

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 15-7115
Exam Date: 10/4/2012

1. Current Owner: REED MC BRIDE
86 E 155 S
MALAD CITY ID 83252
(208)766-2761
2. Accompanied by: Reed McBride
Phone No: 766-2761
Address:
Relationship to Permit Holder: Same

3. SOURCE TRIBUTARY
GROUND WATER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: No private, Deep Creek Irrigation shares
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 SE1/4NE1/4 Sec. 3, Twp 15S, Rge 36E, B.M. ONEIDA County

Method of Determination: GPS -112.231882, 42.14972: Site Visit

2.

<u>PLACE OF USE:</u>		STOCKWATER													
Twp	Rge	Sec	NE			NW			SW			SE			Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
15S	36E	3				X									

<u>PLACE OF USE:</u>		DOMESTIC													
Twp	Rge	Sec	NE			NW			SW			SE			Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
15S	36E	3				X									

<u>PLACE OF USE:</u>		Irrigation													
Twp	Rge	Sec	NE			NW			SW			SE			Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
15S	36E	3				24.0									24.0

Total Acres: 24

Method of Determination:

- 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>
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700302	Unknown	7.5			
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*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>
Fuji Ultra Sonic	Portaflow	Fuji	00F4099T	91012		

2. Measurements: 1.38 cfs

E. FLOW CALCULATIONS

Additional Computation Sheets Attached

Measured Method:

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 24 \times 3.5 = 84 \text{ AF}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = .4 \times 214 \times 1.9835 = 170 \text{ AF}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 84 \text{ AF}$$

2. Volume Calculations for Other Uses:

$$\text{Standard Domestic rates w/ } \frac{1}{2} \text{ acre irrigation} = 1.2 \text{ AF}$$

$$\text{Stockwater} = 20 \text{ head} \times 12 \text{ gpd} = 240 \times 365 = 87600/425850 = .20 \text{ AF}$$

G. NARRATIVE/REMARKS/COMMENTS

Place of use and point of diversion ok, applicant also has 27 shares in Deep Creek Irrigation Company. Ground water is mixed with surface water to irrigate the property. Ground water is too salty to irrigate with alone.

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>
STOCKWATER	01/01 to 12/31	0.020 CFS	0.20 AF
DOMESTIC	01/01 to 12/31	0.040 CFS	1.20 AF
IRRIGATION	04/01 to 11/01	0.400 CFS	84.00 AF
<u>Totals:</u>		0.460 CFS	85.40 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 Kerrie Mathew Date 10-4-2012
 Reviewer James Cefalo Date May 8, 2013



-112.231882, 42.14972
POD

15-7115

-  Domestic
-  Stockwater
-  Irrigation
-  Distribution System
-  Township/Range
-  Sections
-  QQ



Field Exam – October 4, 2012 - 15-7115



Well



Pivot NE of Well



View E of Well



View SE of Well



View S of Well



View W of Well

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 15-94-E-009-000
Other IDWR No. 15-07115

56279

2. OWNER:
Name Reed McBride
Address 86 East 155 South
City Mald State ID Zip 83252

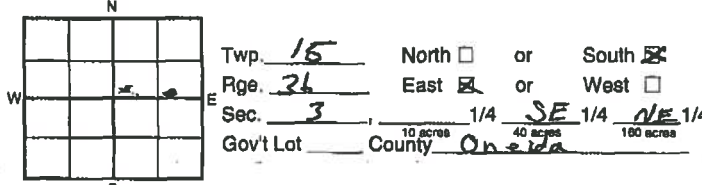
11. WELL TESTS:

Pump Bailer Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

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



12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"	0	20	clay		X
10"	20	45	clay		X
10"	45	50	Sand	X	
10"	50	111	clay		X
10"	111	120	Gravel, Sand & clay	X	
10"	120	140	clay		X
10"	140	160	Gravel & Clay	X	
10"	160	166	clay		X
10"	166	170	Gravel & clay	X	
10"	170	195	white clay		X
10"	195	203	Gravel & clay	X	
10"	203	232	little Gravel & clay	X	
10"	232	245	Blue Clay		X
10"	245	255	Gravel & shell	X	
10"	255	260	clay		

Address of Well Site _____ City Mald
(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		
Bentonite	0	18	4		
pudding clay					

Was drive shoe used? Y
Was drive shoe seal tested? Y How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
10	#1	240	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
 Perforations Method Air Perforator
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
140	220	2"	5500	1/4	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
42 ft. below ground Artesian pressure 1 lb.
Depth flow encountered 140 - 220 ft. Describe access port or control devices: _____

RECEIVED

AUG 30 1994

Department of Water Resources
Eastern District Office

RECEIVED

SEP 23 1994

Department of Water Resources

MAY 08 1995

Completed Depth 240 (Measurable)
Date: Started July 5, Completed Aug 7,

13. DRILLER'S CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm Name AMERICAN WELL DRILLING Firm No. 538
Firm Official LAUREL LOSEF Date AUG 28,
and
Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)