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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>50</u>
Receipt No.	<u>C109003</u>
Received By	<u>KU</u>
Date Received	<u>8-3-2020</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](http://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. 65-23512 Telephone No. 208-350-9040
- Name of Permit Holder(s) Vincent & Therese Lombardo
- Mailing Address 1818 Brogan Rd City Emmett  
State ID Zip 83617 Email thereselombardo@yahoo.com
- Source of Water ground water If **GROUND WATER** (well), Date Drilled mo. Nov yr. 2013  
Well Driller Precision Well Drilling & Pump Inc Drilling Permit Number 915593-864216

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

Domestic (No. of households) \_\_\_\_\_ Stockwater (No. and type of stock) \_\_\_\_\_  
Irrigation (No. of acres) 4 Other \_\_\_\_\_

- Total rate of diversion or storage volume for which proof is submitted 0.120 cfs OR \_\_\_\_\_ acre-feet.

- 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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If yes, has the measuring device been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If yes, has the lockable device been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fish Screen	Is a fish screen required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If yes, has the fish screen been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**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 \$ 50.00 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. 208-  
Name Vincent Lombardo Telephone Number 831-235-1576 or 350-9040  
Mailing Address 1818 Brogan Rd City Emmett  
State ID Zip 83617 Email thereselombardo@yahoo.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 Therese Lombardo Date 7/22/20  
(Include your title, if on behalf of company or organization)

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## Irrigation

Form 238-7  
6/07IDAHO DEPARTMENT OF WATER RESOURCES  
WELL DRILLER'S REPORT1. WELL TAG NO. D 0063722Drilling Permit No. 915593-864216

Water right or injection well # \_\_\_\_\_

2. OWNER: Vince Lombardo

Name \_\_\_\_\_

Address 1818 Brogan Rd.City Emmett State Id. Zip 83

## 3. WELL LOCATION:

Twp. 6 North ☒ or South ☐ Rge. 3 East ☐ or West ☒Sec. 1 SW 1/4 NE 1/4 1/4Gov't Lot \_\_\_\_\_ County GemLat. 43 ° 53 : 24 2 (Deg. and Decimal minutes)Long. 116 ° 38 : 49 6 (Deg. and Decimal minutes)Address of Well Site 1818 Brogan Rd.City Emmett

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 Portland Cement From (ft) 0 To (ft) 50 Quantity (lbs or ft<sup>3</sup>) 2 1/2 yds Placement method/procedure Pump Tremie pipe

## 8. CASING/LINER:

Diameter (nominal) 6 From (ft) 12 To (ft) 77 Gauge/Schedule 250 Material SteelCasing Liner Threaded Welded ☐ ☐ ☐ ☒☐ ☐ ☐ ☐

## 12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 6' Static water level (ft) FlowingWater temp. (°F) 60 Bottom hole temp. (°F) 309pmDescribe access port Well Seal Well Cap

## Well test: \_\_\_\_\_ Test method: \_\_\_\_\_

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

Pump ☐ Bailor ☐ 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 \_\_\_\_\_

11 0 4 Topsoil &amp; large rocks

4 24 Large Sand &amp; gravel

24 48 Blue clay &amp; Blue gray

48 50 Blue clay, Fractured

50 71 Blue clay &amp; Blue gray

71 82 Blue clay

82 87 Large Blue gray

87 91 Blue clay

Drill &amp; Drive 10" casing to 50 ft.

pumped portland cement from 0 to 50 ft and pull 10" casing out.

2 1/2 yds of cement

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MAR 03 2013

DEC 26 2013

WATER RESOURCES

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Completed Depth (Measurable): 91Date Started: 11/6/13 Date Completed: 11/12/13

## 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 Precision Well Drilling Co. No. 522\*Principal Driller Jeff Peterson Date 11/16/13

\*Driller \_\_\_\_\_ Date \_\_\_\_\_

\*Operator II \_\_\_\_\_ Date \_\_\_\_\_

Operator I \_\_\_\_\_ Date \_\_\_\_\_

\* Signature of Principal Driller and rig operator are required.

## 11. FLOWING ARTESIAN:

Flowing Artesian? ☒ Y ☐ N Artesian Pressure (PSIG) 12

Describe control device \_\_\_\_\_