

[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(2011), tax lot research, confirmed dwelling on site for identified owner.

See attached well log. Regional well staff notified- well log not signed by driller.

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 Irrigation Season) x 1.9835 =

V = Smaller of VI.R. and VD.R. =

2. Volume Calculations for Other Uses: ALLOW
1.2 AF-
internal
and
external
use

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 1.20

2. Recommended Amendments

☐ Change P.D. as reflected above
☐ Change P.U. as reflected above

☐ Add P.D. as reflected above
☐ Add P.U. as reflected above

☒ None
☐ Other

I. AUTHENTICATION

Field Examiner's Name Jean Hersley
Reviewer



Date 6/29/2012
Date

83-11976

Identify

Identify from: **Taxlots**

☒ Taxlots
 RIFFLE, DAVID

Location: 2,332,293.812 1,715,875.943 Meters

Field	Value
ID	182649
UPDATED	8/4/2010
PIN	RP008600000030
OWNER	RIFFLE, DAVID
ADDRESS1	PO BOX 277
ADDRESS2	
CITY	SANTA
STATE	ID
ZIPCODE	83866
P_ADDRESS	17088 DENT BRIDGE RD
P_ZIPCODE	83544
SUB_NAME	
LEGAL1	LARSEN ADDITION
LEGAL2	SEC 22 38N 2E
LEGAL3	LOT 3
LEGAL4	
LEGAL5	
LEGAL6	<null>
ACRES	12.9
COUNTY	Clearwater
SOURCE	<null>
YEAR_BUILT	0

Identified 1 feature

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D D0058186

Drilling Permit No. _____

Water right or Injection well # _____

2. OWNER: RIFFLE, DAVID

Name _____

Address P.O. BOX 277

City SANTA State ID Zip 83866

3. WELL LOCATION:

Twp. 38N North ☒ or South ☐ Rge. 02E East ☒ or West ☐

Sec. 22 1/4 SE 1/4 NW 1/4

Gov't Lot _____ County CLEARWATER

Lat. N46 37:392 (Deg. and Decimal minutes)

Long. W116 11:388 (Deg. and Decimal minutes)

Address of Well Site DENT ACRES / TOM HO RD.

City DENT

(Give at least name of road + Distance to Road or Landmark)

Lot _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection

☐ Other _____

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well

☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite	0	40	1400 lbs	Overbore

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	+2	160	.250	Steel	☒	☐	☒	☐
4	-140	300	.200	PVC	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Saw & Perforator

Manufactured screen ☐ Y ☒ N Type _____

Method of Installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
-280	300	1/4x8	48	4"	PVC	.200
-100	-160	1/2x2	1440	6"	Steel	.250

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 110 Static water level (ft) 100

Water temp. (°F) Cold Bottom hole temp. (°F) Cold

Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Ballor	Air	Flowing artesian
	10		☐	☐	☒	☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
12	0	3	Top Soil		X
12	3	40	Brown Clay		X
8	40	50	Brown Clay		X
8	50	85	Brown Clay w/ Gravels		X
8	85	97	Hard Black Basalt		X
8	97	110	Broken Basalt		X
8	110	160	Lg Broken Basalt 6 gpm	X	
6	160	255	Tan Soft/Med. Basalt		X
6	255	278	Black Basalt		X
6	278	280	Fract. Basalt w/ 2 gpm	X	
6	280	300	Brown Basalt		X

Completed Depth (Measurable): 300

Date Started: 7/16/2010 Date Completed: 7/21/2010

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 H2O Well Service Inc. Co. No. 448

*Principal Driller _____ Date _____

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

83-11976



NWNW

NENW

NENE

83-11976

SWNW

SESW

SWNE

22

38N02E

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NWSW

NESW

NWSE