

4/2014

IN-OFFICE BENEFICIAL USE EXAM REPORT

Permit No. 65-22551

Prepared by Rachel Sommer

Date 11/5/2015

	Same as permit	Different than permit
Owner Name	☒	☐ _____
Owner Address	☐	☒ <u>IDSOS annual report attached</u> <i>will send LICENSE APPROVAL TO THIS ADDRESS AS WELL.</i>
Source	☒	☐ _____
Tributary	☒	☐ _____
POD	☒	☐ _____
POU	☒	☐ _____
Beneficial Use(s)	☒	☐ _____

Exam Fee Required for Permitted Rate \$0.00

Exam Fee Paid \$0.00

Overlaps ☒ No ☐ Yes, summarize _____

Amendment ☒ No ☐ Yes, summarize _____

Technical Confirmation Tools

ArcMap	☒	GPS	☐
Taxlot	☒	Photos	☐
Well Log	☒	Diagrams	☐
Other	☐ explain: _____		

Conditions/Comments

Condition 046 was removed per Department standards.

Condition 121 was replaced by 103 per Department standards.

Exam Date Entered ☒

Draft License Created ☒

Shapes Updated ☒

65-22551
18N 3E SEC 8 NESW



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

781909

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

1. WELL TAG NO. D D0025312

DRILLING PERMIT NO. _____

Other IDWR No. 65-22551

2. OWNER:

Name Rivers Bend Condo Assn

Address Po Box 7373

City Boise State ID Zip 83707

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>18</u>		North ☒ or South ☐	
E		Rge. <u>3</u>		East ☒ or West ☐	
S		Sec. <u>8</u>		1/4 <u>NE</u> 1/4 <u>SW</u> 1/4	
W		Gov't Lot _____		County <u>Valley</u>	
		Lat. : : _____		Long. : : _____	

Address of Well Site 326 Matthews St

City McCall

(Give at least: name of road + Distance to flood or Landmark)

Lt. _____ Bk. _____ 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		
Chip Bentonite	0	18	8 sacks		10" Temp Casing
8-12 Coe Sand	100	120	600#		Over Base

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 89'6"

Was drive shoe seal tested? ☒ Y ☐ N How? Air/Water

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	89	.250	Steel	☒	☐	☒	☐
4"	-8	98	#160	PVC	☐	☒	☒	☐
4"	108	120	#160	PVC	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe 12'

9. PERFORATIONS/SCREENS

Perforations Method TORCH
Screens Screen Type Johnson

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
98	108	.020		4"	PVC	☐	☒
84	88	1/8x6	36	6"	STEEL	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

22 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or

control devices: Sanitary Well Seal

11. WELL TESTS:

- ☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
37		105	1 Hr.

Water Temp. 48° Bottom hole temp. 48°

Water Quality test or comments: Good

Depth first Water Encounter 80

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

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	2	Top Soil		X
10	2	10	Brown Clay and Boulders		X
10	10	19	Blue Clay		X
6	19	47	Blue Clay and Boulders		X
6	47	51	Coarse Sand, Basalt/Granite Gravel	X	
6	51	52	Blue Gray Sandy Clay	X	
6	52	53	Boulders		X
6	53	65	Blue/Gray Clay w/ Basalt		X
6	65	70	Blue Gray Clay w/ Basalt		X
6	70	80	Blue Gray Clay w/ Basalt		X
6	80	110	Blue Gray Sand w/ Gravel	X	
6	110	118	Blue fine Silty Sand	X	
6	118	150	Blue/Gray Silty Clays		X
6	150	224	Blue/Brown Silty Clays		X
6	224	228	Gravel Gray Clays	X	
6	228	270	Gray / Brown Clay's	X	

RECEIVED

SEP 05 2002

WATER RESOURCES
WESTERN REGION

Completed Depth 120 (Measurable)
Date: Started 7-30-02 Completed 8-7-02

13. DRILLER'S CERTIFICATION

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

Company Name Gestrin Well Drilling Firm No. 408

Firm Official [Signature] Date 8-12-02

and Driller or Operator [Signature] Date 8-12-02

(Sign Once if Firm Official & Operator)

No. C 68957	Due no later than Feb 28, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. RIVER'S BEND CONDOMINIUM ASSOCIATION, INC. CATHY ROSERA 624 RANCH RD BOISE ID 83702		CATHY ROSERY 624 RANCH RD BOISE 83702			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	RICHARD LIERZ	3555 N SAWGRASS WAY	BOISE	ID	USA	83704
TREASURER	CATHY ROSERA	P.O. BOX 2583	BOISE	ID	USA	83701
SECRETARY	DIXIE JOHNSON	204 SOUTH A STREET	GRANGEVILLE	ID	USA	83530
VICE PRESIDENT	MICHAEL J BAKER	5595 N. QUAIL SUMMIT PLACE	BOISE	ID	USA	83703
5. Organized Under the Laws of: ID C 68957		6. Annual Report must be signed.* Signature: Cathy Rosera Name (type or print): Cathy Rosera Date: 12/18/2014 Title: Treasurer				
Processed 12/18/2014		* Electronically provided signatures are accepted as original signatures.				