

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 74-15892

Exam Date: 6/18/2014

1. Current Owner: STATE OF IDAHO
DEPT OF TRANSPORTATION
DIVISION OF HWYS
PO BOX 97
RIGBY ID 83442
(208)745-7781

2. Accompanied by:

Phone No:

Address:

Relationship to Permit Holder:

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 SW1/4SE1/4 Sec. 34, Twp 16N, Rge 26E, B.M.

LEMHI County

Method of Determination: Site Visit, GPS (-113.344168, 44.665622)

2.

PLACE OF USE:

<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>
16N	26E	34															X		

Method of Determination: Site Visit

3. _____ Delivery System Diagram Attached (required). Indicate all major components and distances between components. Indicate weir size/pipe as applicable.
- ___x___ Map Attached Showing Location(s) of point(s) of diversion and place(s) of use (required). Scale must be 1:24,000 or greater.
- ___x___ Aerial Photo Attached (required for irrigation of 10+ acres).
- ___x___ 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**

D0054870

Unknown under ground

*Code to correspond with No. on map and aerial photo

D. FLOW MEASUREMENTS

2. Measurements: None – Standard Diversion rate

E. FLOW CALCULATIONS _____ Additional Computation Sheets Attached

Measured Method:

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

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

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

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

2. Volume Calculations for Other Uses:

***Back file indicates that 62500 gal would be used for dust suppression. This equates to 0.2 AF.
(62500/325850 = 0.199 AF), standard domestic use without irrigation is 0.6 AF.

$$0.6 + 0.2 = 0.8 \text{ AF}$$

G. NARRATIVE/REMARKS/COMMENTS

There was no fire protection system developed. This use is for building water and some dust control.

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

BENEFICIAL USE	PERIOD OF USE	DIVERSION RATE	ANNUAL VOLUME
DOMESTIC	01/01 to 12/31	0.040 CFS	0.8 AF

Totals: 0.040 CFS 0.8 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 Kevin Matthews Date 6.18.14

Reviewer _____ Date _____

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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT



1. WELL TAG NO. D 0054870

Drilling Permit No. _____
Water right or injection well # _____

2. OWNER

Name Idaho Transportation Dept District 6
Address PO Box 97
City Rigby State ID Zip 83442

3. WELL LOCATION:

Twp. 16 North ☒ or South ☐ Rge. 26 East ☒ or West ☐
Sec. 34 SW 1/4 SW 1/4 SE 1/4
10 acres 40 acres 160 acres

Gov't Lot _____ County Lemhi
Lat. 44° 39.58.5 (Deg. and Decimal minutes)
Long. 113° 20.34.9 (Deg. and Decimal minutes)
Address of Well Site mm 88.97 State Hwy 28
City Leadore

Lot _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☒ Other maintenance shop for 5-10 employees

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

☒ New Well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

Seal material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method/procedure
bentonite	0	40	700 lbs	overbore

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
8	+1	100	.250	steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 102'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____
Manufactured screen ☐ Y ☒ N Type _____
Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule

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

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____
Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 40 Static water level (ft) 38
Water temp. (°F) cold Bottom hole temp. (°F) cold
Describe access port sanitary well seal

Well test:

Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Ballot	Air	Flowing artesian
102	100	180	☐	☐	☒	☐

Water Quality test or comments: none

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water Y N
12	0	2	top soil	x
	2	35	boulders	x
	35	40	boulders clay	x
8	40	46	wet clay	x
	46	55	boulders clay	x
	55	76	boulder cobbles	x
	76	85	gravely	x
	85	102	gravel sand	x

RECEIVED

APR 08 2009

Department of Water Resources
Eastern Region

Completed Depth (Measurable) 100

Date: Started 2/17/2009 Completed 2/25/2009

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 Harber Drilling Co. No. 430

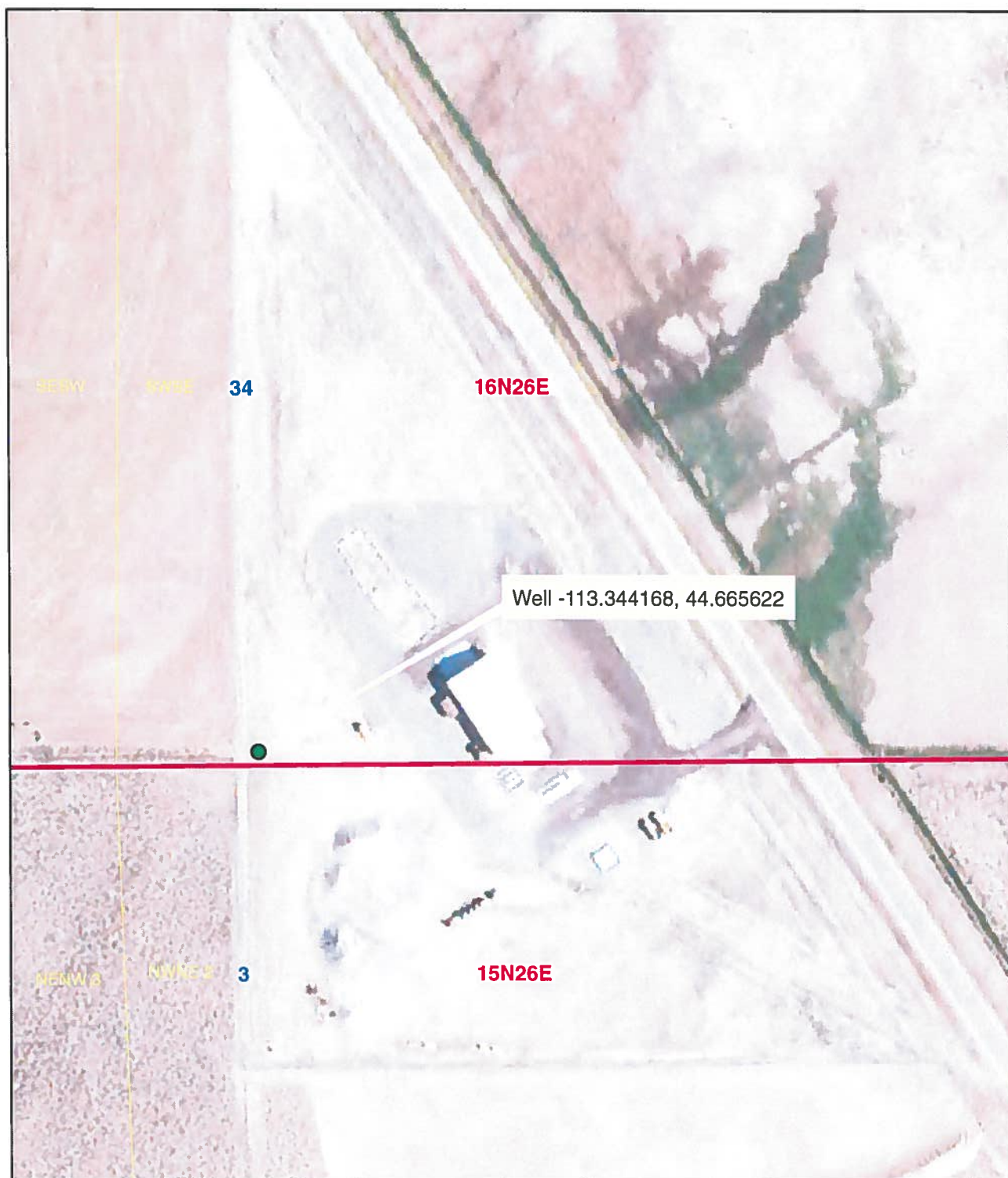
*Principal Driller Alan Harber *Alan Harber* Date 3/7/2009

*Driller _____ Date _____

*Operator II Alan Harber *Alan Harber* Date 3/7/2009

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.



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0 0.015 0.03 0.06 Miles