

RECEIVED

SEP 09 2011

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT
To appropriate the public waters of the State of Idaho

Ident. No. 15-7348

1. Name of applicant(s) Shawn Keith Barber Phone 208-766-5299
Name connector (check one): ☐ and ☐ or ☐ and/or

Mailing address: 435 East 3320 North City Malad
State ID Zip 83257 Email: snmhuntin@aol.com

2. Source of water supply underground (well) which is a tributary of N/A

3. Location of point(s) of diversion:

Twp	Rge	Sec	Govt Lot	1/4	1/4	1/4	County	Source	Local name or tag #
14S	36E	3		SW	NE	NWSE	Oneida	ground water	

4. Water will be used for the following purposes:

Amount 28 cfs for Irrigation purposes from April 1 to Oct. 31 (both dates inclusive)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)

5. Total quantity to be appropriated is (a) 28 cfs cubic feet per second (cfs) and/or (b) _____ acre-feet per year (af).

6. Proposed diverting works:

a. Describe type and size of devices used to divert water from the source. Drill a well to pump water to a wheel line to irrigate 14 acres.

b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total reservoir capacity _____ acre-feet. If the reservoir will be filled more than once each year, describe the refill plan in item 11.

For dams 10 feet or more in height OR reservoirs with a total storage capacity of 50 acre-feet or more, submit a separate Application for Construction or Enlargement of a New or Existing Dam. Application required? ☐ Yes ☐ No

c. Proposed well diameter is 8" inches; proposed depth of well is 140 feet.

d. Is ground water with a temperature of greater than 85°F being sought? ☐ Yes ☒ No

e. If well is already drilled, when? No; drilling firm Mike Francin

Well was drilled for (well owner) _____; Drilling Permit No. _____

7. Description of proposed uses (if irrigation only, go to item 8):

a. Hydropower; show total feet of head and proposed capacity in kW. _____

b. Stockwatering; list number and kind of livestock. _____

c. Municipal; show name of municipality or the applicant's qualifications as a municipal provider. _____

d. Domestic; show number of households _____

e. Other; describe fully. _____

8. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of the use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
14S	36E	3			8 ⁵⁸											6			14

Total number of acres to be irrigated: 14⁵⁸

9. Describe any other water rights used for the same purposes as described above. Include water delivered by a municipality, canal company, or irrigation district. If this application is for domestic purposes, do you intend to use this water, water from another source, or both, to irrigate your lawn, garden, and/or landscaping? No⁵⁸ shares owned by applicant, was leaving water from MVI (Malad Valley Irrigation) Neighbor went to pivots and doesn't want ditch across his property any longer.

10. a. Who owns the property at the point of diversion? Shawn Barber
- b. Who owns the land to be irrigated or place of use? Shawn Barber
- c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: _____

11. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. Want to Irrigate the 14 acres of land with a wheel line that was being irrigated by flood water to raise Alfalfa Hay.

12. Time required for completion of works and application of water to proposed beneficial use is 5 years (minimum 1 year).

13. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½" x 11" map clearly identifying the proposed point of diversion, place of use, section #, township & range. A photocopy of a USGS 7.5 minute topographic quadrangle map is preferred.

The information contained in this application is true to the best of my knowledge. I understand that any willful misrepresentations made in this application may result in rejection of the application or cancellation of an approval.

Shawn Barber
Signature of Applicant

Shawn Barber
Print Name (and title, if applicable)

S
Signature of Applicant

Print Name (and title, if applicable)

For Department Use:

Received by _____ Date _____ Time _____ Preliminary check by _____

Fee \$ 290.00 Receipted by Km Receipt No. E036954 Date 9-9-2011

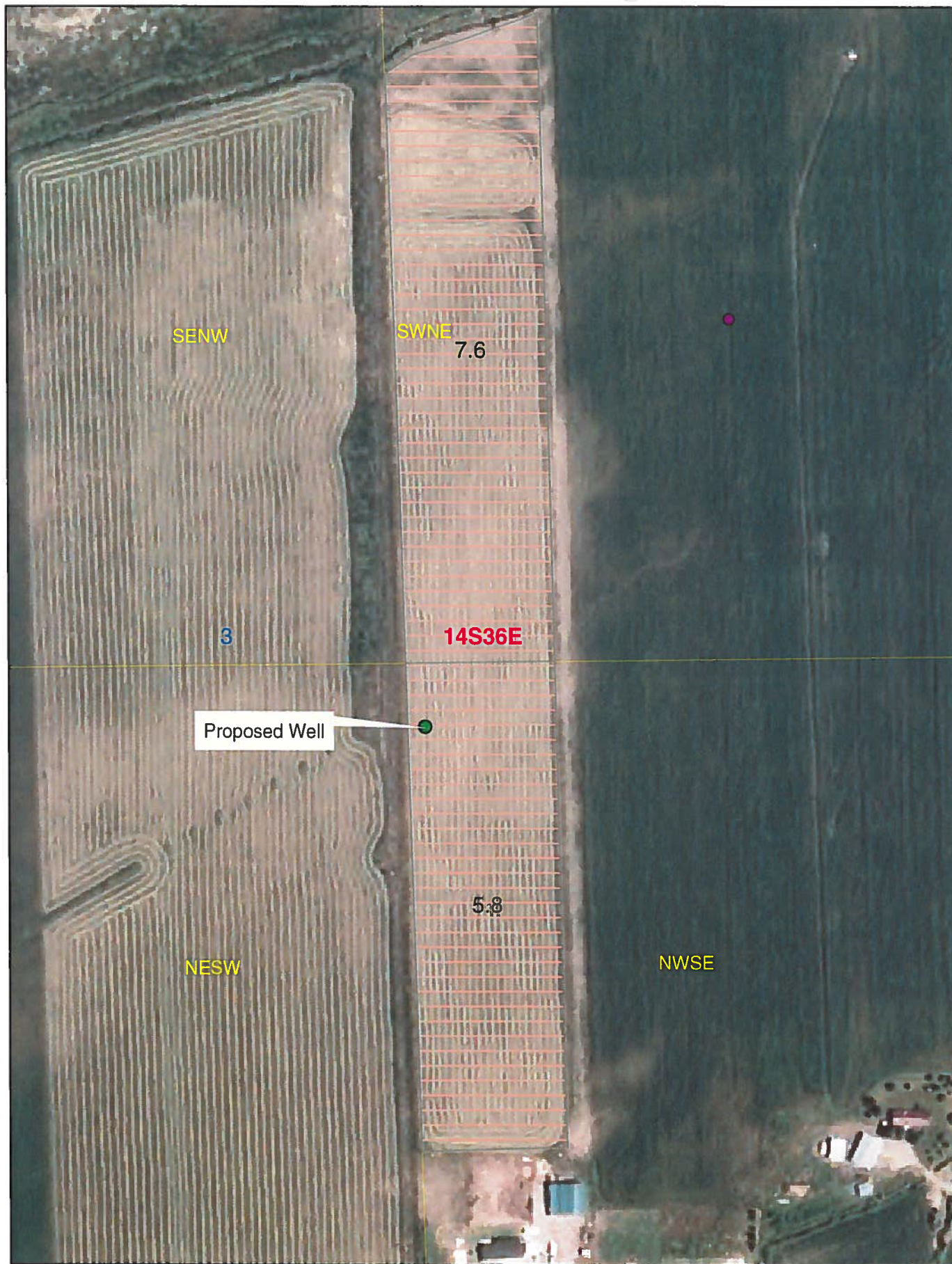


Shawn Barber, Location

0 0.45 0.9 1.8 Miles

15 - 7348

Created by: KM IDWR



SENW

SWNE
7.6

3

14S36E

Proposed Well

5.8

NESW

NWSE

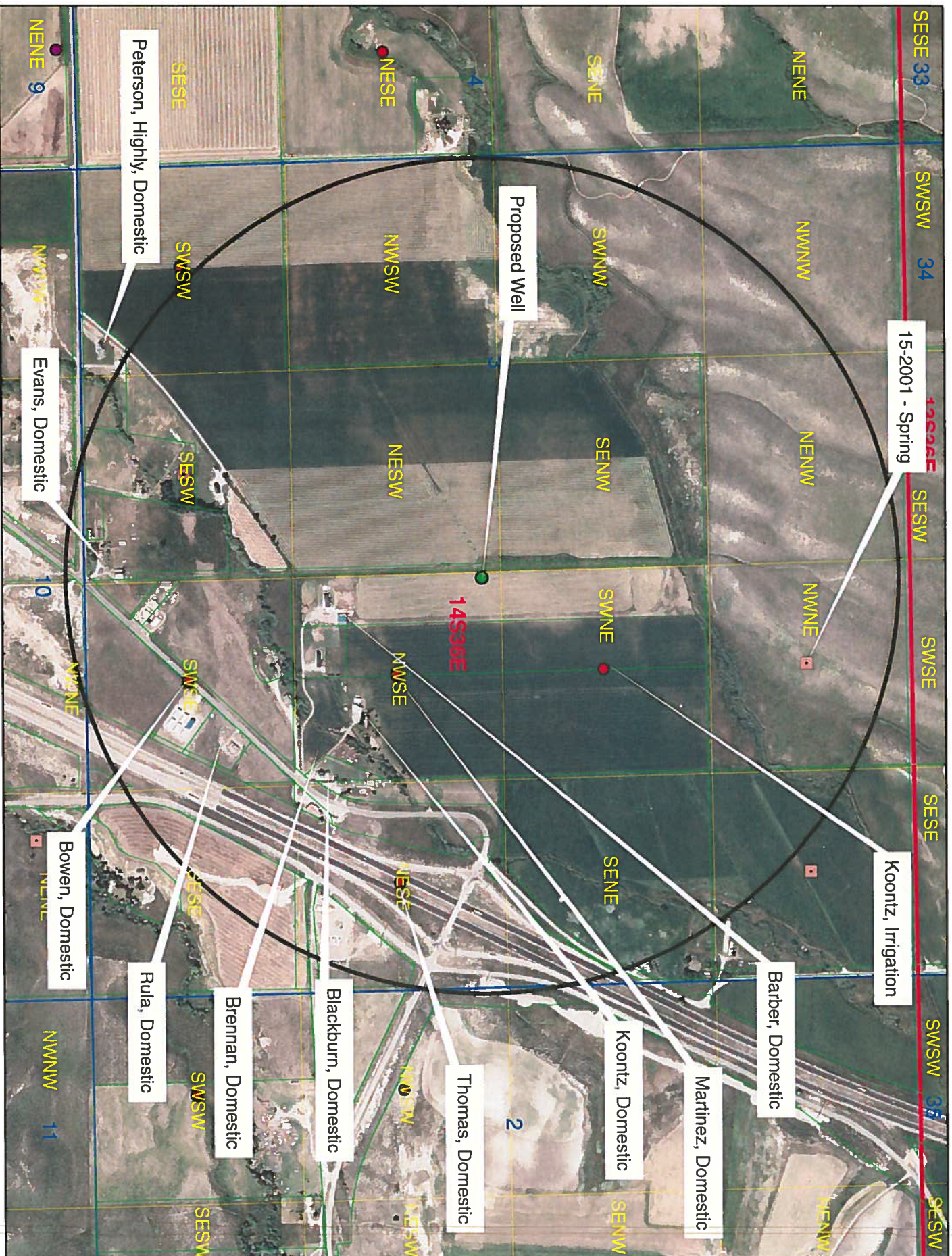


Shawn Barber, Place of Use

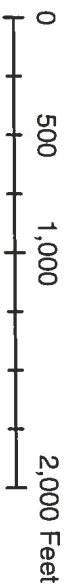
0 162.5 325 650 Feet

15-7348

Created by: KM IDWR



Shawn Barber



Calculator - Read Me

Step 1 - Calculate No. of Days

Is It a Leap Year?

☐ YES

☒ NO

Enter Starting Date:

April

▼

1

▼

April - 1

Enter Ending Date:

October

▼

31

▼

October - 31

Total Number of Days (Starting and Ending Dates Inclusive)

214

Step 2 - Input Flow Rate Value

Select Units

Cubic Feet per Second

▼

Input Flow Rate

0.28

CFS

Step 3 - Select Units of Outp

Select Units

Ac-Ft

▼

Output Volume

118.8 Ac-Ft

Idaho Department of Water Resources

Listing of Driller Reports

Contact	Use	TWP	RNG	SEC	Tract	Gov. Lot	WellAddress	Sub	BL	Gallons Per Minute	Static Water Level	Total Depth	Casing Depth	CSG. DIA.	Construction Date	Permit Number	Tag Number
KOONTZ, THOMAS S, KOONTZ, DORIS D	Irrigation, Irrigation	14S	36E	3	SWNE		3325 N. DEEP CREEK RD.				69	117	117	12	3/30/2001	768145	D0014816
<u>Related Documents</u>																	
PETERSON, DARYL	Domestic-Single Residence	14S	36E	3	SWSW		100 E 3000 W			25	96	160	160	6	8/18/2006	841576	D0044063
<u>Related Documents</u>																	
HIGLEY, LINN R	Domestic-Single Residence	14S	36E	3	SWSW		73 E SPENCER LN			10	135	280	234	6	10/5/1995	700352	
<u>Related Documents</u>																	
EVANS, ROBERT	Domestic	14S	36E	3	SESW					0	103	120			1/14/1978	809855	
<u>Related Documents</u>																	
THOMAS, GARY	Domestic-Single Residence	14S	36E	3	NESE		540 N DEVIL CREEK RD			5	85	260	260	6	4/15/1996	700360	
<u>Related Documents</u>																	
THOMAS, GARY	Domestic-Single Residence	14S	36E	3	NESE		540 N DEVIEL CREEK RD			0	Above Ground Level	260			4/12/1996	700359	
<u>Related Documents</u>																	
BLACKBURN, NEDRA	Domestic-Single Residence	14S	36E	3	NWSE		3320-1 N DEEP CREEK RD			20	73	120	120	6	4/22/2004	813693	D0032124
<u>Related Documents</u>																	
BRENNAN, ROBERT W	Domestic-Single Residence	14S	36E	3	NWSE		3321 N DEEP CREEK RD			30	72	120	-120	6	7/29/2000	765835	D0014337
<u>Related Documents</u>																	
BARBER, SHAWN	Domestic-Single Residence	14S	36E	3	NWSE		3323 1/2 DEEP CREEK RD				75	120	-120	8	7/27/2000	765771	D0014083
<u>Related Documents</u>																	
KOONTZ, THOMAS S	Domestic-Single Residence	14S	36E	3	NWSE		3325 N DEEP CREEK RD			50	70	110	100	6	7/15/1996	700369	
<u>Related Documents</u>																	
MARTINEZ, MARTIN	Domestic-Single Residence	14S	36E	3	NWSE					50	20	80	20	6	5/17/1996	700366	
<u>Related Documents</u>																	
THOMAS, RULA J	Domestic-Single Residence	14S	36E	3	SWSE		EXIT 17-I-15			0	0	0				700239	
THOMAS, RULA J	Domestic-Single Residence	14S	36E	3	SWSE		DEEP CREEK RD			50	70	110	105	8	6/14/1995	700337	
<u>Related Documents</u>																	
THOMAS, RULA J	Domestic-Single Residence	14S	36E	3	SWSE		DEEP CREEK RD			10	Above Ground Level	400	120	8	6/1/1995	700336	
<u>Related Documents</u>																	
BOWEN, CLYDELL J, BOWEN, PAMELA M	Domestic-Single Residence	14S	36E	3	SWSE					22	86	245	175	6	8/2/1991	700232	
<u>Related Documents</u>																	

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
_____ 1/4	_____ 1/4	_____ 1/4	
Lat: _____		Long: _____	
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian			

1. WELL TAG NO. D 0014816
 DRILLING PERMIT NO. 7-68145
 Other IDWR No. 15-7190

2. OWNER:
 Name Doris & Tom Koontz
 Address 3325 N Deep Cr. Rd
 City Malad State Id Zip 83252

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>14</u> North ☐ or South ☒	
W		Rge. <u>36</u> East ☒ or West ☐	
E		Sec. <u>3</u> 1/4 <u>SW</u> 1/4 <u>NE</u> 1/4	
S		Gov't Lot _____ County <u>Oneida</u>	
		Lat: _____ Long: _____	
Address of Well Site <u>3325 N Deep Cr. Rd.</u> City <u>Malad</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>0</u>	<u>20</u>	<u>15</u>		<u>Over Bore</u>

Was drive shoe used? ☒ N Shoe Depth(s) 117
 Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>12"</u>	<u>0</u>	<u>117</u>	<u>1.50</u>	<u>Steel</u>	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method Machine
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>90</u>	<u>116</u>	<u>1/4x4"</u>	<u>80</u>	<u>12"</u>	<u>Steel</u>	☒	☐
<u>45</u>	<u>60</u>	<u>1/4x4"</u>	<u>30</u>	<u>12"</u>	<u>Steel</u>	☒	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

Yield gal/min	Drawdown	Pumping Level	Time
<u>lots of water</u>			

Water Temp. cold Bottom hole temp. cold
 Water Quality test or comments: good Depth first Water Encounter 40

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>16"</u>	<u>0</u>	<u>12</u>	<u>clay</u>		☒
<u>16"</u>	<u>12</u>	<u>20</u>	<u>Gravel</u>		☒
<u>13"</u>	<u>20</u>	<u>25</u>	<u>Gravel</u>		☒
<u>12"</u>	<u>25</u>	<u>40</u>	<u>clay & gravel</u>		☒
<u>12"</u>	<u>40</u>	<u>60</u>	<u>Gravel</u>	☒	
<u>12"</u>	<u>60</u>	<u>80</u>	<u>Blue Clay</u>		☒
<u>12"</u>	<u>80</u>	<u>90</u>	<u>Brown clay</u>		☒
<u>12"</u>	<u>90</u>	<u>95</u>	<u>Shell & Gravel</u>	☒	
<u>12"</u>	<u>95</u>	<u>100</u>	<u>Shell</u>		☒
<u>12"</u>	<u>100</u>	<u>105</u>	<u>hard cobbles</u>	☒	
<u>12"</u>	<u>105</u>	<u>108</u>	<u>Shell</u>		☒
<u>12"</u>	<u>108</u>	<u>111</u>	<u>Cobbles & Shell</u>	☒	
<u>12"</u>	<u>111</u>	<u>115</u>	<u>Shell</u>		☒
<u>12"</u>	<u>115</u>	<u>117</u>	<u>Cobbles & Shell</u>	☒	

RECEIVED

MAY 21 2001

RECEIVED

MAY 10 2001

Department of Water Resources
Eastern Region

Completed Depth 117 (Measurable)
 Date: Started 3-19-01 Completed 3-30-01

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 Mountain West Well Drilling Firm No. 543

Firm Official Michael Frandsen Date 4-5-01

and
 Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

15-7190

Form 238-Z
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

15

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

1. WELL TAG NO. D 0044063
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name Dan Peterson
Address PO Box 103
City Malad State ID Zip 83252

3. LOCATION OF WELL by legal description:

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

Twp. 14 North ☐ or South ☒
Rge. 36 East ☒ or West ☐
Sec. 3 1/4 SW 1/4 SW 1/4
Gov't Lot _____
County Oneida 160 Acres
Lat: _____ Long: _____
Address of Well Site _____

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

Li. _____ 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	20	5 bags	Over Bore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 160

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	0	160	250	St-20	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Machine

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
105	135	1/4" x 1/2"	2406			☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

96 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
25			

Water Temp. good Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 30

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	13	Brown Clay & Gravel		☒
10	13	20	Gravel & Brown Clay	☒	
6	20	30	Gravel & Brown Clay	☒	
6	30	55	Gray Clay		☒
6	55	95	Brown Clay & Sand	☒	☒
6	95	160	Gravel & Cobble & clay	☒	

RECEIVED

OCT 24 2006

Department of Water Resources
Eastern Region

Completed Depth 160 (Measurable)

Date: Started 8-17-06 Completed 8-18-06

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 Mountain West Well Drilling Firm No. 543

Principal Driller Michael Frandsen Date 8-27-06

and Driller or Operator II Mike Frandsen Date 8-27-06

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES

15

1. DRILLING PERMIT NO. 15-95-E-026-000
Other IDWR No. _____

2. OWNER:

Name Lynn Higley
Address 73 East Spencer Lane
City Malad State ID Zip 83253

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 14 North ☐ or South ☒
 Rge. 36 East ☒ or West ☐
 Sec. 3 1/4 SW 1/4 SW 1/4
 Gov't Lot _____ County _____
10 acres 40 acres 160 acres

Address of Well Site

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

Lt. _____ Bk. _____ Sub. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	18	3	

Was drive shoe used? ☒ Y ☒ N Shoe Depth(s) 234
Was drive shoe seal tested? Y ☐ N ☐ How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	0	234	250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Line
140	150	1 1/2"	80	250	Steel	~~14~~	☐
215	233	1 1/2"	120	250	Steel	~~14~~	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
	0	10	cobbles & clay		X
	10	20	Brown clay		X
	20	37	blue clay		X
	37	40	quartz sand	little	X
	40	55	blue clay		X
	55	60	sand	X	
	60	70	blue clay		X
	70	73	sand	little	X
	73	75	gravel	little	X
	75	90	gravel & cobbles & sand		X
	90	95	gravel & cobbles		X
	95	100	gravel & sand		X
	100	137	cobbles		X
	137	140	gravel	X	
	140	160	cobbles		X
	160	180	clay & gravel		X
	180	198	sandstone		X
	198	200	cobbles		X
	200	228	white shale		X
	228	234	gravel &	X	
	234	255	white shale		X
	255	260	gravel	X	
	260	280	brown sandstone		X

				RECEIVED					
				OCT 10 1995					
				Department of Natural Resources					
				Eastern District Office					
				Completed Depth 240	(Measurable)				
				Date: Started 7-29-95	Completed 10-5-95				

13. DRILLER'S CERTIFICATION

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

Firm Name Mountain West Drilling Firm No. 543

Firm Official Mike Zandbergen Date 10-6-95

and _____
Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

15 - 7348

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

WIN 22 1978

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

15- 7348

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

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

1. DRILLING PERMIT NO. 15-96-E-0003-000

Other IDWR No. _____

2. OWNER:

Name Gary ThomasAddress Box 205City Magna State UT Zip 84044

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>14</u>		North ☐ or South ☒	
E		Rge. <u>36</u>		East ☒ or West ☐	
S		Sec. <u>3</u>		1/4 <u>NE</u> 1/4 <u>SE</u> 1/4	
W		Gov't Lot _____		County <u>Oneida</u>	
		Lat: _____		Long: _____	
		Address of Well Site <u>540 N Dwyer Creek</u>		City <u>Magna</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		
Bentonite	0	20	4		

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
6"	0	260'	1350	STeel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Air Perforator☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
180	200	1 1/2"	120	1.50	STeel	☒	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

8.5 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or

control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
50 GPM			

Water Temp. cold Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encountered _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
8"	0	3	clay			X
8"	3	40	clay & gravel			X
8"	40	45	caples			X
8"	45	80	clay			X
8"	80	90	Blue clay			X
8"	90	100	clay & gravel			X
8"	100	120	sandstone			X
8"	120	190	Gray clay & gravel			X
8"	190	195	clay & gravel		X	
8"	195	260	White shell			X

RECEIVED

APR 24 1996

Department of Water Resources
Eastern Region

RECEIVED

MAY 3 - 1996

Department of Water Resources

Completed Depth 260 (Measurable)Date: Started 4-12-96 Completed 4-15-96

13. DRILLER'S CERTIFICATION

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

Firm Name Mountain West Drilling Firm No. 543Firm Official Mike Frandsen Date 4-16-95

and

Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

15- 7348

10/27/238-7
3/95
BMP

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT
Use Typewriter or Ballpoint Pen

093080

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

1. DRILLING PERMIT NO. 15-96-E-0002-000
Other IDWR No. _____

2. OWNER:
Name Gary Thomas
Address Box 205
City Magna State UT Zip 84044

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N
W E S
Twp. 14 North ☐ or South ☒
Rge. 36 East ☒ or West ☐
Sec. 3 1/4 NE 1/4 SE 1/4
Gov't Lot _____ County Oneida
Lat : : Long : :
Address of Well Site 540 N
Daniel @ Creek Rd City Malden
(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	
None				

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>none</u>								

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>none</u>							

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
_____ ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. Cold Bottom hole temp. _____
Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Depth first Water Encountered _____

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
	0	10	clay		X
	10	25	clay & gravel		X
	25	50	Brown clay		X
	50	53	gravel		X
	53	80	clay		X
	80	85	wet clay		X
	85	110	sandstone & sand		X
	110	118	cobbles		X
	118	160	gray clay & gravel		X
	160	183	sandstone & gravel		X
	183	194	cobbles	little	X
	194	246	sandstone		X
	246	253	cobbles		X
	253	261	sandstone		X

RECEIVED

APR 24 1996

Department of Water Resources
Eastern Region

RECEIVED

MAY 3 - 1996

AUG 21 1996

Department of Water Resources

Completed Depth _____ (Measurable)
Date: Started 4-2-96 Completed 4-12-96

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

Firm Name Mountain West Drilling Firm No. 543

Firm Official Mike Frandson Date 4-16-95

and Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

15- 7348

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 0032124
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER: Nedra Blackburn
Name _____
Address 3320-1 N. Deep CR. Rd.
City Malad State ID Zip 83262

3. LOCATION OF WELL by legal description:

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

Twp. 14 North ☐ or South ☒
Rge. 36 East ☒ or West ☐
Sec. 3 1/4 NW 1/4 SE 1/4
Gov't Lot _____
County Blaine
Lat: _____ Long: _____
Address of Well Site _____
City Malad

(Give all four (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	20	8 bags	overbore

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
6"	0	120	250	steel	☒	☐	☒	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method machine
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
105	120	1/4"	180	6"	steel	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

73 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
20			

Water Temp. cold Bottom hole temp. cold

Water Quality test or comments: good

Depth first Water Encounter 50

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"	0	15	Brown clay		X
10"	15	20	Brown clay gravel		X
6"	20	30	Brown clay gravel		X
6"	30	50	gray clay		X
6"	50	90	Brown clay gravel	X	
6"	90	115	gray clay	X	
6"	115	120	Shale		

RECEIVED

JUL 14 2004

Department of Water Resources
Eastern Region

Completed Depth 120 (Measurable)
Date: Started 4-22-04 Completed 4-22-04

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 Mike's Well Drilling Firm No. 543

Principal Driller Michael Frandson Date 4-25-04

Driller or Operator II Mike Frandson Date 4-25-04

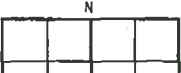
Operator I _____ Date _____

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

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

2. OWNER:
Name Robert W. Brennan
Address 156 W 500 N
City MALAD State ID Zip 83252

Sketch map location must agree with written location.



Twp. 14 North ☐ or South ☒
 Rge. 36 East ☒ or West ☐
 Sec. 3
 Gov't Lot _____
 Lat: _____ Long: _____
 Address of Well Site 3321 N. Deep
 County ONEIDA City MALAD

10 acres 1/4 NW 1/4 SE 1/4
 40 acres 160 acres

Creek RD
 (Give at least name of road & distance to Road or landmark)

Lt. _____ Blk. _____ Sub. Name _____

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

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	20	5	OVERBORE

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

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	0	120	.250	STEEL	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Perforations Method MACHINE
Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
90'	110'	1/4"	60			☒	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30			

Water Temp. COLD Bottom hole temp. —

Water Quality test or comments:

Depth first Water Encounter 32

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

[illegible]

Completed Depth 120' (Measurable)
Date: Started 7-26-00 Completed 7-29-00

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

Company Name MTN. West Drilling Firm No. 543

Firm Official Michael Tranden Date 9-28-00

and
 Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

_____ 1/4 _____ 1/4 _____ 1/4

Lat : : Long: : :

2. OWNER:
Name Robert W. Brennan
Address 156 W 500 N
City MALAD State ID Zip 83252

Sketch map location must agree with written location.

Twp. 14 North ☐ or South ☒
 Rge. 36 East ☒ or West ☐
 Sec. 3 1/4 NW 1/4 SE 1/4
 Gov't Lot _____ 10 acres ONEIDA 40 acres 160 acres
 Lat. : : Long. : :
 Address of Well Site 3321 N. Deep Creek RD
 City MALAD

Give at least name of road + distance to Road or Landmark

Lt.	Bk.	Sub.	Name
-----	-----	------	------

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

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	20	5	OVERBORE

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

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	0	120	.250	STEEL	X	☐	X	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Perforations Method MACHINE
Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
90'	110'	1/4"	60			☒	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30			

Water Temp. Cold Bottom hole temp. -

Water Quality test or comments: _____

[illegible]

Completed Depth 120' (Measurable)
Date: Started 7-26-00 Completed 7-29-00

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

Company Name MTN. West Drilling Firm No. 543

Firm Official Michael Trandem Date 9-28-00

and
Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

058444

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

 $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$

Lat: : : Long: : :

☒ Air ☐ Flowing Artesian

2. OWNER:

Name Thomas S Koontz
Address 3325 N Deep Gr. Rd
City Malad City State ID Zip 83252

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 14 North ☐ or South ☒
 Rge. 36 East ☒ or West ☐
 Sec. ~~13~~ 3 $\frac{1}{4}$ NW $\frac{1}{4}$ SE $\frac{1}{4}$
 Gov't Lot _____ County 10 acres 40 acres 160 acres
 Lat: _____ : _____ : _____ Long: _____ : _____ : _____
 Address of Well Site Same as
above City _____
 (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		
Bentonite	0	20	41	Over Bore	

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 100
Was drive shoe seal tested? ☐ Y ☐ N How?

8.-CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Line	Welded	Threaded
6"	0	100	200	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe_____ Length of Tailpipe_____

9. PERFORATIONS/SCREENS

☒ Perforations Method Machine

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	liner
75	80	1 1/2"	50	1/4	Steel	☒	☐
95	100	1 1/2"	50	1/4	Steel	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☐ Pump ☐ Bailer

Yield gal./min.	Drawdown	Pumping Level	Time
50			

Water Temp. cold Bottom hole temp. _____
Water Quality test or comments: Good (iron)

Depth first Water Encountered 50

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

13. DRILLER'S CERTIFICATION

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

Firm Name Mountain West Drilling Firm No. 543

Firm Official Mike Frandsen Date 1-27-97

and
Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

15- 7348

49359

1. DRILLING PERMIT NO. 15-95-E-0010-000
Other IDWR No. _____

2. OWNER:

Name Rula Thomas
Address 540 Deep Creek Rd
City Malad State ID Zip 83452

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



T. 14 North ☐ or South ☒
 E. 36 East ☒ or West ☐
 Sec. 3 $\frac{1}{4}$ SE $\frac{1}{4}$ $\frac{1}{4}$
 Gov't Lot _____ County Oneida

Address of Well Site Deep Creek Rd

(Give at least Direction + Distance to Road or Landmark)

Lot No. _____ Block No. _____ Subd. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	18	5	

Was drive shoe seal tested? Y ☐ N ☐ How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Casting	Liner	Steel	Plastic	Welded	Threaded
1/2"	0	105	250	X		☒	☐	☒	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes 105

Top Packer or Headpipe _____ Bottom Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tel./Pipe Size	Casting	Linear
95	105	1"	180	250		☒	☐
						☐	☐
						☐	☐
						☐	☐

10. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Depth	Time
50			

Temperature of water 66.10 Was a water analysis done? Yes ☐ No ☐

By whom? _____

Water Quality (odor, etc.)

Bottom Hole Temperature Cold

11. STATIC WATER LEVEL:

20 ft. below surface Depth artesian flow found

Artesian pressure _____ lb. Describe access port _____

Describe Controlling Devices: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

13. DRILLER'S CERTIFICATION

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

Firm Name Mountain West Drilling Firm No. 543

Firm Official Mike Frandsen Date 7-3-95

and
Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

15- 7348

RECEIVED

AUG 15 1991

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
Department of Water Resources within 30 days after the completion or abandonment of the well.
Eastern District Office

1. WELL OWNER

Name Clyde J. & Pamela M. Bowen
Address 91 N. 8 E. Preston, ID 83263
Drilling Permit No. 15-91-E-003
Water Right Permit No. _____

7. WATER LEVEL

Static water level 86 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Well diameter increase
-
- ☐
- Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
22	130	3

3. PROPOSED USE

- ☒
- Domestic
- ☐
- Irrigation
- ☐
- Test
- ☐
- Municipal
-
- ☐
- Industrial
- ☐
- Stock
- ☐
- Waste Disposal or Injection
-
- ☐
- Other _____ (specify type)

9. LITHOLOGIC LOG

023365

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
9"	0	9	gravel		
	9	20	clay		
	20	28	gravel		
6"	28	37	clay brown		
	37	39	clay gray		
	39	42	gravel		
	42	54	clay		
	54	57	gravel clay		
	57	68	clay		
	68	69	gravel		
	69	78	clay		
	78	116	cobbles water		X
	116	127	clay white		
	127	134	clay brown		
	134	154	clay greenish		
	154	176	clay brown		
	176	179	cobbles & clay		
	179	187	clay greenish		
	187	190	cobbles & clay		
	190	192	clay		
	192	200	cobbles water		X
	200	227	clay greenish		
	227	233	sandstone soft		
	233	238	cobbles & sandstone		
	238	245	clay		

4. METHOD DRILLED

- ☒
- Rotary
- ☐
- Air
- ☐
- Hydraulic
- ☐
- Reverse rotary
-
- ☐
- Cable
- ☐
- Dug
- ☐
- Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other

Thickness	Diameter	From	To
.250 inches	6 1/2 inches + 1 1/2	feet 175	feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☒ Yes ☐ NoHow perforated? ☐ Factory ☒ Knife ☐ Torch ☐ GunSize of perforation 1/8 inches by 3 inches

Number	From	To
70 perforations	110 feet	117 feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 28 Material used in seal: ☐ Cement grout☐ Bentonite ☒ Puddling clay ☐ _____Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

Weld

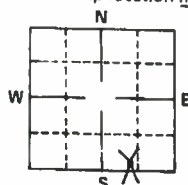
☐ Cemented between strataDescribe access port well cap

10.

Work started 7/29/91 finished 8/02/91

6. LOCATION OF WELL

Sketch map location must agree with written location



Subdivision Name _____

Lot No. _____ Block No. _____

County OneidaSW 1/4 SE 1/4 Sec. 3, T. 14 N. 30 W. 30

11. DRILLERS CERTIFICATION

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

Firm Name Westlake Drilling Firm No. 114184 N. 7 St.Address Montpelier, ID Date 8/14/91Signed by (Firm Official) E. Ray Westlake

and

(Operator) E. Ray Westlake

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

15-7348



State of Idaho

DEPARTMENT OF WATER RESOURCES

Eastern Region, 900 North Skyline Drive, Suite A • Idaho Falls, Idaho 83402-1718

Phone: (208) 525-7161 • Fax: (208) 525-7177 • Web Site: www.idwr.idaho.gov

March 1, 2012

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

SHAWN BARBER
435 EAST 3320 NORTH
MALAD CITY, ID 83252

Application For Permit No. 15-7348

Dear Applicant(s):

The Department of Water Resources has received your water right application. Please refer to the number referenced above in all future correspondence regarding this application.

A legal notice of the application has been prepared and is scheduled for publication in the IDAHO ENTERPRISE on March 15 and 22, 2012. Protests to this application may be submitted for a period ending ten (10) days after the second publication.

If the application is protested, you will be sent a copy of each protest. All protests must be resolved before the application can be considered for approval. If the protest(s) cannot be resolved voluntarily, the Department will conduct a conference and/or hearing on the matter.

If the application is not protested, the Department will process your application and notify you of any action taken on the application. If your application is approved, the Department will send you a copy of the permit.

Please contact this office if you have any questions regarding the application.

Sincerely,

Sharla Cox
Administrative Assistant

Cox, Sharla

From: Cox, Sharla
Sent: Thursday, March 01, 2012 9:41 AM
To: 'Idaho Enterprise (enterprisenews@atcnet.net)'
Subject: Legal Notice for your paper
Attachments: Idaho Enterprise E-Mail.doc

Contacts: Idaho Enterprise

Please Note: I have sent this a week early. I will be out of the office next week. Please advertise this on March 15 and 22, 2012.

Thank you.

Sharla

Sharla Cox
Administrative Assistant
Idaho Department of Water Resources
900 N. Skyline Dr. Ste. A
Idaho Falls ID 83402
208-525-7161 - telephone
208-525-7177 - fax
sharla.cox@idwr.idaho.gov

The following application(s) have been filed to appropriate the public waters of the State of Idaho:

15-7348

SHAWN BARBER

435 EAST 3320 NORTH

MALAD CITY, ID 83252

Point of Diversion NWNWSE

S3 T14S R36E

ONEIDA County

Source GROUND WATER Tributary

Use: IRRIGATION

04/01 to 10/31 0.28 CFS

Total Diversion: 0.28 CFS

Date Filed: 9/9/2011

Place Of Use: IRRIGATION

T14S R36E S3 SWNE NWSE

Total Acres: 14

Permits will be subject to all prior water rights. For additional information concerning the property location, contact Eastern Region office at (208) 525-7161. Protests may be submitted based on the criteria of Idaho Code § 42-203A. Any protest against the approval of this application must be filed with the Director, Dept. of Water Resources, Eastern Region, 900 N Skyline Dr Ste A, Idaho Falls ID 83402 together with a protest fee of \$25.00 for each application on or before April 2, 2012. The protestant must also send a copy of the protest to the applicant.

GARY SPACKMAN, Interim Director

Published on March 15 and 22, 2012

Mathews, Kerrie

From: Mathews, Kerrie
Sent: Tuesday, October 11, 2011 9:36 AM
To: 'snmhuntin@aol.com'
Subject: Application for Permit #15-7348

Good Morning Mr. Barber;

On September 12, 2011 I called and left a message regarding an application for permit that you dropped by the office. I have not heard back from you.

In order to continue processing your application the Department will require a groundwater study detailing the impact your proposed well will have on surrounding wells.

During your visit, I gave you the contact information for a company that completes the needed study. If you need that information again, please let me know.

If you have any questions you can contact me by telephone, or email.

Thank you,

Kerrie A Mathews
Water Resources Agent
Idaho Department of Water Resources
208.525.7161

"No culture can live, if it attempts to be exclusive."
-Mahatma Gandhi

12/22/2011- Called and left message, able to get ground water study done or started. KM

12/27/2011- ~~Re~~ Shaun called back, Tom Wood is working on. He will get it to me when he has it. KM

2/2012- Tom Wood met w/ James C. about report. KM
OK to Advertise, Hold until report received to permit. KM