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APR 01 2022

APR 05 2022

WATER RESOURCES
WESTERN REGIONDEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$ 50.00Receipt No. W050267Received By LEDate Received 04/01/22

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.

- Permit No. W5-23682 Name of Permit Holder(s) Garrett F. Post and/or Trisha Post
Telephone No. 208-412-1075 Email tvdrilling@gmail.com
Mailing Address 5840 Adams Road City New Plymouth State ID Zip 83655
- Source of Water Ground Water If Ground Water (well), Date Drilled mo. 10 / yr. 18
Drilling Permit/Tag No. P-886282 T-0078595 Drilling Company's Name Treasure Valley Drilling
- Extent of use(s) completed **as authorized by the water right permit:**
Domestic (No. households) 1 Irrigation (No. acres) 2 Stockwater (No. and stock type) Aesthetic Storage
Other _____
- Total diversion rate or volume (storage only) for which proof is submitted 0.05 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.
- Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)
pump
- 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
- 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: Garrett Post Telephone No. 208-412-1075 Email tvdrilling@gmail.com
Mailing Address 5840 Adams Road City New Plymouth State ID Zip 83655

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.

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

1062

1. WELL TAG NO. D 0078595

Drilling Permit No. 886282

Water right or injection well # 65-73682

2. OWNER: Garrett Post

Name Garrett Post

Address 5840 Allens Rd

City New Plymouth State ID Zip 83655

3. WELL LOCATION:

Twp. 7 North ☒ or South ☐ Rge. 4 East ☐ or West ☒

Sec. 9 SW 1/4 NE 1/4 1/4

Gov't Lot _____ County Payette

Lat. 43 ° 57.259 (Deg. and Decimal minutes)

Long. 116 ° 49.955 (Deg. and Decimal minutes)

Address of Well Site same

City New Plymouth

(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
Cement Grout	0	300	1000 Gal	Trimmed
Neat Cement	600	300	370 Gal	Trimmed

Neat Cement 600 300 370 Gal Trimmed

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
8"	+1	300	.250	Steel	☒	☐	☐	☒
6"	+18"	600	.250	Steel	☒	☐	☐	☒

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

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☐ N Method _____

Manufactured screen ☐ Y ☐ N Type _____

Method of installation _____

10. FILTER PACK:

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

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

11. FLOWING ARTESIAN:

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

Describe control device log

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 16 Static water level (ft) 16

Water temp. (°F) 56 Bottom hole temp. (°F) 56

Describe access port log

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>NA</u>	<u>NA</u>	<u>NA</u>

Pump	Bailer	Air	Flowing artesian
☐	☐	☐	☐
☐	☐	☐	☐

Water quality test or comments: _____

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
12"	0	4	Brown Clay		
	4	12	Brown Sand		
	12	22	Brown Clay		
	22	41	Gravel		
	41	45	Brown Clay & Gravel		
	45	49	Sticky Brown Clay		
	49	52	Silty Brown Sand		
	52	56	Brown Clay		
	56	64	Sticky Blue Clay		
	64	71	Blue Sand		
	71	96	Blue Sandstone		
	96	101	Fine Blue Sand		
	101	112	Blue Clay		
	112	116	Blue Sandstone		
	116	122	Blue Clay		
	122	147	Sandstone		
	147	164	Blue Clay w/ Sand Strips		
	164	171	Fine Blue Sand		
	171	220	Blue Clay		
	220	224	Fine Blue Sand		
	224	243	Blue Clay		
	243	257	Fine Blue Sand		
	257	259	Blue Clay		
	259	264	Sandstone		
	264	279	Blue Shale		
12"	279	300	Blue Clay		
8"	300	311	Blue Clay		
	311	315	Fine Blue Sand		
	315	323	Blue Clay		
	323	337	Fine Blue Sand		
	337	364	Blue Clay		
8"	364	385	Fine Blue Sand		

Completed Depth (Measurable): 385

Date Started: 6-15-18 Date Completed: 10-20-18

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 Treasure Valley Drilling Co. No. 560

*Principal Driller [Signature] Date 10-31-18

*Driller [Signature] Date 10-31-18

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

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WATER RESOURCES

WESTERN REGION

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

2 of 2

1. WELL TAG NO. D _____

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER: _____

Name Garrett Post

Address _____

City _____ State _____ Zip _____

3. WELL LOCATION:

Twp. _____ North ☐ or South ☐ Rge. _____ East ☐ or West ☐

Sec. _____ 1/4 _____ 1/4 _____ 1/4

Gov't Lot _____ County _____

Lat. _____ (Deg. and Decimal minutes)

Long. _____ (Deg. and Decimal minutes)

Address of Well Site _____

(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 ³)	Placement method/procedure

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

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 ³)	Placement method

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) _____ Static water level (ft) _____

Water temp. (°F) _____ Bottom hole temp. (°F) _____

Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☐	☐
☐	☐	☐	☐

Water quality test or comments: _____

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
8	385	409	Blue Clay		
	409	412	Fine Blue Sand		
	412	426	Blue Clay		
	426	444	Fine Blue Sand		
	444	461	Blue Clay		
	461	467	Fine Blue Sand		
	467	483	Blue Clay		
	483	486	Fine Blue Sand		
8	486	600	Blue Clay		
6	600	624	Blue Clay		
	624	628	Sand stone		
	628	631	Blue Clay		
	631	650	Sand stone		
	650	662	Blue Clay		
	662	668	Sand stone		
	668	672	Blue Clay		
	672	682	Sand stone		
	682	731	Blue Clay		
	731	737	Sand stone		
	737	764	Blue Clay		
	764	771	Sand stone		
6	771	880	Blue Clay		

Completed Depth (Measurable): 880

Date Started: _____

Date Completed: _____

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 _____ Co. No. _____

*Principal Driller _____ Date _____

*Driller [Signature] Date 10-31-18

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.



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

April 6, 2022

GARRETT F POST
TRISHA POST
5840 ADAMS ROAD
NEW PLYMOUTH ID 83655

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 65-23682

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