

[illegible]

F. VOLUME CALCULATIONS

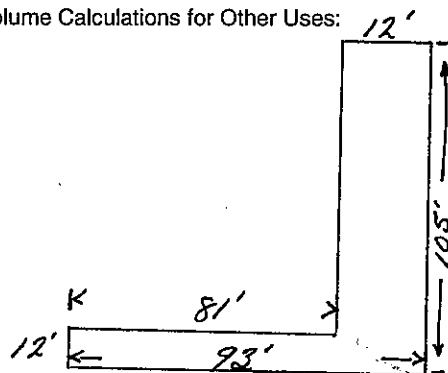
1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 =$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} =$$

2. Volume Calculations for Other Uses:



Area = .045 acres

Not to scale

G. NARRATIVE/REMARKS/COMMENTSHave conditions of permit approval been met? ☒ Yes ☐ No**H. RECOMMENDATIONS**

1. Recommended Amounts

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
DOMESTIC	04/01 to 10/31	0.040 CFS	

Totals: 0.040 CFS

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. AUTHENTICATIONField Examiner's Name Dennis M. Dunn Date August 7, 2009

Reviewer _____ Date _____

Method of Determination:

3. ☐ Delivery System Diagram Attached (required). Indicate all major components and distances between components. Indicate weir size/pipe as applicable.
- ☒ Map Attached Showing Location(s) of point(s) of diversion and place(s) of use (required). Scale must be 1:24,000 or greater.
- ☐ Aerial Photo Attached (required for irrigation of 10+ acres).
- ☐ Photo of Diversion and System Attached

4.

<u>Well or Diversion</u> <u>ID No.*</u>	<u>Motor Make</u>	<u>Hp</u>	<u>Motor Serial No.</u>	<u>Pump Make</u>	<u>Pump Serial No. or Discharge</u> <u>Size</u>
10037986					1 HP

*Code to correspond with No. on map and aerial photo

D. FLOW MEASUREMENTS

1.

<u>Measurement</u> <u>Equipment</u>	<u>Type</u>	<u>Make</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Size</u>	<u>Calib. Date</u>

2. Measurements:

not measured.
well house locked, domestic sprinkler system below ground

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

Measured Method:

no flow calculations - 4 DMD 18
limit applied for is .02 cfs (-7 gpm)

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0037986
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name M.W. Construction Inc
Address P.O. Box 385
City Paradise State UT Zip 84132

3. LOCATION OF WELL by legal description:

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

Twp. 15 North ☐ or South ☒
Rge. 39 East ☒ or West ☐
Sec. 27 SE 1/4 NW 1/4
Gov't Lot _____
County Franklin T60 acres
Lat: _____ Long: _____
Address of Well Site 400 W 400's

(Give at least name of road + Distance to Road or Landmark)
City Preston
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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	20	10 bag	overbore

Was drive shoe used? ☒ Yes ☐ No Shoe Depth(s) 20
Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	0	20	14.250	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method none
Screen Type & Method of Installation Stainless steel

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
10	80					☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

25 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
12			

Water Temp. Cold Bottom hole temp. Cold
Water Quality test or comments: Good
Depth first Water Encounter 75

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	5	Br. Clay		X
10	5	20	Br. clay + sand		X
10	20	60	Br. clay + sand		X
10	60	75	sand	X	
10	75	80	Clay		X

RECEIVED

RECEIVED AUG 29 2007

FEB 28 2007

Department of Water Resources
Eastern Region

Completed Depth 78 (Measurable)
Date: Started 7-7-06 Completed 7-19-06

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 Mt. West Well Drilling Firm No. 5413

Principal Driller, Michael Frandsen Date 7-25-06
and
Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

