Form 219
2/2002

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No. 63-32674

1. Owner: RANDY J BERRY — Phone No: 208-384-9383

   Current Address: 9971 N BOGUS BASIN RD — City, State, Zip: 83702

2. Accompanied by: N/A, IN-OFFICE EXAM, 42-111 WELL — Exam Date: 7/14/2011

   Address: — Phone No:

   Relationship to Permit Holder: NONE

3. Source: GROUND WATER — Tributary to: N/A

B. OVERLAP REVIEW

1. Other water rights with the same place of use: N/A
2. Other water rights with the same point of diversion: N/A

C. DIVERSION AND DELIVERY SYSTEM

1. Point(s) of Diversion

Ident. No.	Gov't lot	¼	¼	¼	Sec.	Twp.	Rge.	County	Method of Determination/Remarks
			SE	SE	11	4N	2E	ADA	PERMIT FILE & COUNTY ASSESSOR

2. Place(s) of Use

Tnp	Rg	Sec.	NE				NW				SW				SE				Total
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
4N	2E	12											X						

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

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 - Ada County Assessor website confirmed dwelling on site for identified owner. ArcMap photo (2009) confirmed dwelling and taxlot data confirmed ownership.
See attached well log.

Have conditions of permit approval been met? ☒ Yes ☐ No

F. FLOW CALCULATIONS

Measured Method:
ALLOW PERMIT RATE

☐ Additional Computation Sheets Attached

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 Irragions 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	1.2 AFA
		TOTALS	0.04 CFS	1.2 AFA

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 Sherry Borgeman Date 7/14/2011
Reviewer Date

63

844555

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

Form 238-7
3/95-C96

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. DRILLING PERMIT NO. ___ - ___ - ___ ___ - ___
Other IDWR No. D0047394

2. OWNER:
Name DEER POINT RANCH LLC
Address 1770 W STATE ST, #312
City BOISE State ID Zip 83702

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

N
W E
S

Twp. 4 North ☒ or South ☐
Rge. 2 East ☒ or West ☐
Sec. 11 NE 1/4 (10 acres) SE 1/4 (40 acres) SE 1/4 (160 acres)

Gov't lot ____ County ADA
Lat: 43:41:629 Long: 116:10:464
Address of Well Site 9971 N BOGUS BASIN ROAD
City BOISE
(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	22	9 Sacks	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
8"	+2	22	250	St	☒	☐	☒	☐
4 1/2"	13	333	S40	PVC	☐	☒	☐	☒
					☐	☐	☐	☐

Length of Headpipe ____ Length of Tailpipe ____

9. PERFORATIONS/SCREENS
☒ Perforations Method factory
☐ Screens Screen Type ____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
273	333	.23	3000	4.5	pvc	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
150 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+	no test	no test	2 Hrs

Water Temp. ____ Bottom hole temp. ____
Water Quality test or comments: ____
Depth first Water Encountered 22'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temp.	Water Y	Water N
12	0	5	Brown clay top soil		☒
12	5	22	Decomposed granite		☒
6"	22	265	White & Gray Granite (seep)	☒	
6"	265	310	Brown cracked granite	☒	
6	310	338	White & gray granite		☒

RECEIVED
NOV 0 3 2006
WATER RESOURCES
WESTERN REGION

SCANNED
JAN 10 2008

SCANNED
JAN 10 2008

Completed Depth: 333 (Measurable)
Date: Started 09/29/06 Completed 10/31/06

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 SOS Welldrilling & Pump Co Firm No. 212
Firm Official ____ Date ____
Supervisor or Operator ____ Date 11-2-06
(Sign once if Firm Official & Operator)

Date: 11/1/2006 Time: 11:49 AM