

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 22-13359

Exam Date: 2/5/2015

1. Current Owner: RIVER RIM RANCH OWNERS ASSOCIATION INC
PO BOX 337
TETONIA ID 83452
2. Accompanied by: Jared Kay
Phone No (208) 716-2374
Address: 950 Vista Ave., Rexburg, ID 83440
Relationship to Permit Holder: Care taker for River Rim Ranch Subdivision

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	NW1/4SW1/4	Sec. 10,	Twp 06N,	Rge 44E, B.M.
TETON County				
GROUND WATER	NW1/4SW1/4	Sec. 10,	Twp 06N,	Rge 44E, B.M.
TETON County				

Method of Determination: GPS and site visit

2.

<u>PLACE OF USE:</u>			DOMESTIC																
Twp	Rge	Sec	NE				NW				SW				SE				
			<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>	<u>Totals</u>
06N	44E	10											X	X					

D. FLOW MEASUREMENTS

1. Measurements: No flow measurement required. This permit is for 0.20 cfs.

E. FLOW CALCULATIONS

_____ Additional Computation Sheets Attached

Measured Method: The rate of diversion for this right was determined by using the Departments domestic flow rate chart. Domestic use is for 20 homes and 1 community center. According to the chart the recommended rate of diversion is 0.20 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:

In-house use for 20 homes and 1 community center.

$$20 \text{ homes} \times 0.6 \text{ acre-feet} = 12.0 \text{ acre-feet}$$

$$1 \text{ community center} \times 0.6 \text{ acre-feet} = 0.6 \text{ acre-feet}$$

$$\text{Volume} = 12.6 \text{ acre-feet.}$$

G. NARRATIVE/REMARKS/COMMENTS

Water delivery system consists of two submersible pumps diverted through a common main line equipped with a flow meter and pressure tank. Domestic use is for 20 homes (in-house use only) and 1 community center (in-house use only). The community center includes 1 full kitchen with appliances and 2 sinks. There are 2 restrooms and each restroom has at least 3 bathroom stalls and two sinks. The community center is mainly used for special events such as wedding receptions. The permit describes the points of diversion to a ten acre tract located in the NENWSW of 06N, 44E, Section 10. These points of diversion may be located in the SENWSW of 06N, 44E, Section 10. To avoid any discrepancies the points of diversion under the right will be amended to a 40 acre tract. The place of use will also be amended to include the SWSW of 06N, 44E, Section 10.

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	0.200 CFS	12.60 AF
<u>Totals:</u>		0.200 CFS	12.60 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. AUTHENTICATION

Field Examiner's Name Blake Jordan Date 2/5/2015

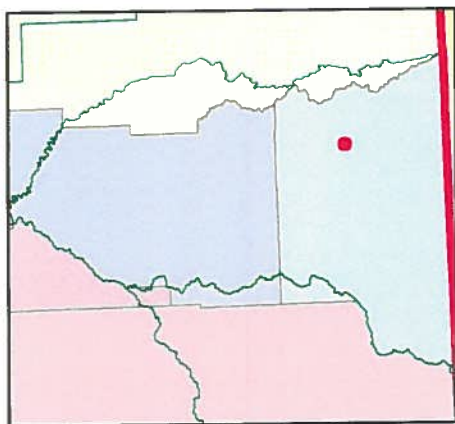
Reviewer _____ Date _____



Idaho Department of Water Resources

Water Right
22-13359
(DOMESTIC)

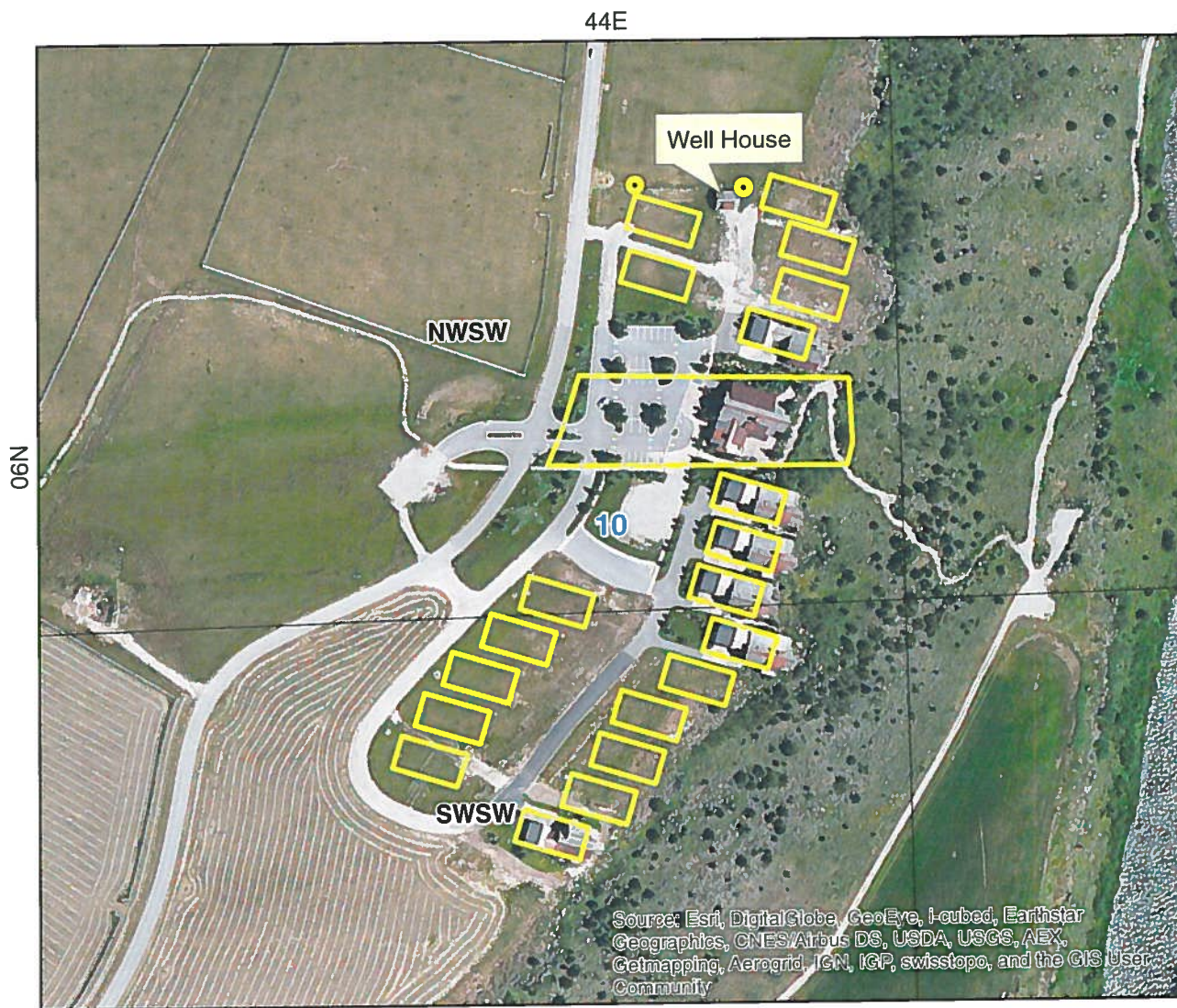
-  Point of Diversion
-  Place of Use
-  State Outline
-  Townships
-  PLS Sections
-  Quarter Quarters



Teton County
IDWR Basin 22

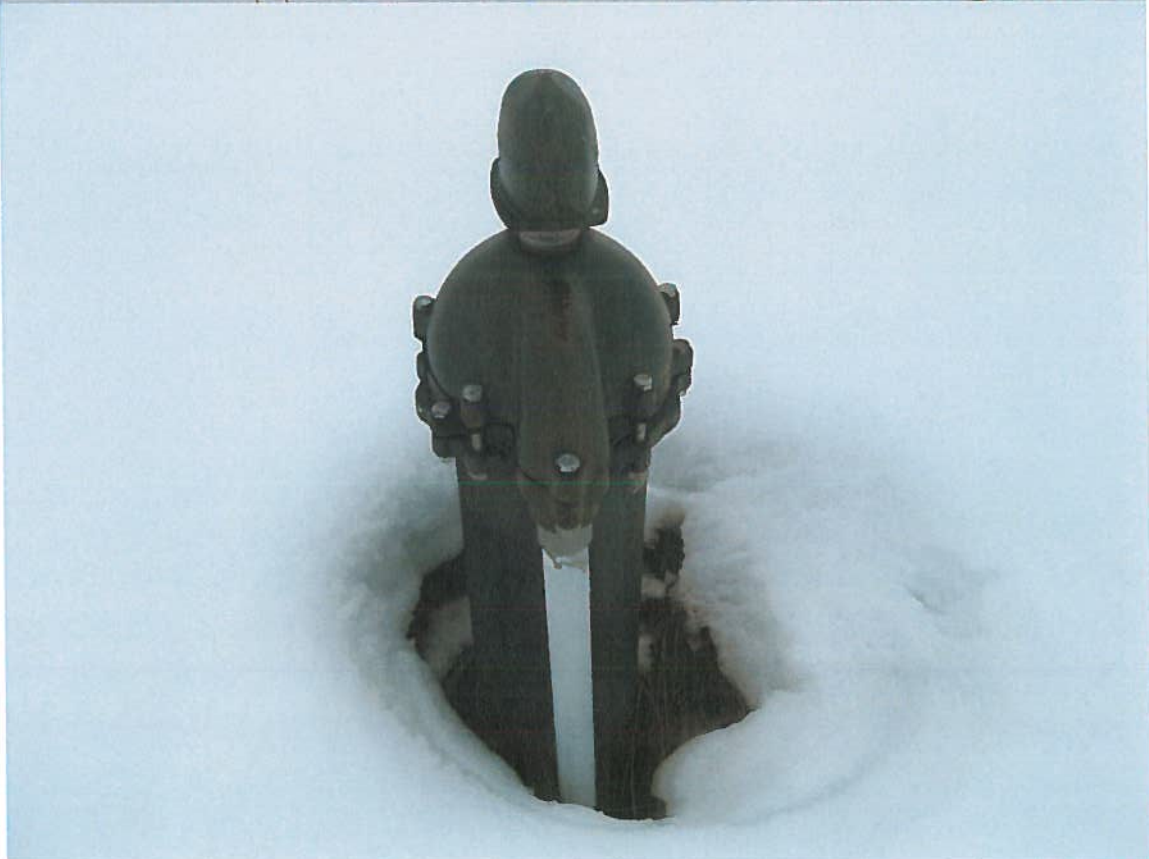
Prepared by Jordan, Blake

ESRI Imagery

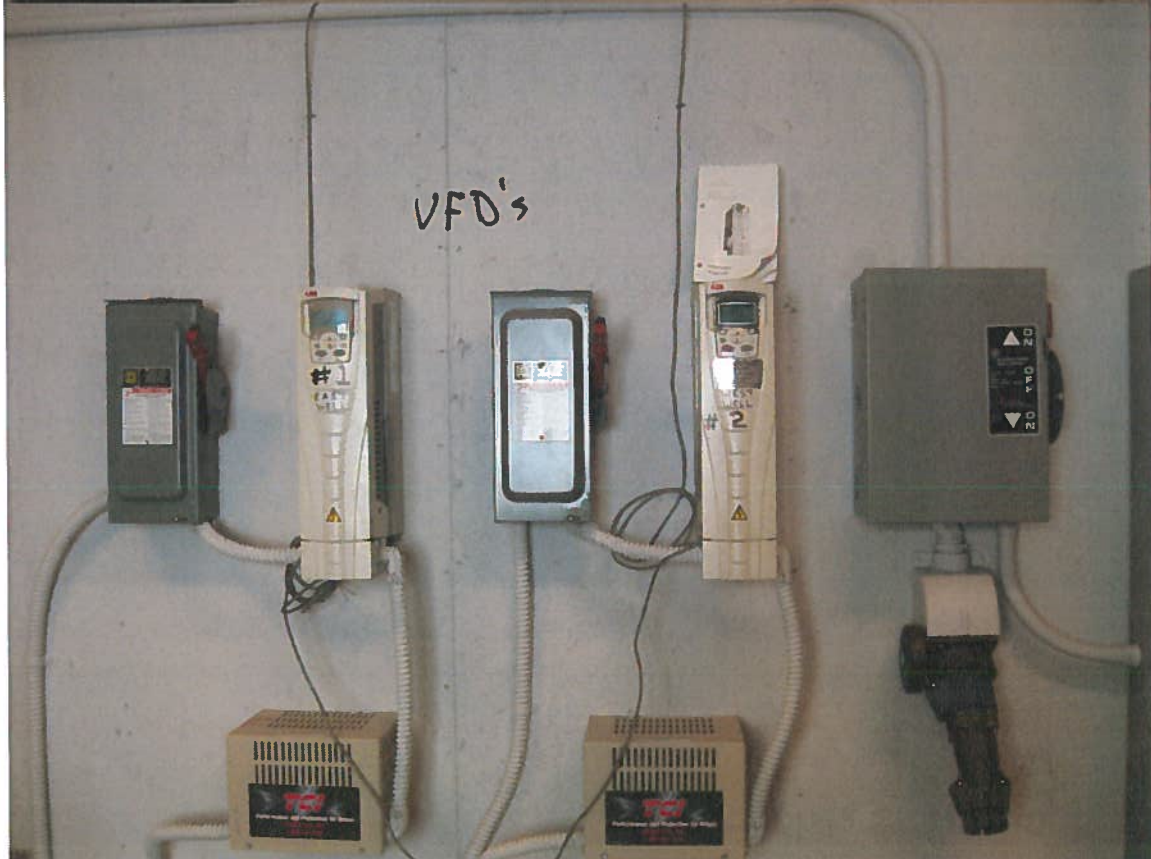


0 0.05 0.1 0.2 Miles

East well



West well







Well House

East well Location



Well House

West well Location

Home



Community Center



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

22

1. WELL TAG NO. D 0043815
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. 22-13359

2. OWNER:
Name West Rim LLC
Address PO Box 240
City Tetonia State Id Zip 83452

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 62 North ☒ or South ☐
Rge. 44 East ☒ or West ☐
Sec. 10 NE 1/4 NW 1/4 SW 1/4
Gov't Lot _____
10 acres 40 acres 160 acres
County _____

Lat: : : Long: : :
Address of Well Site

City Totowa
(Give at least name of road + Distance to Road or Landmark)
Lt. _____ Blk. _____ Sub. Name River Run Ranch

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
NEST Cement	280	0'	7yds	over Bore

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
8"	0'	430'	.365	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method

Screen Type & Method of Installation

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

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian[illegible]

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

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 Dennine Drilling Firm No. 518

Principal Driller Robert L. Williams Date 6-30-06

and
Driller or Operator II Robert Ramsey Date 6-30-06

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0043816
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name West Rim LLC
Address PO Box 240
City Tetonia State ID Zip 83452

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. 44 East ☒ or West ☐
Sec. 10 NE 1/4 NW 1/4 SE 1/4
Gov't Lot _____
Lat: : : Long: : :
Address of Well Site _____

(Give at least name of road - Distance to Road or Landmark)
City _____
Lt. _____ Blk. _____ Sub. Name River Run Ranch

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
<u>NEAT Cement</u>	<u>0</u>	<u>400'</u>	<u>8yds</u>	<u>over Packer</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 400'

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>8"</u>	<u>0'</u>	<u>400'</u>	<u>.365</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
12"	0'	8'	clay			
12"	8'	65'	rock			
12"	65'	75'	clay			
12"	75'	108'	rock			
12"	108'	115'	clay			
12"	115'	400'	rock			
8"	400'	420'	rock			
8"	420'	440'	broken rock	/		
8"	440'	460'	rock		/	
8"	460'	480'	fractured rock	/		
8"	480'	500'	rock		/	
8"	500'	540'	fractures	/		
8"	540'	545'	crevas	/		
8"	545'	560'	fractured rock	/		

RECEIVED

JUL 25 2006

Department of Water Resources
EX-100-00130

Completed Depth 560' (Measurable)

Date: Started 6-7-06 Completed 6-24-06

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 Dennings Drilling Firm No. 518

Principal Driller Dennings Date 6-30-06

and Driller or Operator II Dennings Date 6-30-06

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES