

053490

1. DRILLING PERMIT NO. 63-94-W-0959-000

Other IDWR No. _____

2. OWNER:

Name **ROGER CANTLIN**
Address **8590 S. COLE ROAD**
City **BOISE** State **ID** Zip **83709**

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

		N		
W			X	E
		S		

Twp. 2 North ☒ or South ☐
 Rge. 1 East ☒ or West ☐
 Sec. 12 1/4 NW 1/4 SE 1/4
10 acres 40 acres 160 acres
 Gov't Lot _____ County ADA

Address of Well Site _____

8401 S. COLE ROAD City **BOISE**

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other_____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENT	0	18	5 S	OVERBORE

Was drive shoe used? Y ☒ N ☐

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	41	209	250	STEEL	☒ X	☐	☒ X	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe 5' Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☒ Screens Screen Type **TELESCOPING**

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
210	220	20	5		ST. ST.	☐	☐
						☐	☐
						☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

100 ft. below ground Artesian pressure lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
100		200	2HR

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

13. DRILLER'S CERTIFICATION

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

S.O.S.WELLDRLING **212**
Firm Name Firm No.

Firm Official Fred Green Date 10-25-89
and

Supervisor or Operator Kemp. Kinyan Date 10-18-94
(Sign once if Firm Official & Operator)

Drilling Permit No. 63-94-W-0959-000
 Water Right Permit No. _____
 Injection Permit No. _____
WELL DRILLER: PLEASE COMPLETE FOR VERBALS
 DWR Employee Issuing Verbal: Denise
 Verbal Issued Date: 10/12/94 Time: 8:30

RECEIVED

NOV 14 1994

WATER RESOURCES
WESTERN REGIONState of Idaho
Department of Water Resources**APPLICATION FOR DRILLING PERMIT**
(FOR THE CONSTRUCTION OF A WELL)

1. Applicant (please print): ROGER + VICKIE CANTLIN
2. Mailing Address: 8590 S. Cole Rd.
 City & State Boise Idaho Zip Code 83709 Telephone 362-4295
☒ Well Owner ☐ Well Operator ☐ Contractor or Other, specify _____
3. Proposed Well Location: Twp. 2N, Rge. 1E, Sec. 12, NE 1/4 SE 1/4
 Gov't Lot No. _____ County ADA
 Street Address of Well Site 8401 S. Cole Rd. City Boise
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 250'
- 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: 10/12/947. Anticipated Well Driller: SOS Well Drilling + Pump & Etc. Driller's Lic. No. 212

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

8. Applicant's Signature Grinda Hackett Date 10/14/94

Title _____

(Owner, Firm Representative, Other)

ACTION OF THE DEPARTMENT OF WATER RESOURCES

This Permit is APPROVED

Date 11-14-94

If approved, this permit authorizes the constuction or modification of a well subject to the following conditions. **READ CAREFULLY!**

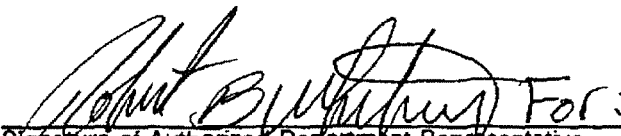
GENERAL CONDITIONS:

1. This drilling permit is valid for two (2) months from the above approval date for the start of construction and is valid for one (1) year from the approval date for completion of the well unless an extension has been granted.
2. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare which may be required before construction of this well. All wells must be drilled a minimum distance of 100 feet from a drain field. Domestic and Public Water Supply wells must be drilled a minimum of 50 feet and 100 feet respectively from a septic tank.
3. The well shall be constructed by a driller currently licensed in the State of Idaho who must maintain a copy of the drilling permit at the drilling site.
4. Approval of this drilling permit does not authorize trespass on the land of another party.
5. This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.
6. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
7. If a bottom hole temperature of 85° or greater is encountered, well construction shall cease and the well driller and the well owner shall contact the Department immediately.

SPECIFIC CONDITIONS:

USE FROM THIS WELL IS
LIMITED TO "DOMESTIC"
PURSUANT TO I.C. 42-111.

DAVID R. TUTHILL JR.
MANAGER
WESTERN REGIONAL OFFICE



Signature of Authorized Department Representative

Title

Receipt No. W018356 Received by QB Fee 35- Date 11-14-94

EXTENSION OF DRILLING PERMIT

Extension approved by _____ Approval Date _____

This extension expires: _____