

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 county assessor - ArcMap photo (2009 photo) confirmed dwelling, taxlot data confirms ownership. Twin River Ranch Sub Lot 6.

See attached well log. Well log pls incorrect.

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. = (Acres Irrigated) x (Irrigation Requirement) =

VD.R. = [Diversion Rate (cfs)] x (Days in Irrigation Season) x 1.9835 =

V = 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~~ 1.2
TOTALS			0.04 CFS	~~1.5 AFA~~ 1.2

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 12/17/10

Date

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Form 238-7
6/02IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D 00 44922
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____2. OWNER: Phil Dehning
Name _____
Address 4117 N. FARR RD
City Spokane State WA Zip 99508

3. LOCATION OF WELL by legal description:

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

Twp. 28 N North ☐ or South ☐
Rge. 1 E East ☐ or West ☐
Sec. 21 1/4 NW 1/4 NE 1/4
Gov't Lot _____
County IDAHO
Lat: _____ Long: _____
Address of Well Site Solman River View Rd
City White Bird
(Give at least name of road - Distance to Road or Landmark)
Lt. 6 Blk. _____ Sub. Name TWIN RIVER

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>18</u>	<u>450#</u>	<u>Top Pour</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18'Was drive shoe seal tested? ☒ Y ☐ N How? Air Pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-18</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>20"</u>	<u>500</u>				☐	☐	☐	☐
<u>4.5"</u>	<u>20</u>	<u>500</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAW

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>20</u>						☐	☐
<u>360</u>	<u>500</u>	<u>1/8"</u>	<u>48</u>	<u>4.5</u>	<u>SAW</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

125 ft. below ground Artesian pressure _____ lb.

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

Top of casing

840614
Office Use Only
Well ID No. 410906
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
<u>15</u>			<u>1.5</u>

Water Temp. 56° Bottom hole temp. _____Water Quality test or comments: GoodDepth first Water Encounter 325'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10"</u>	<u>0</u>	<u>15</u>	<u>Whnd BSLT soft</u>		
<u>10"</u>	<u>15</u>	<u>18</u>	<u>Clay c whnd BSLT</u>		
<u>8"</u>	<u>18</u>	<u>150</u>	<u>Firm Whnd BSLT</u>		
<u>6"</u>	<u>150</u>	<u>325</u>	<u>Med HA BIK BSLT</u>		
<u>6"</u>	<u>325</u>	<u>364</u>	<u>Red BSLT (soften)</u>	<u>15</u>	
<u>6"</u>	<u>364</u>	<u>500</u>	<u>Green BSLT</u>		

RECEIVED

JUL 05 2006

WATER RESOURCES
WESTERN REGIONCompleted Depth 500' (Measurable)Date: Started 6-16-06 Completed 6-17-06

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 WHELE & Kott Drilling Firm No. 125Principal Driller Jim J. Kott Date 6-18-06

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