

[illegible]

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.
- ☒ 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>
D0048512					

*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>
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2. Measurements:

E. FLOW CALCULATIONS

Measured Method:

☐ Additional Computation Sheets Attached

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:

Domestic use: w/irrigation $1.2 + .6 = 1.8$

Office use: 15 gal per day/person, $2 \times 15 = 30$ gal/day $\times 365 = 10950/325850 = .03$ afa

Total af = 1.83

G. NARRATIVE/REMARKS/COMMENTS

Exam completed June 19, 2012 – Two domestic homes, one shop (no water), on office building, lawn irrigation occurring and well is a flowing artesian.

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>
DOMESTIC	01/01 to 12/31	0.060 CFS	1.9 AF
<u>Totals:</u>		0.060 CFS	1.9 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 Matthews Date 6-19-2012

Reviewer James Cefalo Date May 13, 2013

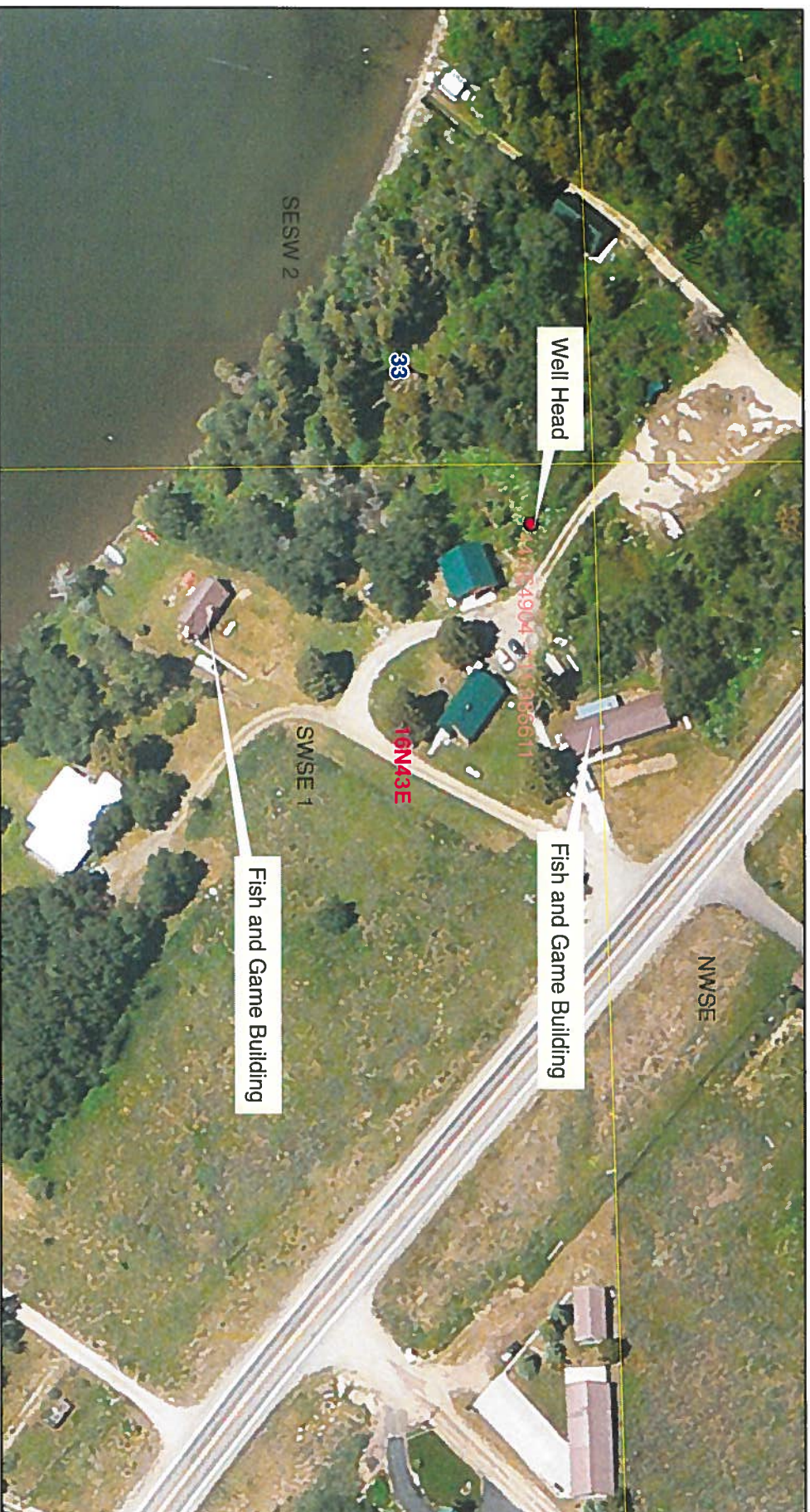
21-13061 – Field Exam – June 19, 2012



Leaking wellhead



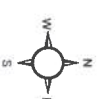
Wellhead tag



21-13061 - Field Exam - June 19, 2012

- Township/Range
- Sections
- QQ

0 0.01 0.02 0.04 Miles



IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1 WELL TAG NO. D 0048512
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2 OWNER:
 Name Idaho Department of Fish & Game
 Address: PO Box 25
 City: Boise State: ID Zip: 83707

3 LOCATION OF WELL by legal description.
 You must provide address or Lot, Blk. Sub. Or Directions to well.
 Twp 16 ☒ North or ☐ South
 Rge 43 ☒ East or ☐ West
 Sec 33 1/4 1/4 SW 1/4 SE
 Gov't Lot _____ County _____
 Lat: 44 39 894 Long: 111 23 186
 Address of Well Site: Island Park Fish Hatchery Hwy 87
 City: Island Park
 (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: (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	5'	50 lbs	Poured
Cement	5'	118'	1410	Poured

Was drive shoe used? ☐ Yes ☒ No Shoe Depth(s) _____
 Was drive shoe seal tested? ☐ Yes ☒ No How? _____

8 CASING/LINER:

Dia	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2'	118'	0.25	Steel	☒	☐	☒	☐

Length of Headpipe: _____ Length of Tailpipe: _____
 Packer ☐ Yes ☐ No Type: _____

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

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

10 FILTER PACK:

Seal Material	From	To	Weight / Volume	Seal Placement Method

11 STATIC WATER LEVEL OR ARTESIAN PRESSURE:
+6" ft. below ABOVE ground Artesian Pressure: 0.22 lb
 Depth flow encountered: _____ ft
 Describe access port or control devices: Sanitary Well Cap

Office Use Only
 Well ID No. _____
 Inspected by _____
 Twp _____ Rge _____ Sec _____
 Lat _____ Long _____

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

Yield gal/min	Drawdown	Pumping Level	Time
100 gpm		38'	2 hrs

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

13 LITHOLOGIC LOG: (Describe repairs or abandonment)
 Depth first water encountered: _____

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	22	Course Gravel		
	22	40	Course Gravel, sand, clay		
	40	59	Mottled brown gray clay		
	59	85	Medium to coarse sands, gravel		
	85	94	Brown clay		
	94	113	Medium to coarse sand, gravel		
	113	115	Brown clay, sand		
	115	120	Course sand, gravel to 3/4"		

RECEIVED

SEP 7 0 2007

Department of Water Resources
 Eastern Region

Completed Depth 120 (Measurable)
 Date Started 9/4/07 Completed 9/7/07

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 Andrew Well Drilling Services, Inc. Firm No. 5
 Principal Driller Roger P. Bullock Date 9-18-07
 and _____
 Driller or Operator II [Signature] Date 9-18-07
 Operator I _____ Date _____