

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 92-7233

Exam Date: 6/5/2007

1. Current Owner: MICHAEL L SCHNEIDER
3428 10TH ST
LEWISTON ID 83501
(208)743-5233
2. Accompanied by: MICHAEL L SCHNEIDER
Phone No: SAME AS ABOVE
Address: SAME AS ABOVE
Relationship to Permit Holder: SELF

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 SW1/4SW1/4 Sec. 11, Twp 44N, Rge 01W, B.M.
BENEWAH County

Method of Determination: GPS

2.

PLACE OF USE: DOMESTIC

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
44N	03W	11											X						

PLACE OF USE: IRRIGATION

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
44N	01W	11											2.7						2.7
44N	01W	14							.3										.3

Total Acres: 3

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:

5 gallon bucket
5gal in 15 sec

E. FLOW CALCULATIONS

_____ Additional Computation Sheets Attached

Measured Method:

20gpm = 0.04 cfs

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 3 \times 3 = 9 \text{ AF}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = .04 \times 246 \times 1.9835 = 19.5 \text{ AF}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 9 \text{ AF}$$

2. Volume Calculations for Other Uses:

$$\begin{array}{r} 9 \text{ AF irrigation} \\ + .6 \text{ AF domestic} \\ \hline 9.6 \text{ AF total} \end{array}$$

G. NARRATIVE/REMARKS/COMMENTS

THIS SYSTEM PULLS GROUNDWATER OUT OF A WELL FOR THE IRRIGATION OF 3 ACRES AND DOMESTIC WATER FOR ONE HOME. THE IDWR WELL TAG IS D0003844.

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>
DOMESTIC	01/01 to 12/31	0.020 CFS	
IRRIGATION	03/15 to 11/15	0.040 CFS	
<u>Totals:</u>		0.040 CFS	9.60 AF

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 Chad H Goodwin Date 6-8-07

Reviewer [Signature] Date 6/11/07

RECEIVED

Form 238-7

3/95

JUN 10 1998

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

77503

NORTHERN REGION

1. DRILLING PERMIT NO. 92-98-N-6

Other IDWR No. _____

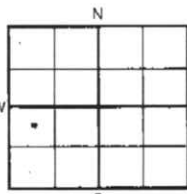
2. OWNER:

Name Mike Schneider
Address 3428 Tenth St
City Lewiston State ID Zip 83851

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

POSTED



Twp. 44 North ☒ or South ☐
Rge. 1 East ☐ or West ☒
Sec. 11 NW 1/4 ☒ or SE 1/4 ☐
Gov't Lot _____ County Benedict
Lat: _____ Long: _____
Address of Well Site 2 1/2 m up rocky crk
City Santa

(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 _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
<u>Bentonite</u>	<u>0</u>	<u>20</u>	<u>150 pds</u>	<u>Pour</u>	

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
<u>6</u>	<u>1</u>	<u>20</u>	<u>0.25</u>	<u>steel</u>	☒	☐	☐	☐
<u>4</u>	<u>19</u>	<u>190</u>		<u>P.V.C.</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Drill bit
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>120</u>	<u>190</u>				<u>P.V.C.</u>	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

16 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 190 ft. Describe access port or control devices: _____

44 N 1 W 11

Office Use Only

Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: _____ Long: _____

11. WELL TESTS:

☐ Pump ☐ Bailor

☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>15 gal + Blown By</u>	<u>Air</u>	<u>1 ft</u>	

Water Temp. cold Bottom hole temp. cold
Water Quality test or comments: good

Depth first Water Encountered 180 ft

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>3</u>	<u>Top Soil</u>		☒
<u>8</u>	<u>3</u>	<u>12</u>	<u>Basalt Broken</u>		☒
<u>8</u>	<u>12</u>	<u>20</u>	<u>Basalt hard</u>		☒
<u>6</u>	<u>20</u>	<u>171</u>	<u>Basalt hard</u>		☒
<u>6</u>	<u>171</u>	<u>190</u>	<u>Basalt Broken</u>	☒	
<u>6</u>	<u>190</u>	<u>210</u>	<u>Broken Basalt</u>	☒	

Completed Depth 210' (Measurable)
Date: Started 6-1-98 Completed 6-2-98

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 Precision Drilling INC Firm No. 0558

Firm Official James D. Cunniff Date 6-4-98

and Supervisor or Operator James D. Cunniff Date 6-4-98

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

92-7233



0.05 0 0.05 0.1 Miles

-  GCDB44N01W GCDB
-  Right POD
-  Pou.shp
-  Administrative BasinsAdminbas.shp





PLACE OF USE 1



PLACE OF USE 2



PLACE OF USE 3



PLACE OF USE 4



SYSTEM



WELL HOUSE



WELL TAG













00003844
IDAHO DEPARTMENT
OF
WATER RESOURCES
DRILLING PERMIT I.D. TAG
DO NOT REMOVE