

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
BENEFICIAL USE FIELD REPORT

**A. GENERAL INFORMATION**

**Permit No:** 57-11713  
**Exam Date:** 08/14/2019

1. Current Owner:  
DIANE B KRITZ 415 VOLPI YSABEL RD PASO ROBLES CA 93446  
CHARLES J KRITZ JR 415 VOLPI YSABEL RD PASO ROBLES CA 93446  
RAYMOND C BARKER JR 415 VOLPI YSABEL RD PASO ROBLES CA 93446
2. Accompanied by: Dave Ellis  
Phone No: (208) 573-1704  
Address: 4030 River Resort Dr. Homedale, ID 86328  
Relationship to permit Holder: Resort Caretaker/ Lives on site

3. **SOURCE:**  
GROUND WATER

**Method of Determination:** Field Exam

**B. OVERLAP REVIEW**

1. Other water rights with the same place of use: YES Overlap

| Water Right No. | Source       | Purpose of Use        | Basis |
|-----------------|--------------|-----------------------|-------|
| 2-10416         | Snake River  | Irrigation            | GIS   |
| 2-2318B         | Snake River  | Irrigation            | GIS   |
| 2-64            | Snake River  | Irrigation            | GIS   |
| 2-65            | Snake River  | Irrigation            | GIS   |
| 2-46            | Snake River  | Fire Protection       | GIS   |
| 57-10184        | Ground Water | Domestic              | GIS   |
| 57-10258        | Ground Water | Domestic              | GIS   |
| 57-10263        | Ground Water | Domestic & Stockwater | GIS   |
| 57-10275        | Ground Water | Domestic              | GIS   |
| 57-10308        | Ground Water | Domestic              | GIS   |

Comments: Multiple water rights overlap with the commercial and domestic POU of this permit. Rights 2-10416, 2-64 and 2-65 are owned by Gem Irrigation District for irrigation use. Right 2-46 is owned by Boise Cascade Wood Products LLC for fire protection. Rights 57-10184, 57-10258, 57-10275 and 57-10308 overlap the POU and are used for domestic uses. 57-10263 also overlaps the POU is used for domestic and stockwater purposes. Although the various domestic rights and stockwater right overlap the domestic POU for this permit, water is not supplemented from any of the rights for the domestic use under this permit. A separate well and diversion system is utilized by this permit for the commercial and domestic uses at the RV Park. The only right actually used at the POU is irrigation right 2-2318B. It diverts water from the Snake River at 2 locations. All overlapping rights are not a concern pertaining to licensing this permit 57-11713.

2. Other water rights with the same point-of-diversion: NO Overlap

| Water Right No. | Source | Purpose of Use | Basis |
|-----------------|--------|----------------|-------|
| NONE            |        |                |       |

Comments: There are no overlapping rights that share the POD with this right.

**C. DIVERSION AND DELIVERY SYSTEM****1. LOCATION OF POINT(S) OF DIVERSION:**

GROUND WATER L6 ( SW¼ NW¼), Sec. 14, Twp 03N, Rge 05W, B.M. OWYHEE County

Method of Determination:

**PLACE OF USE: COMMERCIAL**

| Twp | Rng | Sec | NE |    |    |    | NW   |      |      |      | SW |    |    |    | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|------|------|------|------|----|----|----|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE   | NW   | SW   | SE   | NE | NW | SW | SE | NE | NW | SW | SE |        |
| 03N | 05W | 14  |    |    |    |    | X    | X    | X L6 | X L5 |    |    |    |    |    |    |    |    |        |
| 03N | 05W | 14  |    |    |    |    | X L5 | X L6 |      |      |    |    |    |    |    |    |    |    |        |

**PLACE OF USE: DOMESTIC**

| Twp | Rng | Sec | NE |    |    |    | NW |      |      |      | SW |    |    |    | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|----|------|------|------|----|----|----|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE | NW   | SW   | SE   | NE | NW | SW | SE | NE | NW | SW | SE |        |
| 03N | 05W | 14  |    |    |    |    |    | X    | X L6 | X L5 |    |    |    |    |    |    |    |    |        |
| 03N | 05W | 14  |    |    |    |    |    | X L6 |      |      |    |    |    |    |    |    |    |    |        |

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.

| Well or Diversion ID No.* | Motor Make        | Hp | Motor Serial No. | Pump Make | Pump Serial No. or Discharge Size |
|---------------------------|-------------------|----|------------------|-----------|-----------------------------------|
| A0017548                  | Franklin Electric | 3  |                  |           |                                   |

**D. FLOW MEASUREMENTS**

1.

| Measurement Equipment | Type | Make | Model No. | Serial No. | Size | Calib. Date |
|-----------------------|------|------|-----------|------------|------|-------------|
|                       |      |      |           |            |      |             |

2. Measurements: N/A

### E. FLOW CALCULATIONS

         x Additional Computation Sheets Attached

Measured Method:

A measurement was not possible during the field exam. A theoretical Calculation was completed to determine if the permitted diversion rate of .53 was reasonable.

\*See attached theoretical sheet

The theoretical calculation determined that at 35-55 PSI, the system could produce .15 cfs. The permit was approved for .53 cfs. I am recommending the license be approved for .15 cfs.

### F. VOLUME CALCULATIONS

1. Volume Calculations for irrigation:

$V_{IR} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$

$V_{DR} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 =$

$V = \text{Smaller of } V_{IR} \text{ and } V_{DR} =$

2. Volume Calculations for Other Uses:

#### Commercial:

RV spaces: 50 GPD\*25 spaces\*365 days=456,250 GPY

Toilets: 20 flushes/day\* 10 gallons/flush\*365 days= 73,000 GPY

Washers: 6 loads/day\*50gallons/load\*365= 109,500 GPY

Showers: 8 showers/day\*10gallons/shower\*365= 29,200 GPY

Tent: 25GPD\*150 days occupied= 3,750 GPY

Sum: 456,250+73,000+109,500+29,200+3,750= 671,700 GPY for commercial use

671,700 GPY converts to 2.06 AF for commercial use. Rounded to 2.1 AF.

\*\*All uses are averages. The RV Park manager, Dave Ellis estimated that on average, 25 RV spaces are filled per day, the two toilets are cumulatively flushed 20 times per day, the two washers are cumulatively run 6 times per day, there are 8 showers per day and that the tent space is filled approximately 150 days per year.

#### Recommended commercial volume: 2.1 AF

#### Domestic:

Domestic standard is .6 afa for inside domestic use per Administrative memo #22.

.6 AF X 24 domestic units= 14.4 AF.

#### Recommended Domestic volume: 14.4 AF

Commercial= 2.1 AF

Domestic= 14.4 AF

Total= 16.5 AF

**Recommended Total volume: 16.5 AF**

#### **G. NARRATIVE/REMARKS/COMMENTS**

Water for this permit is sourced from a single well which is located in Government lot 6 in the SWNW quarter-quarter Sec. 14, Township 03 North, Range 05 West. The application for permit stated that an existing 6-inch domestic well was drilled 4/1/1990 by Kenne Metzger Well Drilling under permit 57-90-2-007. The well drillers report lists the original owner as J.C. Jackson in Homedale, ID. It is unclear if this is the actual well record for the well that is used by this permit. The well driller's report and Department records describe the well in Government Lot 5 in the SENW quarter-quarter of Section 14, Township 03 North, Range 05 West. The does not match the location of the well as recorded in the field exam. A licensing amendment will need to be filed in order to correctly list the well in the SWNW quarter-quarter.

A small building near the well head houses the above ground diversion works. Inside the building, water is pumped up through a pipe that passes through a backflow valve and meter. It should be noted that this meter was not working at the time of the field exam. Above the meter is a small separate line that feeds chlorine into the water to assist with DEQ water quality standards. The main pipeline continues past the meter and connects to 6 pressure tanks, 2 of which are approximately 35 gallons and 4 are approximately 75 gallons. Next to these 75 gallon tanks are 2 large tanks which help filter the water. After the filter tanks, the pipe flows past a cut-off valve, 2 more backflow valves and a final cutoff valve. The pipe then goes underground and supplies water throughout the RV/Mobile home park. The well head not have a tag at the time of the exam, so we attached a new tag with a GPS site ID number A0017548.

At the time of the field exam, we could not get any information on the pump since it was submersible. We were able to verify that it was a 3H pump from the electric box on the wall inside the small building. The pressure gage rested at 35 PSI and when the pump turned on it raised up to 55 PSI. A theoretical calculation was completed to determine the potential diversion rate. The well drillers report from Kenne Metzger Well Drilling lists a pumping level of 25 feet. This was the depth used for the lift in the theoretical calculation. The permit listed 2 wells but the second was not developed. This right will be licensed with only one point of diversion.

The RV Park has the capacity to accommodate 24 mobile homes and up to 45 RV spaces. There is also a single tent space and an onsite laundry and bathroom/shower facility. The calculation of the rate and volume accounted for full occupancy of the mobile home spaces and an average of 25 RV spaces occupied throughout the year. From the Department non-irrigation water requirements, each RV space uses 50 gallons per day (GPD). This equals 1250 GPD used by the RV's and 456,250 gallons per year (GPY). The domestic use will be given the standard volume of .6 acre feet annually (AFA) from Administrative Memo # 22. That is .6 AFA per household. There are 24 domestic residences on the property.

Dave Ellis, the park manager determined the average number of uses for all the other facilities including toilet flushes/day, number of washer loads/day and the average number of showers/day. He informed us that on average, the daily use of the toilets is approximately 20 flushes/day. At 7-10 gallons/flush, this equates to 140-200 GPD and 51,100-73,000 gallons per year for the toilets. The highest volume was taken into account to calculate the water use by the toilets. Additionally, there are 2 washers on site that run an average of 6 loads/day total. Each washer load uses 50 gallons per wash. That totals 300 GPD and 109,500 GPY for the washing machines. There are 2 showers on site, one for men and one for women, with guests taking an average of 8 showers/day. If the use is an average of 10 gallons per shower, the approximate water use for the showers is 80

GPD and 29,200 GPY. By Department standards, the single tent spot will be given 25 GPD for an average of 150 days/year. This totals 3,750 GPY.

Multiple water rights overlap with the commercial and domestic POU of this permit. Rights 2-10416, 2-64 and 2-65 are owned by Gem Irrigation District for irrigation use. Right 2-46 is owned by Boise Cascade Wood Products LLC for fire protection. Rights 57-10184, 57-10258, 57-10275 and 57-10308 overlap the POU and are used for domestic uses. 57-10263 also overlaps the POU is used for domestic and stockwater purposes. Although the various domestic rights and stockwater right overlap the domestic POU for this permit, water is not supplemented from any of the rights for the domestic use under this permit. A separate well and diversion system is utilized by this permit for the commercial and domestic uses at the RV Park. All overlapping rights are not a concern pertaining to licensing this permit 57-11713. The only right actually used at the POU is irrigation right 2-2318B. It diverts water from the Snake River at 2 locations.

There are no overlapping rights that share the POD with this right

Condition 1 (26A) was removed at licensing per Department standards. Condition 2, (01M) was carried over to licensing since it was on the permit. Condition 3 (004) was removed at licensing since ownership of land at the POU/POD is not an issue. Conditions 4 (081) was removed at licensing after it was evident that the Resort was in compliance with DEQ water quality standards. As of August 23, 2019, under the Public water systems classification list on the Idaho DEQ website, the Snake River Resort has a public water system (PWS) # ID3370030. It also lists the Snake River Resort as a very small water system with a population of 150 users. Condition 5 (082) was removed at licensing. I placed a call to Dave Ellis at the Resort on 8/23/19 inquiring about any issues with county zoning and use ordinances. He stated that the Resort has not had any issues from his memory. The RV Resort has also been established for at least the last 12 years according to Dave. Condition 6 was modified to reflect the number of domestic and commercial uses under the license. The permit listed 100 homes and 45 RV spaces. On the license condition 6 will list 24 mobile homes and 45 RV spaces. Condition 7 (121) was changed to condition 103 per licensing standards.

Have conditions of permit approval been met? ☒ Yes ☐ No

## H. RECOMMENDATIONS

### 1. Recommended Amounts

| Beneficial Use | Period of Use  | Rate of Diversion |      |
|----------------|----------------|-------------------|------|
| COMMERCIAL     | 01/01 to 12/31 | 0.15 CFS          | 2.1  |
| DOMESTIC       | 01/01 to 12/31 | 0.15 CFS          | 14.4 |

**Totals:** 0.15 CFS 16.5 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 ☐ None

## I. AUTHENTICATION Alex Dagleish - Water Resource Agent

Field Examiner's Name Alex Dagleish Date 8/23/19

Reviewer Daniel Mills Date 8-26-19

State of Idaho  
Department of Water Resources

# Field Exam

57-11713

This map depicts the DOMESTIC place of use boundary for this water right at the time of this approval and is attached to the approval document solely for illustrative purposes.

05W



-  Point of Diversion
-  Place Of Use Boundary
-  Townships
-  PLS Sections
-  Quarter Quarters

0 0.035 0.07 0.14 Miles



State of Idaho  
Department of Water Resources  
**Field Exam**  
57-11713

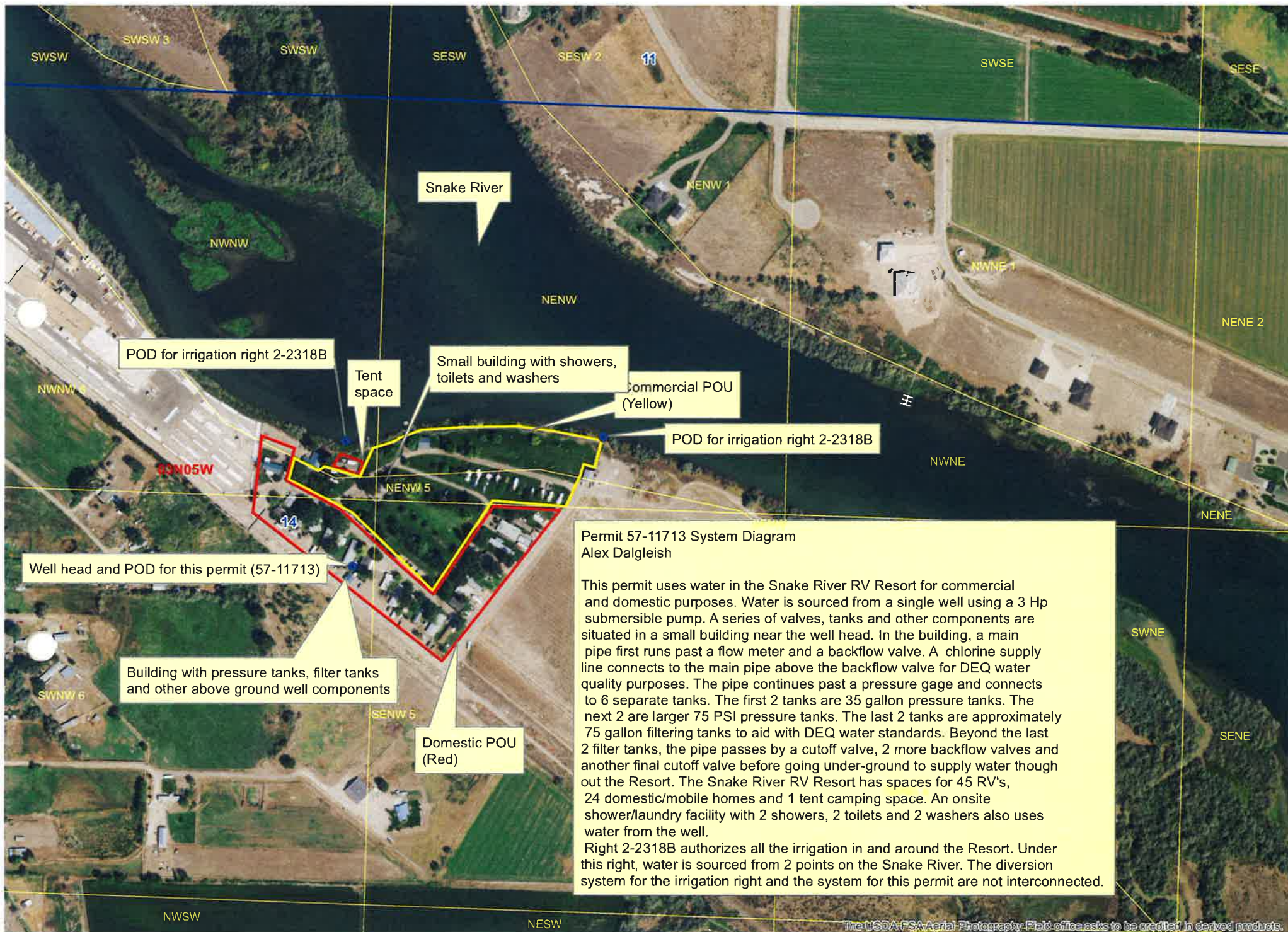
This map depicts the COMMERCIAL place of use boundary for this water right at the time of this approval and is attached to the approval document solely for illustrative purposes.



-  Point of Diversion
-  Place Of Use Boundary
-  Townships
-  PLS Sections
-  Quarter Quarters

0 0.035 0.07 0.14 Miles



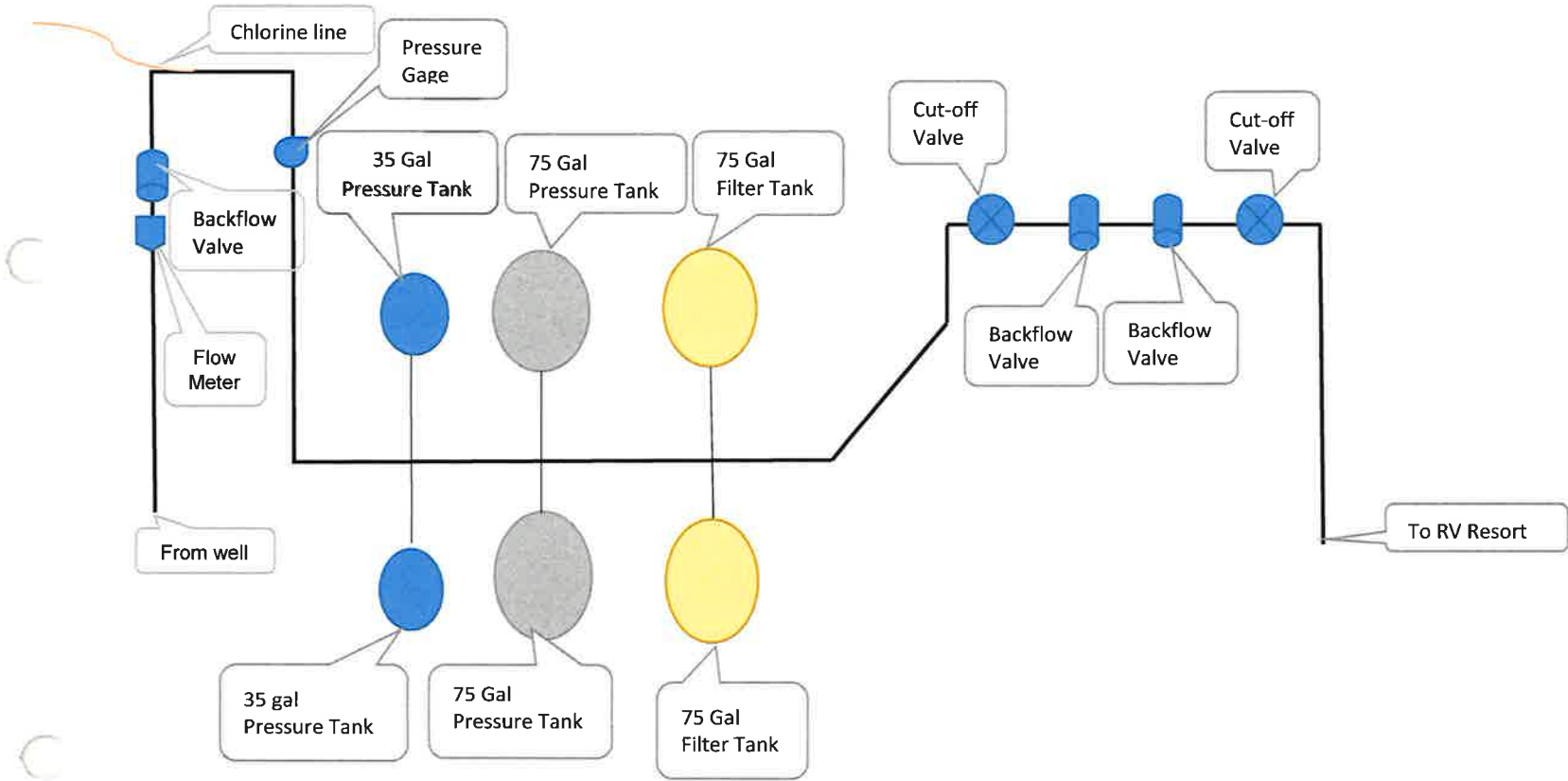


Permit 57-11713 System Diagram  
Alex Dalglish

This permit uses water in the Snake River RV Resort for commercial and domestic purposes. Water is sourced from a single well using a 3 Hp submersible pump. A series of valves, tanks and other components are situated in a small building near the well head. In the building, a main pipe first runs past a flow meter and a backflow valve. A chlorine supply line connects to the main pipe above the backflow valve for DEQ water quality purposes. The pipe continues past a pressure gage and connects to 6 separate tanks. The first 2 tanks are 35 gallon pressure tanks. The next 2 are larger 75 PSI pressure tanks. The last 2 tanks are approximately 75 gallon filtering tanks to aid with DEQ water standards. Beyond the last 2 filter tanks, the pipe passes by a cutoff valve, 2 more backflow valves and another final cutoff valve before going under-ground to supply water though out the Resort. The Snake River RV Resort has spaces for 45 RV's, 24 domestic/mobile homes and 1 tent camping space. An onsite shower/laundry facility with 2 showers, 2 toilets and 2 washers also uses water from the well.

Right 2-2318B authorizes all the irrigation in and around the Resort. Under this right, water is sourced from 2 points on the Snake River. The diversion system for the irrigation right and the system for this permit are not interconnected.

Permit 57-11713 Above Ground Diversion Works Diagram



Snake River

Snake River

BBQ

Red Barn

TEST

ELECT WATER

MOBIL Home

#23

4028 Rental House

4

5

BATH HOUSE

VISITOR PARKING

Horseshoe PITS

MOBIL

Home

LOTS

SHOP

Mobil Home LOTS

#1 #2 #3 #4 #5 #6 #7 #8 #9 #10 #11 #12 #13 #14

32 33 34 35 36 37 38 39 40 41

22 23 24 25 26 27 28 29 30 31

12 13 14 15 16 17 18 19 20 21

#22

#21

#20

#19

#18

#17

#16

#15

# THEORETICAL HORSEPOWER EQUATION WORKSHEET (cjh 1/92)

Water Right No.: 57-11713  
 Reviewer: Alex Dagleish  
 Date of Review: 8/21/2019

P/D No.:

PUMP HORSEPOWER  
 BOOSTER HORSEPOWER

PUMPING LEVEL

DISCHARGE PRESSURE

RATE OF FLOW (cfs)

| Well #1 |
|---------|
|         |
| 3       |
| 0       |
|         |
| 25      |
|         |
| 35      |
|         |
| 0.17    |
| 78      |

| Well #2 |
|---------|
|         |
| 3       |
| 0       |
|         |
| 25      |
|         |
| 45      |
|         |
| 0.14    |
| 64      |

| Well #3 |
|---------|
|         |
| 3       |
| 0       |
|         |
| 25      |
|         |
| 55      |
|         |
| 0.12    |
| 55      |

|       |
|-------|
| 0.15  |
| 65.74 |

The above calculates the formula =

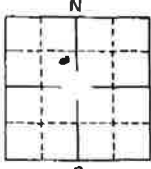
$$Q = \frac{8.8 * (\text{Efficiency}) * \text{hp}}{\text{depth to water} + 2.31 * (\text{psi}) + \text{friction}}$$

Assumptions: %70 efficiency.  
 No Friction

Examiners Notes:

This system uses a single 3Hp submersible pump at a single well. We could not get a flow reading during the field exam. This theoretical calculation will help determine if the permitted diversion rate of .53 is reasonable. The system rests at approximately 35 PSI. When the pump is turned on, the system increases to a maximum of 55 PSI. On average, the system is capable of providing .15 cfs or 66 gallons per minute.

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**USE 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.

| <b>1. WELL OWNER</b><br>Name <u>J.C. JACKSON</u><br><u>Box 245</u><br>Address <u>HOME DALE IDAHO 83628</u><br>Owner's Permit No. <u>57-90-2-007</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>7. WATER LEVEL</b><br>Static water level <u>12</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature _____ °F. Quality <u>3 G.P.M.S.</u><br><i>Describe artesian or temperature zones below.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                             |              |                                     |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|--------------|-------------------------------------|-----------------|---------------|----------------|--------------|--------------|------------|------------|--------------|--------------|-------------------|------------|-------------------------------------|--------------|------------|------------|---------------|------|-------------------------------------|--------------------|------------|------------|--------------------|------------|-------------------------------------|--------------------|------------|------------|------------------------|--|-------------------------------------|--|-----------|------------|------------------|--|-------------------------------------|--|------------|------------|-----------------------------|--|-------------------------------------|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Well diameter increase<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>8. WELL TEST DATA</b><br><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>30</u></td><td><u>25</u></td><td><u>6</u></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Discharge G.P.M. | Pumping Level               | Hours Pumped | <u>30</u>                           | <u>25</u>       | <u>6</u>      |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Hours Pumped     |                             |              |                                     |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
| <u>30</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>25</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>6</u>         |                             |              |                                     |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Bore<br/>Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td><u>6</u></td><td><u>0</u></td><td><u>2</u></td><td><u>BROWN CLAY</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>2</u></td><td><u>18</u></td><td><u>GRAVEL</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>18</u></td><td><u>25</u></td><td><u>BLUE CLAY</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>25</u></td><td><u>26</u></td><td><u>SANDY BLUE CLAY</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>26</u></td><td><u>180</u></td><td><u>BLUE CLAY</u></td><td></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td><u>180</u></td><td><u>185</u></td><td><u>BLUE CLAY BLACK SAND</u></td><td></td><td><input checked="" type="checkbox"/></td></tr></tbody></table> | Bore<br>Diam.    | Depth                       |              | Material                            | Water           |               | From           | To           | Yes          | No         | <u>6</u>   | <u>0</u>     | <u>2</u>     | <u>BROWN CLAY</u> |            | <input checked="" type="checkbox"/> |              | <u>2</u>   | <u>18</u>  | <u>GRAVEL</u> |      | <input checked="" type="checkbox"/> |                    | <u>18</u>  | <u>25</u>  | <u>BLUE CLAY</u>   |            | <input checked="" type="checkbox"/> |                    | <u>25</u>  | <u>26</u>  | <u>SANDY BLUE CLAY</u> |  | <input checked="" type="checkbox"/> |  | <u>26</u> | <u>180</u> | <u>BLUE CLAY</u> |  | <input checked="" type="checkbox"/> |  | <u>180</u> | <u>185</u> | <u>BLUE CLAY BLACK SAND</u> |  | <input checked="" type="checkbox"/> |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  | Material                    | Water        |                                     |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | To               |                             | Yes          | No                                  |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
| <u>6</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>2</u>         | <u>BROWN CLAY</u>           |              | <input checked="" type="checkbox"/> |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>18</u>        | <u>GRAVEL</u>               |              | <input checked="" type="checkbox"/> |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>18</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>25</u>        | <u>BLUE CLAY</u>            |              | <input checked="" type="checkbox"/> |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>25</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>26</u>        | <u>SANDY BLUE CLAY</u>      |              | <input checked="" type="checkbox"/> |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>26</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>180</u>       | <u>BLUE CLAY</u>            |              | <input checked="" type="checkbox"/> |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>180</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>185</u>       | <u>BLUE CLAY BLACK SAND</u> |              | <input checked="" type="checkbox"/> |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
| <b>4. METHOD DRILLED</b><br><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>RECEIVED</b><br>MAY 18 1990<br>Department of Water Resources<br><br><b>RECEIVED</b><br>MAY 21 1990<br>Department of Water Resources<br>Western Regional Office<br><br><b>RECEIVED</b><br>MAY 24 1990<br>Department of Water Resources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                             |              |                                     |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>2.50</u> inches</td><td><u>6</u> inches</td><td><u>1</u> feet</td><td><u>29</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun<br>Size of perforation _____ inches by _____ inches<br><table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>18</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Pudding clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input checked="" type="checkbox"/> Temp. surface casing<br><input type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld _____<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Diameter         | From                        | To           | <u>2.50</u> inches                  | <u>6</u> inches | <u>1</u> feet | <u>29</u> feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches | _____ feet        | _____ feet | _____ inches                        | _____ inches | _____ feet | _____ feet | Number        | From | To                                  | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet | _____ feet                          | _____ perforations | _____ feet | _____ feet |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Diameter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | From             | To                          |              |                                     |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
| <u>2.50</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>6</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>1</u> feet    | <u>29</u> feet              |              |                                     |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ feet       | _____ feet                  |              |                                     |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ feet       | _____ feet                  |              |                                     |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ feet       | _____ feet                  |              |                                     |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | To               |                             |              |                                     |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____ feet       |                             |              |                                     |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____ feet       |                             |              |                                     |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____ feet       |                             |              |                                     |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>OWYHEE</u><br><u>SE 1/4 NW 1/4 Sec. 14, T. 3 N, R. 5 W</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>10.</b><br>Work started <u>3-29-90</u> finished <u>4-1-90</u><br><br><b>11. DRILLERS CERTIFICATION</b> <u>20</u><br>I/We certify that all minimum well construction standards were<br>complied with at the time the rig was removed.<br><u>KENNE HETZER</u><br>Firm Name <u>WELL DRILLING</u> Firm No. <u>93</u><br><u>RT2 BOX 2</u><br>Address <u>HOME DALE IDA</u> Date <u>4-17-90</u><br>Signed by (Firm Official) <u>Kenne Hetzer</u><br>and<br>(Operator) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                             |              |                                     |                 |               |                |              |              |            |            |              |              |                   |            |                                     |              |            |            |               |      |                                     |                    |            |            |                    |            |                                     |                    |            |            |                        |  |                                     |  |           |            |                  |  |                                     |  |            |            |                             |  |                                     |

PHOTOGRAPHER AND DATE OF PHOTOS ALEX DALGLEISH 8/18/19

FILE NUMBER 57-11713

(2) 35 gallon pressure tanks   (4) 75 gallon pressure tanks   (2) 75 gallon filter tanks



The above photos show the pressure tanks and filter tanks on the system.



Shutoff Valves



Backflow Valves in-between  
shutoff valves

The photos above show the interconnections between the tanks and  
the shutoff /backflow valves near the end of the above ground pipe.

PHOTOGRAPHER AND DATE OF PHOTOS ALEX DALGLEISH 8/18/19

FILE NUMBER 57-11713



The above photos show the well head and building that houses the above ground diversion works. The right photo shows the metal tag we put on the well head at the time of the field exam.



The above photos show some RV and domestic spaces in the Snake River RV Resort.



The above photos show the bathroom/laundry building. There is a men's/ women's shower and toilet and 2 washers.