

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 11-7548

Exam Date: 1-3-2013

1. Current Owner: CRAIG F SEARS
PO BOX 35
GARDEN CITY UT 84028
(801)558-1235

2. Accompanied by: None

Phone No:

Address:

Relationship to Permit Holder:

3. SOURCE

GROUND WATER

TRIBUTARY

BEAR LAKE

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 SYSTEM1. LOCATION OF POINT(S) OF DIVERSION:

GROUND WATER SE1/4SW1/4NE1/4 Sec. 15, Twp 16S, Rge 43E, B.M.

BEAR LAKE County

Method of Determination: Well Log, Back file & Aerial photography

2.

PLACE OF USE:

<u>PLACE OF USE:</u>		DOMESTIC																	
Twp	Rge	Sec	NE				NW				SW				SE				
			<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>Totals</u>
16S	43E	15			X														

PLACE OF USE:

<u>PLACE OF USE:</u>		STOCKWATER																	
Twp	Rge	Sec	NE				NW				SW				SE				
			<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>Totals</u>
16S	43E	15			X														

Method of Determination: Back file investigation , Aerial Photography and tax lot information

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

4.

Well or Diversion**ID No.*****Motor Make****Hp****Motor Serial No.****Pump Make****Pump Serial No. or Discharge****Size**

D44009

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

D. FLOW MEASUREMENTS

1.

Measurement**Equipment****Type****Make****Model No.****Serial No.****Size****Calib. Date**

2. Measurements:

E. FLOW CALCULATIONS

Additional Computation Sheets Attached

Measured Method:

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

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

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

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

2. Volume Calculations for Other Uses: Domestic with no irrigation .6 afa, 4 horses x 12gpd/h X 365 / 325850 = .2 afa

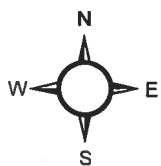
G. NARRATIVE/REMARKS/COMMENTSHave conditions of permit approval been met? ☒ Yes ☐ No**H. RECOMMENDATIONS****1. Recommended Amounts**

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
DOMESTIC	01/01 to 12/31	0.020 CFS	0.60 AF
STOCKWATER	01/01 to 12/31	0.020 CFS	0.20 AF
<u>Totals:</u>		0.020 CFS	0.80 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 Kevin Matthews Date 1-3-2013Reviewer James Cefalo Date Jan 9, 2013



11-7548



-  Township/Range
-  Sections
-  QQ

0 0.0125 0.025 0.05 Miles



Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

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

1. WELL TAG NO. D D 44009
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:
 Name Mr. Craig Sears
 Address P.O. Box 35
 City Garden City State UT Zip 84028

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. 15 1/4 SW 1/4 NE 1/4
 Gov't Lot _____ County Beaver Lake

Lat: : : Long: : :
 Address of Well Site 768 Fish Haven Canyon Rd.
 City W. of Fish Haven

(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 CHIPS	0	19	850 lbs	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 232'
 Was drive shoe seal tested? ☒ Y ☐ N How? STEPPED CAVE

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8"	+1	100	.250	STEEL	☒	☐	☒	☐
6"	+2	232	"	"	☒	☐	☒	☐
5"	227	340	.258	"	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Torch
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
300	340	3/16" x 12"	60		STEEL	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
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11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15630		320	3 hrs.

Water Temp. 56° Bottom hole temp. 56°

Water Quality test or comments: _____

Depth first Water Encounter 295'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12 1/4"	0	4	Boulders		X
	4	14	Clay		
	14	19	Gravel		
7 7/8"	19	37	Clay		
	37	42	Gravel		
	42	58	Clay		
	58	99	QTZ, Boulders + clay		
	99	142	QTZ		
	142	157	Clay		
	157	295	Hard QTZ		
	295	340	BROKEN "		X

Had to push + drive 8" casing to 100 ft. to stop cave.

Had to underream + drive 6" casing from 160' to 232' it wouldn't go any deeper.

Had to push 5" casing from 232' to 340'

RECEIVED

AUG 17 2006

Department of Water Resources
Section 200

Completed Depth 340' (Measurable)

Date: Started 6-21-06 Completed 7-5-06

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 NEILON DRILLING INC Firm No. 215

Principal Driller Ray Nelson Date 7-10-06

and Driller or Operator II Shed Craft Date 7-10-06

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES