

RECEIVED

MAY 09 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 \$ 50 -
Receipt No. C112730
Received By LM
Date Received 5.9.22

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. 65-24071 Name of Permit Holder(s) GALYN WADSWORTH, NANCY WADSWORTH
Telephone No. 208-630-4453 Email EMAIL4WADSWORTH@GMAIL.COM
Mailing Address P.O. BOX 566 City MCCALL State ID Zip 83638
2. Source of Water GROUND If Ground Water (well), Date Drilled mo. 5 / yr. 2017
Drilling Permit/Tag No. D0073162 Drilling Company's Name GESTRIN WELL DRILLING

3. Extent of use(s) completed as authorized by the water right permit:

Domestic (No. households) 1 Irrigation (No. acres) 1.5 Stockwater (No. and stock type) _____
Other _____

4. Total diversion rate or volume (storage only) for which proof is submitted .09 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.)

1.5 HP WELL PUMP LIFTING APPROX. 100 FT. TO PITLESS. THEN TO HOME AND IRRIGATION SYSTEM FOR DOMESTIC AND LANDSCAPING

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 \$ 50.00 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: GALYN WADSWORTH Telephone No. 208-866-6682 Email EMAIL4WADSWORTH@GMAIL.COM
Mailing Address P.O. BOX 566 City MCCALL State ID Zip 83638

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.

Nancy Wadsworth
GALYN WADSWORTH

NANCY WADSWORTH
GALYN WADSWORTH

5.3.2022

SIGNATURE OF PERMIT HOLDER*

PRINTED NAME AND TITLE

DATE

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

Idaho Dept. of Water Resources

Write Tag Number Here

Start Card Permit - Single Family Domestic Well Only

(Cold Water less than 85°F)

00073162

1. Property Owner (please print): GALYN WADSWORTH2. Current Mailing Address: P.O. BOX 566City: MCCALL ID. State: ID. Zip Code: 83638 Telephone: (208)-634-97903. Proposed Well Location: Twp. 17N Rge. 3E Sec. 6 SW 1/4 NW 1/4 NE 1/4Gov't Lot No. _____ County VALLEY Lat. 44 50.675 Long. 116 08.285Street Address of Well Site 13940 GALLOPING RD. City MCCALLLot, block and subdivision LOT 4 GALLOPING ACRES SUB4. Are all adjacent septic tanks and drain fields accurately located? By Property Owner: Yes ☒ No ☐ By Health District: Yes ☐ No ☒5. Well Construction Information: A. ☒ New well ☐ Replace ☐ Deepen ☐ ModifyPrevious well #: _____ B. Proposed Casing Dia. 6 C. Proposed Maximum Depth: 120'6. Construction Start Date: 5-15-17 7. Well Drilling Co.: GESTRIN WELL DRILLING Driller's Lic. No. 408

8. The Driller hereby accepts the terms and conditions of the Start Card Permit.

Principal Driller's Signature: [Signature] Date: 5-9-17

9. The Well Owner affirms to have read this Start Card Permit, validates its accuracy and accepts the conditions.

Property Owner's Signature: [Signature] Date: 5-9-2017

CONDITIONS FOR USE OF START CARD:

1. This permit authorizes the construction or modification of one domestic well for a single-family residence. No additional residences, businesses, or dwellings may be connected to this well without a valid water right. Limited to irrigation of 1/2 acre lawn/garden and 13,000 gpd.

2. This form must be complete, including the prepaid tag number and signature of the driller. The owner should sign the start card after reviewing these conditions. Mailing must take place no less than 72 hours prior to construction (Dept. address below), hand delivered, or faxed to the Dept. prior to commencing construction. The start construction date shall be no more than 10 days after the Department receives the permit. An incomplete form will not be considered a valid permit to drill.

3. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare. All wells must be drilled a minimum distance of 100' from a drain field. Domestic wells must be drilled a minimum of 50' from a septic tank.

4. Only Well Drillers licensed in Idaho may use a Start Card for construction of a well. The driller shall maintain a copy of the Start Card and the well I.D. tag at the drilling site during construction.

5. This drilling permit does not authorize trespass on the land of another party.

6. This drilling permit does not constitute other local, county, state, or federal approvals which may be required for construction of a well.

7. This drilling permit does not represent a right to divert and use the water of the State of Idaho.

8. If a bottom hole temperature of 85°F or greater is encountered, well construction shall cease and the well driller shall contact the Department immediately.

9. Idaho Code, S 55-2201 - 55-2210 requires the applicant and/or his contractors to contact "Digline" (Digline is a one-call center for utility notification) not less than 2 working days prior to the start of any excavation for this project. The "Digline" Number for your area is 1-800-342-1585.

10. The stainless steel I. D. tag must be welded to the well casing by the driller upon completion of the well, and prior to removing the drill rig from the drill site and must remain permanently attached above ground level for the life of the well. The well tag shall be attached by welding at least 3 sides or using four (4) stainless steel, closed-end pop rivets.

11. A start card is not valid for drilling in Areas of Drilling Concern, Critical Groundwater Areas, Groundwater Management Areas, or other Areas as Identified by the Department.

12. The possession of a well tag does not authorize construction of a well.

13. Any well being replaced by a new well shall be properly abandoned by the well driller prior to removing the drilling equipment unless otherwise authorized by the department.

Your Start Card Application and/or Tag purchase may be submitted to one of the following offices:

IDWR Western Region

2735 Airport Way

Boise, ID 83705-5082

Phone: (208) 334-2190 Fax: (208) 334-2348

IDWR Northern Region

7600 North Mineral Drive, STE 100

Coeur d'Alene, ID 83815

Phone: (208) 762-2800 Fax: (208) 762-2819

IDWR Eastern Region

900 North Skyline Drive STE A

Idaho Falls, ID 83402-1718

Phone: (208) 525-7161 Fax: (208) 525-7177

IDWR Southern Region

650 Addison Ave W, Ste 500

Twin Falls, ID 83301-5858

Phone: (208) 736-3033 Fax: (208) 736-3037

Faxed in on 5-15-17 Time 3:00pm



IDAHO DEPARTMENT OF
WATER RESOURCES

322 E Front Street, Suite 648, Boise ID 83702 • PO Box 83720, Boise ID 83720-0098

Phone: 208-287-4800 • Fax: 208-287-6700 • Email: idwrinfo@idwr.idaho.gov • Website: idwr.idaho.gov

Governor Brad Little

Director Gary Spackman

May 10, 2022

NANCY WADSWORTH
GALYN WADSWORTH
PO BOX 566
MCCALL ID 83638

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 65-24071

Dear Permit Holders:

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the Department to conduct a field examination to determine and confirm the use being made of the water.

Please be advised that Idaho Code § 42-248, requires you or the owner of this water right to maintain current ownership and address records on file with the Department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any Department office or at the Department's website at www.idwr.idaho.gov.

If you have any questions concerning the field examination, please contact the Western Region Office of the Department located in Boise at (208) 334-2190.

Sincerely,

Debbi Judd

Technical Records Specialist

Enclosures