

AUG 29 2022

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$ _____
Receipt No. _____
Received By _____
Date Received _____

The Idaho Department of Water Resources (Department) considers this form a statement that the permit holder(s) applied water to beneficial use and completed development of a water right to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner (CWRE).** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, complete an Assignment of Permit form. If you wish to relinquish your permit because you have not established the authorized water use and are not applying for an extension, please notify the Department in writing.

1. Permit No. 84-12313 Name of Permit Holder(s) Drury Millett
Telephone No. 208-659-6484 Email _____
Mailing Address 134 Young Rd City Kamiah State ID Zip 83536
2. Source of Water Well If Ground Water (well), Date Drilled mo. 9 / yr. 10
Drilling Permit/Tag No. D0058252 Drilling Company's Name Nail and Sons Well Drilling LLC.
3. Extent of use(s) completed as authorized by the water right permit:
Domestic (No. households) 1 Irrigation (No. acres) _____ Stockwater (No. and stock type) _____
Other _____
4. Total diversion rate or volume (storage only) for which proof is submitted .04 cfs OR _____ af
If the total developed water use is 5 acres of irrigation or less, is stockwater storage of 14.6 acre-feet or less, or has a diversion rate of less than 0.24 cfs, attach a map of the place of use and point of diversion and photographs showing beneficial use.
5. Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)
Well Pump

6. Permit condition compliance. Refer to the permit approval conditions and check all the items required, then check "Yes" or "No" to indicate whether the required items were established, submitted, and/or installed:

Required? Yes No (If "Yes", attach required data, evidence of compliance, or evidence of installation)

- | | | |
|-------------------------------------|-------------------------------------|--|
| ☒ | ☐ | ☐ Ground water level data, pumping information, or other diversion data |
| ☐ | ☒ | ☐ Mitigation plan |
| ☐ | ☐ | ☒ Lockable controlling works |
| ☐ | ☐ | ☒ Measuring device |
| ☐ | ☐ | ☒ Fish screen |
| ☐ | ☐ | ☒ Other requirements of the water right permit _____ |
| ☐ | ☒ | ☐ Reasonably Anticipated Future Needs ("RAFN") Municipal use |

If RAFN Municipal use, additional increment of beneficial use developed? ☐ Yes (attach CWRE report) ☐ No

7. Fee Enclosed \$ _____ or ☐ CWRE field report attached or ☒ No fee required

See fee schedule on page 3 of the instructions. Proof statements filed without an appropriate fee are incomplete.

8. Person to contact to accompany a Department representative during the field examination of the water system:

Name: Drury Millett Telephone No. 208-659-6484 Email _____
Mailing Address 134 Young Rd City Kamiah State ID Zip 83536

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Drury L. Millett Drury L. Millett 8-23-22
SIGNATURE OF PERMIT HOLDER* PRINTED NAME AND TITLE DATE

*Attach power of attorney if completing on behalf of permit holder.

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Location Corrected by IDWR To:
T34N R03E Sec. 12 SWSENW
By: mciscell 2013-09-25

1. WELL TAG NO. D D0058252
Drilling Permit No. 860072
Water right or injection well # _____

2. OWNER: Drury Millett
Name _____
Address 134 young Road
City Kamiah State ID Zip 83536

3. WELL LOCATION:
Twp. 37 North ☒ or South ☐ Rge. 3 East ☒ or West ☐
Sec. 12 SW 1/4 SW 1/4 160 acres
Gov't Lot _____ County Idaho
Lat. 46° 19' 20" (Deg. and Decimal minutes)
Long. 116° 01' 00" (Deg. and Decimal minutes)
Address of Well Site 134 young Rd Woodland 9 miles
Kamiah

(Give at least 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)	Placement method/procedure
<u> Bentonite </u>	<u>0</u>	<u>38</u>	<u>1200#</u>	<u>overbore</u> <u>(grout)</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge Schedule	Material	Casing	Liner	Threaded	Welded
<u>6"</u>	<u>0</u>	<u>38</u>	<u>456</u>	<u>5401</u>	☒	☐	☐	☒
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

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

9. PERFORATIONS/SCREENS:
Perforations ☐ Y ☒ N Method _____
Manufactured screen ☐ Y ☐ N Type _____
Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
—	—	—	—	—	—	—

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☐ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method
—	—	—	—	—

11. FLOWING ARTESIAN:
Flowing Artesian? ☐ Y ☐ N Artesian Pressure (PSIG) _____
Describe control device _____

34N 03E 12

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) 195' Static water level (ft) 123'
Water temp. (°F) 58° Bottom hole temp. (°F) _____
Describe access port welded steel plate

Well test: Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
<u>220'</u>	<u>50 cst</u>	<u>1 HR</u>	☐	☐	☒	☐

Water quality test or comments: good

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
<u>14</u>	<u>0</u>	<u>23</u>	<u>overbore</u>		☒
<u>12</u>	<u>23</u>	<u>140</u>	<u>grout</u>		☒
<u>6</u>	<u>140</u>	<u>160</u>	<u>grout</u>		☒
<u>6</u>	<u>160</u>	<u>165</u>	<u>grout</u>		☒
<u>6</u>	<u>165</u>	<u>220</u>	<u>grout</u>		☒

Completed Depth (measured) 220'
Date Started: 9-28-10 Date Completed: 9-28-10

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 Nail & Sons Well Drilling Co
*Principal Driller Mark Nail Date 9-29-10
*Driller _____ Date _____
*Operator II _____ Date _____
Operator I Mark Nail Date 9-29-10
Signature of Principal Driller and rig operator are required.
Operator I Mark Nail Date 9-29-10