

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 email.

Assessor confirmed dwelling on site for identified owner.

Lot 83 Gratton-Barnard Subdivision.

See attached well log.

Applicant has domestic surface water right for same location, WR #65-04991.

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	0.02 CFS	1.2 AF

TOTALS 0.02 CFS 1.2 AF

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

Steve Lester

Sherry Borgeman

Date 12/3/09

Date

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.	825224		
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0038152

DRILLING PERMIT NO. _____

Water Right or Injection Well No. _____

2. OWNER:

Name MELVIN L. ADAMSONAddress 421 W. IOWA ST.City Boise State Id. Zip 83706

3. LOCATION OF WELL by legal description:

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

Twp. 14 North ☒ or South ☐Rge. 3 East ☒ or West ☐Sec. 33 1/4 SE 1/4 SE 1/4Gov't Lot _____ County VALLEY

Lat: _____ Long: _____

Address of Well Site 670 EARLS RD.City CASCADELt. 83 Blk. _____ Sub. Name GRATTON BARNARD

Subd. _____

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
Bentonite chips	0	18	400 lbs.	Poured

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 122 1/2Was drive shoe seal tested? ☒ Y ☐ N How? AIR / WATER

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1 1/2	122 1/2	25	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

14 ft. below ground Artesian pressure _____ lb.

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

SANITARY WELL SEAL

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
2		120'	1 1/2 hrs.

Water Temp. 48° Bottom hole temp. _____Water Quality test or comments: goodDepth first Water Encounter 90'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	2	TOP SOIL		
10	2	5	BROWN CEMENTED SAND		
10	5	18	CEMENTED SAND, GRAVEL + Boulders		
6	18	22	CEMENTED SAND, GRAVEL + Boulders		
6	22	25	BROWN CLAY		
6	25	53	CEMENTED SAND, GRAVEL + Boulders		
6	53	76	BROWN SAND + CLAY mixed		
6	76	80	BROWN CLAY		
6	80	90	BROWN SAND + CLAY mixed		
6	90	100	BROWN Decomposed GRANITE	X	
6	100	102	GRAY + BROWN Decomp. GRANITE		X
6	102	106	GRAY FRACT. GRANITE		X
6	106	140	BROWN + GRAY Decomp. GRANITE	X	

RECEIVED

NOV 01 2004

WATER RESOURCES
WESTERN REGIONCompleted Depth 122 1/2 (Measurable)Date: Started 10-11-04 Completed 10-21-04

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, Inc. Firm No. 408Principal Driller Robert W. Mutton Date 10-24-04

and 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

65-23005

ADAMSON MELVIN L
421 W IOWA ST
BOISE, ID 83706
GRATTON-BARNARD SUBDIVISION LOT 83

Neighborhood Number
428100

Neighborhood Name
West Mtn South end area

TAXING DISTRICT INFORMATION

Jurisdiction Name Valley
Area 001
District 059-00

Transfer of Ownership

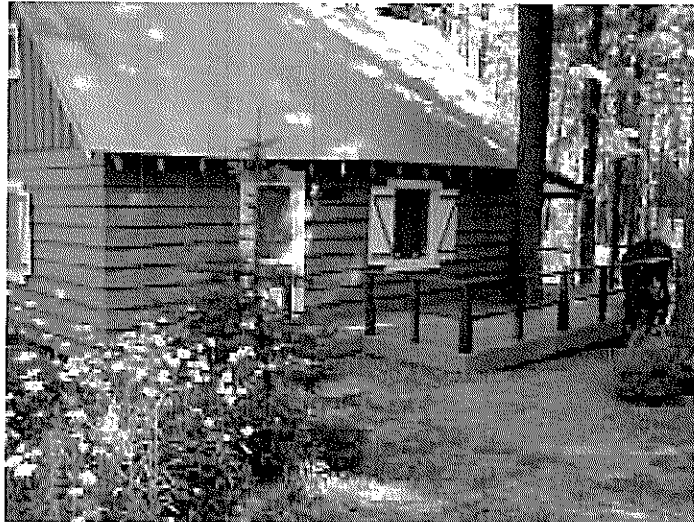
Owner	Consideration	Transfer Date	Deed Book/Page	Deed Type
ADAMSON, KATHERINE E.*	0	04/04/2002	261390	QC
ADAMSON, KATHERINE E.*	0	04/04/2002	261390	QC

Site Description

Topography
Level, Rolling
Public Utilities
Water, Sewer, Electric
Street or Road
Unpaved
Neighborhood
Static
Zoning:
Legal Acres:
0.2300

Valuation Record

Assessment Year	2004	2005	2006	2006	2007	2008	2009	
Reason for Change	5 Year Reval	5 Year Reval	Use Chg	5 Year Reval	5 Year Reval	Assessor Chg	5 Year Reval	
Market Value L	15790	19920	23900	37310	49810	49810	45230	
I	27690	34670	41600	67800	57220	74920	56230	
T	43480	54590	65500	105110	107030	124730	101460	



Land Size

Land Type	Rating, Soil ID - or - Actual Frontage	Acreage - or - Effective Frontage	Square Feet - or - Effective Depth	Influence Factor
2. Avg Grade - 2006 Onsites Onsites		0		

Physical Characteristics

Style: Class 2 LOW
Occupancy: Single family - Owner

Story Height: 1.0
Finished Area: 912
Attic: None
Basement: None

ROOFING

Material: Corrugated iron
Type: Gable
Framing: Std for class
Pitch: High 9/12 or more

FLOORING

Slab 1.0
Sub and joists 1.5
Base Allowance 1.0, 1.5

EXTERIOR COVER

Wood board & batten 1.5
Wood siding 1.0

INTERIOR FINISH

Paneling 1.5

ACCOMMODATION

Finished Rooms 6
Bedrooms 3
Formal Dining Rooms 1

HEATING AND AIR CONDITIONING

Primary Heat: No Heat
Lower Full Part
/Bsmt 1 Upper Upper

PLUMBING

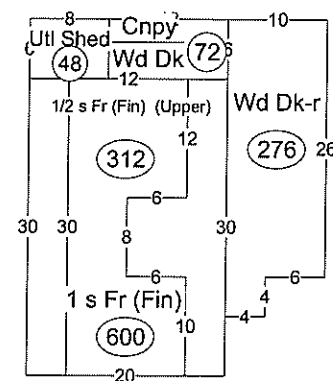
	#	TF
3 Fixt. Baths	1	3
Kit Sink	1	1
Water Heat	1	1
TOTAL		5

REMODELING AND MODERNIZATION

Amount Date

01

NEED INTERIOR



Special Features

Description

D : Fireplace - gas, Wood stove
01 : Electric lights
02 : Electric lights

Summary of Improvements

ID	USE	Story Height	Const Type	Grade	Year Cons	Eff Year	Cond	Size or Area
D	DWELL	0.00	1	Low	1965	1965	G	912
01	UTLSHED	8.00	1	Low	1965	1965	AV	96
02	UTLSHED	8.00	1	Low	1965	1965	AV	48