

Water Right Permit No. _____

Injection Permit No. _____

WELL DRILLER: PLEASE COMPLETE FOR VERBALS

IDWR Employee Issuing Verbal: _____

Verbal Issued Date: _____ Time: _____

RECEIVED

FEB 13 1997

RECEIVED

FEB 11 1997

State of Idaho
Department of Water Resources**APPLICATION FOR DRILLING PERMIT
(FOR THE CONSTRUCTION OF A WELL)**Department of Water Resource
Southern Region

1. Applicant (please print): Lynn & Barbara Stephens
2. Mailing Address: 3960 N 2680 E
City & State Twin Falls Id Zip Code 83301 Telephone (208) 733-9103
☒ Well Owner ☐ Well Operator ☐ Contractor or Other, specify _____
3. Proposed Well Location: Twp. 11S, Rge. 16E, Sec. 16, NE 1/4 SW 1/4
Gov't Lot No. _____ County Twin Falls
Street Address of Well Site 2349E 3250 N City Twin Falls
Give at least name of road + Distance to Road or Landmark
Lot, block and subdivision _____

4. Proposed Use of Well:

- ☒ **DOMESTIC:** The use of water for homes, organization camps, public campgrounds, livestock (1,000 head or less) and for any other purpose in connection therewith, including irrigation of up to 1/2 acre of land, if the total use is not in excess of 13,000 gpd; or any other uses, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

Domestic does not include water for multiple ownership subdivisions, mobile home parks, commercial or business establishments, unless the use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

NON-DOMESTIC: ☐ Irrigation ☐ Municipal ☐ Industrial
☐ Stock ☐ Test ☐ Other _____
(Over 1,000 Head) (Describe)

☐ **INJECTION**

☐ **MONITORING:** A well bore schematic and map is required for each blanket permit.
No. of proposed wells: _____

5. Well Construction Information:

- A. ☒ New well ☐ Modify ☐ Replace
- B. Proposed Casing Diameter 6 Proposed Maximum Depth 675'
- C. Anticipated bottom hole temperature:
☒ 85°F or less (Cold Water Well) ☐ 85°F to 212°F (Low Temp. Geo. Well) ☐ 212°F or more (Geothermal Well)

6. Construction Start Date: 2/17/97

7. Anticipated Well Driller: Walker Water Systems Inc Driller's Lic. No. 15

NOTE: The actual well driller must be identified prior to drilling.

8. Applicant's Signature Barbara Stephens Date 02/07/97

Title _____
(Owner, Firm Representative, Other)

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

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

1. DRILLING PERMIT NO. 47 - 97 - S - 0022 - 000
Other IDWR No. _____

2. OWNER:

Name LYNN & BARBARA STEPHENSAddress 3080 N 2680 ECity TWIN FALLS State ID Zip 83301

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N			
S			

W X E

Twp. 11 North ☐ or South ☒
Rge. 18 East ☒ or West ☐
Sec. 16 1/4 NE 1/4 SW 1/4
Gov't Lot _____ County TWIN FALLS
Lat: _____ Long: _____
Address of Well Site 2349 E 3250 N
City TWIN FALLS
(Give at least name of road + Distance to Road or Landmark)

Lt. _____ 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	
BENTONITE	0	19	.250	OVERBORE

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6.625	+	19	.250	STEEL	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

- ☐ Perforations Method _____
☐ Screens Screen Type _____

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

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

243 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

- ☐ Pump ☐ Bailor

- ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
?			

Water Temp. 56 Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encountered _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
3	0	12	SURFACE DIRT		X
	12	14	GRAVEL		X
	14	18.5	GREY BASALT		X
6	18.5	27	GREY BASALT		X
	27	42	BROWN BASALT		X
	42	45	POROUS BROWN BASALT		X
	45	48	BROWN BASALT		X
	48	50	POROUS BASALT		X
	50	55	BROWN BASALT		X
	55	57	BROKEN LST CIRCULATION		X
	57	63	SOLID		X
	63	68	BROKEN		X
	68	73	SOLID		X
	73	75	BROKEN		X
	75	85	SOLID		X
	85	160	SOLID		X
	160	168	SOFT		X
	168	170	FIRM		X
	170	175	SOFT		X
	175	250	FIRM		X
	250	298	FIRM	X	
	298	320	SOLID		X
	320	328	BROKEN		X
	328	350	SOLID		X
	350	380	BROWN BASALT TALC	X	
	380	400	SOLID		X

Completed Depth 400' (Measurable)
Date: Started 02/27/97 Completed 03/04/97

13. DRILLER'S CERTIFICATION

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

WALKER WATER SYSTEMS INC.

Firm Name _____ Firm No. 15Firm Official Paul Walk Date 03/25/97

and _____

Supervisor or Operator _____ Date 03/25/97

(Sign once if Firm Official & Operator)