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JUN 07 2007

Permit No: 35-9085

DEPARTMENT OF
WATER RESOURCES

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 35-9085

Exam Date: 6/5/2007

1. Current Owner: SNAKE RIVER VIEW ESTATES HOMEOWNERS ASSN
165 S 2170 E
ST GEORGE UT 84790

2. Accompanied by: TALKED TO EARL MECHAM
Phone No:
Address:
Relationship to Permit Holder:

3. SOURCE

TRIBUTARY

GROUND WATER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: 35-13577 App for permit Add CFS
2. Other water rights with the same point of diversion: 35-13577 App for permit

C. DIVERSION AND DELIVERY SYSTEM

1. LOCATION OF POINT(S) OF DIVERSION:

GROUND WATER L3 NW1/4SW1/4 Sec. 23, Twp 02S, Rge 35E, B.M.
BINGHAM County
GROUND WATER SE1/4SE1/4 Sec. 22, Twp 02S, Rge 35E, B.M.
BINGHAM County

Method of Determination: GPS

2.

PLACE OF USE: DOMESTIC

Twp Rge Sec	NE				NW				SW				SE				Totals
	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
02S 35E 22													X			X	
02S 35E 23							X	X	X	X	X	X					
							L2	L3	L3	L3	L17						

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 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 Size</u>
North D0037612	40hp	submersible			
South D0011795	20hp	submersible			

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

D. FLOW MEASUREMENTS

1.

<u>Measurement 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:

$$\text{CFS North} = \frac{40\text{hp} \times 6.16}{85' \times 2.31(50)} = 1.23 \text{ CFS from the largest well}$$

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

Measured Method:

$$\text{South CFS} = \frac{20\text{hp} \times 6.16}{85' \times 2.3(50)} = .61 \text{ CFS}$$

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

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

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = .34 \times 365 \times 1.9835 = 246$$

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

2. Volume Calculations for Other Uses:

$$54 \times 1.2 = 64.8 \text{ AF}$$

homes

G. NARRATIVE/REMARKS/COMMENTS

two wells/pumps to 54 homes subd. the north well is 40 HP and the south well is 20 hp.
electronic recording and measurement device installed on each well.

application 35-13577 filed for additional CFS.

Have 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	01/01 to 12/31	0.340 CFS	64.80 AF
<u>Totals:</u>		0.340 CFS	64.80 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 DAVE CARLSON Date 6/5/2007

Reviewer _____ Date _____

Form 238-7
11/97
10/01
Independent

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT
Use Typewriter or Ballpoint pen

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

1 WELL TAG NO.

DRILLING PERMIT NC 35-09085

Other IDWR NO. D00 37612

2 OWNER:

Name: Snake River View Estates (Earl Mecham)

Address: 165 S. 2170 E.

City: St. George State: UT Zip 84790

3 LOCATION OF WELL by legal description.

N
Twp 25 ☐ North ☒ South
Rge 35E ☒ East ☐ West
Sec 22 1/4 NE 1/2 SE 1/4
Gov't Lot _____ 10 Acres 40 Acres 160 Acres
County Bingham
Lat: _____ : _____ : _____ Long: _____ : _____ : _____

Address of Well Site: Snake River View Estates
City: Blackfoot

(Give at least name of Road + Distance to Road or Landmark)

Lot No. _____ Blk No. _____ Subd. Name: _____

4 USE:

☐ Domestic ☒ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5 TYPE OF WORK:

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6 DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7 SEALING PROCEDURES:

SEAL/FILTER PACK		AMOUNT		Method
From	To			
Cement	-30	-119	4 yards	Pumped
Bentonite	0	-30	750 lbs / 15 bags	Annular

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

8 CASING/LINER:

Dia.	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
12	1	-119	0.375	Steel	☒	☐	☒	☐

Length of headpipe: _____ Length of Tailpipe: _____

9 PERFORATIONS/SCREENS:

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

STATIC WATER LEVEL OR ARTESIAN PRESSURE:

-85 ft below ground

Artesian Pressure: _____ lb

Describe access port or control devices: _____

11 WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Flowing Artesian

Yield	Drawdown	Pumping Level	Time
1000+			

Water Temp _____ Cold _____ Bottom hole temp _____

Water Quality test or comments: _____

12 LITHOLOGIC LOG:

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
16	0	14	Topsoil		
16	14	16	Sand & Gravel		
16	16	17	Broken Basalt		
16	17	19	Sand & Gravel		
16	19	25	Firm Black Basalt		
16	25	28	Broken Black Basalt		
16	28	41	Firm Black Basalt		
16	41	44	Brown Clay		
16	44	116	Firm Black Basalt		
16	116	118	Fractured Black Basalt	x	
16	118	119	Fractured Black Basalt	x	
12	119	125	Firm Black Basalt		
12	125	131	Fractured Black Basalt	x	
12	131	133	Firm Black Basalt		
12	133	139	Fractured Red Cinder	x	
12	139	143	Firm Red Cinder	x	
12	143	146	Fractured Red Cinder (see next page)	x	

Completed Depth: 200' ft

Date Started: 08/18/05

Date Completed: 08/30/05

13 DRILLER'S CERTIFICATION:

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

Firm: Independent Drilling / KC

Firm No. 343

Firm Official: Brent Hurdick Date: 9/8/2005
and _____

Supervisor/Operator: Kelly Clavin Date: 9/8/2005

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SEP 19 2005

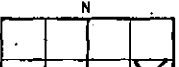
Department of Water Resources
Eastern Region

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

2. OWNER:

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 2 North ☐ or South ☒
 Rge. 35 East ☒ or West ☐
 Sec. 22 1/4 NE 1/4 SE 1/4
 Gov't Lot _____ 10 acres _____ 40 acres _____ 160 acres
 County Bingham
 Lat: _____ : _____ : _____ Long: _____ : _____ : _____
 Address of Well Site Barreville Road
 City Blackfoot
 (Give at least name of road + distance to road or landmark)

Lt. _____ Blk. _____ Sub. Name Snake River
View Subdivision

4. USE:

- ☐ Domestic ☒ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK check all that apply (Replacement etc.)

6. DRILL METHOD

- ☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
GROUT	-6	-50	2.75 yards	Tremie

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
12"	+1	-50	-250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations

Method

Screens

Screen Type

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

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

65 ft. below ground Artesian pressure lb.

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

11. WELL TESTS:

- ☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
400+			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

[illegible]

13. DRILLER'S CERTIFICATION

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

Company Name Independent Oil Inc. Firm No. 343

Firm Official Robert F. Decker Date 10/1/78

and
Driller or Operator Kell Van Date 3-4-3-00

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES



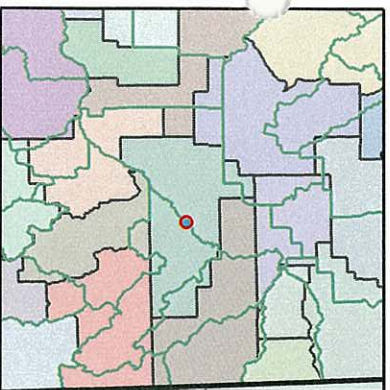
Idaho Department of Water Resources

Water Right:

35-9085
(Domestic)

Legend

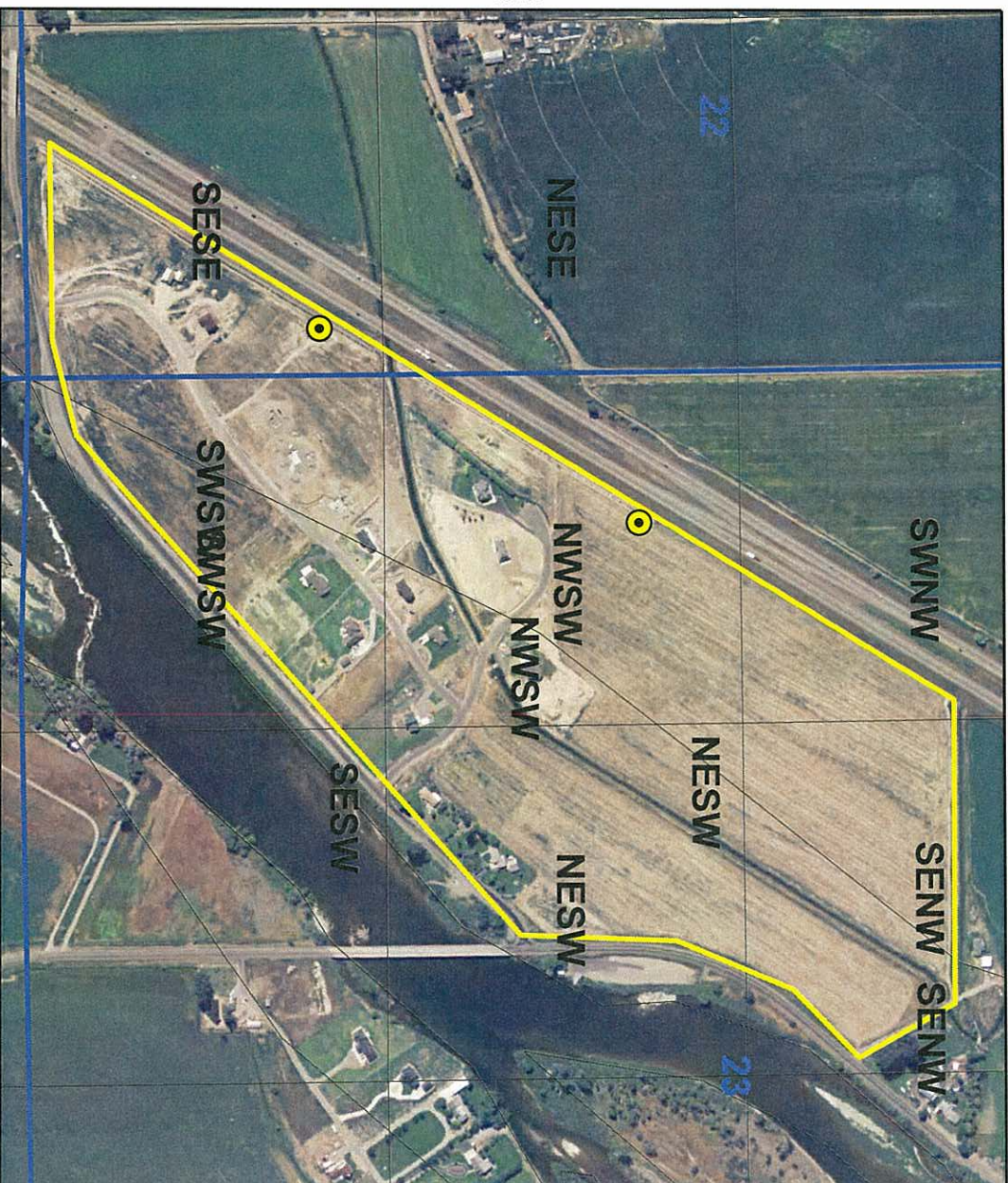
- Point of Diversion
- Place of Use
- Townships
- PLS Sections
- Quarter Quarters



Bingham County
IDWR Basin 35



T02S



R35E



Prepared by D. Carlson
On Tuesday, June 5, 2007
2004 Aerial Photography