

[illegible]

☐ Copy of USGS Quadrangle attached showing location(s) of diversion and place(s) of use (required).

☐ Aerial photo attached (required for irrigation of 10+ acres).

☐ Photo of diversion and system attached.

Well or Diversion Identification No.*	Motor Make	HP	Motor Serial Number	Pump Make	Pump Serial No. or Discharge Size
N/A					

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

D. FLOW MEASUREMENTS

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

Measurements N/A

E. NARRATIVE/REMARKS/COMMENTS

DOMESTIC USE: Assessor information per: ArcMap photo, tax lot research confirmed dwelling on site. Benewah County tax lot layer lists Katherine Masterson as the current owner and Robert Atwood as a previous with the same address.

Annual volume reflects indoor and outdoor use. *Assume Katherine Masterson + Robert Atwood are husband + wife because they have the same PO Box.*

STOCKWATER USE: Permit states this is for 5 head of mixed stock. Annual volume will reflect this.

Well driller's report states the well pumps 20 gpm. Tag D0069706

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

F. FLOW CALCULATIONS

Measured Method:

☐ Additional Computation Sheets Attached

ALLOW PERMIT RATE

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation: N/A

VI.R. = (Acres Irrigated) x (Irrigation Requirement) =

VD.R. = [Diversion Rate (cfs)] x (Days in Irrigation Season) x 1.9835 =

V = Smaller of VI.R. and VD.R. =

2. Volume Calculations for Other Uses: ALLOW
1.2 AF
for
domestic
and 0.2
for stock

H. RECOMMENDATIONS

1. Recommended Amount

BENEFICIAL USE	PERIOD OF USE		RATE OF DIVERSION ANNUAL	
	From	To	Q(cfs)	V(afa)
DOMESTIC	01/01	12/31	0.04	1.20
STOCKWATER	01/01	12/31	0.02	0.2

TOTALS 0.06 1.4

2. Recommended Amendments

☐ Change P.D. as reflected above
☐ Change P.U. as reflected above

☐ Add P.D. as reflected above
☐ Add P.U. as reflected above

☒ None
☐ Other

I. AUTHENTICATION

Field Examiner's Name Jean Hersley
Reviewer *David A. Nelson*

Date 5/9/2018

Date *5-10-18*

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0069706

Drilling Permit No. 877139
Water right or injection well # _____

2. OWNER:

Name Robert Attwood
Address P.O. Box 32
City St. Maries State ID Zip 83861

3. WELL LOCATION:

Twp. 47 North ☒ or South ☐ Rge. 2 East ☐ or West ☒
Sec. 33 1/4 NW 1/4 SW 1/4

Gov't Lot _____ County Benewah
Lat. 47 ° 22:664N (Deg. and Decimal minutes)
Long. 116 ° 36:374W (Deg. and Decimal minutes)
Address of Well Site 8300 Hells Gulch Rd

(Give all latest name of road - Distances to Road or Landmark) City St. Maries
Lot _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite	0	-38ft	950LBS	Pour Around Pipe

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	-38	2.50	Steel	☒	☐	☐	☒
4"	-15	-365	Sch40	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) -38ft georocfor shoe

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skill Saw

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
-155	-355	1/4x8	150	4"	PVC	Sch 40

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
None				

11. FLOWING ARTESIAN:

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

Describe control device Well Cap

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 60 ft Static water level (ft) -81 ft
Water temp. (°F) Cold Bottom hole temp. (°F) _____
Describe access port Well Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
20 gpm airlift	at 365 ft for	1.5 hrs	☐	☐	☒	☐

Water quality test or comments: Cold and Clear/ No Odor

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
10"	0	6	clay		
	6	22	clay w/shale		X
	22	60	shale multicolored 1.5 gpm at 60ft	X	
6"	60	150	shale-dark -hard		X
	150	175	shale- medium		X
	175	185	shale-broken w/water 4 gpm total	X	
	185	225	shale-medium		X
	225	230	shale-broken		X
	230	315	shale-medium w/water 8 gpm total	X	
	315	320	shale soft 10gpm		X
	320	365	shale medium w/water 20 gpm total at 365 ft	X	

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IDWR / NORTH

Completed Depth (Measurable): 365 Ft

Date Started: 10-26-15

Date Completed: 10-27-15

14. DRILLER'S CERTIFICATION:

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

Company Name Interstate Drilling LLC

Co. No. 689

*Principal Driller Ryan Suchoski

Date 10-28-15

*Driller [Signature]

Date 10-28-15

*Operator II [Signature]

Date _____

Operator I [Signature]

Date 10-28-15

* Signature of Principal Driller and rig operator are required.



