

FIELD EXAM CHECKLIST
 PERMIT # 63-33530 STAFF Justin Shearer DATE 9-6-16
PREPARE LICENSING FILE (Left side)

- ☒ Copy of permit approval & proof report (place on top)
☒ Copy of original application for permit
☒ Copy of Proof of Beneficial Use Exam fee required \$ 50.00 Exam fee paid \$ 50.00
☒ Copies of any Amendments/Assignments/Ownership Docs

EXAM PREPERATION (Right side)

- ☒ Blank Beneficial Use Field Report form
☒ Aerial photo (system diagram map to be completed with permit owner)
☒ Well log (attach to field exam)
 Conditions: Measuring device requirements? NO Installed? NO
 Other (supplemental conditions, limits, etc.)? _____
 Overlap: POD? 065, WB7
 POU? Surface water/Irrigation (No combined use limits)

OwnershipTaxlot / ID SOS match? Yes

If new owner, collect Assignment of Permit form / Ownership Change form in field.

EXAM APPOINTMENT

owner or rep phone #? _____

Owner or rep will be present at exam (someone familiar with system)¹?

Exam date/time/place?

If cannot get from web or other references: directions to site? approx driving time from office?

System on/operating normally during exam (not always required)?

SYSTEM INFO**Pump Diversion**

Approx HP?

Owner can provide pump curve?

Pump set or lift?

Approx operating psi?

Approx mainline pipe diameter?

Approx # sprinklers? Nozzle size?

Gravity Flow

Ditch capacity?

Weirs or Flumes installed?

Special Remarks:**POST FIELD EXAM**

- ☒ Exam date data entered
☒ Ad Hoc data entry & license shapes
☒ Exam file prepared – see N:\WR Field Exams\LicenseFileOrganization
☒ Licensing amendments required If so, received?
☒ Draft license & WR Layout maps OR ☒ Void permit

¹ OK to do exam w/o anyone present if owner agrees in advance, provides info so you can find p/d, how system works, how recognize p/u etc. Usually limited to small systems – spring/creek/well for cabins, few acres irrigation, minor stockwater/wildlife/recreation etc.

IN-OFFICE BENEFICIAL USE FIELD REPORT

Permit No: 63-33530

Examiner: Justin Shearer

Date: 9-6-16

In-office qualification (IDAPA 035.01.r): ☒ Irrigation $\leq$ 5 acres
☐ Stockwater storage $\leq$ 14.6 af
☐ Combined diversion rate not irrigation or stock $\leq$ 0.24 cfs

Current Owner Name: R. Alan Christie

Address: 22518 Homedale RD, Wilder, ID 83676

Beneficial Use Fee Paid: \$50.00

Receipt: W041657

Source: Ground Water

Source change? ☒ N ☐ Y Change clarifies originally intended source.
 If not – void permit.

Point of Diversion			NE				NW				SW				SE			
Twp	Rge	Sec	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE
03N	04W	5									X							

Method of Determination: Well Driller's Report Secured in Describing a Well in the NESW

POD change? ☒ N ☐ Y

Place of Use			NE				NW				SW				SE				Totals
Twp	Rge	Sec	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
03N	04W	5									2.3								2.3

Method of Determination: Aerial Imagery used with ArcMap tools to measure irrigated land

POU change? ☒ N ☐ Y

Purpose of Use: Irrigation

Purpose change? ☒ N ☐ Y

Method of Determination: Evidence of irrigation found on the property

Standard Season of Use: 3/1-11/15

Update required on license? ☒ N ☐ Y

Overlap Review POD overlap? ☒ N ☐ Y WR's:

Analysis Attached ☒ Comments: No POD Overlap Found

POU overlap? ☐ N ☒ Y WR's: Irrigation District Water Rights

Comments: Groundwater supplemental to surface water rights

Diversion Rate Permitted Rate: 0.09 cfs BU Standard Limit: 0.07 cfs
 BU Fee Limit: 0.20 cfs Theoretical (optional): cfs
Recommended Total Div Rate: 0.07cfs

Annual Volume

For Irrigation: 0.07 cfs x 1.9835 x 260 days = 36.1 af
 2.3 acres x 4.5 af/ac (FHR) = 10.4 af
 Smaller of two volumes = 10.4 af

For other uses: NA

IN-OFFICE BENEFICIAL USE FIELD REPORT

Recommended Amounts

Beneficial Use	Season of Use	Diversion Rate (cfs)	Annual Volume (af)
Irrigation	3/1-11/15	0.07	10.4

Totals

0.07 cfs

10.4 af

Amendments Required

☐ Change P.D.

☐ Add P.D

☒ None

☐ Change P.U.

☐ Add P.U.

☐ Other:

Conditions: Removed conditions 26A, 046 per standard licensing procedure. Removed condition X60 because we could not confirm or verify the parcel data with tax law data. Updated conditions 104 and 121 for licensing. Added condition WB7 to reflect a total rate in volume limit with surface water use. Condition R61 replaced R69 since WB7 was added.

Have conditions of permit been met? ☒ Y ☐ N

Narrative:

Permit 63-33530 authorized the diversion of 0.090 cfs from GroundWater for irrigation purposes. Based on the small permitted diversion rate and POU, this qualifies for an in-office field exam. The exam was completed on Sept. 6, 2016 by WRA Justin Shearer.

Legal description of POU & POD were used to locate the property in the name of R. Alan Christie. Aerial photography was used to measure the area of development and irrigation water used on the land. ArcMap tools calculated an area of 2.3 acres which included trees and a yard irrigated on the property. The permit allowed the irrigation of 3.0 acres, however only 2.3 acres of irrigated ground was found.

Overlap review for POU showed 63-33530 and various irrigation district water rights. However, 63-33530 groundwater right is supplemental to surface water rights and no POD overlap was found.

Workflow

Exam Date Entered ☒
 POU/POD shapes ☒
 Combined Rights Entry ☐
 Wild & Scenic Entry ☐
 Draft License and Map ☒
 Other:

Supporting Documents

Aerial Photograph ☒ Well Log ☒
 Photographs ☐ Diagrams ☐
 LandSat ☐ Theoretical ☐
 Other: POU Comparison
 Site Visit ☐ Date:

BasinSeque Owner

[illegible]

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

787771

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

1. WELL TAG NO. D 0025030
 DRILLING PERMIT NO _____
 Other IDWR No. _____

2. OWNER:
 Name Alan Christie
 Address 22518 Hemedale Rd.
 City Wilder State ID Zip 83606

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>3</u>		North ☒ or South ☐	
E		Rge. <u>4</u>		East ☐ or West ☒	
S		Sec. <u>5</u>		1/4 <u>NE</u> 1/4 <u>SW</u> 1/4	
W		Gov't Lot _____		County <u>Canyon</u>	
X		Lat: _____		Long: _____	
		Address of Well Site <u>Hemedale Rd &</u>		City <u>Hemedale</u>	
(Give at least name of road & distance to road or landmark)					

LI. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
#3/8 Bentonite	0	25'	20 bags		Over bore

Was drive shoe used? ☒ N ☐ Shoe Depth(s) 2760'
 Was drive shoe seal tested? ☐ ☒ N ☐ How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Lines	Welded	Threaded
8"	+2	2760	20	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations

Method

Screens

Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Lines
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

265 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: Sanitary well cap.

11. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
30 gal		260	3 HR

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bores D.2	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12	0	2	Sandy top soil		
	2	7	bleachy gravel		
	7	110	gravel		
	110	25	Brown clay		
	25	78	Brown clay		
	78	83	Sandy shale		
	83	230	Brown clay		
	230	250	Sandy clay w/ sand str		
	250	290	hard brown clay		
	290	305	blue clay w/ fine sand		
	305	310	Brown sandy shale & fine black sand		

RECEIVED

NOV 20 2002

WATER RESOURCES
WESTERN REGION

Completed Depth 310' (Measurable)
 Date: Started Oct 11, 02 Completed Oct 14, 02

13. DRILLER'S CERTIFICATION

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

Company Name Christie & Son Inc. Firm No. _____

Firm Official [Signature] Date _____
 and _____
 Driller or Operator _____ Date 11/12/02
 (Signatures of Firm Official & Operator)