

PLACE OF USE: DOMESTIC

Method of Determination: Arc Map (Aerial Photo); Tax Lots.

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.

<u>Well or Diversion ID No.*</u>	<u>Motor Make</u>	<u>Hp</u>	<u>Motor Serial No.</u>	<u>Pump Make</u>	<u>Pump Serial No. or Discharge Size</u>
_D0042431_____	_Franklin_	_1.5_	_Unknown_____	_Unknown_	_____Unknown_____
_D0038329_____	_Franklin_	_3/4_	_Unknown_____	_Unknown_	_____Unknown_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

D. FLOW MEASUREMENTS

1.

<u>Measurement Equipment</u>	<u>Type</u>	<u>Make</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Size</u>	<u>Calib. Date</u>
_____N/A_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

2. Measurements: No field measurement. Water systems pressurized by pressure tanks.

E. FLOW CALCULATIONS

_____Additional Computation Sheets Attached

Measured Method: (Theoretical Horsepower Equation)

Domestic Well:

$$Q = 8.8 \times 0.7 \times 0.75 / 150 + (2.31 \times 30) = 4.62 / 219.30 = 0.02 \text{ cfs}$$

$$Q(\text{theoretical}) = 0.02 \text{ cfs} < 0.08 \text{ cfs } Q(\text{permit})$$

$$HP = 3/4$$

$$Z = 150'$$

$$P = 30 \text{ psi (Assumed)}$$

Commercial Well:

$$Q = 8.8 \times 0.7 \times 1.5 / 150 + (2.31 \times 30) = 9.24 / 219.30 = 0.04 \text{ cfs}$$

$$Q(\text{theoretical}) = 0.04 \text{ cfs} < 0.06 \text{ cfs } Q(\text{permit})$$

$$HP = 1.5$$

$$Z = 150'$$

$$P = 30 \text{ psi (Assumed)}$$

Appears that the neither the domestic well nor the commercial well can attain the permit diversion rates.

Recommend the theoretical pumping capacity of the Domestic Well of 0.02 cfs.

Recommend the theoretical pumping capacity of the Commercial Well of 0.04 cfs.

Recommended total diversion rate of 0.06 cfs.

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation: N/A

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

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

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

2. Volume Calculations for Other Uses: (Commercial – Restaurant)

Fixtures:

8 sinks @ 5 gpm = 40 gpm

Estimate 20 hours/week

3 toilets @ 5 gpm = 15 gpm

Gallons per week = 55 gpm x 60min/hr x 20 hr = 66,000 gallons

Gallons per year = 66,000 gallons x 52 = 3,432,000 gallons

$$V = 3,432,000/325,850 = 10.5 \text{ AFA}$$

G. NARRATIVE/REMARKS/COMMENTS**WATER SUPPLY SYSTEM:**

Water Right Permit No. 65-23013 is comprised of two (2) separate water systems. The commercial well, which is located northerly of the domestic well, provides ground water to a restaurant. A 1 ½-hp submersible pump diverts water from the well for commercial use. The domestic well provides ground water to 1 home. A ¾-hp submersible pump diverts water from the well for domestic use.

Prior to the drilling of the commercial well for the restaurant, an artesian well located in a mechanical room adjacent to the restaurant provided water for the restaurant. According to the restaurant and property manager, the artesian well has been abandoned.

NOTE: Since Water Right Permit No. 65-23013 is comprised of two separate water systems and places of use. Recommend splitting the permit into two separate water rights – Commercial & Domestic.

OVERLAP ANALYSIS:

Point of Diversion: There are no point of diversion overlaps for Water Right Permit No. 65-23013.

Place of Use: There are no place of use overlaps for Water Right Permit No. 65-23013.

Have conditions of permit approval been met? ☒ Yes ☐ No

CONDITION NO.2 – Commercial use is for a restaurant and RV Park. The RV Park was never developed, therefore the only commercial use is for the restaurant.

CONDITION NO.7(X01) – Domestic use is for 2 homes. An apartment adjacent to the restaurant is no longer used for domestic use. Therefore, domestic use is for 1 home.

RATE &/OR STORAGE RECOMMENDED FOR LICENSING

Description	Rate of Flow (cfs)		Storage (af)
Permit Amount	0.08	&/or	N/A
Beneficial Use Limit	0.08	&/or	N/A
System Measurement	0.06 (theoretical)	&/or	N/A
Proof Fee Amount	0.20	&/or	N/A
Recommended Amount	0.06	&/or	N/A

H. RECOMMENDATIONS

1. Recommended Amounts

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
COMMERCIAL	01/01 to 12/31	0.040 CFS	10.5 AFA
DOMESTIC	01/01 to 12/31	0.020 CFS	
<u>Totals:</u>		0.060 CFS	10.5 AFA

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

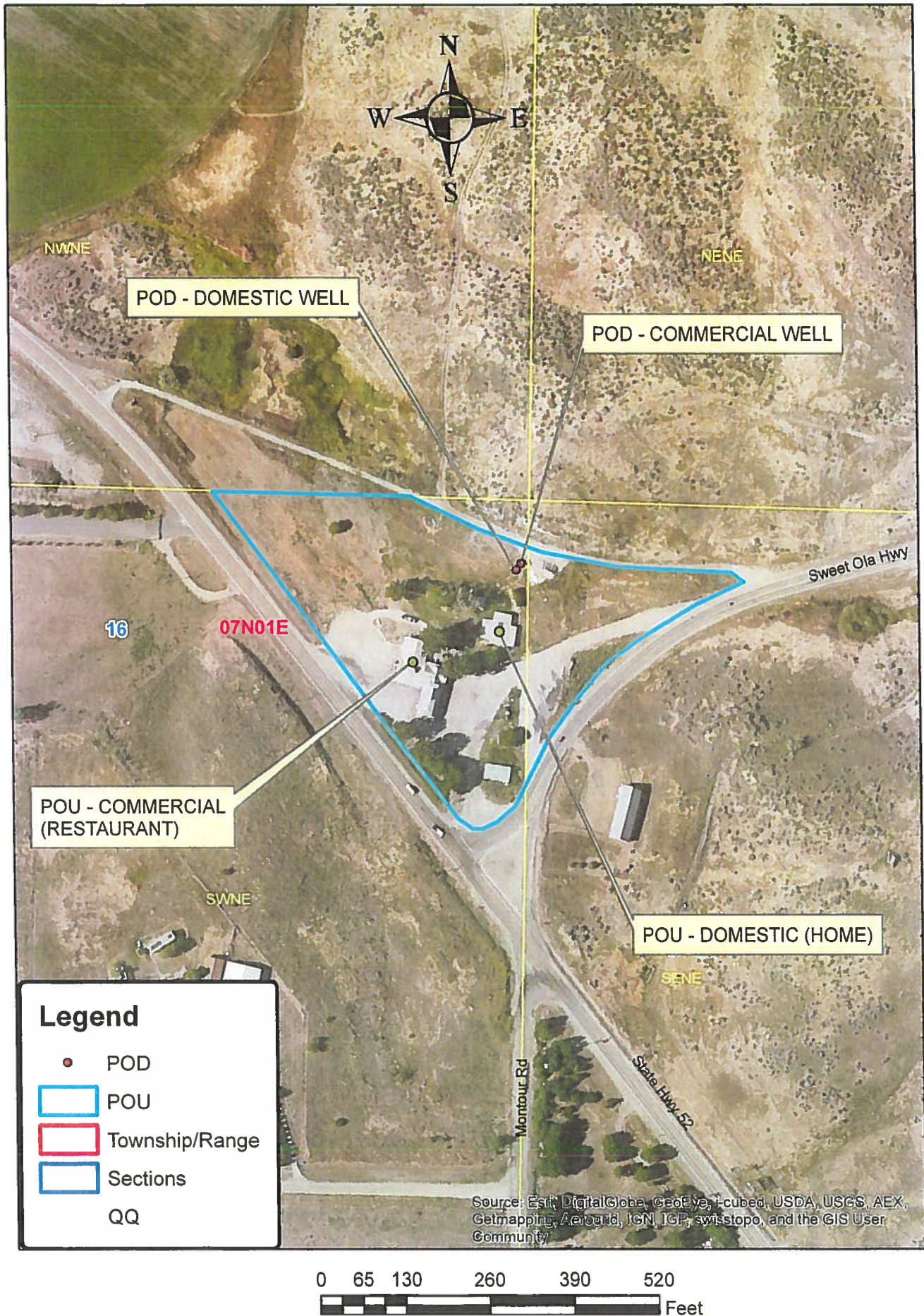
I. AUTHENTICATION

Field Examiner's Name *Rick Collingwood* Date 3/3/14

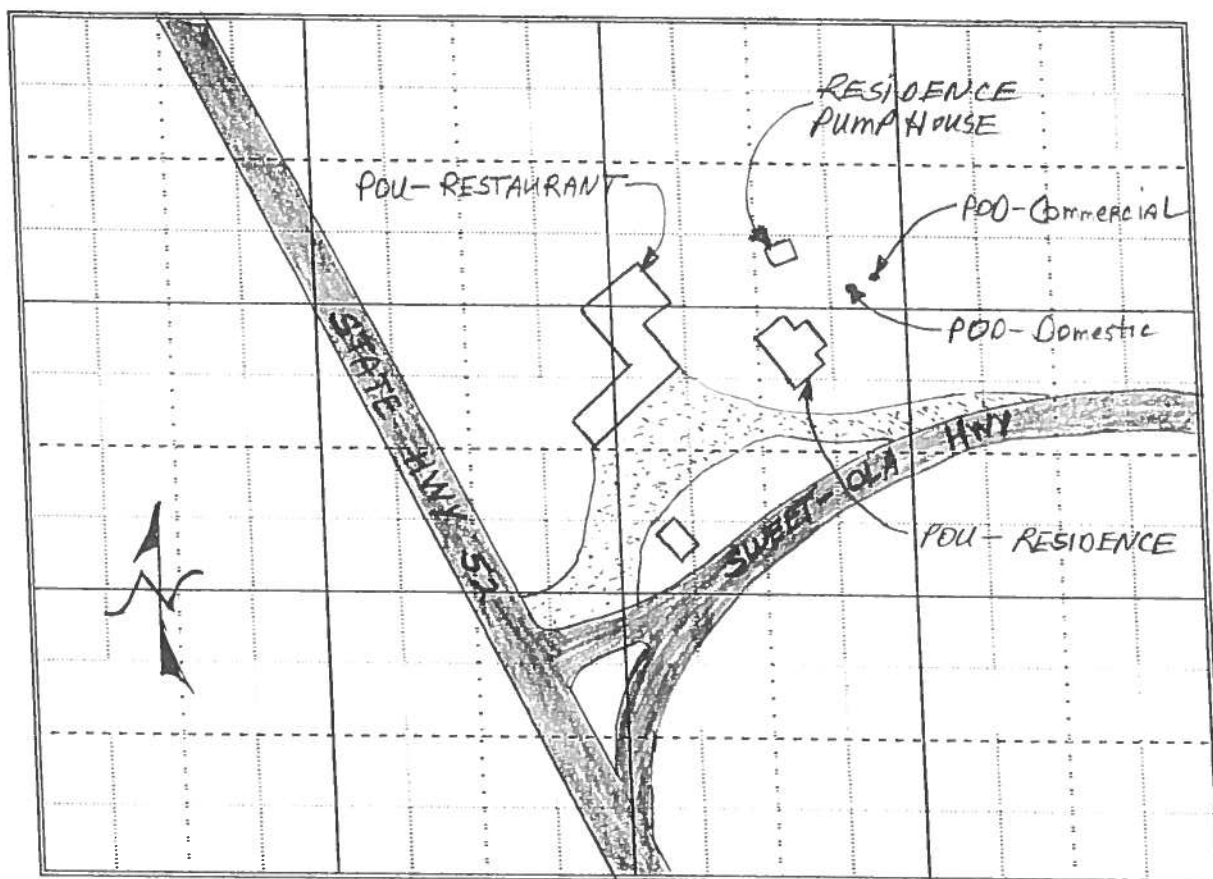
Reviewer _____ Date _____

65-23013

ESRI AERIAL PHOTO - 2012



3. **Delivery System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe diameter (inside), as applicable. Use the space provided or ☐ see attached.



Scale: 1" = NTS

- ☐ Copy of USGS Quadrangle attached showing location(s) of point(s) of diversion and place(s) of use (required)
- ☒ Aerial photo attached (required for irrigation of 10+ acres)
- ☒ Photo of diversion and system attached

65

Corrosive (SODIUM) ...

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only
Well ID No. 825946
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____

1. WELL TAG NO. D D00 38329
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name William G. Perkins
Address 8770 N Hwy 52
City Emmett State Id Zip 83617

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 7 North ☒ or South ☐
Rge. 16 East ☒ or West ☐
Sec. 16 1/4 NE 1/4 SW 1/4
Gov't Lot _____
Lat: _____ Long: _____
Address of Well Site 8770 N Hwy 52
City Mountain Jct.

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>Bentonite</u>	<u>0</u>	<u>55</u>	<u>50 lbs</u>	<u>Pour Dry</u>
			<u>48 Sacks</u>	

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
<u>6" + 1</u>	<u>20</u>	<u>250</u>		<u>Steel</u>	☒	☐	☒	☐
<u>4.5</u>	<u>20</u>	<u>180</u>	<u>80</u>	<u>PVC</u>	☐	☒	☐	☒

Length of Headpipe None Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

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

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>100</u>	<u>180</u>	<u>1/4 x 3/8</u>	<u>100</u>	<u>4.5</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>None</u>				

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

12. WELL TESTS:
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
<u>25</u>	<u>140'</u>	<u>140</u>	<u>1 HR.</u>

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

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Depth first Water Encounter _____

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10"</u>	<u>0'</u>	<u>20'</u>	<u>Top soil & decomposed material</u>		☒
<u>6"</u>	<u>20'</u>	<u>120'</u>	<u>Decomposed granite</u>		☒
<u>6"</u>	<u>120'</u>	<u>180'</u>	<u>Gravel & sand</u>	☒	

Completed Depth 180' (Measurable)
Date: Started Nov. 8th - 04 Completed Nov. 8-04

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 all State Drilling Firm No. 561
Principal Driller Mary Jones Date Dec. 8th 04
and
Driller or Operator II Rob Holloway Date 12/8/04
Operator I _____ Date _____
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0042431
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER: John Perkins
 Name _____
 Address 8770 N Hwy 32
 City Sweet State ID Zip 83670

3. LOCATION OF WELL by legal description:

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

Twp. 7 North ☒ or South ☐
 Rge. 1 East ☒ or West ☐
 Sec. 16 1/4 NE 1/4 SW 1/4
 Gov't Lot _____ County Goshute 10 acres 40 acres 160 acres
 Lat: : : Long: : :
 Address of Well Site 8770 N Hwy 32
 City Mountain Rd.

(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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	60	1200 lbs	Poor Dry

Was drive shoe used? ☒ ☐ N Shoe Depth(s) 170'Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6" x 1"	170	250		Steel	☒	☐	☒	☐

Length of Headpipe 0 Length of Tailpipe _____Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method NoneScreen Type & Method of Installation None

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

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
None				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

10 ft. below ground Artesian pressure 0 lb.Depth flow encountered 170 ft. Describe access port or control devices: _____

838784

Office Use Only

Well ID No. 396574

Inspected by _____

Twp _____ Rge _____ Sec _____

1/4 1/4 1/4

Lat: : : Long: : :

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>12</u>	<u>100'</u>	<u>90'</u>	<u>1 HR</u>

Water Temp. Cold Bottom hole temp. ColdWater Quality test or comments: Good

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	60	Top soil 1 DG		☒
6"	60	120	cl		☒
6"	120	170	Shale sand	☒	
6"	170	180	Shale		

Modify by removing
PVC & Replacing with
Steel casing

SCANNED

JUL 31 2006

RECEIVED

MAY 09 2006

WATER RESOURCES
WESTERN REGIONCompleted Depth 180' (Measurable)Date: Started 2/10/06 Completed 2-15/06

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 allstate drilling Firm No. 561Principal Driller Ray Jones Date 5/8/06

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

FIELD EXAM PHOTOS

Water Right Permit: 65-23013

Field Exam Date: 6-19-13

PLS: SW1/4, NE1/4 Section 16, T.07N, R.01E.

Field Examiner: RC



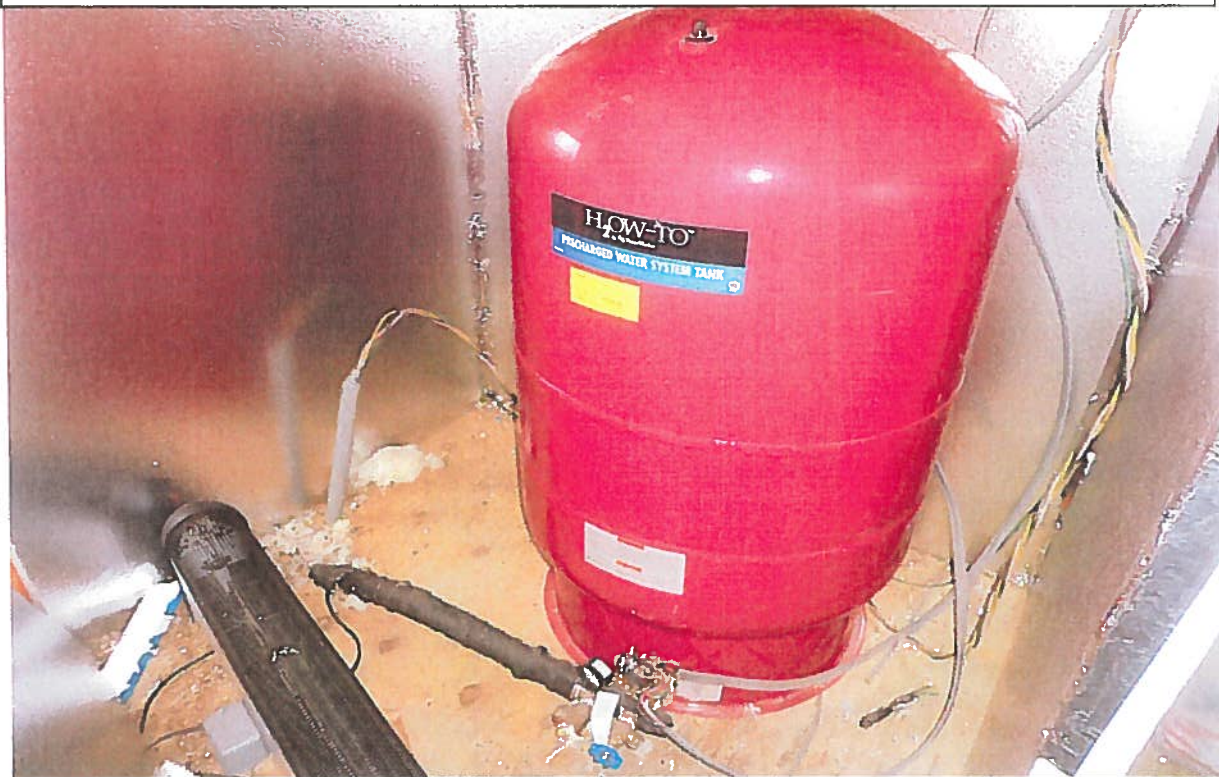
Point of Diversion: View northerly of the commercial well and the domestic well located northerly of the restaurant and home.



Place of Use: View westerly of the restaurant served by the commercial well.



Place of Use: View southwesterly of the home and storage/pump house.



View inside the storage/pump house of the pressure tank and supply line to the home.

MEMORANDUM

TO: File 65-23013

FROM: Kay Walker 

RE: Phone conversation

Date: April 25, 2014

.....

Aaron Lowe called me this morning in regard to this permit. He is purchasing the property from Mrs. Perkins on contract. Mrs. Perkins came to him yesterday with the licensing amendment and in tears. She is still grieving the death of her husband. She gave the amendment to Mr. Lowe and that is what caused him to contact me. We discussed the situation, the need for the licensing amendment, and Mr. Lowe's authority to sign. Since he is buying the property under contract he can sign the licensing amendment and pay the fee. Advised him the license will still be issued in Mr. Perkin's name but he can file a notice of change in ownership when he has paid the property off.

Send copy of the license to:
Aaron Lowe
8770 N Hwy 52
Sweet, ID 83670



State of Idaho

DEPARTMENT OF WATER RESOURCES

Western Region, 2735 Airport Way • Boise, Idaho 83705-5082

Phone: (208) 334-2190 • Fax: (208) 334-2348 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

April 22, 2014

WILLIAM G PERKINS
16584 SWEET-OLA RD
OLA ID 83657-5017

RE: Permit No. 65-23013

Dear Permit Holder:

The Department of Water Resources sent you an Application for Amendment form on March 21, 2014, for the above referenced Permit. The amendment is required because the field examiner who verified the water use established in connection with your permit reported that one or more elements of your water use differs from the permit. As of this date the Department has not received a response.

If we do not receive the amendment within thirty (30) days, I will assume you are no longer interested in obtaining a water right license and **the permit will be voided**. In case the amendment form we sent you has been misplaced a new one is enclosed.

If you have any questions, please contact me as soon as possible at (208)334-2190.

Sincerely,

A handwritten signature in black ink that reads "Kay Walker". The signature is written in a cursive, flowing style.

KAY WALKER
Sr. Water Resource Agent

Enclosure



State of Idaho

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C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

March 21, 2014

WILLIAM G PERKINS
16584 SWEET-OLA RD
OLA ID 83657-5017

RE: Water Right Permit No. 65-23013

Dear Permit Holder:

The Department of Water Resources is reviewing the permit referenced above prior to issuing a water right license. By issuing a license, the Department confirms the extent of development that has been established in compliance with the terms of the permit. The examiner who verified your water use reported that certain elements of the permit have been developed differently than described on your permit. Changes that do not increase the authorized use of water under the permit can be requested and approved in accordance with Section 42-211, Idaho Code. Before a license can be issued, your permit must be amended to depict your water use as it was actually developed.

Based on the examiner's report, the following elements were developed differently than described on your permit:

 Points of Diversion

The enclosed Application for Amendment form depicts the elements of the water right as they will appear on the licenses when issued. Because this right was developed as two separate systems we will issue two licenses, one for your domestic use and one for your commercial use. We have only sent one amendment form to save you from paying two amendment fees. Please review the amendment form carefully. If you concur with the information presented, please sign the form and return it with a \$100.00 filing fee within 14 days.

If you have any questions, please call me at 334-2190.

Sincerely,

A handwritten signature in black ink that reads "Kay Walker".

KAY WALKER
Sr. Water Resource Agent

Enclosure



State of Idaho

DEPARTMENT OF WATER RESOURCES

Western Region, 2735 Airport Way • Boise, Idaho 83705-5082

Phone: (208) 334-2190 • Fax: (208) 334-2348 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

June 13, 2013

Triangle Inn
c/o Mrs. William G. Perkins
8770 N. Highway 52
Sweet, ID 83670

Re: Water Right 'Assignment of Permit'

Dear Mrs. Perkins:

Enclosed please find an 'Assignment of Permit' form. Water Right Permit No. 65-23013, which is associated with the property of the Triangle Inn, is owned by your late husband. In order to transfer your name to the water right permit as the current owner, we will need you to complete the enclosed 'Assignment of Permit' form. The processing fee for the 'Assignment of Permit' is \$25.00.

Along with submitting your 'Assignment of Permit', we will also need a copy of your husband's death certificate.

If you have any questions, please give me a call. I will be meeting with Aaron on Wednesday, June 19, to conduct a field examination for Water Right Permit No. 65-23013.

Sincerely,

A handwritten signature in cursive script that reads "Rick Collingwood". The signature is written in dark ink and is positioned above the printed name and title.

Rick Collingwood, P.E.
Water Resource Agent, Sr.



State of Idaho

DEPARTMENT OF WATER RESOURCES

Western Region, 2735 Airport Way • Boise, Idaho 83705-5082

Phone: (208) 334-2190 • Fax: (208) 334-2348 • Web Site: www.idwr.idaho.gov

June 6, 2013

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

William G. Perkins
16584 Sweet-Ola Road
Ola, ID 83657-5017

RE: Scheduling Field Exam for Water Right Permit No. 65-23013

We are planning to **conduct water right field examinations** in the vicinity of the above-referenced permit **during the week of June 17, 2013**. An examination is needed to verify your water use in order to issue a water right license.

Please be advised that you will need to operate your system under normal operating conditions during the examination. The permit authorizes the diversion of 0.08 cfs of ground water for domestic use for 2 homes and commercial use for a restaurant and RV park.

In order to conduct your exam as efficiently as possible, we ask that you call this office to schedule a day and time convenient for you. **Please call me at 208-334-2190 by June 14, 2013, to conduct the exam during the week of June 17, 2013.** If there is a problem with scheduling or conducting the examination at this time, please let me know so we can reschedule or make other arrangements.

I appreciate your attention to this matter and I look forward to hearing from you.

Sincerely,

A handwritten signature in black ink that reads "Rick Collingwood". The signature is written in a cursive, flowing style.

Rick Collingwood, P.E.
Water Resource Agent, Sr.