

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
IN-OFFICE REVIEW/BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Exam Date: 2/7/2025

1. Does this qualify for an in-office field exam (IDAPA 37.03.02.035.01.r)? x Y N
- a. Irrigation of 5 acres or less
- b. Storage of up to 14.6 AF for stockwater purposes only
- c. x Any use other than irrigation or storage, if the combined diversion rate is 0.24 cfs or less
- d. Other < >
2. Current Owner: The Family Trust of Diane Rebecca Oblonsky and The Family Trust of Lester Edward Wheatley Jr.
- Owner of Record Correct? X Y N
- Address of Record Correct? X Y N
- If No Explain:
3. Beneficial Use Fees have been paid: x Y N Receipt No: C117157
4. Source: Tributary:
- GROUND WATER N/A

Method of Determination: GIS ArcMap Tools, Aerial Imagery, and Taxlot Data.

Change in Source: Y x N

B. OVERLAP REVIEW

1. Other water rights with the same place of use: x No Overlap

Water Right No.	Source	Purpose of Use	Basis

Comments:

2. Other water rights with the same point of diversion: x No Overlap

Water Right No.	Source	Purpose of Use	Basis

Comments:

C. DIVERSION AND DELIVERY SYSTEM

1. Location of Point(s) of Diversion:

Source	Govt. Lot	¼	¼	¼	Sec.	Twp.	Rge.		County
Ground Water			NE	NW	17	58N	04W	B.M.	Bonner

Method of Determination: GIS and Taxlot data.

Change in POD? Y x N Amendment Required? Y x N

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	
58N	04W	17					X												
		Lot #																	

Method of Determination: GIS, Tax Parcel Data, and 2023 Bonner County Aerial Imagery.

Change in POU? ___Y ___x___N Amendment Required? ___Y ___x___N

3. Diversion System Information:

Description:

___ Delivery System Diagram Attached. (mark all major components and distances between components)

x Map Attached Showing Location(s) of point(s) of diversion and place(s) of use (required).

x Aerial Photo Attached (required)

___ Photo of Diversion and System Attached

3. Diversion Id No.*	Motor Make	HP	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
N/A	N/A	N/A	N/A	N/A	N/A

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

D. FLOW MEASUREMENTS

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

2. Measurement Comments:

No measurement is required for an in-office examination per IDAPA 37.03.02.035.01.r.

E. FLOW CALCULATIONS

___ Additional Computation Sheets Attached

Measured Method: 0.04 cfs is a standard rate for domestic use for one home per Application Processing Memo #22. However, this use was only permitted a diversion rate of 0.01 cfs. Therefore, 0.01 cfs will be recommended.

Comments:

No measurement is required for an in-office examination per IDAPA 37.03.02.035.01.r.

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = \underline{\hspace{2cm}}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = \underline{\hspace{2cm}}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = \underline{\hspace{2cm}}$$

2. Volume Calculations for Other Uses:

Domestic: 1.2 AF is standard for domestic use for one home per Application Processing Memo #22.

G. PURPOSE OF USEIrrigation ☐ Y ☒ X ☐ N # Stock _____ Domestic # of Homes 1

Other: < >

Change in Purpose of Use? ☐ Y ☒ X ☐ N

Method of Determination: GIS, Tax Parcel Data, Bonner County Aerial Imagery, and the permit holders Statement of Completion for Proof of Beneficial Use.

If Yes: From Use _____ To Use _____ Amount _____ CFS _____ AFA _____

H. NARRATIVE/REMARKS/COMMENTS

This permit qualifies for an in-office exam because it is for domestic use for one home and the total diversion rate is less than 0.24 cfs. The exam was conducted on February 7, 2025, by Jared Klay. At the time of the exam, ownership of the permit was in the name of Denise & Dale Nickerson. Current Bonner County taxlot data represents the Wheatley Trust and Diane Oblonsky own the land appurtenant to the place of use (POU) and point of diversion (POD). Proof of Beneficial use was submitted on October 11, 2023 by Denise Nickerson. The property was sold to the Wheatley Trust from Denise Nickerson on 9/6/2022. An ownership change was received by the department on 9/2/2025, updating the ownership of the permit to be in the names of the Family Trust of Diane Rebecca Oblonsky and the Family Trust of Lester Edward Wheatley Jr.

GIS data and Bonner County aerial imagery were used to confirm domestic use. I am recommending the diversion rate as claimed by the permit holder as 0.01 cfs. I am also recommending an annual volume of 1.2 af, per Application Processing Memo #22.

All the conditions of this permit have been met. Condition 046 will be dropped because the well has been completed. Condition 004 will be dropped because there are no property concerns. All other conditions on the permit will be carried over to the license.

Have conditions of permit approval been met? ☒ x Yes ☐ No**I. RECOMMENDATIONS**

1. Recommended Amounts:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
Domestic	01/01-12/31	0.01 CFS	1.2 AF
<u>Totals:</u>		0.01 CFS	1.2 AF

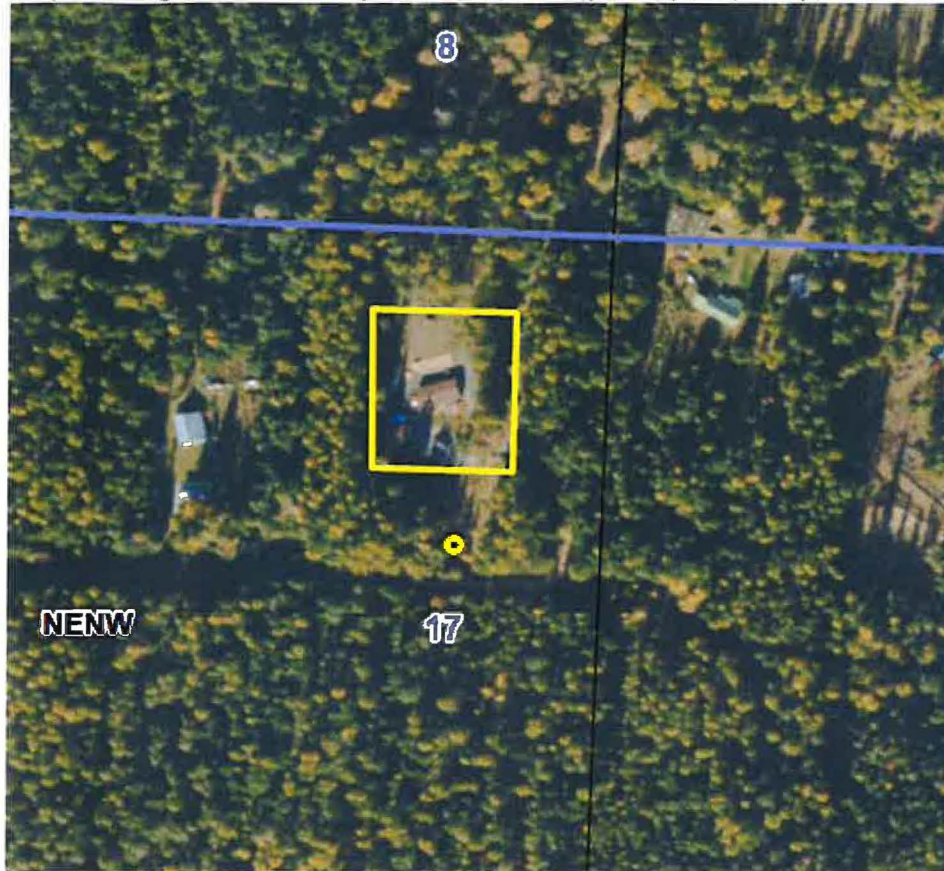
2. Recommended Amendments:

☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☒ x None☐ Change P.U. as reflected above ☐ Add P.U. as reflected above ☒ x None

Other: < >

J. AUTHENTICATION – Jared KlayField Examiner's Jared Klay Date 9/19/25Reviewer [Signature] Date 9/18/25

Map showing the authorized point of diversion (yellow point) and place of use (yellow outline).



Bonner County Aerial Imagery



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0084670

Drilling Permit No. 894361

Water right or injection well # _____

2. OWNER:

Name Denise Nickerson

Address PO Box 188

City Newman Lake State WA Zip 99025

3. WELL LOCATION:

Twp. 58 North ☒ or South ☐ Rge. 04 East ☐ or West ☒

Sec. 17 1/4 NE 1/4 NW 1/4

Gov't Lot _____ County Bonner

Lat. 48 ° 23.1030N (Deg. and Decimal minutes)

Long. 116 ° 53.0670W (Deg. and Decimal minutes)

Address of Well Site 505 Toad Road

City Priest River

(Give at least name of road or distance to road or landmark)

Lot. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection

☐ Other _____

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well

☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite Chips	0	38	1,000 lbs	Temp Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Linear	Threaded	Welded
6"	+2	110	.250	Steel	☒	☐	☐	☒
4"	20	600	40	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 110'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Saw Cut

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
500	600	1/8x6	2	4"	PVC	40

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
N/A				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 26 Static water level (ft) 113

Water temp. (°F) Cold Bottom hole temp. (°F) Cold

Describe access port Welded Steel Cap

Well test: _____ Test method: _____

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
N/A	5 gpm	240	☐	☐	☒	☐
			☐	☐	☐	☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
12	0	38	Top Soil, Gravel, Clay & Granite	X	
8	38	102	Decomposed Granite		X
8	102	110	Black Granite		X
6	110	113	Black Granite		X
6	113	122	Fractured Granite		X
6	122	132	Black & White Granite		X
6	132	133	Fractured Granite	X	
6	133	167	Black & White Granite		X
6	167	290	Black Granite		X
6	290	295	White Granite		X
6	295	303	Green Granite		X
6	303	458	Black Granite		X
6	458	461	Fractured Granite	X	
6	461	534	Black Granite		X
6	534	540	Green Granite		X
6	540	600	Black Granite		X

RECEIVED

OCT 06 2020

IDWR/NORTH

Completed Depth (Measurable): 600'

Date Started: 09/28/2020 Date Completed: 10/02/2020

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 Horsley Drilling, Inc. Co. No. 632

*Principal Driller C. Mark Horsley Date 10/02/2020

*Driller Justin Durazo Date 10/02/2020

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.