

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 22-13448

Exam Date: 6/24/2015

1. Current Owner: MATT GERMINO
1114 N 21ST ST
BOISE ID 83702
(208)221-4638
2. Accompanied by: In-office field exam. Phone conversation with Matt Germino
Phone No: (208) 221-4638
Address: 1114 N 21ST ST, Boise, ID 83702
Relationship to Permit Holder: Owner

3. SOURCE**TRIBUTARY**

GROUND WATER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: None
2. Other water rights with the same point of diversion: None

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

GROUND WATER L2 NW1/4NE1/4 Sec. 2, Twp 06N, Rge 45E, B.M.
TETON County

Method of Determination: Phone conversation with Matt Germino

2.

PLACE OF USE: DOMESTIC

Twp	Rge	Sec	NE				NW				SW				SE				Totals
06N	45E	2	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	
				X															
				L 2															

Method of Determination: Aerial photography and phone conversation with Matt Germino

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**

D0037448

D. FLOW MEASUREMENTS

1.

Measurement

<u>Equipment</u>	<u>Type</u>	<u>Make</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Size</u>	<u>Calib. Date</u>
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2. Measurements:

Domestic water right for < .024 cfs. No measurement required

E. FLOW CALCULATIONS

_____ Additional Computation Sheets Attached

Measured Method:

No measurement required. Domestic use is for 1 home including ½ acre irrigation. Q= 0.05 cfs.

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation: N/A

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = \text{N/A}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = \text{N/A}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = \text{N/A}$$

2. Volume Calculations for Other Uses:

Domestic use for 1 home with ½ acre of irrigation

In-house = 0.6 acre-feet

Irrigation = 0.6 acre feet

Total volume = 1.2 acre-feet

G. NARRATIVE/REMARKS/COMMENTS

In-office filed exam. Domestic use is for one home with ½ acre irrigation. The location of the point of diversion and place of use was verified through a phone conversation with the Matt Germino (right holder). According to the right holder there is one well that provides water to one home. Recommended rate of diversion is based on the Departments domestic diversion rate graph.

Have conditions of permit approval been met? ☒ Yes ☐ No**H. RECOMMENDATIONS****1. Recommended Amounts**

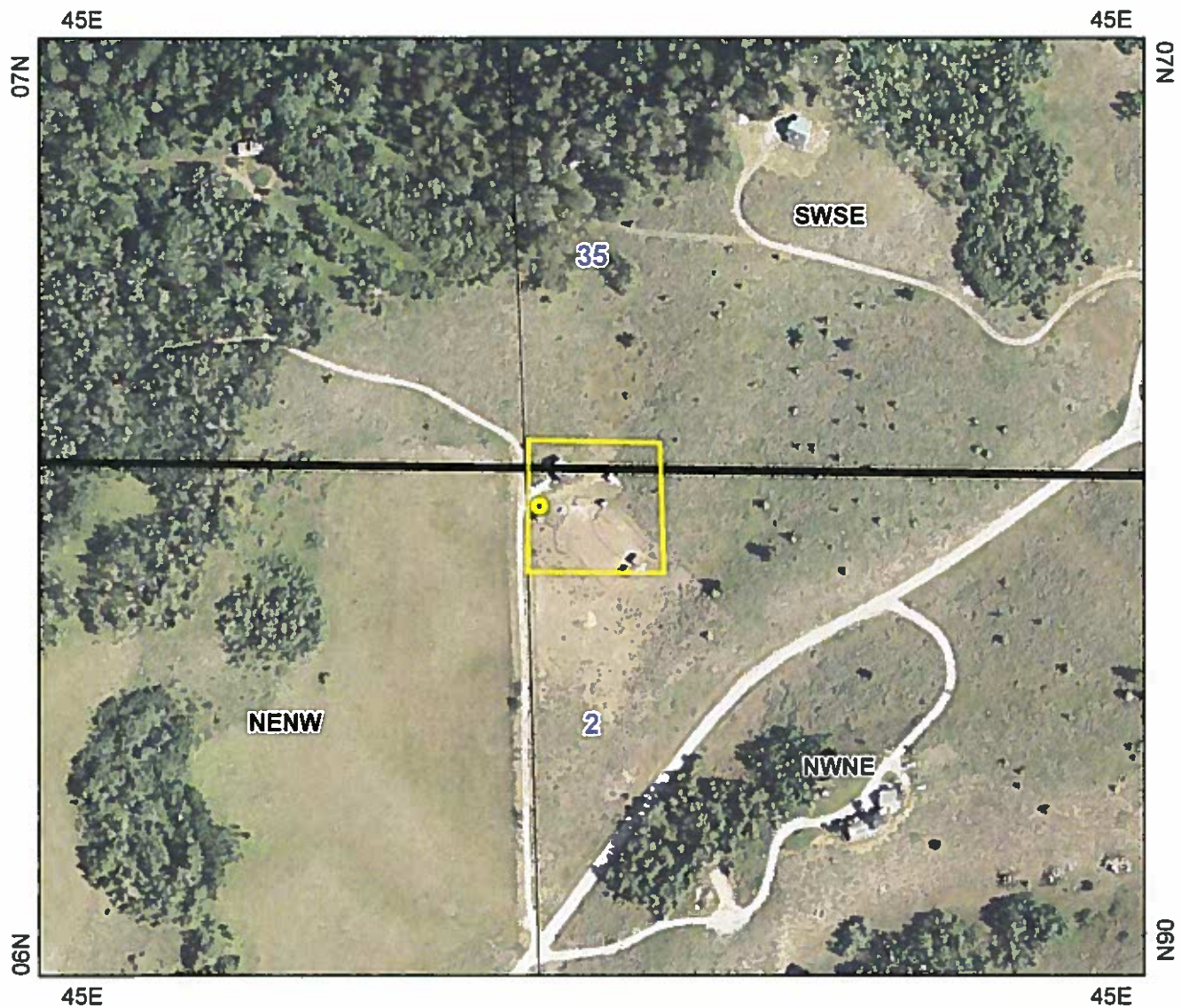
<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
DOMESTIC	01/01 to 12/31	0.050 CFS	1.20 AF
<u>Totals:</u>		0.050 CFS	1.20 AF

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 ☐ Other
I. AUTHENTICATIONField Examiner's Name Blake Jordan Date 6/24/2015

Reviewer _____ Date _____

State of Idaho
Department of Water Resources
Water Right License
22-13448



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

0 0.035 0.07 0.14 Miles



Form 2387
6/02

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

22

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0037448
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:
 Name Cardelia Wagner
 Address 341 S. 9th Ave.
 City Pocatello State ID Zip 83201

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 6 North ☒ or South ☐
 Rge. 45 East ☒ or West ☐
 Sec. 2 1/4 NE 1/4 NW 1/4
 Gov'l Lot _____
 County Teton
 Lat: 43:52:97S Long: 111:06:58S
 Address of Well Site Rammell Mtn. Rd.

City Tetonia
 Lt. 1A Blk. _____ Sub. Name Rammell Mtn Sub

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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	24	300#	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 300'
 Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8"	+2	24	.250	Steel	☒	☐	☒	☐
6"	20	300	.250	Steel	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method Torch
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
280	300	1/4" x 1/4"	12	6"	Steel	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
160 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: _____

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
	0	20	overburden		
	20	58	Gray Rock		
	58	64	Fractured		
	64	128	Tan Rock		
	128	149	Brown Rock		
	149	157	soft / clay		
	157	278	Rock		
	278	488	Gray Rock		
	488	700	Brown Rock Rhysolite		

RECEIVED

SEP 21 2005

Department of Water Resources
 Eastern Region

Completed Depth 700' (Measurab'le)
 Date: Started 8-15-05 Completed 8-18-05

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 Jody Dendy Drilling Firm No. 519
 Principal Driller Jody Dendy Date _____
 and _____
 Driller or Operator II Jody Dendy Date 8-19-05
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES