

6/91

REQUEST FOR EXEMPTION OF USE OF THE LOW TEMPERATURE GEOTHERMAL RESOURCE

RECEIVED
MAY 13 2009
DEPT. OF WATER RESOURCES
SOUTHERN REGION

Purpose: To allow for use of Low Temperature Geothermal waters (greater than 85°) to be developed for purposes other than for its heat value as outlined under Section 42-233(1), Idaho Code.

Please Complete the Following:

1. Well Owner's Name BARRY Tiemann
Mailing Address P.O. Box
City BEALE AFB State CA Zip Code 95903
Phone 702 635 5901

2. Legal Description of Well Location: NW 1/4 NW 1/4, Section 4,
T 9S, R 14E, B.M. County TWIN FALLS

Street address or written detailed description of location of well site from local roads, buildings, streams, or other landmarks:

4784 River Rd
Buhl, ID 83316 5103

3. Please provide a thorough description of the proposed use of this Low Temperature Geothermal Resource (i.e. irrigation, etc.):

In house use only

4. Does the well presently exist? ☒ Yes ☐ No
If not, when is the well to be drilled? _____

Please Note: Low Temperature Geothermal Well drilling permits can only be granted after the owner has secured and shown evidence of a bond for the well and a drilling prospectus has been submitted by the owner and driller and approved by the Department. Any requests for waivers or exemptions to the above must be in writing to the Department and approved prior to the start of construction.

5. Anticipated Driller N/A
All wells drilled in Idaho must be drilled by an Idaho licensed driller. The Department must be notified of the driller prior to start of well construction.

6. Please describe why:

A. There is no feasible alternative use of the thermal resource.

None known

B. There is no economically viable alternative source of cold water.

no springs, no cold ground water available
other options extremely expensive (prohibitive)

C. This exemption, if granted, is in the public interest.

use is for domestic purposes

NOTE: This exemption cannot be granted if the foregoing information is incomplete, inaccurate, or if any portion of the State Statutes have not been complied with in regard to the development and use of this resource.

I do hereby acknowledge that the above information is true and correct to the best of my understanding.

Applicant's Signature Bary Lierman
Title Owner Date 30 APR 09
(Owner, Representative, or Other)

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D0050065

DRILLING PERMIT NO. _____

Other IDWR No. _____

2. OWNER:

Name Barry TiemannAddress 27A Falk Dr.City Las VegasState NV Zip 89115

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

LN

Twp. <u>06 9</u>	North ☐	or	South ☒
Rge. <u>22 14</u>	East ☒	or	West ☐
Sec. <u>38 4</u>	1/4 NW 1/4 SW 1/4		
Gov't Lot _____	To acres _____		
County <u>Twin Falls</u>	1/4 NW 1/4 SW 1/4		
Lat: <u>42.40.781</u>	Long: <u>114.49.647</u>		
Address of Well Site <u>4784 River Rd</u>			
City <u>Buhl</u>			

(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	19	350lbs	Dry pour

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58'Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	1	57	.250	steel	☒	☐	☐	☐
5	45	65	.188	steel	☐	☒	☒	☐
					☐	☐	☐	☐

Length of Headpipe 1'

Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

☐ Perforations

Method _____

☒ ScreensScreen Type stainless steel 8.5" packer

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
65	70	20		5	steel	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

14' ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control

devices: Well cap

Office Use Only

Inspected by _____

Twp _____

Rge _____

Sec _____

1/4 _____

1/4 _____

1/4 _____

Lat: _____

Long: _____

11. WELL TESTS:

☐ Pump☐ Bailor☒ Air☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20+			

Water Temp. <84 89'Bottom hole temp. <84

Water Quality test or comments: _____

Depth first Water Encounter 38'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	19	Top soil brown clay		
6	19	26	sand & gravel		
6	26	38	brown sand		
6	38	56	brown sand	X	
6	56	70	brown sandstone & gravel	X	

RECEIVED

DEC 18 2008

DEPT. OF WATER RESOURCES
SOUTHERN REGIONCompleted Depth 70'

(Measurable)

Date: Started 12/18/2007Completed 12/18/2007

13. DRILLER'S CERTIFICATION:

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Eaton Drilling & pump Service, Inc.Firm No. 26

Firm Official _____

Date 12/21/2007

and _____

Driller or Operator _____

Date 12/21/2007

(Sign once if Firm Official & Operator)

[Signature]
[Signature]