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NOV 15 2021

DEPARTMENT 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 $
Receipt No.
Receipted By
Date Receipted

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** and that water has been applied to beneficial use 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.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, contact any Department office or visit the Department's website at idwr.idaho.gov for an *Assignment of Permit* form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

1. Permit No. 96-09781 Telephone No. 208-660-2503
2. Name of Permit Holder(s) Daniel S Williams Stacy M. Williams
3. Mailing Address 115 W Lakeview Blvd City Priest River
   State ID Zip 83856 Email Scottw9964@Gmail.com
4. Source of Water Well If **GROUND WATER** (well), Date Drilled mo. 4 / yr. 2020
   Well Driller Carl Pitts & Son Drilling Permit Number "See Attached"
5. Extent of use(s) completed **as authorized by the water right permit**:
   Domestic (No. of households) 1 Stockwater (No. and type of stock) _____
   Irrigation (No. of acres) .14 acre Other _____
6. Total rate of diversion or storage volume for which proof is submitted _____ cfs **OR** _____ acre-feet.
7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit: Refer to the approval conditions on your permit and respond accordingly.
   The Department will not issue a license if permit conditions are not met.

Measuring Device	**Is a measuring device required?**	Yes ☐	No ☒
	If yes, has the measuring device been installed?	Yes ☐	No ☐
Lockable Controlling Device	**Is a lockable device required to control the diversion?**	Yes ☐	No ☒
	If yes, has the lockable device been installed?	Yes ☐	No ☐
Fish Screen	**Is a fish screen required?**	Yes ☐	No ☒
	If yes, has the fish screen been installed?	Yes ☐	No ☐

Other Conditions of Permit

Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

_____ Completed? Yes ☐ No ☒

8. Fee Enclosed $ _____ or not applicable ☐. See fee schedule on page 2 of the instructions.
   Proof statements filed without an appropriate fee, will be considered incomplete.
9. Person to contact to accompany the Department representative during field examination of the water system.
   Name NA Telephone Number _____
   Mailing Address _____ City _____
   State _____ Zip _____ Email _____

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 a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of Permit Holder Daniel J. Williams Date 11/12/2021
(Include your title, if on behalf of company or organization)

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098

Form No. 217 12/15

Form 238-7
6/07

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0082378
Drilling Permit No.
Water right or injection well #
2. OWNER: Daniel S. Williams & Stacy
Name
Address 115 Lakeview Blvd
City Priest River State Id Zip 83856
3. WELL LOCATION:
Twp. 56 North ☒ or South ☐ Rge. 5 East ☐ or West ☒
Sec. 20 NE 1/4 SW 1/4 1/4
Gov't Lot County
Lat. 48.10.528° 10.322 N (Deg. and Decimal minutes)
Long. 116° 59.532 W (Deg. and Decimal minutes)
Address of Well Site 115 Lakeview Blvd
Priest River City Bonners County
Lot. 8 Blk. 3 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 ft³)	Placement method/procedure
3/4 Holeplug Portland	0	25	32 80lb Bags	Poured Dry

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing	Liner	Threaded	Welded
10	+2	38	250	Steel Temp	☒	☐	☐	☒
	17	Pulled out			☐	☐	☐	☐
6	+2	135	250	Steel	☒	☐	☐	☒
					☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 135'
9. PERFORATIONS/SCREENS:
Perforations ☐ Y ☒ N Method
Manufactured screen ☒ Y ☐ N Type Johnson SS Screen
Method of installation Telescoped

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
135	140	20	5'	5"	SS	

Length of Headpipe 5' Length of Tailpipe 1'
Packer ☒ Y ☐ N Type K packer
10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
0				

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) 25 Static water level (ft)
Water temp. (°F) Cold Bottom hole temp. (°F) Same
Describe access port Both on Cap
Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
100%	60+	1 hr

Test method: Pump ☐ Bailer ☐ Air ☒ Flowing artesian ☐
Water quality test or comments: Good Clear
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	Water N
10					
	0	7	Top Soil + Cobble Brown		X
	7	25	Silty Sand Gray w/Gravel Some water Apx 1-2	X	
	25	38	Silty Clay Tan		X
	38	115	Sandy Silty w/Clay Tan		
	115	127	Sand Coarse w/w	X	
	127	140	Sand & Some Gravel w/w apx 50+ gpm	X	

Completed Depth (Measurable): 140'
Date Started: 3/31/2020 Date Completed: 4-3-2020
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 Cool Pitts & Sons Co. No. 168
*Principal Driller Jovie E Hammer Date 4-4-2020
*Driller Date 4-4-2020
*Operator II Date
Operator I Mike Taylor Date 4-4-2020
* Signature of Principal Driller and rig operator are required.