

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No. 63-32128

1. Owner: MARK PARENT MD

Phone No: 208-440-1542

Current Address: 9928 N BOGUS BASIN RD

City, State, Zip: BOISE, ID 83702

2. Accompanied by: N/A, IN-OFFICE EXAM, 42-111 WELL Exam Date: 9/11/2009

Address:

Phone No:

Relationship to Permit Holder:

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

[illegible]

2. Place(s) of Use

[illegible]

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 - list any that are applicable: taxlot research, field visit.
See attached well log. Well log was updated after field exam. QQ were wrong. D0029134
~~Attach or discuss additional information if exam covers 42-111 use beyond one home.~~

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
 $VI.R. = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$
 $VD.R. = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irragions Season}) \times 1.9835 =$
 $V = \text{Smaller of VI.R. and VD.R.} =$

2. Volume Calculations for Other Uses: ALLOW
1.2 AF
(OR 0.6
AF IF
PERMIT
LIMITS
USE)

H. RECOMMENDATIONS

1. Recommended Amount

BENEFICIAL USE	PERIOD OF USE		RATE OF DIVERSION ANNUAL	
	From	To	Q(cfs)	V(afa)
DOMESTIC	1/1	12/31	0.04	1.2

TOTALS

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 Jean Hersley
Reviewer



Date 9/15/2009
Date

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

795961

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

1. DRILLING PERMIT NO. _____

Other IDWR No. D0029134

2. OWNER:

Name Charing Cross Association

Address 3101 N Central Ave Ste 1390

City Phoenix State AZ Zip 85012

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location

N

W	E		Twp. <u>4</u> North ☒ or South ☐
			Rge. <u>2</u> East ☒ or West ☐
			Sec. <u>11</u> 1/4 SE 1/4 SW 1/4 SE

Gov't lot _____ County Ada

Lat: 43 : 41 : 593 Long: 116 : 10 : 496

Address of Well Site Bogus Basin Road 9928

Address ?? 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	18	10 Sacks	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 578

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Linear	Welded	Threaded
6"	+3	578	250	ST	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method mechanical perforator
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Linear
460	500	1/2"	200	6"	ST	☒	☐
520	560	1/2"	200	6	ST	☒	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

171 ft. below ground

Artesian Pressure _____ lb

Depth flow encountered 481 ft.
devices: _____

Describe access port or control

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
40		400	1.5 HRS

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encountered 189

12. LITHOLOGIC LOG: (Describe repair or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temp.	Y	N
10	0	3	Brown Topsoil		☒
10	3	6	Tan Clay		☒
10	6	12	Decomposed brown granite		☒
10	12	18	Solid light brown granite		☒
8	18	162	Solid light brown granite		☒
8	162	189	Solid light gray granite		☒
8	189	191	Light gray granite w/cracks	☒	
8	191	232	Solid light gray granite		☒
8	232	240	Light brown granite w/cracks	☒	
8	240	267	Solid light brown granite (very hard)		☒
8	267	284	Solid light gray granite (very hard)		☒
8	284	301	Fractured light brown granite		☒
8	301	311	Solid light brown granite		☒
8	311	314	Fractured light brown granite	☒	
8	314	459	Solid light brown granite		☒
8	459	467	Fractured light brown granite	☒	
8	467	481	Solid light brown granite		☒
8	481	498	Fractured brown granite	☒	
8	498	524	Solid light brown granite		☒
8	524	531	Fractured brown granite	☒	
8	531	544	Solid light brown granite		☒
8	544	556	Fractured brown granite	☒	
8	556	578	Extremely Solid light brown granite		☒
6	578	584	Solid light brown granite		☒
6	584	587	Light gray granite w/cracks	☒	
6	587	611	Solid light gray granite		☒
6	611	613	Light gray granite w/cracks	☒	
6	613	640	Solid light gray granite		☒

Completed Depth: 639 (Measurable)

Date: Started 03/18/03 Completed 03/28/03

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 S.O.S. Well Drilling & Pump

Firm No. 212

Firm Official [Signature]

Date 4-14-

Supervisor or Operator [Signature]

Date 4-11-

(Sign once if Firm Official & Operator)

Date: 4/11/03 Time: 11:16 AM

APR 23 2003

WATER RESOURCES

D00 29134



DSO 29134

