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OCT 05 2021

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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 \$ 50.00Receipt No. N037594Received By JaDate Received 10-5-21

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. 95-17204 Telephone No. (208) 770-91492. Name of Permit Holder(s) Lepellen Creek Water Assoc INC3. Mailing Address 28570 N. Lepellen Creek Rd City AtholState ID Zip 83801 Email drewlaura@msi.com4. Source of Water Ground Water If **GROUND WATER** (well), Date Drilled mo. sec Attached yr. Well Driller Drilling Permit Number 876218 + 8776775. Extent of use(s) completed **as authorized by the water right permit:**Domestic (No. of households) 6 Stockwater (No. and type of stock) Irrigation (No. of acres) Other 6 lots, 1/2 acre irrigation (domestic)6. Total rate of diversion or storage volume for which proof is submitted 0.12 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.

N/ACompleted? Yes ☐ No ☐8. Fee Enclosed \$ 50 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 Drew Weststrom Telephone Number (208) 770-9149Mailing Address 28570 N. Lepellen Creek Rd. City AtholState ID Zip 83801 Email drewlaura@msi.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 Drew Weststrom President Date 10/5/21
(Include your title, if on behalf of company or organization)

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

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0069867

Drilling Permit No. 877677
Water right or injection well # _____

2. OWNER

Name Big Sky Capitol
Address 10063 Navion Drive
City Hayden State Id Zip 83835

3. WELL LOCATION:

Twp. 53 North ☒ or South ☐ Rge. 02 East ☐ or West ☒
Sec. 19 1/4 NW 1/4 NW 1/4
10 acres 40 acres 160 acres

Gov't Lot _____ County Kootenai

Lat. 47° 55:868 (Deg. and Decimal minutes)

Long. 116° 38:026 (Deg. and Decimal minutes)

Address of Well Site Lewellen Creek Road across from 28573

City Athol

Lot _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ 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
Bentonite	0	45	1400lbs	Dry pour
grout	255	260	1ft ³	Grout Float

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	3	260	.250	Steel	☒	☐	☐	☒
4	20	500	200	PVC	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Drill

Manufactured screen ☐ Y ☒ N Type _____

Method of Installation _____

From (ft)	To (ft)	Slot size	Number	Diameter (nominal)	Material	Gauge or Schedule
460	500	3/8rmd	180	4	PVC	200

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
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11. FLOWING ARTESIAN:

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

Describe control device Steel Cap Welded

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) _____ Static water level (ft) 250

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

Describe access port 1 inch Plug

Well test:			Test method:			
Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
N/A	20	4hrs	☐	☐	☒	☐

Water Quality test or comments: Clear, cold, no smell

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	40	Sand and gravels with cobbles		X
8	40	210	Sand and gravels coarse		X
8	210	225	Boulder		X
8	225	238	Sand and gravel coarse		X
8	238	260	Granite black, white, tan med		X
6	290	300	Granite black, white, tan med		X
6	300	325	Granite black, white, green med	X	X
6	325	420	Granite black, white, tan med	X	
6	420	435	Granite black, white, green med	X	
6	435	500	Granite black, white, tan med	X	

UNITED CROWN
PUMP & DRILLING
3125 W Hayden Ave. Hayden ID 83835
Office (800) 682-7164 (208) 772-7867

Completed Depth (Measurable) 500

Date: Started 1/12/2016 Completed 1/25/2016

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 United Crown Pump & Drilling Co. No. 636

*Principal Driller: Jason C Beckham Date 01/26/2016

*Driller: _____ Date 01/26/2016

*Operator II: _____ Date _____

Operator I: _____ Date _____

* Signature of Principal Driller and rig operator are required.

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D-006419-00069419
Drilling Permit No. 876218
Water right or injection well # _____

2. OWNER

Name Timbered Ridge Custom Homes
Address 10063 Navion Drive
City Hayden State Id Zip 83835

3. WELL LOCATION:

Twp. 53 North ☒ or South ☐ Rge. 02 East ☐ or West ☒
Sec. 19 1/4 NW 1/4 NW 1/4
10 acres 40 acres 160 acres

Gov't Lot _____ County Kootenai
Lat. 47° 55:983 (Deg. and Decimal minutes)
Long. 116° 38:016 (Deg. and Decimal minutes)
Address of Well Site Lewellen Creek Road Just South of 28904
City Athol

Give at least name of road - Owners to Road or Landmark

Lot _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____ (Replacement etc.)

5. TYPE OF WORK check all that apply

☒ 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
Bentonite	0	45	1300lbs	Dry pour
grout	260	268	1ft³	Grout Float

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	3	268	.250	Steel	☒	☐	☐	☒
4	20	1k	200	PVC	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Drill

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
940	1000	3/8rnd	180	4	PVC	200

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
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11. FLOWING ARTESIAN:

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

Describe control device Steel Cap Welded

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) _____ Static water level (ft) 285
Water temp. (°F) _____ Bottom hole temp. (°F) _____
Describe access port 1 inch Plug

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
N/A	4	4hrs

Test method:

Pump ☐ Bailor ☐ Air ☒ Flowing artesian ☐

Water Quality test or comments: Clear, cold, no smell

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	40	Sand and gravels with cobbles	x
8	40	260	Sand and gravels coarse	x
8	260	263	Granite black, white, tan soft	x
8	263	268	Granite black, white, tan firm	x
6	268	290	Granite black, white, tan med	x
6	290	293	Granite black, white, tan soft	x
6	293	605	Granite black, white, tan med	x
6	605	615	Granite black, white, tan soft	x
6	615	742	Granite black, white, tan hard	x
6	742	787	Granite black, white, tan soft	x
6	787	1000	Granite black, white, tan hard	x

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AUG 17 2015

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Completed Depth (Measurable) _____

Date: Started 8-12-2015

Completed 8-16-2015

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 United Crown Pump & Drilling Co. No. 636

*Principal Driller Jason C. Beckham Date 8-17-2015

*Driller _____ Date 8-17-2015

*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

October 14, 2021

LEWELLEN CREEK WATER ASSN INC
28570 N LEWELLEN CREEK RD
ATHOL ID 83801-8610

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 95-17204

Dear Permit Holder:

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 Northern Region Office of the Department located in Coeur d'Alene at (208) 762-2800.

Sincerely,

Debbi Judd
Technical Records Specialist

Enclosures