

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

3. Delivery System Diagram. Indicate all major components and distances between components. Indicate weir size/ditch size/ pipe i.d..as applicable.

[illegible]

Scale 1"=

- ☐ Copy of USGS Quadrangle attached showing location(s) of diversion and place(s) of use (required).
- ☐ Aerial photo attached (required for irrigation of 10+ acres).
- ☐ Photo of diversion and system attached.

Well or Diversion Identification No.*	Motor Make	HP	Motor Serial Number	Pump Make	Pump Serial No. or Discharge Size
N/A					

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

D. FLOW MEASUREMENTS

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calibration Date
N/A						

Measurements

E. NARRATIVE/REMARKS/COMMENTS

Confirmed per ArcMap photo (2009 photo) confirmed dwelling and taxlot data confirmed ownership.
See attached well log D0029794

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
 $VI.R. = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$
 $VD.R. = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irragions Season}) \times 1.9835 =$
 $V = \text{Smaller of VI.R. and VD.R.} =$

2. Volume Calculations for Other Uses: ALLOW
1.2 AF

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 CFS	1.5 AFA
TOTALS			0.04 CFS	1.5 AFA

typo -
is 1.2
-JL 9/9/11

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 Sherry Borgeman
Reviewer

Sherry Borgeman

Date 11/19/2010
Date

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D D 0029794
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name Mark Mason
Address 7022 W. Elm brook Dr.
City Boise State ID Zip 83714

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 17 North ☒ or South ☐
Rge. 3 East ☒ or West ☐
Sec. 12 1/4 SE 1/4 SE 1/4
Gov't Lot _____ County Valley
Lat: _____ Long: _____
Address of Well Site Finn Church Lane
City McCall
(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 Material	From	To	Weight / Volume	Seal Placement Method
Chip Bentonite	0	18	400 #	10" Temp Casing

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"	+2'6"	62'6"	.250	Steel	☒	☐	☒	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method torch
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
57'6"	61'6"	1/8"x6"	60	6"	Steel	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
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11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
27'6" ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____
Sanitary Well Seal

Office Use Only
Well ID No. 8057419
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____

12. WELL TESTS:
☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
25		60	1 Hr
20		56	30 min

Water Temp. 48° Bottom hole temp. 48°
Water Quality test or comments: Good

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	2	Top Soil		X
10	2	4	Brown Clay		X
10	4	18	Brown Sandy Clay		X
6	18	20	Brown Clay		X
6	20	32	Brown Sand and Gravel		X
6	32	48	Brown Gravel 1/2 Sand	X	
6	"	"	low static Gpm 8	X	
6	48	51	Dk Brown Clay		X
6	51	56	Brown Sand and Gravel 6 Gpm	X	
6	56	57	Dk Brown Clay		X
6	57	61'6"	Brown Sand and Gravel	X	
6	61'6"		Dk Brown Clay		X

RECEIVED
AUG 19 2003
WATER RESOURCES
WESTERN REGION

Completed Depth 61'6" (Measurable)
Date: Started 8-6-03 Completed 8-7-03

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 Gestrin Well Drilling Firm No. 408
Principal Driller Robert W. Gestrin Date 8-17-03
and Driller or Operator II Franklin D. Gestrin Date 8-12-03
Operator I _____ Date _____
Principal Driller and Rig Operator Required.