

[illegible]

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.

Well or Diversion
ID No.*

Motor Make

Hp

Motor Serial No.

Pump Make

Pump Serial No. or Discharge
Size

2 pumps	1hp each	2hp	submersible		

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

D. FLOW MEASUREMENTS

1.

Measurement
Equipment

Type

Make

Model No.

Serial No.

Size

Calib. Date

2. Measurements:

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

Measured Method:

$$\text{CFS} \quad \frac{2 \text{ hp} * 8.8 * 0.8}{50 * 2.31(50)} = 0.09 \text{ cfs}$$

0.13 domestic standard for 6 homes 0.75 acres
LAWNS

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

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

1. WELL TAG NO. **D0011313**

DRILLING PERMIT NO. **D-0011313**

Other IDWR No. **35-99-E-0102**

2. OWNER:

Name **LYLE YANCEY**

Address **166 S. 350 W.**

City **BLACKFOOT** State **ID** Zip **83221**

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

North ☐ or South ☒
Twp. **2** North ☐ or South ☒
Rge. **35** East ☒ or West ☐
Sec. **28** 1/4 **NE** 1/4 **SE** 1/4
Gov't Lot _____ County **BINGHAM**
Lat: _____ Long: _____

Address of Well Site **SAME**

City **BLACKFOOT**

(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	20	6-SACKS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) **34**

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+1	34	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Screen Type _____

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

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

50 ft. below ground Artesian pressure _____ lb.
Depth flow encountered **60-90** ft. Describe access port or control devices: **WELL CAP**

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
50	2	90	1-HOUR

Water Temp. **49** Bottom hole temp. **49**

Water Quality test or comments: **NOT TESTED**

Depth first Water Encounter **60**

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	N
12	0	4	DRY CLAY		
	4	20	SANDY SMALL GRAVEL		
10	20	28	SANDY SMALL GRAVEL		
	28	31	BROKEN ROCK & BROWN CLAY		
	31	40	GRAY BASALT		
	40	50	DRY CINDERS		
	50	60	GRAY BASALT		
	60	90	GRAY BASALT & SOME CINDERS	X	
	90	105	RED CINDERS	X	

RECEIVED

FEB 18 2000

Department of Water Resources

RECEIVED

JAN 07 2000

Department of Water Resources
Eastern Region

Completed Depth **105** (Measurable)
Date: Started **9/22/99** Completed **9/22/99**

13. DRILLER'S CERTIFICATION:

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

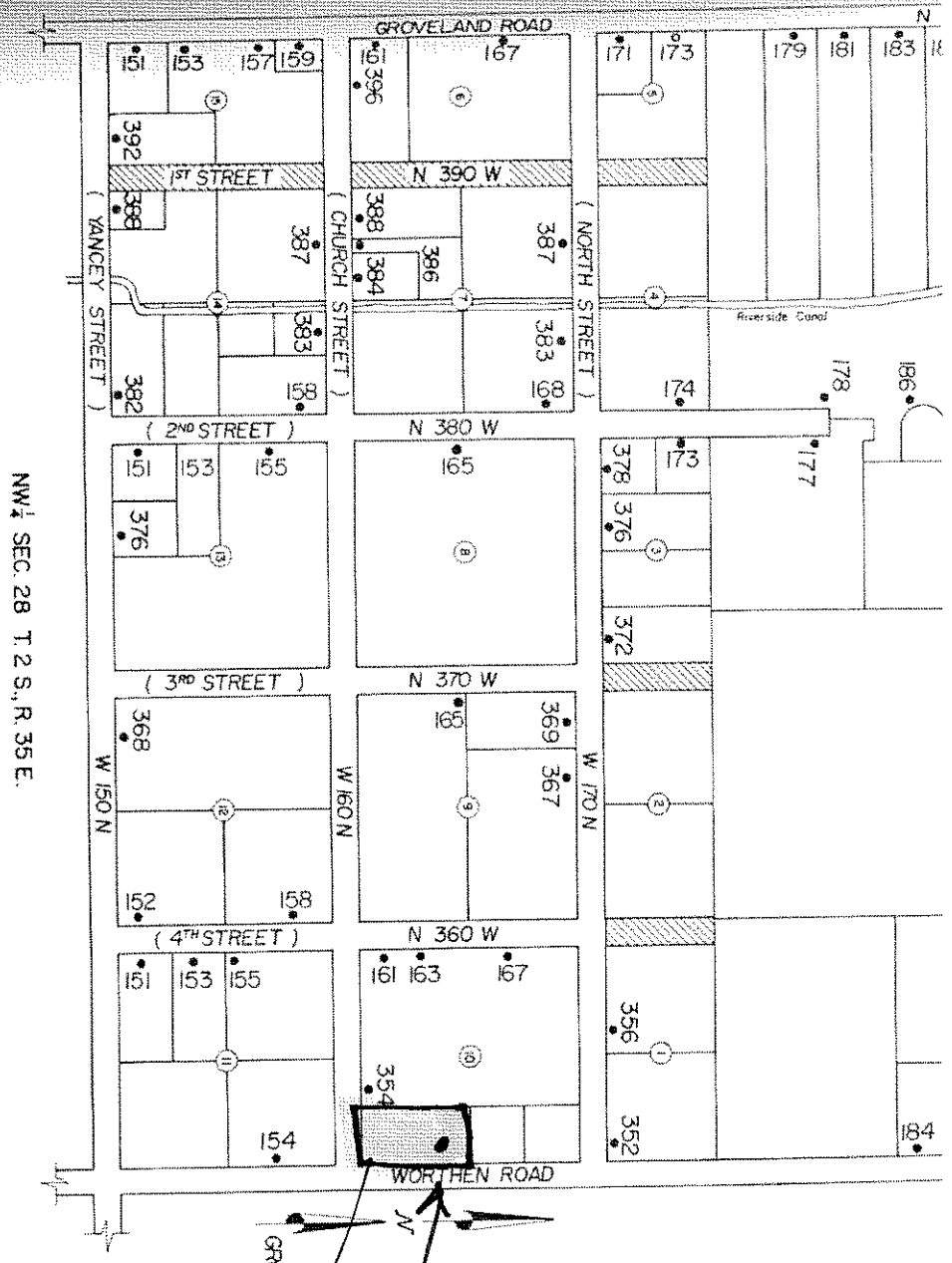
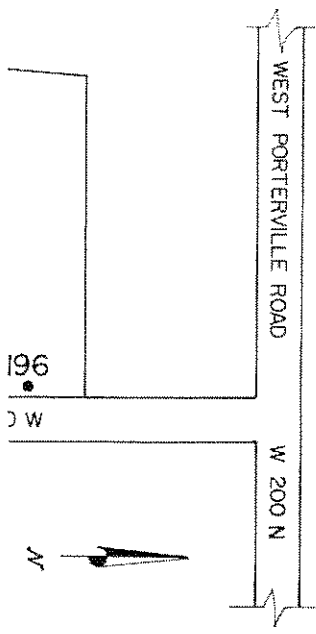
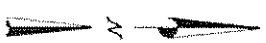
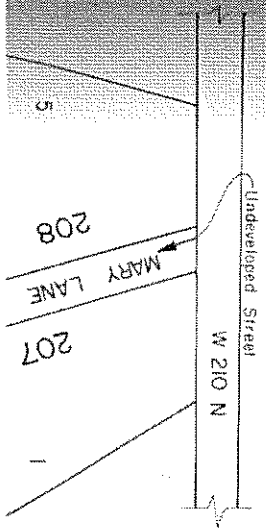
Company Name **JACK CUSHMAN DRILLING, INC.** Firm No. **94**

Firm Official **Bob Cushman** Date **12/30/99**

and Driller or Operator **Barry Morgan** Date **12/30/99**

(Sign on behalf of Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES



NW 1/4 SEC. 28 T. 2 S., R. 35 E.

GROVELAND

POD

POV

