

Permit No. 75-7631

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. X Permit is for one owner
5. X Confirm one owner of the place of use
 - X Tax lot Research
 - Telephone call
 - Office visit
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. X 0.04 cfs or less on water permit
10. X Check if alternative source of water is available for domestic use:
WR# 75-2120, domestic for campground from Ebenezer Creek
11. X Other information:

Volume calculation:

11 Campsites * 5 people per campsite * 5gpd per person * 260days (period of use) =

71,500 gallons or 0.22 AF

Rounded up to the next 10th = 0.3AF

Note: Water use estimates from Forest Service Handbook 7409.11, Section 44.11-Exhibit 01.

AUTHENTICATION

Examiner Name Cody Allen Date 12/07/2011

Reviewer James Cefalo Date Dec 12, 2011



Idaho Department of Water Resources

Water Right
75-7631
(DOMESTIC)

Legend

Point of Diversion



Place of Use



State Outline



Townships



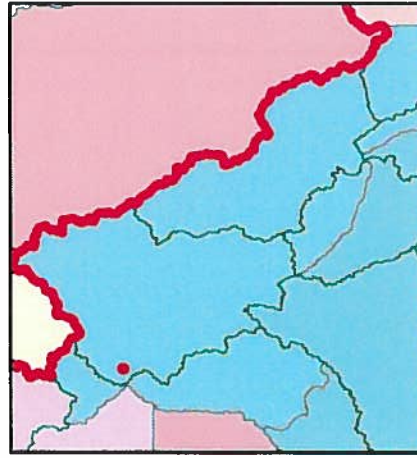
PLS Sections



Quarter Quarters



Taxlots



Lemhi County
IDWR Basin 75

Prepared by Allen, Cody
On December 07, 2011
2009 Aerial Photography

R17E

NWSE

19

SWSE

T23N



#3
Form 239-7
3/95
JCS
DMD

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

093597

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

1. DRILLING PERMIT NO. 75-96-E-0007
Other IDWR No. _____

2. OWNER:
Name US Forest Service
Address Box 729
City Salmon State ID Zip 83467

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
W E S
Twp. 23 North ☒ or South ☐
Rge. 17 East ☒ or West ☐
Sec. 19 SE 1/4 SW 1/4 1/4
Gov't Lot _____ County Lemhi 10 acres 40 acres 160 acres
Lat: : : Long: : :
Address of Well Site Ebenezer Bar
City North Fork
(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	From To	Sacks or Pounds	
<u>BENTONITE</u>	<u>0</u> <u>20</u>	<u>2000</u>	<u>OVER BORE</u>	

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 76
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>42</u> <u>76</u>	<u>280</u>	<u>STEEL</u>	☒	☐	☒	☐
<u>4 1/2</u>	<u>64</u> <u>104</u>		<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method RAISE
☐ Screens Screen Type _____

From To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>65</u> <u>75</u>	<u>3/16</u>	<u>200</u>		<u>STEEL</u>	☒	☐
<u>64</u> <u>104</u>	<u>1/8</u>	<u>280</u>		<u>PVC</u>	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

48 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Sanitary well seal

11. WELL TESTS:

☐ Pump ☐ Bailor

Yield gal./min.	Drawdown	Pumping Level	Time
<u>20</u>		<u>104</u>	<u>5 ARS</u>

Water Temp. 52 Bottom hole temp. _____

Water Quality test or comments: CLEAR

Depth first Water Encountered 35

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
	<u>12</u>	<u>0</u>	<u>TOP SOIL</u>		☒
	<u>4</u>	<u>10</u>	<u>BOULDER CONGLO</u>		☒
	<u>10</u>	<u>35</u>	<u>GRANITE CONGLOMERATE</u>		☒
	<u>35</u>	<u>68</u>	<u>COLD GRANITE CONGLO</u>	☒	
	<u>68</u>	<u>75</u>	<u>GRAVELY SAND</u>	☒	
	<u>75</u>	<u>104</u>	<u>GREY HARD GRANITE</u>		☒

RECEIVED
APR 24 1996
Department of Water Resources
Eastern Region

RECEIVED
MAY 3 - 1996
Department of Water Resources

AUG 21 1996
Department of Water Resources

Completed Depth 104 (Measurable)
Date: Started 3-30-96 Completed 4/2/96

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 Harber Drilling Firm No. 0430

Firm Official Alan Harber Date 4/4/96

and
Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

093596

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

1. DRILLING PERMIT NO. 75-96-E-0006
Other IDWR No. _____

2. OWNER:
Name US Forest Service
Address Box 729
City Salmon State ID Zip 83467

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
W E S
Twp. 23 North ☒ or South ☐
Rge. 17 East ☒ or West ☐
Sec. 19 SE 1/4 SW 1/4 1/4
Gov't Lot _____ County Lemhi 10 acres 40 acres 160 acres
Lat: : : Long: : :
Address of Well Site Ebenezer
Bar City North Fork
(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	750	OVER BORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 55

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6 1/2</u>	<u>42</u>	<u>55</u>	<u>280</u>	<u>STEEL</u>	☒	☐	☒	☐
<u>4 1/2</u>	<u>44</u>	<u>84</u>		<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Kali's
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>45</u>	<u>55</u>	<u>3/16</u>	<u>200</u>		<u>STEEL</u>	☒	☐
<u>44</u>	<u>84</u>	<u>1/8</u>	<u>200</u>		<u>PVC</u>	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

35 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Baller

Yield gal./m.n.	Drawdown	Pumping Level	Time
<u>18</u>		<u>89</u>	<u>5 MRS</u>

Water Temp. 52° Bottom hole temp. _____

Water Quality test or comments: CLEAR

Depth first Water Encountered 42

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>12</u>	<u>0</u>	<u>2</u>	<u>TOP SOIL</u>		☒
<u>2</u>	<u>16</u>	<u>16</u>	<u>ROLLERS BIG</u>		☒
<u>16</u>	<u>32</u>	<u>32</u>	<u>BOULDER CONGLOMERATE</u>		☒
<u>6</u>	<u>32</u>	<u>42</u>	<u>GRAVEL</u>		☒
<u>42</u>	<u>54</u>	<u>54</u>	<u>GRAVEL SAND</u>		☒
<u>54</u>	<u>84</u>	<u>84</u>	<u>HARD GREY GRANITE</u>		☒

RECEIVED

APR 24 1996

Department of Water Resources
Eastern Region

RECEIVED

MAY 3 1996

Department of Water Resources

AUG 21 1996

Completed Depth 84 (Measurable)
Date: Started 3/27/96 Completed 3/28/96

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 Harber Drilling Firm No. 0430

Firm Official Alan Harber Date 4/4/96

and Supervisor 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: : :

1. DRILLING PERMIT NO. 75 D-96 E - 0005
Other IDWR No. _____

2. OWNER: US Forest Service
Name Box 729
Address Salmon State ID Zip 83467
City

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 23 North ☒ or South ☐
 Rge. 17 East ☒ or West ☐
 Sec. 19 SE $\frac{1}{4}$ SW $\frac{1}{4}$ $\frac{1}{4}$
10 acres 40 acres 160 acres
 Gov't Lot _____ County Lemhi
 Lat. _____ Long. _____
 Address of Well Site Ebenezer
Bar City North Fork
 (Give at least name of road + distance to Road or Landmark)

Lt. _____ Bk. _____ 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	
BEAUFORTITE	0	20	1000	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 43
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	1	43	280	STEEL	☒	☐	☒	☐
4 1/2	24	64		DUC	☐	☒	☐	☒
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method KNIFE
☐ Screens Screen Type _____

From	To	Slot Size	Numbar	Diameter	Material	Casing	Liner
32	43	3/16	120		STPL	☒	☐
24	64	1/8	100		PUC	☐	☒
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

21 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices: Sanitary well seal

11. WELL TESTS:

☐ Pump ☐ Bailer

Yield gal./min.	Drawdown	Pumping Level	Time
18		64	5 HRS

Water Temp. 52° Bottom hole temp. _____

Water Quality test or comments: CLEAR

Depth first Water Encountered 32

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12	0	2	TOP SOIL		
	2	4	SAND SILT		
	4	20	SAND GRAVEL CONGLOMERATE		
6	20	32	GRAVELLY SAND		
	32	42	GRAVEL		
	42	64	GRAY GRAVELLY SAND		
RECEIVED APR 24 1996 Department of Water Resources Eastern Region					
RECEIVED MAY 3 - 1996 Department of Water Resources					
AUG 21 1996					
Completed Depth <u>64</u> (Measurable) Date: Started <u>3-25-96</u> Completed <u>3/26/96</u>					

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 Harber Drilling Firm No. 0430

Firm Official Alan Walker Date 9/4/96

Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES