

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 63-34601
Exam Date: 04/15/2024

1. Current Owner:
NANCY CHAGARES 4060 N STAR VISTA LN EAGLE ID 83616-4536
WILLIAM CHAGARES 4060 N STAR VISTA LN EAGLE ID 83616-4536
2. Accompanied by: In office exam
Phone No:
Address:
Relationship to permit Holder:

3. SOURCE: GROUND WATER

Method of Determination: application and permit

B. OVERLAP REVIEW

1. Other water rights with the same place of use: YES Overlap

Water Right No.	Source	Purpose of Use	Basis
63-12448	Ground water	Municipal	License
63-11413	Ground water	Municipal	License
63-32089	Ground water	Municipal	Permit
63-32573	Ground water	Municipal	Permit
63-33876	Ground water	Municipal	Permit
63-33878	Ground water	Municipal	application

Comments: Overlapping rights are in the name of the City of Eagle

2. Other water rights with the same point-of-diversion: NO Overlap

Water Right No.	Source	Purpose of Use	Basis

Comments: NA

C. DIVERSION AND DELIVERY SYSTEM

1. **LOCATION OF POINT(S) OF DIVERSION:**

GROUND WATER NE¼ NE¼, Sec. 33, Twp 05N, Rge 01E, B.M. ADA County

Method of Determination: application, permit and well log

PLACE OF USE: DOMESTIC

Twp	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
05N	01E	33	X																

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

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:

F. VOLUME CALCULATIONS

1. Volume Calculations for irrigation:

$$V_{IR} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$$

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

$$V = \text{Smaller of } V_{IR} \text{ and } V_{DR} =$$

2. Volume Calculations for Other Uses: domestic use indoor and up to ½ acre of irrigation. 1.2 af per Administrative Application Processing Memo #22

G. NARRATIVE/REMARKS/COMMENTS: ArcMap and Ada County show dwelling on property and list permit holder as current owner. This was permitted for domestic, irrigation and stockwater. The proof stated that only the domestic was developed and only 0.01 cfs was being used. I could only find that approximately 0.5 acres had been irrigated around the house. The irrigation and stockwater use were not developed and should not be on the license. The rate and volume should be the standard 0.04 cfs and 1.2 af.

The POU of this right overlaps with municipal rights from the City of Eagle.

Permit conditions 046, X02 and 26A should be removed per standard policy. Condition R69 should be removed because the irrigation use was not developed. Condition 132 should be replaced with X01 and 187 since only domestic use was developed. Condition 121 should be replaced with 103. Condition X59 and X60 should be added to designate which lot the home is located within. Conditions 930 and 165 should remain on the license because the point of diversion is within the area that shallow ground water is tributary to the Boise River.

Have conditions of permit approval been met? ☒ Yes ☐ No

H. RECOMMENDATIONS

1. Recommended Amounts

<u>Beneficial Use</u>	<u>Period of Use</u>	<u>Rate of Diversion</u>	<u>Annual Volume</u>
DOMESTIC	01/01 to 12/31	0.04 CFS	1.2 AF
<u>Totals:</u>		0.04 CFS	1.2 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 ☒ None

I. AUTHENTICATION Jean Hersley -

Field Examiner's Name Jean Hersley Date 4-15-24
 Reviewer PR Date 4/26/24

Parcel: **R8108830700**

Year: **2024** ▼

Parcel Status: **Active**

Property Details

Primary Owner: CHAGARES WILLIAM E & NANCY E TRUST 9/10/2020

Address: 4060 N STAR VISTA LN EAGLE, ID 836160000

Instrument #: 2022096783

Subdivision: STARVIEW ESTATES SUB

Assessor ID: LOT 07 BLK 01 STARVIEW ESTATES SUB

Township/Range/Section: 5N1E33

Land Group Type: SUB

Zone Code: RUT

Total Acres: 5.028

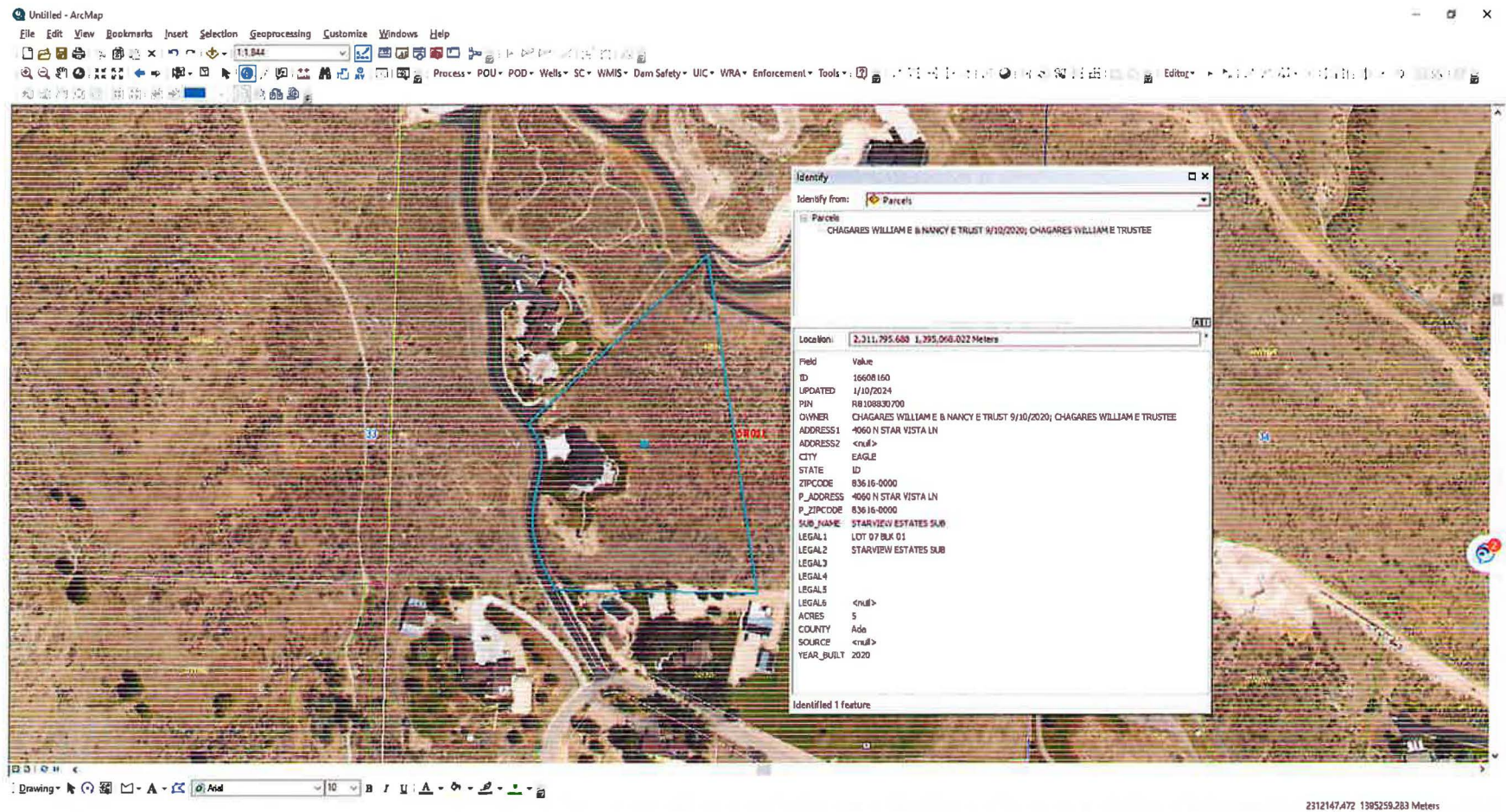
Tax Code Area: 270



Valuation

Valuation Details

Roll	State Category Code	Acreage	Assessed Value	Valuation Method	Code Area
Property	150	5.028	535600	MARKET	270
Property	370	0.000	1020000	COST	270



ArcMap shows dwelling on property and lists permit holder as current owner. Also shows only 0.5 acres of irrigation.

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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

RECEIVED

FEB 10 2021

WATER RESOURCES
WESTERN REGION

1. WELL TAG NO. D 0088853

Drilling Permit No. 897241

Water right or injection well # _____

2. OWNER:

Name IRISH QUALITY BUILDERSAddress 4955 W SOUTH SLOPE RDCity EMMETT State ID Zip 83617

3. WELL LOCATION:

Twp 05 North ☒ or South ☐ Rge 01 East ☒ or West ☐Sec 33 1/4 NE 1/4 NE 1/4Gov't Lot _____ County ADALat 43 43.9290N (Deg and Decimal minutes)Long 116 116.2632W (Deg and Decimal minutes)Address of Well Site 4060 STAR VISTA LNCity EAGLE

(Please list name of road - Distance to Road or Landmark)

Lot _____ Blk _____ Sub Name _____

4. USE:

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

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☐ Air Rotary ☒ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
BENTONITE3/B	0	181	3700 LBS	TAGGED IN

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Linear	Threaded	Welded
6"	+2	20	.250	STEEL	☒	☐	☐	☒
4.5"	20	320	sdr17	PVC	☒	☐	☒	☐

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

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____Manufactured screen ☒ Y ☐ N Type CERTA LOKMethod of installation SET IN

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
320	500	.020	-	4.5	PVC	SDR17

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
SILICA SAND	181	500	3.5 YRDS	TAGGED IN
8/16				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 325' Static water level (ft) 240'Water temp. (°F) 68.3 Bottom hole temp. (°F) 68.3Describe access port WELL CAP

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
75'	60 GPM	480 MIN	☒	☐	☐	☐

Test method:

Water quality test or comments: test pumped @ 480', slight sulfur smell

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
18	0	2	TOP SOIL		X
18	2	4	HARD TAN CLAY		X
10	4	6	HARD TAN CLAY		X
10	6	11	TAN AND WHITE COURSE SAND		X
10	11	17	TAN CLAY		X
10	17	21	WHITE AND TAN SAND		X
10	21	25	TAN CLAY		X
8.5	25	48	TAN CLAY		X
8.5	48	59	TAN AND WHITE SAND		X
8.5	59	64	TAN AND RED SILTY CLAY		X
8.5	64	89	TAN AND WHITE SAND AND PEA		X
			GRAVEL		
8.5	89	97	TAN CLAY		X
8.5	97	107	TAN AND WHITE SAND		X
8.5	107	109	TAN AND RED CLAY		X
8.5	109	122	RED SAND		X
8.5	122	127	RED SILTY CLAY		X
8.5	127	248	TAN SILTY CLAY		X
8.5	248	275	BLUE SILTY CLAY		X
8.5	275	285	TAN CLAY		X
8.5	285	325	BLUE STICKY CLAY		X
8.5	325	327	BLUE SAND	X	
8.5	327	480	BLUE STICKY CLAY W/ SHORT SAND STRIP	X	
8.5	480	485	BLUE SAND STONE	X	
8.5	485	500	BLUE STICKY CLAY		X

Completed Depth (Measurable): 500'Date Started: 1/5/2021Date Completed: 1/16/2021

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 PEARSON WELL DRILLING Co No 771Principal Driller [Signature] Date 1/18/2021

Driller _____ Date _____

Operator II [Signature] Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required