

7/2012

IN-OFFICE BENEFICIAL USE EXAM REPORT

Permit No. 45-23133 Prepared by ANGIE GRIMM Date 9/11/2012

Same as permit

Different than permit

Owner Name	☒	☐	_____
Owner Address	☒	☐	_____
Source	☒	☐	_____
Tributary	☒	☐	_____
POD	☒	☐	_____
POU	☒	☐	_____
Beneficial Use(s)	☒	☐	_____

Exam Fee Required for Permitted Rate \$ 0

Exam Fee Paid \$ 0

Overlaps ☐ Yes ☒ No

Technical Confirmation Tools

ArcMap (Bing)	☒	Govt Agency Records	
Photo	☐	GPS	☐
Taxlot	☒	Photos	☐
Well Log	☒	Diagrams	☐

Other ☐ explain: _____

Conditions/Comments Lot 10, Timberrim Sub. per tax lot info.

Exam Date Entered ✓

Draft License Created ✓

Shapes Updated ✓

State of Idaho
Department of Water Resources
Water Right Field Exam Map

65-23133

Water Service Area Boundary for Michael F of Sandra R Myers



- Point of Diversion
- Place Of Use Boundary
- Townships
- PLS Sections
- Quarter Quarters



Untitled - ArcMap - ArcView

FileEditViewBookmarksInsertSelectionGeoprocessingCustomizeWindowsHelp

Drawing

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Layers

☒ Water Right POD

☐ Application POD

☐ Bc3 GW Restricted A

☒ Water Right POU

☒ Taxlots

☒ PLSS

☒ Township/Range

☐ Sections

☒ QQ

☐ Application POU

☒ DRG

☒ Imagery

☐ 1987

☐ 1992 1 meter

☐ 2011 1 meter

☒ Bing Maps Aerial

☒ 2009 1 meter

☐ 2006 2 meter

☐ 2006 1 meter

☐ 2004 1 meter

Editor

Snapping

1:535

ProcessPOUPOD WellsSCWMISDam SafetyUICWRAWSBHydrologic

2342,423.507 1,460,537.793 Meters

Identify

Identify from: Taxlots

Taxlots

MYERS MICHAEL F

Identified 1 feature

Field	Value
ID	1126339
UPDATED	5/30/2012
PIN	RP002690000100
OWNER	MYERS MICHAEL F
ADDRESS1	19752 KARCHER RD
ADDRESS2	
CITY	CALDWELL
STATE	ID
ZIPCODE	83607
P_ADDRESS	10227 TIMBERRIM DR
P_ZIPCODE	0
SUB_NAME	TIMBERRIM SUBDIVISION LOT 10
LEGAL1	
LEGAL2	
LEGAL3	
LEGAL4	
LEGAL5	
LEGAL6	
ACRES	1
COUNTY	Valley
SUBD/F	

2342511.48 1460538.867 Meters

start

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Information Search

12:35 PM

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 000-48260
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER: Mike Myers
Name _____
Address 19752 Karcher Rd
City Caldwell State ID Zip 83607

3. LOCATION OF WELL by legal description:

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

Twp. 12 North ☒ or South ☐
Rge. 4 East ☒ or West ☐
Sec. 34 NE 1/4 NW 1/4 SW 1/4
Gov'l Lot _____
County VALE
Lat: 44:19:748 Long: 115:58:561
Address of Well Site 10227 Timber Rim Dr. Drive
City CASCADE
Lt. 10 Blk. _____ Sub. Name Timber Rim Sub.

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
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>10</u>	<u>Pour Dry 7/8 Chips</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18.5

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>7.1</u>	<u>19.250</u>	<u>Steel</u>	☒	☐	☐	☐	☐
<u>4.5</u>	<u>15</u>	<u>200.80</u>	<u>PVC</u>	☐	☒	☐	☐	☐

Length of Headpipe None Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAW

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>200</u>	<u>100</u>	<u>1/4" x 3/8"</u>	<u>300</u>	<u>4.5</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>None</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian pressure 0 lb.
Depth flow encountered 60 ft. Describe access port or control devices: _____

847217

Office Use Only	
Well ID No.	<u>417244</u>
Inspected by	_____
Twp	Rge Sec
<u>1/4</u>	<u>1/4</u> <u>1/4</u>
Lat: : : Long: : :	

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>30</u>	<u>100</u>	<u>180'</u>	<u>1 HR</u>

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

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>6"</u>	<u>0</u>	<u>20</u>	<u>Top Soil</u>		☒
<u>6"</u>	<u>20</u>	<u>60</u>	<u>Granite</u>		☒
<u>6"</u>	<u>60</u>	<u>200</u>	<u>Granite</u>	☒	

RECEIVED

AUG 17 2007

WATER RESOURCES
WESTERN REGION

Completed Depth 200' (Measurable)

Date: Started 7/12/07 Completed 7/14/07

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 off state drilling Firm No. 561
Principal Driller Larry Jones Date 8/7/07
and Matthew Jones Date 8/7/07
Driller or Operator II _____
Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES