of diversion.shp
-  Place of use.shp
-  Administrative BasinsAdminbas.shp



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

RECEIVED

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

1. WELL TAG NO. D0017057-768308

Drilling Permit No:

Other IDWR No.

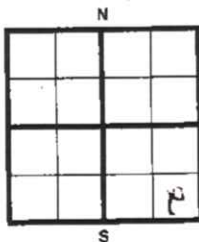
768124 1st hole

2. OWNER

Name Mark & Karol KieferAddress 6660 E Hauser Lake RoadCity Post Falls State ID Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 51 ☒ North or ☐ South
 Rge. 05 ☐ East or ☒ West
 Sec. 03 1/4 SE 1/4 SE 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site Off Hwy 53
City Post Falls

(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 Replacement

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
			20'	Surface casing
WELL SEAL				
BENTONITE	0	20	8 bags	dry

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+2	216	.250	steel	☒	☐	☒	☐

Length of Headpipe 5 Length of Tailpipe 3

9. PERFORATIONS/SCREENS

☐ Perforations Method Johnson SS
☒ Screens Screen Type Stainless Steel

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
218	228	100	10	8	SS	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

148 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
estimate 100+		228	2 hours

Water Temp. cold Bottom Hole Temp cold

Water Quality test or comments: clear

Depth first Water encountered 175

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	2	Topsoil w/gravel	☐	☒
10	2	65	Gravel w/soil boulders	☐	☒
10	65	129	Cemented gravel	☐	☒
10	129	175	Sand & gravel w/clay seams	☐	☒
10	175	226	Sand & gravel w/H2O	☒	☐
10	226	228	Clay brown hard	☐	☒
10	228	228	Granite	☐	☒

RECEIVED

JUL 30 2001

Department of Water Resources

Completed Depth 228 (Measurable)
 Date: Started 3/15/01 Completed 3/16/01

13. DRILLER'S CERTIFICATION

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

Firm Name 1120 WellService, Inc. Firm No. 448Firm Official [Signature] Date 3-20-01and Supervisor or Operator [Signature] Date 3-19(Sign Once if Firm Official and Operator)
Louie Tanner



ELEC BOX 15 HP
135GPM.jpg



HAY.jpg



Irrigation.jpg



TREE FARM .jpg



WELL D0017057.jpg

95-9066



95-9066



95-9066





95-9066

