

Permit No. 29-13900

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
Staff Analysis Field Report for Exempted Wells

1. X Copy of Permit
2. X Copy of proof of beneficial use
3. X Copies of amendments, orders with conditions
4. * Permit is for one owner
 *Permit is for 2 homeowners
5. X Confirm one owner of the place of use
 X Tax lot Research
6. X Aerial photo of parcel for the water right file (copy of aerial required)
7. X Well driller's report
8. X Domestic use only
9. ** 0.04 cfs or less on water permit
 **Permit is for 0.08cfs
10. Check if alternative source of water is available for domestic use:
11. Other information:

AUTHENTICATION

Examiner Name Cody Allen Date 12/19/2011

Reviewer James Cefalo Date 12/22/11



Idaho Department of Water Resources

Water Right
29-13900
(DOMESTIC)

Legend

Point of Diversion



Place of Use



State Outline



Townships



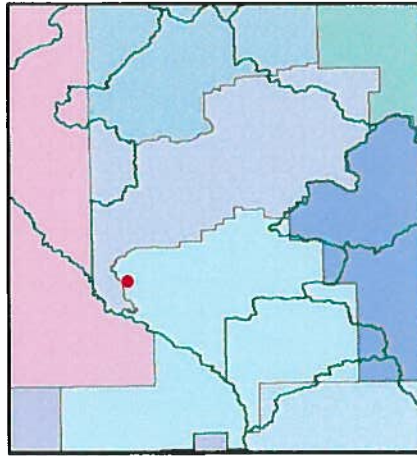
PLS Sections



Quarter Quarters



Taxlots



Power County
IDWR Basin 29

Prepared by Allen, Cody
On December 19, 2011
2009 Aerial Photography

R33E



T06S



0 0.0125 0.025 0.05 Miles

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D 51348
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name Kent Myler - Ted Crowder
Address 1852 Truckerville Rd
City POCATELLO State Id Zip 83204

3. LOCATION OF WELL by legal description:

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

Twp. 6 North ☐ or South ☒
Rge. 33 East ☒ or West ☐
Sec. 6 SE 1/4 NE 1/4 150 acres 1/4
Gov't Lot _____ County POWERLat: 42:55:749 Long: 112:38:060
Address of Well Site 1852 Truckerville Rd(Give at least name of road + Distance to Road or Landmark)
City POCATELLO
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
<u>Bentonite</u>	<u>0</u>	<u>20</u>	<u>500 LBS</u>	<u>Over Bore</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 160Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>160</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method None

Screen Type & Method of Installation _____

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

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

21 ft. below ground Artesian pressure _____ lb.

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

Well CAP

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

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>75</u>		<u>160</u>	<u>3 HRS</u>

Water Temp. Cold Bottom hole temp. _____Water Quality test or comments: not tested

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8 3/4</u>	<u>0</u>	<u>20</u>			
<u>8 3/4</u>	<u>0</u>	<u>3</u>	<u>TOP SOIL</u>		☒
<u>8 3/4</u>	<u>3</u>	<u>17</u>	<u>COBBLES</u>		☒
<u>8 3/4</u>	<u>17</u>	<u>22</u>	<u>BROWN CLAY</u>		☒
<u>6</u>	<u>22</u>	<u>50</u>	<u>BLUE CLAY</u>		☒
<u>6</u>	<u>50</u>	<u>72</u>	<u>LITE BROWN CLAY</u>		☒
<u>6</u>	<u>72</u>	<u>80</u>	<u>SAND - GRAVEL</u>		☒
<u>6</u>	<u>80</u>	<u>108</u>	<u>BROWN CLAY</u>		☒
<u>6</u>	<u>108</u>	<u>133</u>	<u>SAND - FEW GRAVELS</u>		☒
<u>6</u>	<u>133</u>	<u>150</u>	<u>BROWN CLAY</u>		☒
<u>6</u>	<u>150</u>	<u>165</u>	<u>GRAVEL</u>		☒

RECEIVED

JUN 08 2009

Department of Water Resources
Eastern RegionCompleted Depth 160 (Measurable)Date: Started 4-16-09 Completed 4-23-09

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 Burts Drilling Firm No. 614Principal Driller Burt Ruediger Date 4-25-09and
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