

A.

60017
47-99-S-~~0076~~-300

Department of Water Resources

permit 720081

APPLICATION FOR
REPAIR () OR ABANDONMENT (✓) OF A WELL

RECEIVED

MAY 12 1999

Department of Water Resources
Southern Region

LEGAL CONTACT (Owner or Operator)

Date: 5-10-99
 Name: Betty Duiker Phone Number _____
 Mailing Address: 1295 E 3400 N
 City: Castle Fork State ID Zip Code 83321

WELL LOCATION

Township 11 S, Range 18 E, Section 10, 1/4 NE 1/4 NE 1/4
 Gov't Lot No. _____ County Town Fork
 Street Address of Well Site: 25 2nd Ave City _____
 Lot _____, Block _____, Subdivision Name _____

TYPE OF WELL

(✓) DOMESTIC: Water used for homes, organization camps, public campgrounds, livestock (1,000 head or less and for any other purpose in connection therewith, including irrigation of up to 1/2 acre of land, if the total use is not in excess of 13,000 gpd; or any other uses, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

NON-DOMESTIC: ☐ Irrigation ☐ Municipal ☐ Industrial
☐ Stock ☐ Test ☐ Other _____
 (Over 1,000 head) (Describe)

() INJECTION
 () MONITORING

WELL SPECIFICATIONS

Previous Drilling Permit Number well Tag # 0008041 - drilled up current well
 Water Right Number _____
 Well Log on File? () Yes () No
 Casing Size: 6" Material: P Temperature: 49.57°
 Casing Height Above Ground: in B.T. approx 5' below ground
 Flowing Artesian? () Yes () No
 Static Water Level: approx 120' (Measured) Well Depth: approx 160' (Measure)
 Remarks: old well pumps off part of the well - replaced with new well

5.

CONDITION OF WELL, REPAIRS REQUIRED

- didn't produce enough water part of year.
- poor surface seal down in pit

6.

PROPOSED METHODS OF REPAIR OR ABANDONMENT

(This Application must be approved prior to commencement of operations)

- Fill with 4-6 inches Enviro plug bentonite to S.W.L.
- Fill remainder with granular bentonite

7.

NAME OF DRILLER OR INDIVIDUAL PERFORMING THE REPAIR OR ABANDONMENT

Eaton Drilling #26

8.

DATE OF PROPOSED REPAIR OR ABANDONMENT

week of May 10th

9.

APPLICANT'S SIGNATURE



DATE: 5-10-99

Title

Drill Contractor

(Owner, Firm Representative, Other)

ACTION OF THE DEPARTMENT OF WATER RESOURCES

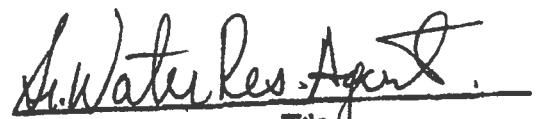
This application for repair/abandonment is ApprovedDate 5-12

This approval does not constitute an endorsement of the proper abandonment of this well, without an attached c prepared by an Idaho Licensed Water Well Driller, Professional Geologist or Engineer who witnessed the proced approval is subject to the following conditions of approval. READ CAREFULLY!

CONDITIONS OF APPROVAL:

1. Pursuant to Section 42-238(4), Idaho Code. All repairs and/or abandonment must meet the requirements Department's Rules and Regulations for Well Construction Standards.
2. Abandonment or repair of this well may require the services of a well driller licensed in the State of Idaho


Signature of Authorized Department Representative


Title