

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No. 13-7847

1. Owner: KEVIN & SARAH ASHBY

Phone No: 208-747-3649

Current Address: 3293 S 5600 W

City, State, Zip: WESTON, ID 83286

2. Accompanied by: N/A, IN-OFFICE EXAM, 42-111 WELL Exam Date: 07/16/2012

Address:

Phone No:

Relationship to Permit Holder:

3. Source: GROUND WATER

Tributary to: N/A

B. OVERLAP REVIEW

1. Other water rights with the same place of use: ~~N/A~~ All other water rights are irrigation jobs
2. Other water rights with the same point of diversion: N/A

C. DIVERSION AND DELIVERY SYSTEM

1. Point(s) of Diversion

[illegible]

2. Place(s) of Use

[illegible]

D. FLOW MEASUREMENTS

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calibration Date
N/A						

Measurements N/A

E. NARRATIVE/REMARKS/COMMENTS

DOMESTIC USE: Assessor information per: ArcMap photo (Bing Map) confirmed dwelling on site. See attached well log. Also see authority to access well agreement attached.

Have conditions of permit approval been met? ☒ Yes ☐ No

F. FLOW CALCULATIONS

Measured Method: ☐ Additional Computation Sheets Attached
ALLOW PERMIT RATE

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation: N/A
VI.R. = (Acres Irrigated)x (Irrigation Requirement) =
VD.R. = [Diversion Rate (cfs)] x (Days in Irragions Season) x 1.9835 =
V = Smaller of VI.R. and VD.R. =

2. Volume Calculations for Other Uses: ALLOW
1.2
AF for
domestic

H. RECOMMENDATIONS

1. Recommended Amount

BENEFICIAL USE	PERIOD OF USE		RATE OF DIVERSION ANNUAL	
	From	To	Q(cfs)	V(afa)
DOMESTIC	01/01	12/31	0.04	1.20

TOTALS 0.04

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 Jean Hersley
Reviewer

Date 07/16/2012
Date

Nⁿ



13-7847

13-7847

13-7847

Form 238-7
6/02IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

13

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

1. WELL TAG NO. D 0037262
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:

Name Travis Ashby
 Address 5775 West HWY 36
 City Weston State ID Zip 83286

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. 38 East ☒ or West ☐
 Sec. 16 NW 1/4 NE 1/4 NE 1/4
 Gov't Lot _____ County Franklin

Lat: 42 : 02: 28.4 Long: 112: 00: 59.1Address of Well Site 5775 West HWY 36City Weston

(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	0	36	31 bags	chips

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 180'Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	180	1/4	steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Knife, Holte

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
167	173	1/2 x 1 1/2	96			☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
-----------------	------	----	-----------------	------------------

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

25 ft. below ground Artesian pressure _____ lb.

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

well cap

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
50	55	80'	3 hrs

Water Temp. 56 F

Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	25			
8	25	50			
6	50	180			
	0	19	gravel clay		
	19	21	gravel	x	
	21	28	gravel clay		
	28	56	clay		
	56	58	sand		
	58	69	clay		
	69	71	sand		
	71	108	clay		
	108	112	sand		
	112	127	clay		
	127	131	sand		
	131	150	clay		
	150	153	sand		
	153	159	clay		
	159	161	sand, gravel		
	161	180	gravel, sand	x	

RECEIVED

JUL 14 2005

Department of Water Resources
Eastern RegionCompleted Depth 180 (Measurable)Date: Started 07/05/05 Completed 07/11/05

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 Westlake Drilling Firm No. 114Principal Driller E. R. Ashby Date 07/12/05

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES

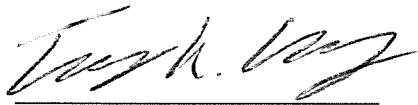
AUTHORITY TO FILE APPLICATION FOR PERMIT

TRAVIS K. ASHBY and DAWN ASHBY, owners of the property situated

in the NW¼ NE¼ NE¼, Section 16, T. 16 S., R. 38 E., Boise Meridian, Franklin County, Idaho, associated with the street address of 5775 West Highway 36, Weston, ID 83286

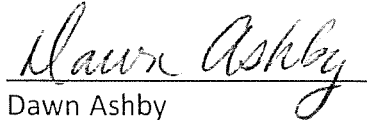
and to which a domestic well (Tag No. D0037262; Drilling Permit No. 834393) is currently appurtenant, hereby agree to the proposed application for permit filed with the Idaho Department of Water Resources by KEVIN ASHBY and/or SARAH ASHBY (Applicants) and described as follows:

Permit to divert .04 cubic feet per second for domestic purposes from owners well with a point of diversion in the NW¼ NE¼ NE¼, Section 16, T. 16 S., R. 38 E., and place of use in the NW¼ NW¼, Section 15, T. 16 S., R. 38 E.



Travis K. Ashby

3-2-2012
Date



Dawn Ashby

3-2-2012
Date

13-7847

13- 7847

SCANNED
APR 26 2012