

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 36-8781

Exam Date: 4/17/2012

1. Current Owner: BARBARA WALKER AND
SCOTT WALKER
275 S 412 W
JEROME ID 83338
(208)324-7628
2. Accompanied by: Jana Reeder, IDWR Water Resource Agent
3. SOURCE TRIBUTARY
GROUND WATER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: None
2. Other water rights with the same point of diversion: 36-15284

C. DIVERSION AND DELIVERY SYSTEM**1. LOCATION OF POINT(S) OF DIVERSION:**

GROUND WATER NE1/4SE1/4 Sec. 32, Twp 08S, Rge 16E, B.M.
JEROME County

Method of Determination: Point of diversion determined by using Bing Maps satellite imagery in Arcmap, information obtained in phone conversation with permit holder Scott Walker, with on-site verification.

2.

PLACE OF USE: DOMESTIC

Twp Rge Sec	NE				NW				SW				SE				Totals
08S 16E 32	<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>	
													X				

Method of Determination: Place of Use determined by using Bing Maps satellite imagery in Arcmap

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</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>
000 2491	Franklin	3	30P4H	Sta-Rite	30 gpm

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

D. FLOW MEASUREMENTS N/A**E. FLOW CALCULATIONS**

____ Additional Computation Sheets Attached

Theoretical Method: $Q = \frac{8.8 \times (\text{Hp}) \times (\text{Eff})}{(\text{Lift}) + (\text{psi} \times 2.31)}$

$$Q = \frac{8.8 \times 3 \text{ hp} \times 0.70}{231 + (25 \times 2.31)} = \frac{18.48}{288.75} = 0.064 \text{ cfs}$$

F. VOLUME CALCULATIONS N/A

1. Volume Calculations for Domestic Use not required

G. NARRATIVE/REMARKS/COMMENTS

This Permit was approved on 7/13/1998 with proof of beneficial use due by 7/1/1999. The well was drilled by Eaton Drilling on 5/13/1998 (see attached well log) and proof was submitted on 7/23/1998. I called the Walker's today (4/13/2012) and they confirmed that they do share this well with the neighbor's to the east (Ronnie Smith - covered by decreed water right 36-15284). Mr. Walker indicated that the well is located on the east edge of the lawn between two pine trees, covered with a white five-gallon bucket. I also called Eaton Drilling and they indicated they had installed a 3 hp Sta-Rite pump, model 30ph4, set at 231', capable of 30 gpm, with a WM pressure tank, 10-4 wire, 1 1/2' galvanized pipe and a Franklin Control Box. Taxlot information indicates the lot is 5 acres and the irrigated portion appears to be just under 0.4 acres. A theoretical calculation indicates the well is capable of pumping 0.06 cfs. Recommend the standard for domestic in house and lawn of 0.04 cfs.

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	1/01 to 12/31	0.040 CFS	
<u>Totals:</u>		0.040 CFS	

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 Xavier Robertson Date 4/18/2012
 Reviewer [Signature] Date 5/29/2012

36-8781
(36)

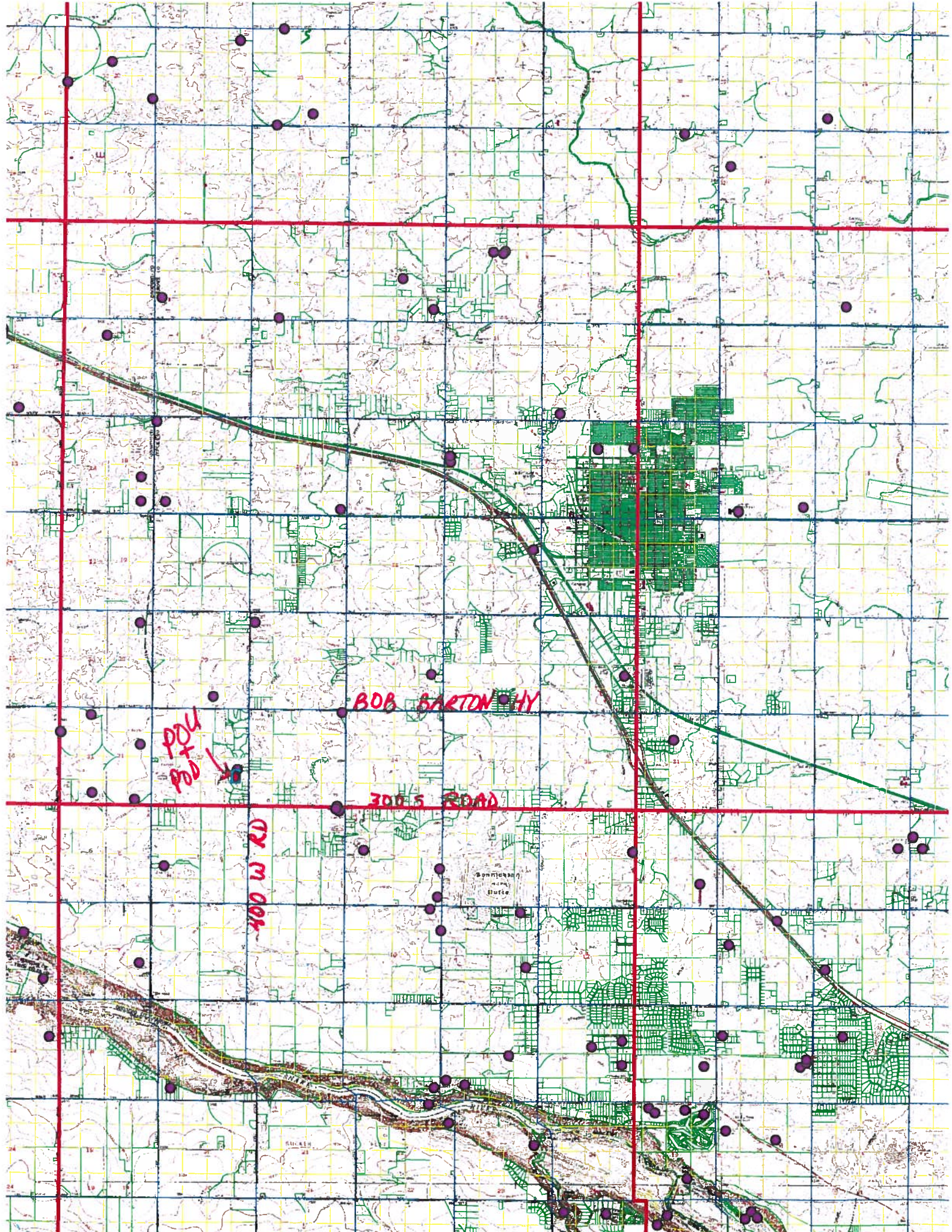
well

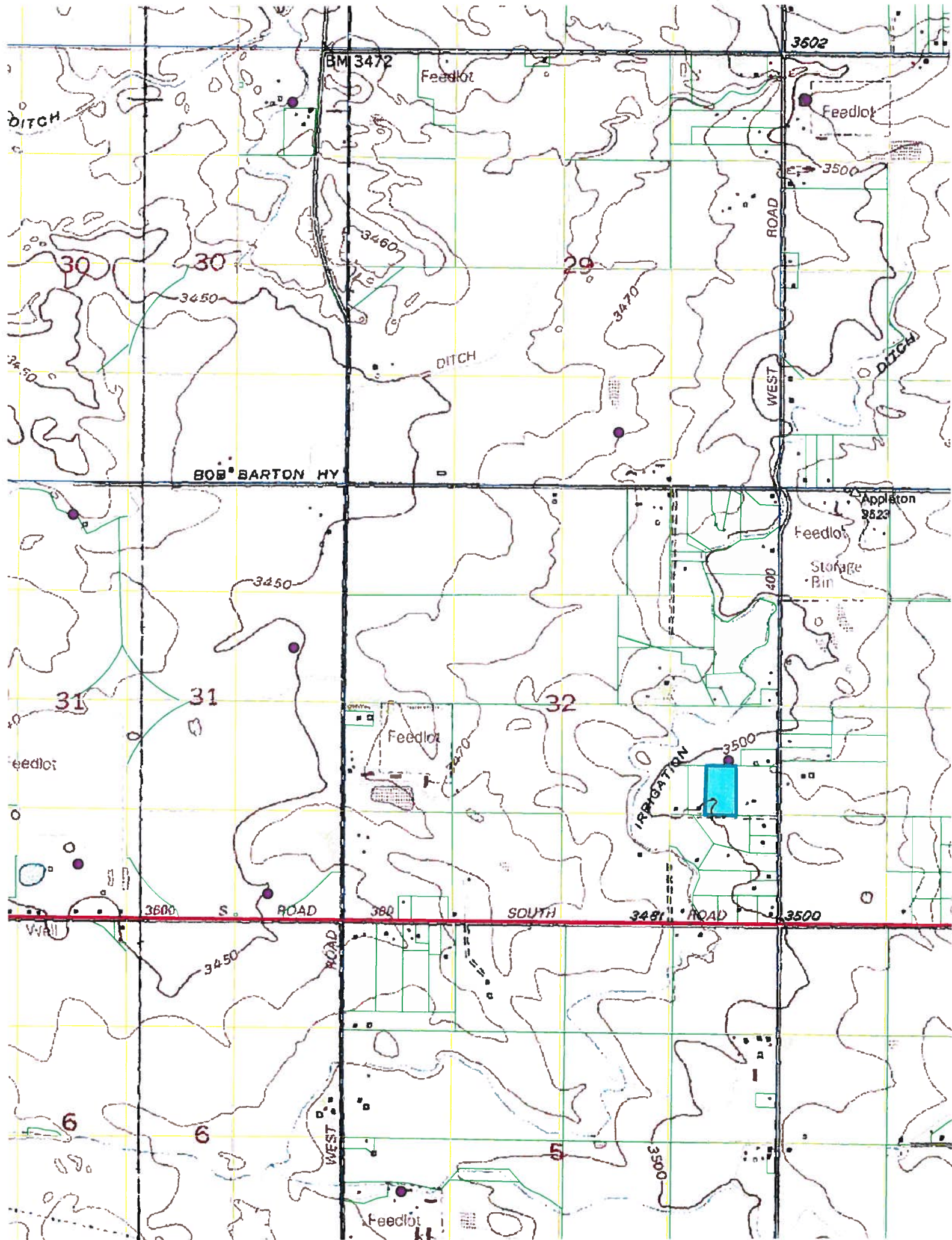


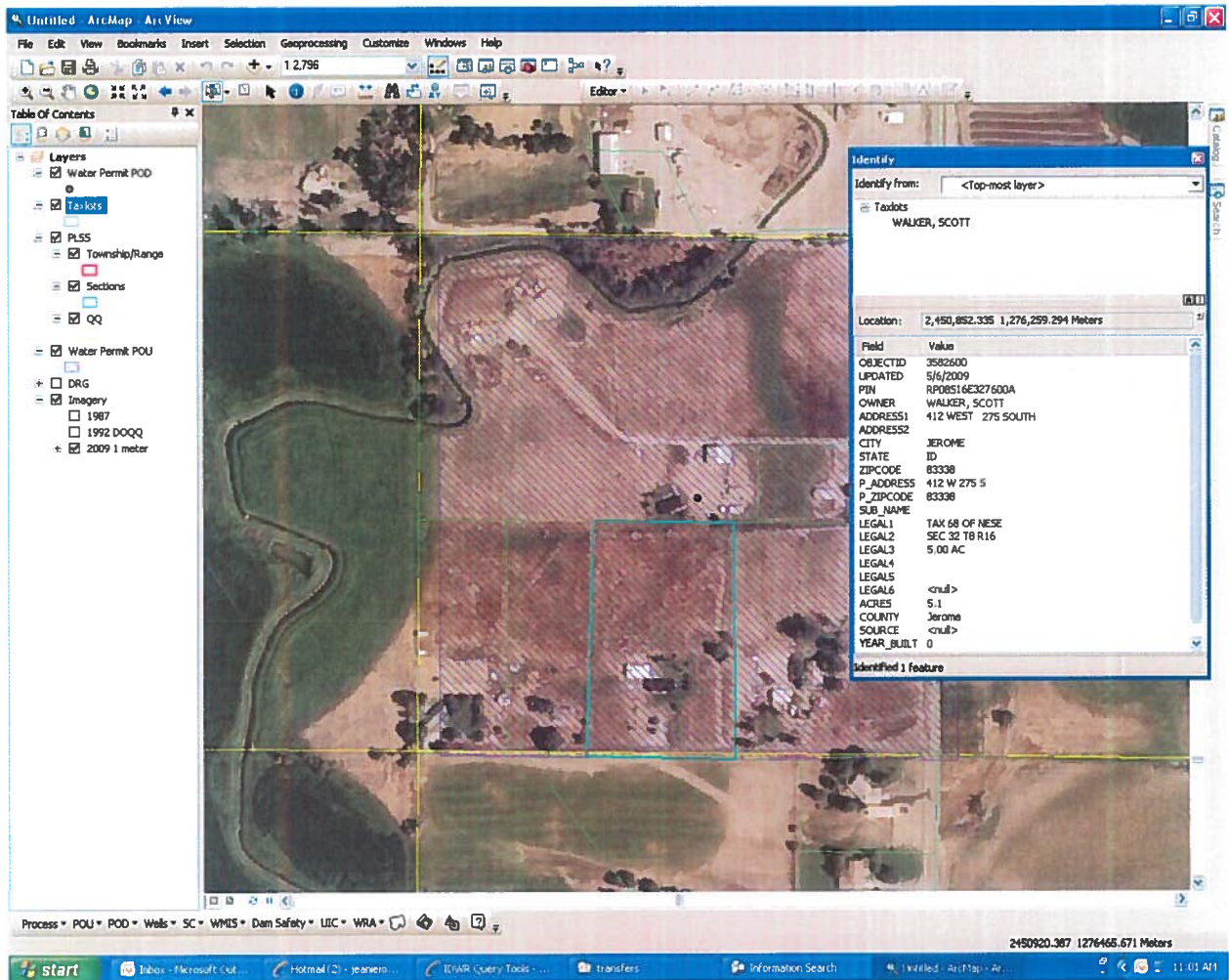
(facing NE from driveway)

4/17/12

36-8781







IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

60404

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
_____ 1/4	_____ 1/4	_____ 1/4	
Lat: _____	_____	Long: _____	_____

1. WELL TAG NO. D 000 2491
DRILLING PERMIT NO. 36-98-S-0071-000
Other IDWR No. _____

2. OWNER: SCOTT WALKER
Name _____
Address 600 S. Fillmore #18
City Jerome State ID Zip 83328

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>8</u>		North ☐	or	South ☒
W		Rge. <u>16</u>		East ☒	or	West ☐
E		Sec. <u>32</u>		1/4 <u>NE</u>	1/4 <u>SE</u>	1/4
S		Gov't Lot _____		County <u>Jerome</u>		
		Lat: _____		Long: _____		
		Address of Well Site <u>225 South</u>		City <u>Jerome</u>		
		<u>410 West</u>		(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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
<u>Bentonite</u>	<u>~6</u>	<u>19</u>	<u>150</u>	<u>Dry Pour</u>

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6" +1</u>	<u>19</u>	<u>350</u>	<u>Steel</u>	☒	☐	☐	☐	☐
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
Screens _____ Screen Type _____

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

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☐ Pump ☐ Baller ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. 85° Bottom hole temp. 85°
Water Quality test or comments: None
Depth first Water Encounter 203'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	1	Sand		x
	1	13	Sand + Clay		x
6"	13	56	Med Hard Lava		
	56	67	Red Lava + Cinders		
	67	88	Red Lava		
	88	93	Red Lava + Cinders		
	93	107	Med Black Lava		
	107	160	Red Lava + Cinders		
	160	167	Med Lava		
	167	180	Soft Protom NO Returns		
	180	185	Med Lava		
	185	193	Soft + Protom		
	193	203	Med Lava		x
	203	206	Soft Protom Lava ?	x	
	206	217	Med Lava		x
	217	226	Med Lava		x
	226	232	Broken + loose		x
	232	242	Med Hard		x
6"	242	253	Broken + loose		x

MAY 22 1998

Completed _____ Depth 250' (Measurable)
Date: Started 4/28/98 Completed 4/29/98

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Extrem Drilling Firm No. 26

Firm Official Long Walker Date 5-15-98

and Driller or Operator Manning Date 5/13/98

(Sign only if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES