

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

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SEP 26 2007

IDWR/North

1. Name of Applicant Joseph E Oswald + Sabrina Phone 208-265-4963
Mailing address 1699 CAMP BAY RD, SAGLE, ID 83860

2. Source of water supply GROUNDED WATER which is a tributary of N/A

3. Location of point of diversion is Township 56 N Range 1 E Sec. 18, in the _____ 1/4,
NE 1/4, NW 1/4, Govt. Lot _____, B.M., BONNER County;

additional points of diversion if any:

4. Water will be used for the following purposes:

Amount 0.10 for DOMESTIC purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)

5. Total quantity to be appropriated is (a) 0.10 and/or (b) _____
cubic feet per second acre feet per annum

6. Proposed diverting works:

a. Describe type and size of devices used to divert water from the source SUBMERSIBLE PUMP
in well

b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total
reservoir capacity _____ acre-feet

c. Proposed well diameter is 6" inches; proposed depth of well is 385 feet

d. Is ground water with a temperature of greater than 85°F being sought? _____

e. If well is already drilled, when? 8-3-07; Drilling firm SWEET WATER DRILLING
Well was drilled for (well owner) JOSEPH E OSWALD; Drilling Permit No. D-53608

7. Time required for completion of works and application of water to proposed beneficial use is 1 years (minimum 1 year)

8. Description of proposed uses (if irrigation only, go to item 9):

- a. Hydropower; show total feet of head and proposed capacity in kW. _____
- b. Stockwatering; list number and kind of livestock. _____
- c. Municipal; show name of municipality. _____
- d. Domestic; show number of households. TWO
- e. Other; describe fully. _____

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9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of the use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
56N	1E	18	D				D												

Total number of acres to be irrigated NONE

10. Describe any other water rights used for the same purposes as described above.

11. a. Who owns the property at the point of diversion? Joseph E Oswald
 b. Who owns the land to be irrigated or place of use? Joseph E Oswald + Baye + Sabrina Wells
 c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: EASTMAN TOO MY, Saw Law + daylight, WATER Right

12. Remarks:

13. MAP OF PROPOSED PROJECT REQUIRED - Attach an 8½"x11" map clearly identifying the proposed point of diversion, place of use, section #, township & range. (A photocopy of a USGS 7.5 minute topographic quadrangle map is preferred.)

BE IT KNOWN that the undersigned hereby makes this application for permit to appropriate the public waters of the State of Idaho as herein set forth.

Joseph E Oswald
 Signature of Applicant (and title, if applicable)

Received by db Date 9/26/07 Time 11:45a Preliminary check by db Date 9/26/07
 Fee \$ 100.00 Receipted by db # N618761
 Publication prepared by _____ Date _____ Published in _____
 Publication approved _____ Date _____

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 53608
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

SEP 26 2007

2. OWNER: IDWR/North

Name Joe Oswald
 Address 1699 Camp Bay Rd
 City Sagle State ID Zip 83380

3. LOCATION OF WELL by legal description:

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

Twp. 56 N North ☒ or South ☐
 Rge. 1 E East ☒ or West ☐
 Sec. 18 1/4 NE 1/4 NW 1/4
 Gov't Lot _____ County Bonneville

Lat: _____ Long: _____

Address of Well Site Same

City Sagle
 (Give at least name of road + Distance to Road or Landmark)
 Lt. _____ Blk. _____ Sub. Name Live More Lake

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
<u>Cement</u>	<u>0</u>	<u>10</u>	<u>5 bags</u>	<u>Over bore</u>
<u>chips</u>				

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 105

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>1</u>	<u>105</u>	<u>1/4</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>5</u>	<u>385</u>	<u>1/2</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Saw Cut

Screen Type & Method of Installation Floated Liner

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>5</u>	<u>385</u>	<u>1/8</u>	<u>165</u>	<u>1"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

40 ft. below ground Artesian pressure _____ lb.

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

well cap

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>Approx 9 gpm</u>	<u>100%</u>	<u>385</u>	<u>1 hr</u>

Water Temp. Cold Bottom hole temp. 92

Water Quality test or comments: N/A

Depth first Water Encounter 98

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>6"</u>	<u>0</u>	<u>105</u>			
<u>6"</u>	<u>105</u>	<u>385</u>			
<u>6"</u>	<u>0</u>	<u>4</u>	<u>Gravel</u>		
<u>6"</u>	<u>4</u>	<u>6</u>	<u>Sand</u>		
<u>6"</u>	<u>6</u>	<u>98</u>	<u>Hard sandstone w/ fractures</u>		
<u>6"</u>	<u>98</u>	<u>115</u>	<u>Gravel w/ fractures</u>		
<u>6"</u>	<u>115</u>	<u>321</u>	<u>Shale</u>		
<u>6"</u>	<u>321</u>	<u>325</u>	<u>Shale w/ fractures</u>		
<u>6"</u>	<u>325</u>	<u>340</u>	<u>Shale</u>		
<u>6"</u>	<u>340</u>	<u>385</u>	<u>Shale w/ fractures</u>		
<u>6"</u>	<u>385</u>	<u>385</u>	<u>Shale</u>		

Completed Depth 385 (Measurable)

Date: Started 30 July 07 Completed 3 Aug 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 Sweetwater Drilling Inc Firm No. 509

Principal Driller [Signature] Date 8/3/07

Driller or Operator II [Signature] Date 8/3/07

Operator I _____ Date _____

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

WELL DRILLER'S REPORT

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Office Use Only

Well ID No.

Inspected by

Twp	Rge	Sec
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 $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$

Lat: : : Long: :

☐ Pump

☐ Bailer

Air

☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
Spark 9 gpm	100%	385	1 hr

Water Temp. 69.5 Bottom hole temp. 43

Water Quality test or comments:

Depth first Water Encounter 

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
6"	0	105			
6"	105	325			
	0	4	Topsoil		
	4	6	Shale		
	6	98	Harder clay, "Bottlehead"		
	98	115	Sand "Mudcracks"		
	115	321	Shale		
	321	325	Shale w/ fine cracks		
	325	340	Shale		
	340	383	Shale w/ fine cracks		
	383	385	Shale		

Completed Depth 12 (Measurable)

Date: Started 10/10/2017 Completed 10/10/2017

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 Substwater Mfg Firm No. 509

Principal Driller _____ Date _____

Driller or Operator II  Date 

Operator I _____ Date _____

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

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