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AUG 23 2004
DEPARTMENT OF
WATER RESOURCES

[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.

<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>
		3hp	subm.		

*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:

use standards for 4 homes 0.10 cfs

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

Measured Method:

$$CFS = \frac{3 \times 6.16}{85' \times 2.31(50)} = 0.10 CFS$$

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

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

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

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

2. Volume Calculations for Other Uses:

$$4 \text{ homes} \times 1.2 = 4.8 \text{ AF/A}$$

G. NARRATIVE/REMARKS/COMMENTS

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	0.100 CFS	4.80 AF
<u>Totals:</u>		0.100 CFS	4.80 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 8/20/2004
 Reviewer _____ Date _____

Form 238-7
356

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

Office Use Only
Inspected by: _____
Date: _____

1. DRILLING PERMIT NO. 22-99-E-014
Other IDWR No. D0006443

2. OWNER: Neil Johnson
Name: _____
Address: P.O. Box 546
City: Driggs State: HI Zip: 83422

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location

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/PLUG PACK		AMOUNT		METHOD
Depth	From To	Feet	Gravel or Other	
benzoin	0	20	3	overlaid

Was drive shoe used? ☒ Yes ☐ No (Shoe Details) _____
Was drive shoe seal tested? ☒ Yes ☐ No

8. CASING/LINER:

Depth	From To	Size	Material	Casing	Liner	Wood	Threaded
6+2	110	6.5	steel	☒	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
82 ft. below ground Artesian pressure _____ ft.
Depth flow encountered _____ ft. Describe access point or control devices: well cap

11. WELL TESTS:
☐ Pump ☐ Bailer ☐ Air ☐ Positive Artesian

Feet	Gravel	Drum	Pumping	Time
40	3	88	1.5	

Water Temp. 49° Bottom Hole Temp. _____
Water Quality test or comments: _____
Depth first Water Encountered 85

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

From	To	Remarks	Lithology	Water Quality	Temperature	Y	N
8	10	20	gravel				X
6	20	60	gravel				X
6	60	145	gravel & sand				X
6	95	110	gravel & clay				X
6	110	140	gravel & clay				X
6	140	143	gravel				X

RECEIVED
DEC 17 1999
Department of Water Resources

Completed Depth 140' (Mass weight)
Date Started 10-7-99 Date Completed 10-11-99

13. DRILLER'S CERTIFICATION
We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name High Plains Firm No. 299
Firm Official Michael J. Smith Date 11-30-99
and
Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Co-owner)

FORWARD WHITE COPY TO WATER RESOURCES

22-7016

