



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

April 13, 2010

SHARON S BRADLEY
BOX 241
CHALLIS ID 83226

RE: Application for a new water right

Dear Ms. Bradley:

The Department of Water Resources received your letter inquiring about establishing another water right to authorize additional irrigation on your land. It seems you have had a very difficult time accessing ground water. I am glad to hear that you now have a reliable well.

I have enclosed the following items needed to apply for an additional water right:

- Application for Permit to Appropriate Water
- Instructions for the application form
- A blank map that you can use to prepare the map required for the application
- A copy of the well driller's report for your well
- A sheet describing additional information needed to support water right applications in the Salmon River drainage

If you have any questions, please call me at 208-287-4947, or email me at shelley.keen@idwr.idaho.gov.

Sincerely,

A handwritten signature in black ink, reading "Shelley W. Keen". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Shelley W. Keen, Manager
Water Rights Section

Form 238-
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: : : Long: : :
72
RECEIVED
SEP 4 2007
R. L. Lott

1. WELL TAG NO. D 0051514
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name Rob & Sharon Bradley
Address P.O. Box 241
City Challis, Id State Id Zip 83226

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. 19 East ☒ or West ☐
Sec. 10 1/4 SW 1/4 NW 1/4
Gov'l Lot _____
County CLUSTER
Lat: 44 : 33 : 657 Long: 114 : 12 : 578
Address of Well Site 41 Crest Drive
City Challis
(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 Replacement

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>20</u>	<u>700 #</u>	<u>Poured / overbore</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 20 FT

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+18"</u>	<u>20</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>5"</u>	<u>-10</u>	<u>440</u>	<u>250</u>	<u>Steel</u>	☐	☒	☒	☐

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
<u>360</u>	<u>440</u>	<u>1/8"</u>	<u>3 per ft</u>	<u>5"</u>	<u>Steel</u>	☒	☐
<u>220</u>	<u>260</u>	<u>1/8"</u>	<u>3 per ft</u>	<u>5"</u>	<u>Steel</u>	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>NONE</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

180 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices:
Removable Well Cap

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
<u>15-20 gpm</u>	<u>N/A</u>	<u>400 FT</u>	<u>3 hrs</u>

Water Temp. Cold Bottom hole temp. Cold

Water Quality test or comments: NONE

Depth first Water Encounter 220'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10"</u>	<u>0</u>	<u>1</u>	<u>CLAY, & Top soil m x</u>		☒
	<u>1</u>	<u>20</u>	<u>Solid Rock</u>		☒
<u>6"</u>	<u>20</u>	<u>40</u>	<u>Red Rock</u>		☒
	<u>40</u>	<u>50</u>	<u>Red Rock</u>		☒
	<u>50</u>	<u>60</u>	<u>Grey Rock</u>		☒
	<u>60</u>	<u>70</u>	<u>Grey Rock</u>		☒
	<u>70</u>	<u>90</u>	<u>Red Rock</u>		☒
	<u>90</u>	<u>120</u>	<u>Grey Rock</u>		☒
	<u>120</u>	<u>140</u>	<u>Red Rock</u>		☒
	<u>140</u>	<u>180</u>	<u>Grey Rock</u>		☒
	<u>180</u>	<u>200</u>	<u>Red Rock</u>		☒
	<u>200</u>	<u>220</u>	<u>Grey Rock</u>		☒
	<u>220</u>	<u>240</u>	<u>Serpentine & Grey & Red Rock m x Fractured</u>	☒	
	<u>240</u>	<u>250</u>	<u>White Quartzite</u>	☒	
	<u>250</u>	<u>260</u>	<u>Red & Grey Rock m x</u>	☒	
	<u>260</u>	<u>300</u>	<u>Red & Grey Rock Layered Small Layers</u>		☒
	<u>300</u>	<u>340</u>	<u>Grey Rock</u>		☒
	<u>340</u>	<u>360</u>	<u>Reddish purple Rock</u>		☒
	<u>360</u>	<u>380</u>	<u>Grey & Dark Grey Rock m x</u>		☒
	<u>380</u>	<u>400</u>	<u>Grey Rock & White Quartzite m x</u>		☒
	<u>400</u>	<u>420</u>	<u>Red & Grey Rock m x Fractured</u>	☒	
	<u>420</u>	<u>440</u>	<u>DARK Grey Rock Fractured</u>	☒	

RECEIVED

SEP 05 2007

Department of Water Resources
Eastern Region

Completed Depth 440 FT (Measurable)

Date: Started 8/16/07 Completed 8/24/07

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 JAFCD Firm No. 504

Principal Driller Jimmy Foster Date 9/4/07

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

Field Inspection Report

Permit No. 848555

Metal Tag No. D0051514,

Well ID # 418468

Relationship: Owner/Operator

Name: ROBERT D BRADLEY Phone: (208) 879-4756

Address: PO BOX 241
CHALLIS ID 83226

Well Location: Township 14N, Range 19E, Section 10, SW, NW
COUNTY CUSTER

Address of Well Site: 41 CREST DRIVE
CHALLIS ID

Use of Well: Domestic-Single Residence

Activity: Replacement

Application Type: Start Card

Region: Eastern

Construction Method: Air Rotary

Const Start Date: Aug 16 2007 Const End Date: Aug 24 2007

Well Drilling Company: JAFCO/FOSTER WELL DRILLING LLC (No. 504)

Card Hold Name: JERRY A FOSTER Phone:(208)768-2050 (No. 4025)

Certifying Official: JERRY A FOSTER Phone:(208)768-2050 (No. 4025)

Date Received: Sep 05 2007

Date Approved:

Date Inspected:

Completed Depth: 440 FT Drilled Depth: 440 FT Surface Diameter: 6 inches

Primary Flow Depth: Overall Temp: Static Water Level: 180

Head Pipe Length: Tail Pipe Length Production Rate: 15 GPM

Closed in Pressure: Bottom Hole Temp: Low Temp Geothermal: NO

Control Device Desc:

Access Port Desc:

Permit No. 848555

Corrections:

Owner: _____ Address: _____ City: _____ State: _____
Phone: () _____ Legal _____ County: _____ City: _____
Well Address: _____ City: _____
Subd. Name: _____ Lot: _____ Blk: _____ GPS Lat: _____ N Long: _____ W
Casing: _____
Well Seal: _____
Pitless: _____
Sanitary Seal: _____
Septic or other contamination sources location: _____

Owner/Driller present: _____

Remarks: _____

GPS 44°33.674/114°12.603

GPE 19'

Matthew Ench 7/22/09

