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OCT 25 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 \$	<u>100 -</u>
Receipt No.	<u>C111200</u>
Received By	<u>KM</u>
Date Received	<u>10.25.21</u>

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.

- Permit No. 63-33805 Telephone No. 208-936-8828
- Name of Permit Holder(s) Brandt & Quinn Ruzicka
- Mailing Address 553 W Heikes Lane City Eagle
State ID Zip 83616 Email bruzicka@dbsupply.com
- Source of Water Ground Water If **GROUND WATER** (well), Date Drilled mo. 05 / yr. 2015
Well Driller Coonse Well Drilling Drilling Permit Number 969238-875295
- Extent of use(s) completed as authorized by the water right permit:
Domestic (No. of households) 1 Stockwater (No. and type of stock) 10 head, mixed stock
Irrigation (No. of acres) 4.5 Other _____
- Total rate of diversion or storage volume for which proof is submitted 0.03 cfs OR 4 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 ☒

- Fee Enclosed \$ 100 or not applicable ☐. See fee schedule on page 2 of the instructions.

Proof statements filed without an appropriate fee, will be considered incomplete.

- Person to contact to accompany the Department representative during field examination of the water system.

Name Brandt Ruzicka Telephone Number 208-936-8828
Mailing Address 553 W Heikes Lane City Eagle
State ID Zip 83616 Email bruzicka@dbsupply.com

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 [Signature] Date 10/22/21
(Include your title, if on behalf of company or organization)

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0069030

Drilling Permit No. 9109238-875295
Water right or injection well # 63-33807

2. OWNER:

Name CCI Construction Inc. C/O Doug B Clegg
Address 971 E. Winding Creek Dr. Ste 117
City Eagle State ID Zip 83616

3. WELL LOCATION:

Twp. 5 North ☒ or South ☐ Rge. 1 East ☒ or West ☐
Sec. 32 1/4 NW 1/4 NE 1/4

Gov't Lot _____ County Ada
Lat. 43 (Deg. and Decimal minutes)
Long. 116 (Deg. and Decimal minutes)
Address of Well Site 453 Heikes Ln. 553

(Give at least name of road - Distance to Road or Landmark)

Lot. 6 Blk. 1 Sub. Name Willow Creek

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
3/4 bentonite	0	45	1000lbs	dry pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Linear	Threaded	Welded
6"	+2	287	.250	steel	☒	☐	☐	☒
5"	282	287	.258	steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 288ft

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____
Manufactured screen ☒ Y ☐ N Type wire wrap
Method of installation wash in

From (ft)	To (ft)	Slot size	Number	Diameter (nominal)	Material	Gauge or Schedule
287	297	.020	—	5"	stainless	

Length of Headpipe 5ft Length of Tailpipe _____

Packer ☒ Y ☐ N Type double wiper

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method
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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) 152 Static water level (ft) 142
Water temp. (°F) 58degF Bottom hole temp. (°F) _____
Describe access port well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
—	75gpm	120

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
10"	0	1	top soil		X
"	1	12	brown sandy clay		X
"	12	22	sandy tan clay		X
"	22	45	coarse tan sand		X
6"	45	86	coarse tan sand		X
"	86	90	tan clay		X
"	90	114	coarse tan sand		X
"	114	120	tan clay		X
"	120	131	gravel and sand		X
"	131	145	sand and gravel		X
"	145	152	tan clay		X
"	152	175	coarse sand	X	
"	175	183	tan clay		X
"	183	196	coarse tan sand	X	
"	196	198	sandy tan clay		X
"	198	215	tan sand	X	
"	215	218	tan clay		X
"	218	230	coarse tan sand	X	
"	230	236	cemented sand	X	
"	236	253	tan sand	X	
"	253	254	sandy clay		X
"	254	287	tan sand	X	
"	287	297	cemented sand	X	

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MAY 22 2015

WATER RESOURCES
WESTERN REGION

Completed Depth (Measurable) 297ft

Date Started: May 14, 2015 Date Completed: May 19, 2015

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 Coarse Well Drilling Co. No. 409

*Principal Driller [Signature] Date May 19, 2015

*Driller [Signature] Date May 19, 2015

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.