

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 15-7245

Exam Date: 1/29/2014

1. Current Owner: GEORGE SHACKLEY
659 E 2300 N
NORTH OGDEN UT 84414
(801)782-4424
2. Accompanied by: In office exam
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 SE1/4SE1/4 Sec. 10, Twp 14S, Rge 35E, B.M.
ONEIDA County

Method of Determination: Map, aerial photography and phone conversation (1/29/2014) with George Shackley.

2.

PLACE OF USE: IRRIGATION

Twp	Rge	Sec	NE				NW				SW				SE				Totals
14S	35E	10	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	5.0
																			5.0

Total Acres: 5

Method of Determination: Map and Aerial photography

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).
 _____ Photo of Diversion and System Attached

D. FLOW MEASUREMENTS

In office filed exam

E. FLOW CALCULATIONS

____ Additional Computation Sheets Attached

Measured Method: Theoretical Calculation

$$Q = \frac{8.8 * 0.70 \text{ (Efficiency)} * 5.0 \text{ (hp)}}{182 \text{ ft} + 2.31 * 50 \text{ (psi)}}$$

Q= 0.10 cfs

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{I.R.} = 5.0 \text{ (Acres Irrigated)} \times 3.5 \text{ (Irrigation Requirement)} = 17.5 \text{ acre-feet}$$

$$V_{D.R.} = 0.10 \text{ (cfs)} \times 214 \text{ Days} \times 1.9835 = 42.4 \text{ acre-feet}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 17.5 \text{ acre-feet}$$

2. Volume Calculations for Other Uses: N/A

G. NARRATIVE/REMARKS/COMMENTS

This permit will require an amendment. The actual point of diversion and place of use is located in the SESE of 14S, 35E, Section 10. George Shackley (permit holder) does not own property in the SESW of 14S, 35E, Section 10. According to Oneida County taxlot data, George Shackley owns a lot located in the SESE of 14S, 35E, Section 10. Per phone conversation (1/29/2014) with George Shackley, the irrigation system consists of a 5.0 Hp submersed pump to several sprinklers and the point of diversion is located between his blue shed and barn. The well drillers report indicates that the well is located in the SESESW of 14S, 35E, Section 10 which is in error. Aerial photography shows 5.0 acres being irrigated, which surrounds the blue shed and barn.

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

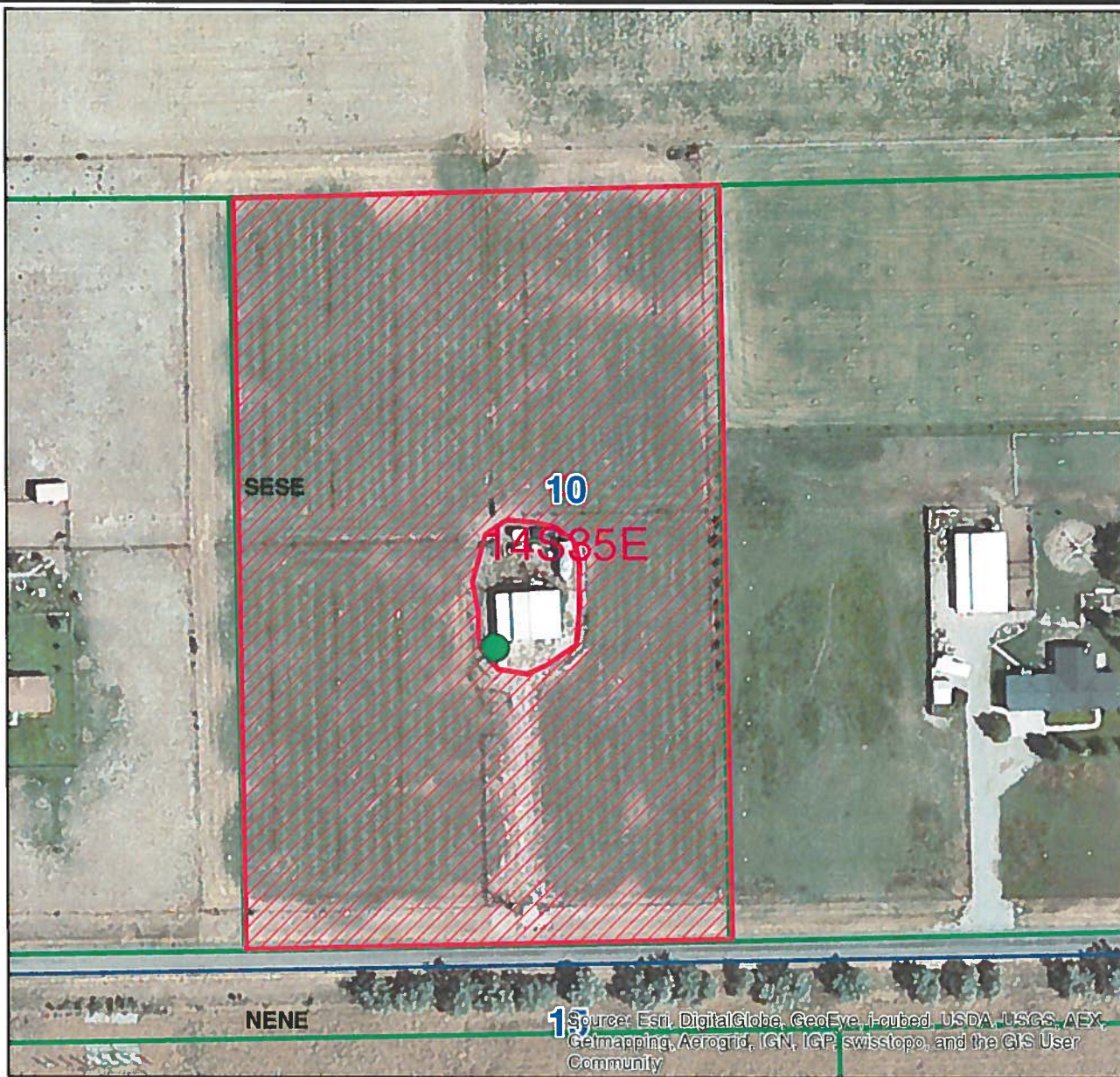
1. Recommended Amounts

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
IRRIGATION	04/01 to 10/31	0.100 CFS	17.50 AF
<u>Totals:</u>		0.100 CFS	17.50 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 Bhaskar Date 1/29/2014

Reviewer _____ Date _____



0 75 150 300 Feet

1 inch = 129 feet

-  POD
-  POU
-  Township/Range
-  Sections
-  QQ
-  Taxlots



1. WELL TAG NO. D 8027799
DRILLING PERMIT NO. 15
Water Right or Injection Well No. _____

2. OWNER: George Shackley
Name _____
Address _____
City Malden State Id Zip 83252

3. LOCATION OF WELL by legal description:

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

Twp. 14 North ☐ or South ☒
Rge. 35 East ☒ or West ☐
Sec. 10 SE 1/4 SE 1/4 SW 1/4
Gov't Lot _____
County Orilla

Lat: _____ Long: _____

Address of Well Site _____

(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

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____ (Replacement etc.)

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>20</u>	<u>5 bags</u>	<u>overbore</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 340

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>0</u>	<u>340</u>	<u>.280</u>	<u>steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method torch machined

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>280</u>	<u>340</u>	<u>1/4" x 1/8"</u>	<u>1440</u>	<u>6"</u>	<u>steel</u>	☒	☐
<u>260</u>	<u>270</u>	<u>1/4" x 1/8"</u>	<u>240</u>	<u>6"</u>	<u>steel</u>	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

182 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>120</u>			

Water Temp. cold Bottom hole temp. cold

Water Quality test or comments: good

Depth first Water Encountered 215

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>8"</u>	<u>0</u>	<u>20</u>	<u>Brown clay</u>			☒
<u>10"</u>	<u>20</u>	<u>100</u>	<u>Brown clay w/ sand</u>			☒
<u>10"</u>	<u>100</u>	<u>140</u>	<u>grey clay</u>			☒
<u>6"</u>	<u>140</u>	<u>153</u>	<u>Brown clay</u>			☒
<u>6"</u>	<u>153</u>	<u>180</u>	<u>gravel + brown clay</u>			☒
<u>6"</u>	<u>180</u>	<u>200</u>	<u>clay sand gravel</u>			☒
<u>6"</u>	<u>200</u>	<u>215</u>	<u>gravel clay</u>		☒	
<u>6"</u>	<u>215</u>	<u>225</u>	<u>gravel</u>		☒	
<u>6"</u>	<u>225</u>	<u>233</u>	<u>clay</u>			☒
<u>6"</u>	<u>233</u>	<u>240</u>	<u>gravel clay</u>			☒
<u>6"</u>	<u>240</u>	<u>245</u>	<u>gravel</u>		☒	
<u>6"</u>	<u>245</u>	<u>250</u>	<u>Dark Brown clay some gravel</u>		☒	
<u>6"</u>	<u>250</u>	<u>255</u>	<u>gravel Brown clay</u>			☒
<u>6"</u>	<u>255</u>	<u>260</u>	<u>clay Brown</u>			☒
<u>6"</u>	<u>260</u>	<u>270</u>	<u>gravel</u>		☒	
<u>6"</u>	<u>270</u>	<u>278</u>	<u>Brown clay some gravel</u>			☒
<u>6"</u>	<u>278</u>	<u>300</u>	<u>gravel some clay</u>		☒	
<u>6"</u>	<u>300</u>	<u>305</u>	<u>Brown clay</u>			☒
<u>6"</u>	<u>305</u>	<u>340</u>	<u>gravel w/ clay</u>		☒	

RECEIVED

OCT 24 2003

Department of Water Resources
Eastern Region

Completed Depth 340 (Measurable)

Date: Started 9-4-03 Completed 9-9-03

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 Northwest Well Drilling Firm No. 543

Principal Driller Michael Franden Date 10-26-03

and Driller or Operator II Mike Franden Date 9-14-03

Operator I _____ Date _____

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