

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

Transfer No. 82746

**MINIMUM REQUIREMENTS CHECKLIST**  
TO BE SUBMITTED WITH APPLICATION FOR TRANSFER

RECEIVED  
SEP 21 2018

Department of Water Resources  
Eastern Region

An application for transfer must be prepared in accordance with the minimum requirements listed below to be acceptable for processing by the Department. Incomplete applications will be returned. The instructions, fee schedule, Part 2A reports and additional Part 2B forms are available from any Department office or on the Department's website at [www.idwr.idaho.gov](http://www.idwr.idaho.gov).

Name of Applicant(s) Idaho Water Company

**Check whether each item below is *attached* (Yes) or *not applicable* (N/A) for the proposed transfer.**

**Yes N/A** \* Means the item is always required and must be included with the application.

- ☒ \* Completed Application for Transfer of Water Right form, Part 1.
- ☐ \* Signature of applicant(s) or applicant's authorized representative on Application for Transfer Part 1. Include evidence of authority labeled Attachment #3 (see below) if signed by representative.
- ☒ \* Application for Transfer Part 2A. Attach a [Part 2A](#) report describing each water right in the transfer as currently recorded.
- ☒ ☐ Complete and attach an Application for Transfer [Part 2B](#) for each water right for which only a portion is proposed to be changed through this transfer application.
- ☒ \* Application for Transfer Part 3A is always required (see Attachment #7a below); Parts 3B and 3C must be completed for transfer applications proposing to change the nature of use of the water right(s) or proposing changes to supplemental right(s).
- ☐ \* Correct fee submitted with transfer application form. ([Fee schedule](#) is on website and instructions for application for transfer.)

**Attachments to Application - Label each attachment with the corresponding number shown below as Attachment #1-10.**

- ☒ ☐ #1 If the applicant is a business, partnership, organization, or association, and not currently registered in the State of Idaho as a business entity, attach documentation identifying officers authorized to sign or act on behalf of right holder. (See Part 1.)
- ☒ ☐ #2a Water Right ownership documentation if Dept. records do not show the applicant as the current water right owner. \*\*
- ☒ ☐ #2b If the ownership of the water right will change as a result of the proposed transfer to a new place of use, attach documentation showing land and water right ownership at the new place of use. Include documentation for all affected land and owner(s). \*\*  
\*\* Additional fee(s) required for water right ownership changes; see fee schedule.
- ☐ ☒ #3 Documentation of authority to make the change if the applicant is not the water right owner.
- ☐ ☒ #4 Power of Attorney or documentation providing authority to sign or act on the applicant's behalf. (See Part 1.)
- ☐ ☒ #5 If the transfer application proposes to change the point of diversion for a water right affecting the Eastern Snake Plain Aquifer (ESPA), attach the results of an ESPA analysis and a detailed mitigation plan to offset any depletions to hydraulically connected reaches of the Snake River. ESPA transfer spreadsheet and model grid labeled cells are available on the Department's website at [www.idwr.idaho.gov/WaterManagement/WaterRights/WaterRightTransfers/resources.htm](http://www.idwr.idaho.gov/WaterManagement/WaterRights/WaterRightTransfers/resources.htm).
- ☐ ☐ #6 Notarized statement of agreement or a statement on official letterhead signed by an authorized representative from each lien holder or other entity with financial interest in the water right(s) or land affected by the proposed transfer. (See Part 1.5.c.)
- ☒ \* #7a Attach a map identifying the proposed point(s) of diversion, place(s) of use, and water diversion and distribution system details as described on the application. Include legal description labels. If only a portion of the right is proposed to be changed, identify the current location of the part of the existing right(s) proposed to be changed. (See Part 3A.)
- ☒ ☐ #7b If the transfer application proposes to change the place or purpose of use of an irrigation right attach a Geographic Information System (GIS) shape file, or an aerial photo or other image clearly delineating the location and extent of existing acres and changes to the place of use. If some or all of any right is leased to the Water Supply Bank, you must also show the the specific location and/or acres to be idled at the new, proposed place of use to satisfy lease requirements.
- ☒ ☐ #8a If the transfer application proposes to change the nature of use or period of use for one or more rights, provide documentation describing the extent of historic beneficial use for the water rights proposed to be transferred and document how enlargement will be avoided. (See Part 3B.) Additional fee required for proposed changes to nature of use; see [fee schedule](#).
- ☐ ☒ #8b If the transfer application proposes to change the place of use of a supplemental irrigation right, provide documentation regarding the historic use of the supplemental right(s) and availability or reliability of the primary right(s) being supplemented, both before and after the proposed change. (See Part 3C.)
- ☒ ☐ #9 Water Supply Bank information for all rights proposed for transfer and currently leased to the Bank. ([Attachment WSB](#))
- ☐ ☒ #10 Other. Please describe: \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

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Department of Water Resources  
Eastern Region

## APPLICATION FOR TRANSFER OF WATER RIGHT PART 1

Name of Applicant(s) Idaho Water Company Phone 208-512-1135  
Mailing address 1135 Valley Road South, Eden Idaho 83325 Email \_\_\_\_\_

- ☐ If applicant is not an individual and not registered to do business in the State of Idaho, attach documentation identifying officers authorized to sign or act on behalf of the applicant. Label it **Attachment #1**.
- ☐ Attach water right ownership documentation if Department records do not show the transfer applicant as the current water right owner. Label it **Attachment #2a**.
- ☐ If the ownership of the water right will change as a result of the proposed transfer to a new place of use, attach documentation showing land and water right ownership at the new place of use. Include documentation for all affected land and owner(s). Label it **Attachment #2b**.
- ☐ Attach documentation of authority to make the proposed change if the applicant is not the water right owner. Label it **Attachment #3**.

Provide contact information below if a consultant, attorney, or any other person is representing the applicant in this transfer process.

☐ No Representative

Name of Representative Greg Sullivan Phone 208-736-8543  
Mailing address 2016 North Washington St Ste 4 Twin Falls, Idaho 83301 Email greg.sullivan@brockwayeng.com

- ☐ Send all correspondence for this application to the representative and not to the applicant.  
**OR**
- ☒ Send original correspondence to the applicant and copies to the representative.
- ☒ The representative may submit information for the applicant but is not authorized to sign for the applicant.  
**OR**
- ☐ The representative is authorized to sign for the applicant. Attach a Power of Attorney or other documentation providing authority to sign for the applicant and label it **Attachment #4**.

I hereby assert that no one will be injured by the proposed changes and that the proposed changes do not constitute an enlargement in use of the original right(s). The information contained in this application is true to the best of my knowledge. I understand that any willful misrepresentations made in this application may result in rejection of the application or cancellation of an approval.

Idaho Water Company LLC  
Signature of Applicant or Authorized Representative

Print Name and Title if applicable

8/31/18  
Date

Delbert Kohrtz  
Signature of Applicant or Authorized Representative

Print Name and Title if applicable

8/31/18  
Date

### A. PURPOSE OF TRANSFER

- ☒ Change point of diversion  
☒ Change nature of use

☒ Add diversion point(s)  
☒ Change period of use

☒ Change place of use  
☐ Other \_\_\_\_\_
- Describe your proposal in narrative form, including a detailed description of non-irrigation uses to justify amounts transferred (i.e. number of stock, etc.), and provide additional explanation of any other items on the application. Attach additional pages if necessary and label it **Part 1A.2**.  
Transfer irrigation water to an industrial water use at an existing industrial facility with existing wells. The wells are sufficiently close enough to the Portneuf River so that 50% of the water pumped is pulled from the Portneuf River in a 24 hour period.

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

## APPLICATION FOR TRANSFER OF WATER RIGHT

### PART 1 Continued

**B. DESCRIPTION OF RIGHTS AFTER THE REQUESTED CHANGES. IF THE RIGHTS ARE BEING SPLIT, DESCRIBE PORTIONS TO BE CHANGED AS THEY WOULD APPEAR AFTER THE REQUESTED CHANGES.**

| 1.                                                                          | <u>Right Number</u> | <u>Amount</u><br>(cfs/ac-ft) | <u>Nature of Use</u> | <u>Period of Use</u> | <u>Source &amp; Tributary</u> |
|-----------------------------------------------------------------------------|---------------------|------------------------------|----------------------|----------------------|-------------------------------|
| All or Part<br><input type="checkbox"/> <input checked="" type="checkbox"/> | 29-7006             | 1.5/471.5                    | Industrial           | 1/01 to 12/31        | Ground Water                  |
| <input type="checkbox"/> <input type="checkbox"/>                           |                     |                              |                      | to                   |                               |
| <input type="checkbox"/> <input type="checkbox"/>                           |                     |                              |                      | to                   |                               |
| <input type="checkbox"/> <input type="checkbox"/>                           |                     |                              |                      | to                   |                               |
| <input type="checkbox"/> <input type="checkbox"/>                           |                     |                              |                      | to                   |                               |
| <input type="checkbox"/> <input type="checkbox"/>                           |                     |                              |                      | to                   |                               |
| <input type="checkbox"/> <input type="checkbox"/>                           |                     |                              |                      | to                   |                               |
| <input type="checkbox"/> <input type="checkbox"/>                           |                     |                              |                      | to                   |                               |
| <input type="checkbox"/> <input type="checkbox"/>                           |                     |                              |                      | to                   |                               |

Total authorized under rights 2.53 cfs and/or 994 acre-feet.

2. Total amount of water proposed to be transferred or changed 1.5 cubic feet per second and/or 471.5 acre-feet per year.

3. Point(s) of Diversion:

- ☐ No changes to point(s) of diversion are proposed - the following chart is therefore not completed. (Proceed to #4.)
- ☐ Attach Eastern Snake Plain Aquifer analysis if this transfer proposes to change a point of diversion affecting the ESPA. Label it **Attachment #5**.

| New ? | Lot | ¼ | ¼  | ¼  | Sec | Twp | Rge | County  | Source       | Local name or tag # |
|-------|-----|---|----|----|-----|-----|-----|---------|--------------|---------------------|
|       |     |   | SE | SW | 16  | 06S | 34E | Bannock | Ground Water | Well #1             |
|       |     |   | SE | SW | 16  | 06S | 34E | Bannock | Ground Water | Well #2             |
|       |     |   | SE | SW | 16  | 06S | 34E | Bannock | Ground Water | Well #4             |
|       |     |   |    |    |     |     |     |         |              |                     |
|       |     |   |    |    |     |     |     |         |              |                     |

4. Place of use: (If irrigation, identify with number of acres irrigated per ¼ ¼ tract.)

- ☐ No changes to place of use are proposed - the following chart is therefore not completed. (Proceed to #5.)

| Twp                              | Rge | Sec | NE ¼ |    |    |    | NW ¼ |    |    |    | SW ¼ |    |    |     | SE ¼ |    |    |    | Acre Totals |
|----------------------------------|-----|-----|------|----|----|----|------|----|----|----|------|----|----|-----|------|----|----|----|-------------|
|                                  |     |     | NE   | NW | SW | SE | NE   | NW | SW | SE | NE   | NW | SW | SE  | NE   | NW | SW | SE |             |
| 06S                              | 34E | 16  |      |    |    |    |      |    |    |    |      |    |    | Ind |      |    |    |    |             |
|                                  |     |     |      |    |    |    |      |    |    |    |      |    |    |     |      |    |    |    |             |
|                                  |     |     |      |    |    |    |      |    |    |    |      |    |    |     |      |    |    |    |             |
|                                  |     |     |      |    |    |    |      |    |    |    |      |    |    |     |      |    |    |    |             |
|                                  |     |     |      |    |    |    |      |    |    |    |      |    |    |     |      |    |    |    |             |
|                                  |     |     |      |    |    |    |      |    |    |    |      |    |    |     |      |    |    |    |             |
|                                  |     |     |      |    |    |    |      |    |    |    |      |    |    |     |      |    |    |    |             |
|                                  |     |     |      |    |    |    |      |    |    |    |      |    |    |     |      |    |    |    |             |
| Total Acres (for irrigation use) |     |     |      |    |    |    |      |    |    |    |      |    |    |     |      |    |    |    |             |

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

## APPLICATION FOR TRANSFER OF WATER RIGHT PART 1 Continued

5. General Information:

- a. Describe the complete diversion system, including how you will accommodate a measuring device and lockable controlling works should they be required now or in the future:

Existing wells and mainline delivery system.

- b. Who owns the property at the point(s) of diversion? Great Western Malting Co.

If other than the applicant, describe the arrangement enabling the applicant to access the property for the diversion system:  
See attached Contract of Agreement.

- c. Are the lands from which you propose to transfer the water right subject to any liens, deeds of trust, mortgages, or contracts?

If yes, ☐ attach a notarized statement from the holder of the lien, deed of trust, mortgage or contract agreeing to the proposed changes on official letterhead signed by an authorized representative. Label it **Attachment #6**. List the name of the entity and type of lien: None

It is the applicant's responsibility to provide notice to lien holder, trustee, mortgagor, or contract holder of the proposed changes that may impact or change the value of the water rights or affected real property. Any misrepresentation of legal encumbrance on this application may result in rejection of the application or cancellation of an approval.

- d. Are any of the water rights proposed for transfer currently leased to the Water Supply Bank?

If yes, ☐ complete Attachment WSB.

- e. Describe the effect on the land now irrigated if the place or purpose of use is changed pursuant to this transfer:

Land will remain not irrigated.

- f. Describe the use of any other water right(s) for the same purpose or land, or the same diversion system as right(s) proposed to be transferred at both the existing and proposed point(s) of diversion and place(s) use:

29-7504 at the proposed POD and POU.

- g. To your knowledge, has/is any portion of the water right(s) proposed to be changed:

Yes No

- |                                     |                                     |                                                                                               |
|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | undergone a period of five or more consecutive years of non-use,                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | currently leased to the Water Supply Bank,                                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | currently used in a mitigation plan limiting the use of water under the right, or             |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | currently enrolled in a Federal set-aside program limiting the use of water under the rights? |

If yes, describe:

Water right 29-7006 has been under CRP contract from 1997 through 2010. Water right 29-7006 has been under lease contract with the Idaho Water Supply Bank from 2011 through 2020.

**IDAHO DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR TRANSFER OF WATER RIGHT  
PART 2A**

**Current Water Right No.: 29-7006**

Current Owner: LYNN S BASTIAN  
CHRISTINE BASTIAN  
Priority Date: 1/10/1968  
Origin: Water Right  
Status: Water Supply Bank Active  
Basis: Decreed

**Source**

**Tributary**

GROUND WATER

| <b><u>Beneficial Use</u></b> | <b><u>From To</u></b>         | <b><u>Diversion Rate</u></b> | <b><u>Annual Volume</u></b> |
|------------------------------|-------------------------------|------------------------------|-----------------------------|
| IRRIGATION                   | 04/01 to 10/15                | 2.53 CFS                     | 994 AF                      |
|                              | <b><u>Total Diversion</u></b> | 2.53 CFS                     | 994 AF                      |

**Location of Point(s) of Diversion**

|                                |            |          |          |              |
|--------------------------------|------------|----------|----------|--------------|
| GROUND WATER<br>BANNOCK County | SW1/4NE1/4 | Sec. 14, | Twp 10S, | Rge 36E B.M. |
| GROUND WATER<br>BANNOCK County | NE1/4SE1/4 | Sec. 14, | Twp 10S, | Rge 36E B.M. |

**Place of Use**

**IRRIGATION Within BANNOCK County**

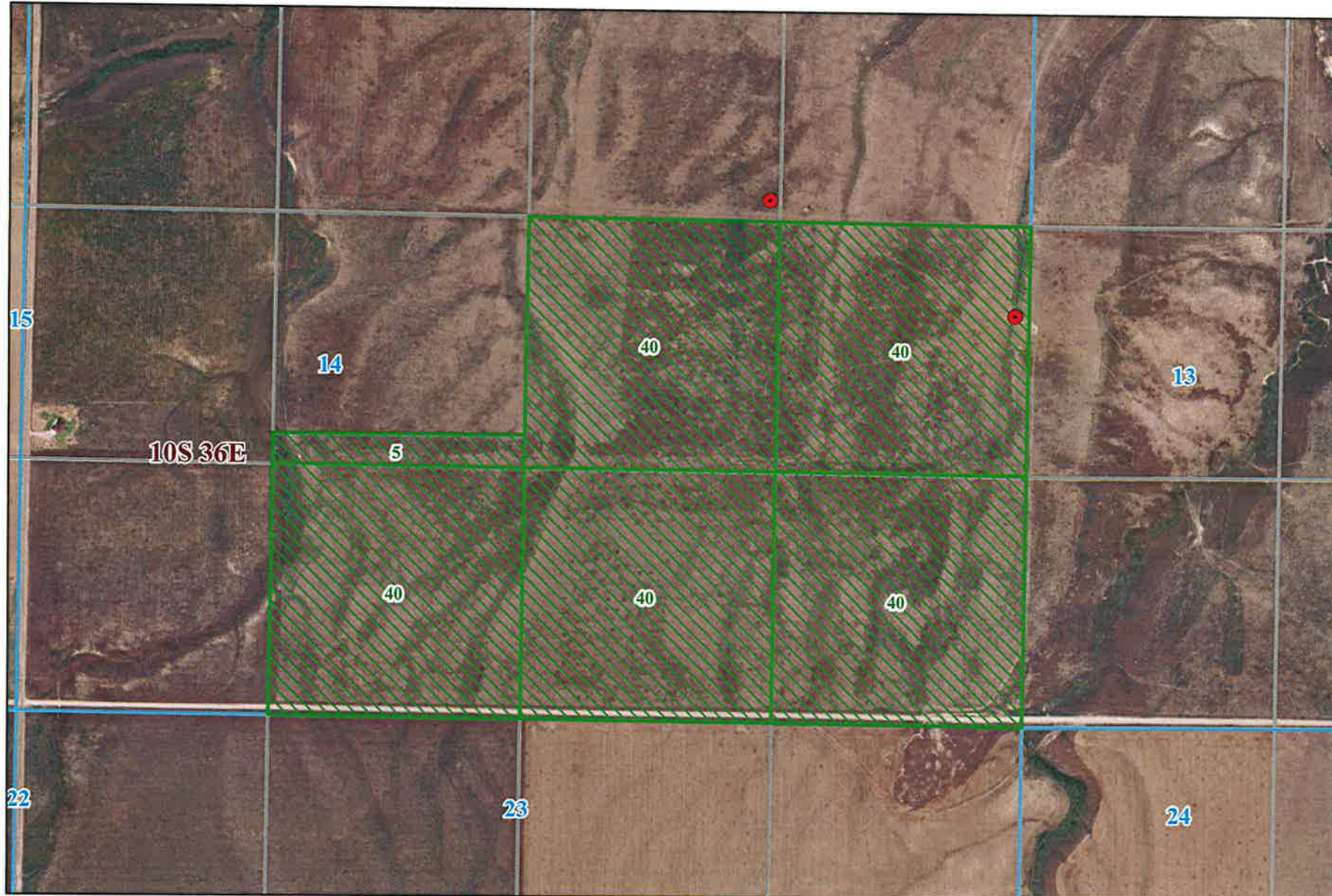
|               |      |       |               |      |       |
|---------------|------|-------|---------------|------|-------|
| T10S R36E S13 | NWSW | 15.00 | T10S R36E S13 | SWSW | 10.00 |
| T10S R36E S14 | SWNE | 40.00 | T10S R36E S14 | SENE | 40.00 |
| T10S R36E S14 | NESW | 40.00 | T10S R36E S14 | SESW | 40.00 |
| T10S R36E S14 | NESE | 40.00 | T10S R36E S14 | NWSE | 40.00 |
| T10S R36E S14 | SWSE | 40.00 | T10S R36E S14 | SESE | 40.00 |

Total Acres: 345

**Conditions of Approval:**

1. S41 THE USE OF WATER FOR IRRIGATION UNDER THIS RIGHT MAY CONTINUE TO AS LATE AS OCTOBER 31, PROVIDED OTHER ELEMENTS OF THE RIGHT ARE NOT EXCEEDED. THE USE OF WATER AFTER [OCTOBER 15] UNDER THIS REMARK IS SUBORDINATE TO ALL WATER RIGHTS HAVING NO SUBORDINATED EARLY OR LATE IRRIGATION USE AND A PRIORITY DATE EARLIER THAN THE DATE A PARTIAL DECREE IS ENTERED FOR THIS RIGHT.
2. C18 THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE ENTRY OF A FINAL UNIFIED DECREE. SECTION 42-1412(6), IDAHO CODE.





0 250 500 1,000 Feet

BROCKWAY ENGINEERING, PLLC.  
GWS -Date: 7/12/2018

**IDAHO WATER COMPANY**

29-7006 TRANSFER ACRES  
2017 NAIP

**Legend**

- Wells
- ▨ Dried Up Acres



82746

**A. PLAT MAP (See Part 3A of Instructions for application for transfer for complete requirements.)**

- If any part of the irrigation water right is leased to the Water Supply Bank, you must also specify the location and number of acres that will remain idled for the duration of the lease contract at the new, proposed place of use.

## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

82746



0 125 250 500 Feet

**IDAHO WATER COMPANY**

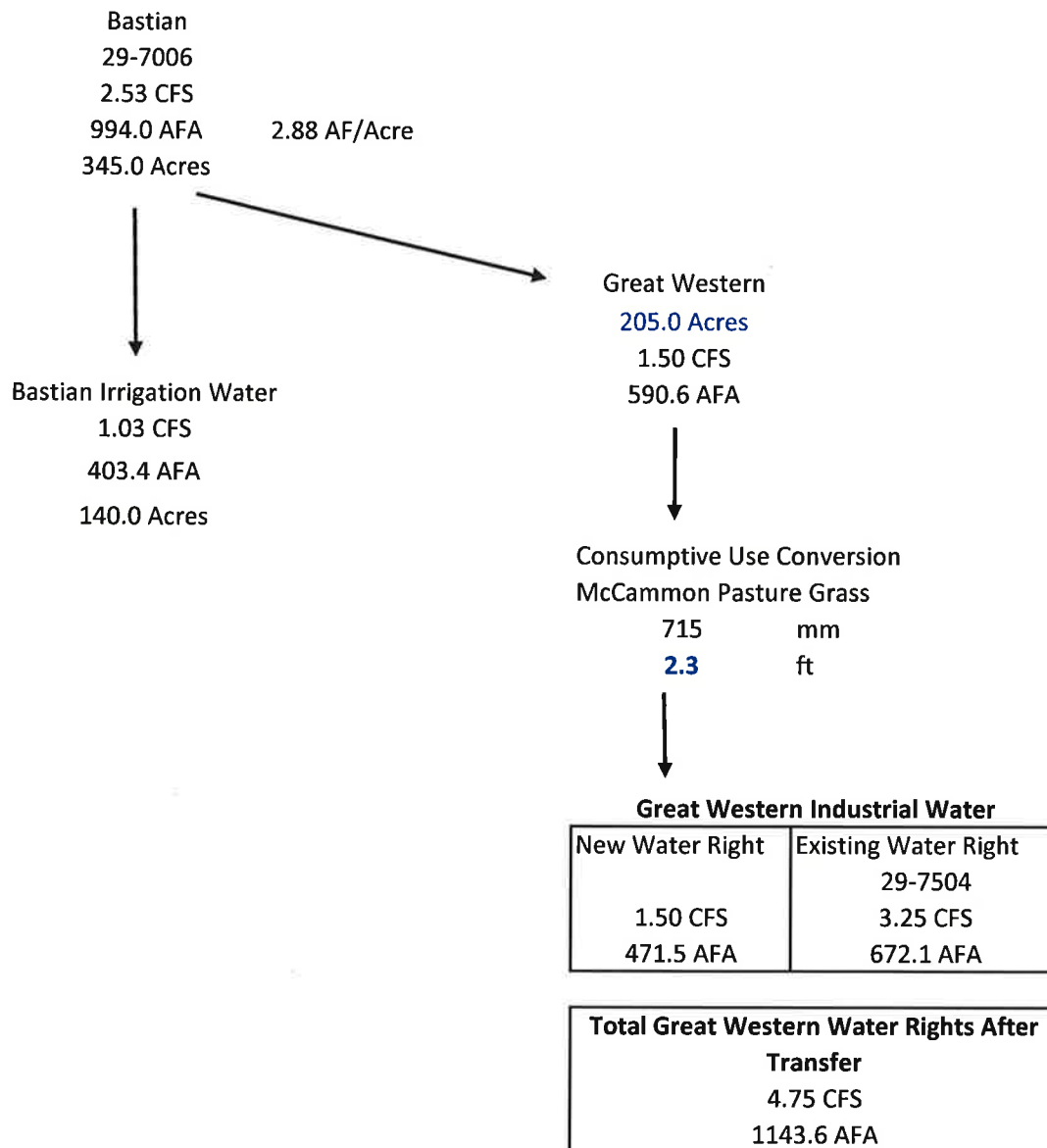
POU and POD LOCATIONS  
2017 NAIP

**Legend**

- Wells
- Distance Lines
- Industrial POU



Idaho Water Company  
Great Western  
Brockway Engineering



<http://data.kimberly.uidaho.edu/ETIdaho/stcwrstats.py?station=105716&cover=15&stats=Deficit>

|                       |        |         |
|-----------------------|--------|---------|
| McCammon Alfalfa      | 826 mm | 2.71 Ft |
| McCammon Spring Grain | 604 mm | 1.98 Ft |
| Average               | 715 mm | 2.3 Ft  |

## CONTRACT OF AGREEMENT

To Whom It May Concern,

Great Western Malting Co. owns Parcel No. RPCPP044715 located in Bannock County, Idaho. Great Western Malting Co. has entered into an agreement with Idaho Water Company to provide additional water to the property. Idaho Water Company is responsible for the transfer application and processing of the transfer.

Great Western Malting Co. hereby gives its consent to allow Idaho Water Company to transfer a water right or a portion of a water right to Parcel No. RPCPP044715 and to utilize the four wells currently located on the property for points of diversion for any transferred water.

Great Western Malting Co.:

Signed Name: \_\_\_\_\_

Printed Name: Michael O'Toole

Title: President

Date: July 24, 2018

## APPLICATION FOR TRANSFER OF WATER RIGHT ATTACHMENT WSB: TRANSFERRING WATER RIGHTS LEASED TO THE WATER SUPPLY BANK

Approval of a transfer application will not impact the terms of a Water Supply Bank Lease Contract. Any transferred water right or portion of a water right that is leased to the Water Supply Bank (Bank) shall remain unused while the lease is active.

If the transfer proposes to relocate the place of use of an irrigation water right, and the relocated acres include land currently idled due to a Bank lease contract, the applicant is required to identify the areas that will be idled at the new place of use for the duration of the lease contract. The acres to be idled should be clearly identified on the map created for Attachment 7B of the transfer application. The applicant should confirm the map is attached when completing the table below. If the leased portion of the place of use is not proposed to be relocated, a map is not required.

A Bank lease contract shall remain in effect until it expires, a new lease proposal is processed to replace it, or the water right is released from the Bank through written confirmation issued by the Water Resource Board. If the proposed transfer is approved, the water right owner will be provided sufficient time to allow the lease contract to expire before beneficial use of water at the new place of use will be expected. Meanwhile, water rights leased to the Bank are protected from forfeiture for the duration of the lease contract.

Water right owners who would like to adjust the terms of their lease contracts can either submit a new lease proposal on an [Application to Lease a Water Right to the Water Supply Bank](#) form, or they can request early termination of their lease contracts by completing a [Request to Release a Water Right from the Water Supply Bank](#) form. If a water right is leased to the Bank, and it is currently being rented from the Bank, the lease cannot be reduced or terminated until the rental agreement concludes. A request to release a water right or to submit a new lease application should be sent to the Department's state office. To find out if there are any rentals associated with a leased water right, please call a Bank representative at the Department at 208-287-4800.

In the table below, please provide the requested information for any water right that is both proposed for transfer and leased to the Bank. The information needed to complete this table can be found in your Bank lease contract. A copy of your lease contract can be obtained using the 'Search Water Rights' option on the Department's internet page at [www.idwr.idaho.gov](http://www.idwr.idaho.gov) or by contacting any Department office.

| Water Right Number | Lease Contract Expiration Date | Water Right Quantities Leased to the Bank |             |       | Map Attachment 7B Clearly Identifies Idled Place of Use at New Location             |
|--------------------|--------------------------------|-------------------------------------------|-------------|-------|-------------------------------------------------------------------------------------|
|                    |                                | Rate (cfs)                                | Volume (AF) | Acres |                                                                                     |
| 29-7006            | 12/31/2020                     | 2.53                                      | 994.0       | 345.0 | Attached? <input checked="" type="checkbox"/> or No Change <input type="checkbox"/> |
|                    |                                |                                           |             |       | Attached? <input type="checkbox"/> or No Change <input type="checkbox"/>            |
|                    |                                |                                           |             |       | Attached? <input type="checkbox"/> or No Change <input type="checkbox"/>            |
|                    |                                |                                           |             |       | Attached? <input type="checkbox"/> or No Change <input type="checkbox"/>            |
|                    |                                |                                           |             |       | Attached? <input type="checkbox"/> or No Change <input type="checkbox"/>            |
|                    |                                |                                           |             |       | Attached? <input type="checkbox"/> or No Change <input type="checkbox"/>            |
|                    |                                |                                           |             |       | Attached? <input type="checkbox"/> or No Change <input type="checkbox"/>            |

Is the ownership of the water right(s) leased to the Bank being changed? ☒ Yes ☐ No

- ☐ If yes and there are multiple owners, attach a [Lessor Designation](#) form.  
☐ If yes, the individual owner or designated lessor must complete, sign and attach an [IRS Form W-9](#).

**Additional Information:**

The ownership of the portion being transferred will only change ownership if the transfer is approved. That portion will be withdrawn from the Idaho Water Supply Bank after the transfer is approved.

**Agency Use Only:** Personnel processing transfer applications should forward a copy of this attachment, the original Lessor Designation form and/or IRS Form W-9, if received, to the State Office.

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WATER SUPPLY BANK LEASE ACCEPTANCE**

This is to certify that: LYNN S BASTIAN  
CHRISTINE BASTIAN  
16580 S MARSH VALLEY RD  
ARIMO ID 83214  
(208) 897-5066

has requested to lease the water right(s) listed below to the Water Supply Bank ("Bank"). The Idaho Water Resource Board ("Board") being authorized to operate a bank and to contract by and through the Director of the Idaho Department of Water Resources ("Director", "Department") the acquisition of water rights for the Board's Bank, agrees to lease the water right to the Bank as follows:

Summary of Water Rights or Portions Leased to the Bank

|                                   | Water<br>Right | Lease<br>Rate   | Lease<br>Volume | Acre<br>Limit | Total Leased<br>Acres |
|-----------------------------------|----------------|-----------------|-----------------|---------------|-----------------------|
|                                   | 29-7006        | 2.53 CFS        | 994.0 AF        | NA            | 345 AC                |
| <b>COMBINED<br/>LEASE TOTALS:</b> |                | <b>2.53 CFS</b> | <b>994.0 AF</b> | <b>NA</b>     | <b>345 AC</b>         |

**TERM OF LEASE:**

Lease Begin Date: February 24, 2011

Expiration Date: December 31, 2015

**RENTAL AVAILABILITY:**

Season of Use: April 1 to October 15 annually

**MINIMUM PAYMENT ACCEPTABLE:**

Current Rental Rate

Detailed Lease Acceptance attached.

Dated this 25th day of February, 20 11

  
for GARY SPACKMAN, Interim Director  
Department of Water Resources

**WATER RIGHT NO. 29-7006  
WATER SUPPLY BANK LEASE ACCEPTANCE**

The water right or portion thereof leased to the bank is described as follows:

**Lessor:** LYNN S BASTIAN  
CHRISTINE BASTIAN  
16580 S MARSH VALLEY RD  
ARIMO ID 83214  
(208) 897-5066

**Priority Date:** 01/10/1968

**Source:** GROUND WATER

| <u>BENEFICIAL USE</u> | <u>From</u> | <u>To</u> | <u>Diversion Rate</u> | <u>Volume</u>   |
|-----------------------|-------------|-----------|-----------------------|-----------------|
| IRRIGATION            | 04/01 to    | 10/15     | 2.53 CFS              | 994.0 AF        |
| <b>Total:</b>         |             |           | <b>2.53 CFS</b>       | <b>994.0 AF</b> |

**LOCATION OF POINT(S) OF DIVERSION:**

|              |        |         |         |         |                |
|--------------|--------|---------|---------|---------|----------------|
| GROUND WATER | SW¼NE¼ | Sec. 14 | Twp 10S | Rge 36E | BANNOCK County |
| GROUND WATER | NE¼SE¼ | Sec. 14 | Twp 10S | Rge 36E | BANNOCK County |

**PLACE OF USE TO BE IDLED UNDER THIS LEASE:** IRRIGATION

| Twp | Rge | Sec | NE |    |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE |        |
| 10S | 36E | 13  |    |    |    |    |    |    |    |    |    | 15 | 10 |    |    |    |    |    | 25     |
| 10S | 36E | 14  |    |    | 14 |    |    |    |    | 40 | 40 |    |    | 40 | 40 | 40 | 40 | 40 | 320    |

Total Acres: 345.0 AC

**CONDITIONS OF ACCEPTANCE**

1. The water rights referenced above will be rented from the bank at the current rental rate.
2. There is no rental payment to the lessor of the water right if the right or a part thereof is not rented from the bank.
3. While a right is in the bank, the lessor may not use the right without approval of the department even if the right is not rented from the bank. Any violation of the terms of this lease may result in enforcement procedures pursuant to Idaho Code § 42-351 for illegal diversion and use of water and may include civil penalties pursuant to Idaho Code § 42-1701B.
4. A right accepted into the bank stays in the bank until the Board releases it, the lease term expires, or upon request from the lessor to change the term of the lease.
5. While a water right is in the bank, forfeiture provisions are stayed.
6. Rental of water under this right is subject to the limitations and conditions of approval of the water right.
7. Failure of the right holder to comply with the conditions of acceptance is cause for the Director to rescind acceptance of the lease.
8. Acceptance of a right into the bank does not, in itself, confirm the validity of the right or any elements of the water right, or improve the status of the right including the notion of resumption of use. It does not preclude the opportunity for review of the validity of this water right in any other department application process.

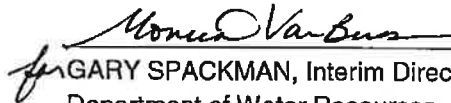
**WATER RIGHT NO. 29-7006  
WATER SUPPLY BANK LEASE ACCEPTANCE**

**CONDITIONS OF ACCEPTANCE**

9. In accordance with Idaho Code § 42-248 and 42-1409(6), all owners of water rights are required to notify the department of any changes in mailing address or change in ownership of all or part of a water right. Notice must be provided within 120 days of the change.
10. Upon acceptance of a water right into the Board's water supply bank, the owner of the right may withdraw the right within thirty (30) days of acceptance into the bank if the owner does not agree with the conditions of acceptance.
11. The use of water for irrigation under this right may continue to as late as October 31, provided other elements of the right are not exceeded. The use of water after October 15 under this remakr is subordinate to all water rights having no subordinated early or late irrigation use and a priority date earlier than the date a partial decree is entered for this right.

The water right(s) is leased to the bank subject to all prior water rights and shall be administered in accordance with Idaho law and applicable rules of the Department of Water Resources.

Dated this 25th day of February, 20 11

  
for GARY SPACKMAN, Interim Director  
Department of Water Resources

JAN 25 2016

DEPARTMENT OF  
WATER RESOURCES**WATER SUPPLY BANK LEASE CONTRACT**

This Lease Contract ("Lease") is between the Idaho Water Resource Board ("Board"), and

**LESSOR: LYNN S BASTIAN**  
16580 S MARSH VALLEY RD  
ARIMO ID 83214  
208-897-5066

**RECITALS**

1. The Board is authorized under chapter 17, title 42, Idaho Code to operate a water supply bank and to contract with lessors to act as an intermediary in facilitating the rental of water.
2. On December 18, 2015, the Lessor filed an application to lease the water right described below into the Water Supply Bank.
3. The Director of the Idaho Department of Water Resources has reviewed the application for compliance with the Water Supply Bank rules and has approved the Lease subject to the conditions listed below.

NOW, THEREFORE, in consideration of the mutual covenants and contracts herein contained, and other good and valuable consideration, the receipt of which is hereby acknowledged, the parties hereto agree as follows:

1. **WATER RIGHT:** The Lessor shall lease and the Board shall accept into the Bank the Applicant's water right described as follows:

**Summary of Water Right or Portion Leased to the Bank**

| Water Right | Priority Date | Source       | Tributary | Leased Rate | Annual Leased Volume | Total Leased Acres |
|-------------|---------------|--------------|-----------|-------------|----------------------|--------------------|
| 29-7006     | 1/10/1968     | GROUND WATER | NA        | 2.53 cfs    | 994.0 af             | 345.0 ac           |

**Lease Totals** 2.53 cfs 994.0 af 345.0 ac

2. **COMPENSATION:** The Lessor shall accept and the Board shall pay compensation determined by the amount of water rented under the following rental rate during such times as the water is rented from the Bank over the term of this Lease.

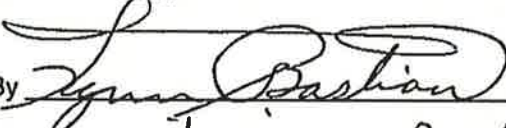
**Minimum Payment Acceptable:** Current Rental Rate

3. **TERM OF LEASE:** The term of this lease shall be January 1, 2016 to December 31, 2020. This Lease shall bind the parties and take effect when both parties have signed it.
4. **WATER SUPPLY BANK CONDITIONS OF ACCEPTANCE:** The Lessor shall abide by all terms and conditions contained in the Water Supply Bank Conditions of Acceptance, attached hereto as "Attachment A" and incorporated herein by this reference.
5. **DUPLICATE ORIGINAL:** This Lease is executed in duplicate. Each of the documents with an original signature of each party shall be an original.

# WATER SUPPLY BANK LEASE CONTRACT

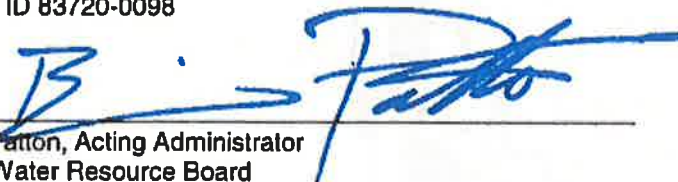
IN WITNESS WHEREOF, the parties have executed this Contract on the date following their respective signatures.

**LYNN S BASTIAN**  
16580 S MARSH VALLEY RD  
ARIMO ID 83214

By   
Printed Name Lynn S. Bastian

Date Jan. 20, 2016  
Title Owner

**IDAHO WATER RESOURCE BOARD**  
322 EAST FRONT ST  
PO BOX 83720  
BOISE ID 83720-0098

By   
Brian Patton, Acting Administrator  
Idaho Water Resource Board

Date 1/26/2016

Lease approved by IDWR 

Date 1-26-2016

**ATTACHMENT A**  
**WATER SUPPLY BANK CONDITIONS OF ACCEPTANCE**  
 WATER RIGHT NO. 29-7006

The water right or portion thereof leased to the bank is described as follows:

**Lessor:** LYNN S BASTIAN  
 16580 S MARSH VALLEY RD  
 ARIMO ID 83214  
 208-897-5066

**Location of Point(s) of Diversion for Water Right 29-7006**

|              |      |                                           |
|--------------|------|-------------------------------------------|
| GROUND WATER | SWNE | Sec. 14, Twp 10S, Rge 36E, BANNOCK County |
| GROUND WATER | NESE | Sec. 14, Twp 10S, Rge 36E, BANNOCK County |

| <u>Water Right</u> | <u>Beneficial Use</u> | <u>From</u> | <u>To</u> | <u>Diversion Rate</u> | <u>Volume</u>   |
|--------------------|-----------------------|-------------|-----------|-----------------------|-----------------|
| 29-7006            | IRRIGATION            | 04/01       | to 10/15  | 2.53 cfs              | 994.0 af        |
| <b>Total:</b>      |                       |             |           | <b>2.53 cfs</b>       | <b>994.0 af</b> |

**Place of Use to be Idled Under This Lease:** IRRIGATION

| Twp | Rge | Sec | NE |    |      |    | NW |    |    |      | SW   |      |      |      | SE   |      |      |      | Totals |
|-----|-----|-----|----|----|------|----|----|----|----|------|------|------|------|------|------|------|------|------|--------|
|     |     |     | NE | NW | SW   | SE | NE | NW | SW | SE   | NE   | NW   | SW   | SE   | NE   | NW   | SW   | SE   |        |
| 10S | 36E | 13  |    |    |      |    |    |    |    |      |      | 15.0 | 10.0 |      |      |      |      |      | 25.0   |
| 10S | 36E | 14  |    |    | 40.0 |    |    |    |    | 40.0 | 40.0 |      |      | 40.0 | 40.0 | 40.0 | 40.0 | 40.0 | 320.0  |

Total Acres: 345.0

**Conditions Applicable to Leased Water Right**

1. The water right referenced above will be rented from the bank at the current rental rate.
2. There is no rental payment to the lessor of the water right if the right or a part thereof is not rented from the bank.
3. While a right is in the bank, the lessor may not use the right without approval of the Department, even if the right is not rented from the bank. Any violation of the terms of this lease may result in enforcement procedures pursuant to Idaho Code § 42-351 for illegal diversion and use of water and may include civil penalties pursuant to Idaho Code § 42-1701B.
4. A right accepted into the bank stays in the bank until the Board releases it, or the lease term expires. A right may be released from the bank upon request, provided the Board approves the release. Unless approved by the Department, leased rights may not be immediately available for release.
5. While a water right is in the bank, forfeiture provisions are stayed pursuant to Idaho Code § 42-223(5).
6. Rental of water under this right is subject to the limitations and conditions of approval of the water right.
7. Failure of the right holder to comply with the conditions of acceptance is cause for the Director to rescind acceptance of the lease.
8. Acceptance of a right into the bank does not, in itself, confirm the validity of the right or any elements of the water right, nor does it improve the status of the right or accomplish the resumption of use. It does not preclude the opportunity for review of the validity of this water right in any other Department application process.

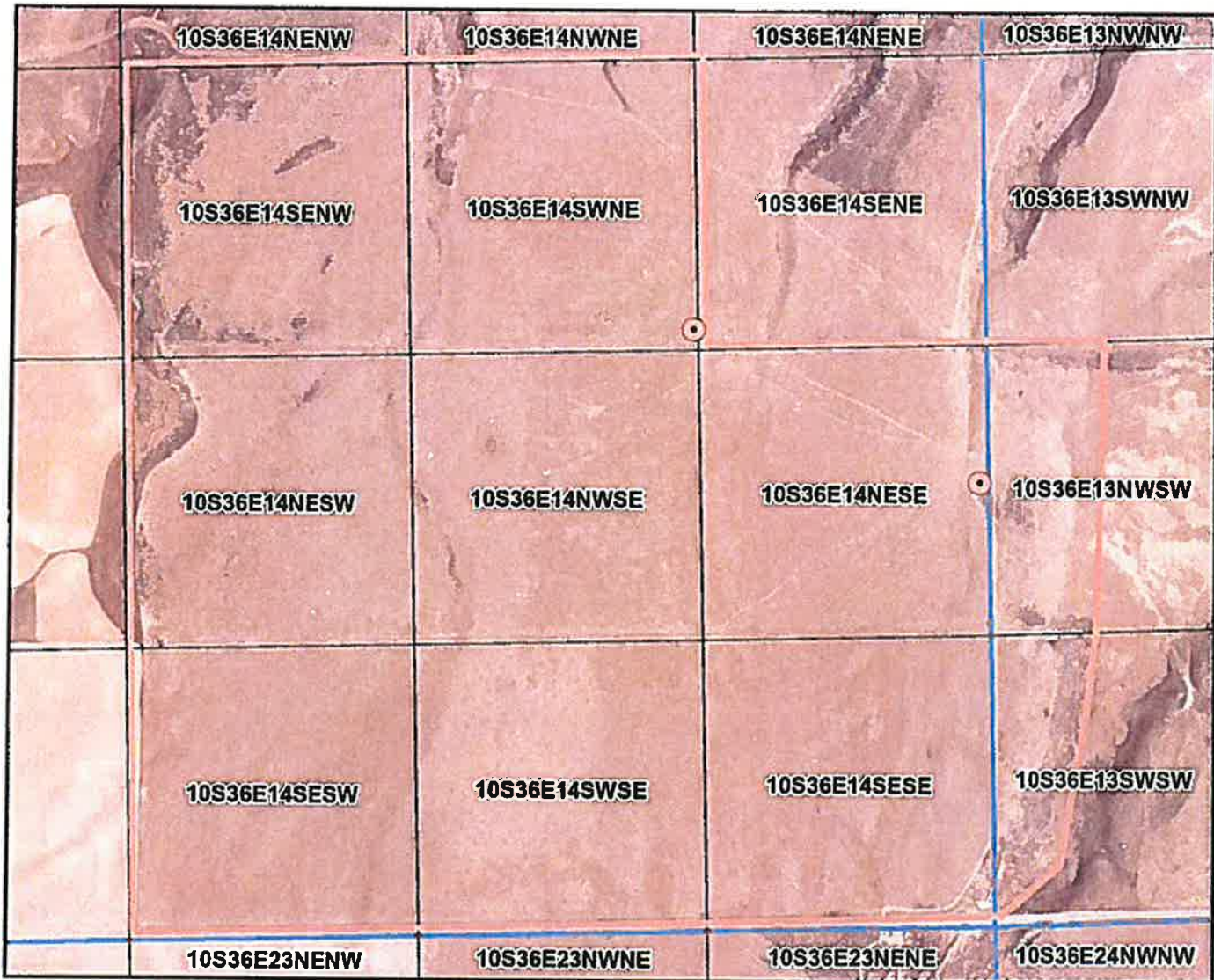
9. In accordance with Idaho Code §§ 42-248 and 42-1409(6), all owners of water rights are required to notify the Department of any changes in mailing address or change in ownership of all or part of a water right. Notice must be provided within 120 days of the change.
10. If a water right leased into the Water Supply Bank is sold or conveyed during the lease term, and if the leased right was rented, the rental proceeds will be disbursed in the following manner regardless of any arrangements between the buyer(s) and seller(s) to the contrary:
  - a. Rental payments will go to the lessor(s) of record at the beginning of the rental season, even if the Department processes a Notice of Change in Water Right Ownership during the rental season.
  - b. New lessor(s) of record will receive payment after the following rental season.
11. The water right leased to the bank is subject to all prior water rights and shall be administered in accordance with Idaho law and applicable rules of the Department of Water Resources.
12. The use of water for irrigation under this right may continue to as late as October 31, provided other elements of the right are not exceeded. The use of water after October 15 under this remark is subordinate to all water rights having nor subordinated early or late irrigation use and a priority date earlier than the date a partial decree is entered for this right.

Idaho Water Resource Board  
Water Supply Bank Lease

29-7006

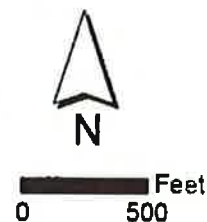
Effective until December 31, 2020

This map depicts the place of use to be idled pursuant to the lease contract and is attached to the contract solely for illustrative purposes.



2013 USDA-FSA Aerial Photography

- Approved Lease Point of Diversion
- Approved Lease Place of Use
- Townships
- PLS Sections
- Quarter Quarters



|                                                                                                                                        |                                                                       |                                                                                                                                |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>CRP-1</b><br>(10-22-16)                                                                                                             | <b>U.S. DEPARTMENT OF AGRICULTURE</b><br>Commodity Credit Corporation | <b>1. ST. &amp; CO CODE &amp; ADMIN. LOCATION</b><br><br>16 071                                                                | <b>2. SIGN-UP NUMBER</b><br><br>15                                                        |
| <b>CONSERVATION RESERVE PROGRAM CONTRACT</b>                                                                                           |                                                                       | <b>3. CONTRACT NUMBER</b><br>309B                                                                                              | <b>4. ACRES FOR ENROLLMENT</b><br>476.60                                                  |
| <b>7A. COUNTY OFFICE ADDRESS (Include Zip Code)</b><br>ONEIDA COUNTY FARM SERVICE AGENCY<br>137 NORTH 100 WEST<br>MALAD, ID 83252-1343 |                                                                       | <b>5. FARM NUMBER</b><br>1794                                                                                                  | <b>6. TRACT NUMBER(S)</b>                                                                 |
| <b>7B. TELEPHONE NUMBER (Include Area Code):</b> (208) 766-4719 x2                                                                     |                                                                       | <b>8. OFFER (Select one)</b><br>GENERAL <input checked="" type="checkbox"/><br>ENVIRONMENTAL PRIORITY <input type="checkbox"/> | <b>9. CONTRACT PERIOD</b><br>FROM: (MM-DD-YYYY) 10-01-1997<br>TO: (MM-DD-YYYY) 09-30-2010 |

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.

|                                                                                          |                                                                         |                     |                        |                 |                                      |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------|------------------------|-----------------|--------------------------------------|
| <b>10A. Rental Rate Per Acre</b> \$ 32.00                                                | <b>11. Identification of CRP Land (See Page 2 for additional space)</b> |                     |                        |                 |                                      |
| <b>10B. Annual Contract Payment</b> \$ 15,251                                            | <b>A. Tract No.</b>                                                     | <b>B. Field No.</b> | <b>C. Practice No.</b> | <b>D. Acres</b> | <b>E. Total Estimated Cost-Share</b> |
| <b>10C. First Year Payment</b> \$                                                        |                                                                         |                     | CP1                    | 476.60          | \$ 12,048                            |
| (Item 10C applicable only to continuous signup when the first year payment is prorated.) |                                                                         |                     |                        |                 |                                      |

|                                                                                                                           |                                 |                      |                              |  |  |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------|------------------------------|--|--|
| <b>12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)</b>                                         |                                 |                      |                              |  |  |
| <b>A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):</b><br>LYNN BASTIAN<br>16580 S MARSH VALLEY RD<br>ARIMO, ID 83214-1610 | <b>(2) SHARE</b><br><br>100.00% | <b>(3) SIGNATURE</b> | <b>(4) DATE (MM-DD-YYYY)</b> |  |  |
| <b>B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):</b>                                                                    | <b>(2) SHARE</b><br><br>%       | <b>(3) SIGNATURE</b> | <b>(4) DATE (MM-DD-YYYY)</b> |  |  |
| <b>C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):</b>                                                                    | <b>(2) SHARE</b><br><br>%       | <b>(3) SIGNATURE</b> | <b>(4) DATE (MM-DD-YYYY)</b> |  |  |

|                         |                                           |                             |
|-------------------------|-------------------------------------------|-----------------------------|
| <b>13. CCC USE ONLY</b> | <b>A. SIGNATURE OF CCC REPRESENTATIVE</b> | <b>B. DATE (MM-DD-YYYY)</b> |
|-------------------------|-------------------------------------------|-----------------------------|

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (16 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.asor.usda.gov/complaint\\_filing\\_cust.html](http://www.asor.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 890-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider and employer.



Original - County Office Copy



Owner's Copy



Operator's Copy

82746

To whom it may concern,

July 7 2018

I Don Marley have some ground that lays West & East bordering Bastian Ranch.

I can remember when Lynn Bastian would irrigate some ground with wheelings for the farm. He irrigated over 300 acres on that property as far as I could tell. I can remember cutting grain on that property and they raised ~~hens~~ hay on there also.

Don Marley

P.O. Box 4

Arimo, Id. 83214

Don Marley



Angie Bastian

Bannock County

Expires: 4/14/2023

July 6, 2018

TO WHOM IT MAY CONCERN:

I VERN BASTIAN AM THE SON OF MERLIN BASTIAN WHO PURCHASED THE CURRENT BASTIAN RANCH IN 1959. IN 1968 MERLIN BASTIAN FILED FOR AN IRRIGATION WATER RIGHT FOR PROPERTY LOCATED AT 1120 E SUBLETTE ROAD. <sup>(CARIMO, IDAHO)</sup> FROM THE YEARS OF 1968 — 1996 THIS PROPERTY HAS BEEN IRRIGATED, RAISING HAY, GRAIN AND PASTURE. I LEFT THE FAMILY FARM IN 1985 FOR EMPLOYMENT ELSE WHERE BUT I HAVE PERSONAL KNOWLEDGE THAT THE 345 ACRES HAVE BEEN IRRIGATED.

VERN K. BASTIAN.  
970 GRANDVIEW DR.  
MALAD, ID 83252.

Vern K. Bastian



Angie Bastian

Bannock County

Expires: April 14, 2023

## AGREEMENT FOR PURCHASE AND SALE OF WATER RIGHT

THIS AGREEMENT FOR PURCHASE AND SALE OF WATER RIGHT ("Agreement") is made and entered into as of the latest date contained in the signature block below (the "Effective Date"), by and between **Idaho Water Company, LLC**, an Idaho limited liability company, who's address is 1135 Valley Road, Eden, ID 83325 ("Seller"), and **Great Western Malting Company**, a Delaware corporation, with offices located at 1705 NW Harborside Drive, Vancouver, WA 98660 ("Buyer"). Buyer and Seller may be referred to herein individually as a "Party" and together as the "Parties."

### RECITALS:

A. Seller has the legal right and Option (the "Option") to purchase a portion of Idaho decreed water right no. 29-7006 allowing diversion of water at a rate of 1.5 cubic feet per second ("cfs") from groundwater for irrigation of 205 acres with the annual volume ("AFA") of 590.6 acre-feet at 2.88 acre-feet ("AF") per acre irrigated (the "Water Right").

B. Seller desires to sell, and Buyer desires to buy, the Water Right upon the terms and conditions specified herein.

### AGREEMENT:

IN CONSIDERATION of the mutual representations, values exchanged, warranties, and covenants contained herein, the Parties, intending to be legally bound, agree as follows:

1. **Property to Be Purchased.** Seller agrees to sell to Buyer, and Buyer agrees to buy from Seller, on the terms and conditions specified herein, the Water Right for industrial use at Buyer's intended place of use. **No land is included in this Agreement.**
2. **Property Retained.** Seller reserves and retains any portions of any water right that may be appurtenant to the authorized place of use for the Water Right other than the Water Right. No other property interests, real or personal, are included in this Agreement.
3. **Purchase Price and Potential Downward Adjustment.**

- (a) **Purchase Price.** The purchase price for the Water Right is [REDACTED] Dollars (\$ [REDACTED]) (the "Purchase Price"), which is calculated based on a price of \$ [REDACTED] per AF for 205 acres.  
( $\$ [REDACTED] \times 2.88 \times 205 = \$ [REDACTED]$ )

With a consumptive use conversion of 2.3 AF/(acre irrigated) the total industrial water purchased will be  $2.3 \times 205 = 471.5$  AF. The purchase price of 1 AF of industrial water will be \$ [REDACTED]

- (b) **Adjustment to Purchase Price.** If the Transferred Water Right (defined below) is approved for less than the amount of water contemplated in the Transfer, and the Parties proceed to Closing, then the Purchase Price will be reduced by \$ [REDACTED] for each acre of water not approved in the Transferred Water Right for Buyer's intended use.

- i. **Example of Purchase Price Adjustment.** To illustrate a Purchase Price adjustment as described above, [REDACTED]

4. **Down Payment.** Upon execution of this Agreement, Buyer will make a [REDACTED] to Seller in the amount of [REDACTED] (\$ [REDACTED]) (the "Down Payment").

5. **Transfer Application for Purchased Water Right.**

- (a) **Transfer Application with the Idaho Department of Water Resources.**

1. Within [REDACTED] ([REDACTED]) days after Buyer's delivery of the Down Payment, Seller will prepare an application to the Idaho Department of Water Resources ("IDWR") for a transfer of the Water Right to Buyer's desired industrial beneficial use, point(s) of diversion and place(s) of use ("Application for Transfer" or "Transfer"). Seller will obtain Buyer's approval of the Application for Transfer prior to filing it with IDWR. The Application for Transfer will be filed within [REDACTED] of execution of this Agreement.
2. Seller and Buyer agree to cooperate in obtaining IDWR's approval of the Transfer. Upon IDWR issuing a final, unappealable order approving the Transfer with satisfactory elements and conditions (the "Transferred Water Right"), the Parties will proceed to Closing as set forth below. If IDWR denies the transfer, upon issuance of a final, unappealable order denying the Application for Transfer, this Agreement will terminate and Buyer will be entitled to return of the Down Payment, less Seller's costs associated with preparing, filing, processing, and defending the Transfer. Buyer is not responsible for any Seller costs that might exceed the Down Payment amount.

- (b) **Right to cancel due to transfer conditions.**

1. If IDWR issues a final, unappealable order approving the Transfer but with elements and conditions not satisfactory for Buyer's intended use, Buyer may cancel the purchase of the Water Right and elect not to proceed to Closing by providing written notice to Seller within [REDACTED] following IDWR's issuance of such approval. If Buyer cancels, Seller will retain one half the Down Payment and title to the Water Right for costs associated with preparing, filing, processing, and defending the Transfer. If the Transferred Water Right is authorized for a volume or diversion rate less than proposed in the Transfer, or if Transfer approval would require Seller to furnish mitigation credits or costs, Seller may cancel and terminate this Agreement in writing to Buyer within [REDACTED] following notice of such conditions, or Seller may elect to proceed to Closing with an adjustment to the Purchase Price as described above. If Seller elects to cancel and terminate the Agreement under this Section, Buyer will be entitled to return of the full amount of the Down Payment. Buyer will reasonably cooperate with Seller to provide all necessary documentation to IDWR to ensure the Water Right is in the same condition in IDWR's records as it was prior to the execution of this Agreement.

(c) **Transfer Processing and Costs.**

1. Seller will be responsible for the costs to prepare and file the Application for Transfer, including the water engineering fees for preparing the Application for Transfer and calculation of mitigation if necessary; provided, however, that Buyer will pay its own costs and expenses, including attorney fees, related to its review, approval, and participation in the processing of the Application for Transfer.
2. Seller will be responsible for prosecuting the Transfer (and the associated costs and fees, which include its own consultant, engineering and legal fees) from preparation and filing of the Application through issuance of the final unappealable order approving or denying the Transfer by the IDWR. Buyer, at Buyer's sole cost and expense, will move to intervene in the proceeding and intends to actively participate as a party if the transfer is protested. If, in discussions with protestants or IDWR it appears prudent to retain additional expertise in order to successfully prosecute the Transfer, then the Parties will collaborate in good faith and equally split costs associated with obtaining the needed expertise. Seller must obtain written approval from Buyer before retaining additional expertise. If the need to obtain additional expertise is the result of data gaps/deficiencies in the record for the Water Right, Seller shall be solely responsible for such costs. Either Party, in its discretion and sole expense, may administratively or judicially appeal an IDWR decision regarding the Transfer.
3. Buyer and Seller will use best efforts to obtain timely Transfer approval. Buyer

authorizes Seller to make necessary changes to the Application for Transfer to facilitate Transfer approval, provided Seller provides Buyer with prior written notice, Seller receives written approval from Buyer, and such changes will not materially change the amount or use of water authorized under the Transferred Water Right.

- (d) **Seller's right to any transfer or mitigation credits.** If the Transfer results in any river flow or mitigation credits recognized by IDWR in any reach of the Snake River or any portion of the Eastern Snake Plain Aquifer, all such credits will be shared equally among Buyer and Seller.
6. **Closing.** Closing on the Transferred Water Right will occur within [REDACTED] days of a final, unappealable order approving the Application for Transfer with elements and conditions satisfactory to the Parties ("Closing"). [REDACTED] Buyer will have good and marketable indefeasible fee simple title to the Water Right at Closing.
- (a) **Documents to be Delivered at Closing.** At Closing, Buyer and Seller will execute (with acknowledgments, as needed) and/or deliver all instruments and documents necessary to complete the purchase and sale under this Agreement. The documents Seller will deliver to Buyer at closing are: (i) a Special Warranty Deed for Water Right (the "Deed") substantially in the form attached to this Agreement as **Exhibit 1**; and (ii) any lien release or other documents reasonably requested to confirm the conveyance of the Transferred Water Right free and clear of encumbrances. The Parties understand that the result of the approved Transfer will be that the Transferred Water Right may be assigned a new identification number by IDWR, and that number will then be included in the Deed.
- (b) **Seller Credit.** Whereas Buyer and Seller entered into a prior agreement [REDACTED] for the purchase of a different water right, and that agreement by its terms is either expired, terminated, or ineffective; and whereas Buyer was unable or declined to close on that agreement. At Closing, Seller will provide Buyer [REDACTED]; where such amount was equal to the down payment in which Buyer surrendered to the Seller under the terms of the [REDACTED] agreement.
- (c) **Payment of Balance of Purchase Price.** At Closing, the Purchase Price will be paid to Seller, as such Purchase Price may be reduced pursuant to Sections 3(b) and 6(b).
- (d) **Fees and Costs of Closing.** The cost of recording the Deed, and any associated fees for changing water right ownership with IDWR, will be paid by Buyer.
- (e) **Simultaneous Closing.** As described in Recital A above, Seller possesses an Option to purchase the Water Right ("Seller's Option"). Notwithstanding anything contained in this Agreement to the contrary, the Seller's Option and the Closing on

the Transferred Water Right described in this Agreement, may be closed simultaneously.

7. **Seller Closing on Option Contingency.** If Seller cannot close on the Option through no fault of Seller but because of a breach or purported breach of the current owner of the Water Right ("**Option Breach**"), Seller will provide written notice to Buyer that the Water Right cannot be obtained and will refund the Down Payment in full, and the Parties will not proceed to Closing. The covenants, terms, and conditions contained within the Non-Disclosure and Non-Circumvention provisions of Section 8 of this Agreement will remain in effect. Buyer's sole remedy in the event of an Option Breach under this contingency provision will be a refund of the Down Payment. Thereafter, Seller will, at Seller's sole cost and expense, take whatever actions are necessary to ensure the Water Right is in the same condition in IDWR's records as it was prior to the execution of this Agreement.

8. **Non-Disclosure and Non-Circumvention.**

- (a) **Non-Disclosure.** Buyer acknowledges that in connection with this Agreement, Buyer and its agents, employees, consultants, and representatives may become privy to confidential trade or customer information belonging to Seller, which may include, among other things, specific water rights, contracts, or extensions of contracts between Seller and third parties and/or a prospective economic advantage of Seller's ("**Confidential Information**"). Buyer agrees that it, its agents, employees, consultants, and representatives will hold Confidential Information obtained in connection with this Agreement in strict confidence and will not share, disseminate, or provide such Confidential Information in any way to any third party without: (1) the prior written consent of Seller; (2) a requirement of public disclosure laws; (3) a requirement from IDWR related to the Transfer or (4) a court order or a court proceeding. Confidential Information does not include information which the Buyer can demonstrate: (a) was known to Buyer before receipt thereof under this Agreement; (b) is disclosed to Buyer by a third party who has a right to make such disclosure without any obligation of confidentiality to the Seller; (c) is or becomes publicly known or generally known in the trade without violation of this Agreement by Buyer; or (d) is independently developed by Buyer or Buyer's agents, employees, consultants, and representatives.
- (b) **Non-Circumvention.** Buyer on behalf of itself and its agents, employees, consultants, and representatives agrees that it will not seek to circumvent Seller and/or to contact, solicit, deal with, or otherwise attempt to go around the Seller with the intent of dealing directly with Seller's customers, clients, contractual parties, associates, end users, or other parties concerning the purchase of Water Right no. 29-7006, and will not attempt to purchase any portion of the Water Right from any other source or by any other manner except through the Seller. The Parties acknowledge that each has received adequate and sufficient consideration to support this Section 8(b), which will survive in all instances, and Seller is entitled to require compliance. Buyer acknowledges that a breach of this Section would cause the Seller to be irreparably injured. In such event, the Seller may pursue any available remedy at law

or equity. This Section 8(b) will remain in effect until Closing or, if this Agreement does not proceed to Closing, until the expiration of [REDACTED] years from the date of Buyer's notice of its intent not to proceed to Closing.

- (c) **Attorney fees and costs.** In any action by either Party to enforce its rights under Section 8, and in addition to any other remedies, the prevailing Party will be entitled to attorney fees and costs.
9. **Default.** A default will occur because of either Party's failure to perform any material term or condition of this Agreement or a Party's breach of any of such Party's representations or warranties.
10. **Seller's Representations and Warranties.** Seller represents and warrants to Buyer, as of the Effective Date of this Agreement and again as of the date of Closing as follows:
- (a) **Authority.** Seller has the full legal right, power, and authority to enter into and perform this Agreement. Seller will obtain good and marketable indefeasible fee simple title to the Transferred Water Right and will remove, or cause to be removed, all liens, claims, or encumbrances of record, upon or affecting the Transferred Water Right at Closing.
- (b) **Conveyance.** Provided no Option Breach occurs, Seller will convey the Transferred Water Right free and clear of all liens, encumbrances, and restrictions, except such restrictions on the use of water as may appear on IDWR's water right report for the Transferred Water Right.
- (c) **Appurtenance.** The Water Right is appurtenant to and has been beneficially used as the water source to irrigate its place of use and/or been properly preserved for future use (i.e., placed in the Idaho water supply bank) consistent with Idaho law.
- (d) **Non-Forfeiture.** The Water Right has not been forfeited or abandoned in whole or in part.
- (e) **No Representation or Warranty Concerning Suitability for Buyer's Intended Use.** Seller has not made, and hereby makes, no representation or warranty to Buyer except as contained in this Agreement.
11. **Buyer's Representations and Warranties.** Buyer represents and warrants to Seller as of the effective date of this Agreement and again as of the date of Closing as follows:
- (a) **Authority.** Buyer warrants it has legal ownership, possession, and control of the proposed place or places of use, and point or points of diversion, for the Transferred Water Right. Buyer further warrants it has the legal power, right and authority to enter into this Agreement, and to perform all Buyer's obligations hereunder.

12. **Warranties to Survive Closing.** All representations and warranties made by the Parties herein are also covenants, and each Party will take all such actions as may be required to satisfy said covenants and to cause the representations and warranties to be true on and as of the date of Closing. The Parties' respective obligations to close and consummate the transaction contemplated are contingent upon the representations, warranties and covenants in this Agreement being true, valid and satisfied on and as of the Closing. All such representations and warranties will survive the Closing.

13. **Miscellaneous.**

- (a) **Attorneys' Fees.** Except as expressly set forth herein, in any legal action or proceeding to enforce the terms of this Agreement, or for damages by an alleged breach thereof, each Party will be responsible for its own attorney fees and costs.
- (b) **Notices.** Any notice under this Agreement will be in writing and be delivered in person, by U.S. Mail, by private courier, by e-mail, or by facsimile as follows:

To Seller:

Idaho Water Company LLC  
PO Box 191190  
Boise, ID 83719  
Fax: 208-275-7511  
Email: info@idahowatercompany.com

To Buyer:

Great Western Malting Company  
1705 NW Harborside Drive  
Vancouver, WA 98660  
Email: \_\_\_\_\_

with a copy to:

Erika E. Malmen  
c/o Perkins Coie LLP  
PO Box 737  
Boise, ID 83701-0737  
Email: emalmen@perkinscoie.com

- (c) **No Assignment.** No Party may assign any of its rights or delegate any of its obligations under this Agreement, except upon prior written consent of the other Party, except that Buyer may assign this Agreement to an affiliated entity at its sole discretion.

- (d) **Successors.** This Agreement will be binding upon the successors and permitted assigns of either Party, including any transferee of all or a substantial portion of a Party's assets, and any direct or indirect successor by merger, consolidation, or otherwise by operation of law, and each Party will ensure its successor entity is contractually obligated to continued performance under this Agreement.
- (e) **Integration; Modification.** This Agreement contains the entire agreement between the Parties relating to the Water Right and supersedes any other written or oral agreements between the Parties hereto regarding the Water Right, and any prior agreement, arrangement or understanding between the Parties, whether oral, written, electronic or otherwise. Neither Buyer nor Seller will be bound by any understanding, agreement, promise, representation or stipulation regarding the Water Right, express or implied, not specifically contained herein. This Agreement may only be amended, modified, or changed by a written document properly executed by Buyer and Seller.
- (f) **Broker.** There is no broker or agent for either Seller or Buyer under this Agreement.
- (g) **Own Account.** Seller discloses, and Buyer acknowledges, that Delbert G. Kohtz, a member of Seller, is a licensed real estate agent acting herein as principal for his own account and is not representing or acting as a broker or an agent for Buyer.
- (h) **Encumbrances.** The Seller may satisfy encumbrances on the Water Right from the Purchase Price funds paid to Seller at Closing.
- (i) **Remedies Cumulative.** Upon any breach, any rights and remedies which either Party may have under this Agreement, or by operation of law or equity, will be distinct, separate, and cumulative, and will not be deemed inconsistent with each other. No such right or remedy, whether exercised by the Party or not, will be deemed in exclusion of any other right or remedy, any two or more of all such rights and remedies may be exercised simultaneously or separately as desired.
- (j) **Further Documents.** The Parties agree that they will sign such other and further documents as reasonably required to carry into effect the terms of this Agreement.
- (k) **Enforceability.** The validity or enforceability of any term, phrase, clause, section, paragraph, restriction, covenant, agreement, or other provision, will in no way affect the validity or enforcement of the remaining provisions, or any part hereof.
- (l) **Counterparts.** This Agreement may be executed in any number of counterparts for the convenience of the Parties, all of which, when taken together, and after execution by all Parties, will constitute one and the same Agreement.
- (m) **Errors and Omissions.** Nothing in this Agreement will be construed to impose liability or responsibility for errors or omissions in any information provided to Buyer

by the Seller, including information prepared by agents, third parties, consultants, engineers, or government entities. No liability will be imposed for any business decisions made in reliance on such information. Nothing in this Agreement will be construed as constituting a representation or warranty related to such information, including its completeness or accuracy.

- (n) **Use of Commas.** The use of commas in this Agreement is for readability purposes only. An imprecise placement of adverbs or commas will not alter the otherwise plain meaning of any provision of this Agreement or otherwise frustrate the overall purpose of the Agreement.
- (o) **Recitals.** The Parties acknowledge that the Recitals in this Agreement are not mere recitals, but are representations made by the respective Parties under the Agreement.
- (p) **Governing Law.** This Agreement will be governed by the laws of the State of Idaho.
- (q) **Time.** Time is of the essence in this Agreement.

*[end of text, signature page follows]*

IN WITNESS WHEREOF, the undersigned have duly executed this Agreement on the dates subscribed below.

“SELLER”

IDAHO WATER COMPANY, LLC, an Idaho  
limited liability company

Dated:

8/13/18

By:

Del Kohtz, Member



“BUYER”

GREAT WESTERN MALTING., a Delaware Corp.

Dated:

AUGUST 13, 2018

By:



|                                                                                                                                                                              |                 |                                                                                                                                                                                                                                 |      |                                                                                                                                                                      |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>No. W 29874</b><br>Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Due no later than Apr 30, 2018</b><br><b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>IDAHO WATER COMPANY, LLC<br>DELBERT G KOHTZ<br>1135 VALLEY RD SOUTH<br>EDEN ID 83325 |      | <b>2. Registered Agent and Address (NO PO BOX)</b><br><br>DELBERT G KOHTZ<br>1135 VALLEY RD SOUTH<br>EDEN ID 83325<br><br><b>3. New Registered Agent Signature:*</b> |                     |
| <b>4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.</b>                                                                          |                 |                                                                                                                                                                                                                                 |      |                                                                                                                                                                      |                     |
| Office Held                                                                                                                                                                  | Name            | Street or PO Address                                                                                                                                                                                                            | City | State                                                                                                                                                                | Country Postal Code |
| MEMBER                                                                                                                                                                       | DELBERT G KOHTZ | 1135 VALLEY RD SOUTH                                                                                                                                                                                                            | EDEN | ID                                                                                                                                                                   | 83325               |
| MEMBER                                                                                                                                                                       | FRANCES L KOHTZ | 1135 VALLEY RD SOUTH                                                                                                                                                                                                            | EDEN | ID                                                                                                                                                                   | 83325               |
| <b>5. Organized Under the Laws of:</b><br><br><b>ID</b><br><b>W 29874</b>                                                                                                    |                 | <b>6. Annual Report must be signed.*</b><br>Signature: Delbert Kohtz<br>Name (type or print): Delbert Kohtz<br>Date: 02/24/2018<br>Title: Managing Member                                                                       |      |                                                                                                                                                                      |                     |
| Processed 02/24/2018                                                                                                                                                         |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                                                       |      |                                                                                                                                                                      |                     |

|                                                                                                                                                        |                    |                                                                                                                                                       |           |                                                                              |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------|---------------------|
| No. <b>C 88685</b>                                                                                                                                     |                    | Due no later than Feb 28, 2018<br><b>Annual Report Form</b>                                                                                           |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>                           |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | 1. Mailing Address: Correct in this box if needed.<br><br>GREAT WESTERN MALTING CO.<br>JENNIFER HENDRICKS<br>P.O. BOX 1529<br>VANCOUVER WA 98668-1529 |           | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713 |                     |
|                                                                                                                                                        |                    |                                                                                                                                                       |           | 3. New Registered Agent Signature:*                                          |                     |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                    |                                                                                                                                                       |           |                                                                              |                     |
| Office Held                                                                                                                                            | Name               | Street or PO Address                                                                                                                                  | City      | State                                                                        | Country Postal Code |
| PRESIDENT                                                                                                                                              | MICHAEL O'TOOLE    | 1705 NW HARBORSIDE DRIVE                                                                                                                              | VANCOUVER | WA                                                                           | USA 98660           |
| VICE PRESIDENT                                                                                                                                         | JENNIFER HENDRICKS | 1705 NW HARBORSIDE DR                                                                                                                                 | VANCOUVER | WA                                                                           | USA 98660           |
| VICE PRESIDENT                                                                                                                                         | AMY SPANIK         | 1705 NW HARBORSIDE DR                                                                                                                                 | VANCOUVER | WA                                                                           | USA 98660           |
| 5. Organized Under the Laws of:<br><br><b>DE<br/>C 88685</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: Jennifer Hendricks Date: 02/02/2018<br>Name (type or print): Jennifer Hendricks Title: Vice President |           |                                                                              |                     |
| Processed 02/02/2018                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                             |           |                                                                              |                     |

82746

# Table 1

## ESTIMATION OF HYDRAULIC CONDUCTIVITY USING SPECIFIC CAPACITY

Project: Great Western  
Brockway Engineering, PLLC

| Well I.D.                  | SWL<br>(ft) | C2<br>Pumping<br>rate<br>(gpm) | C3<br>Pumping<br>WL<br>(ft) | C4<br>Pumping<br>duration<br>(hrs) | C5<br>Bore<br>diam<br>(in) | Well<br>Depth<br>(ft) | Saturated<br>Depth<br>(ft) | Drawdown<br>(ft) | Specific<br>Cap<br>(gpm/ft) | Estimated T (ft <sup>2</sup> /d)*<br>Method 1 | Estimated T (ft <sup>2</sup> /d)*<br>Method 2 | Average T<br>from the two<br>methods | Estimated K (ft/d)***<br>Method 1 | Estimated K (ft/d)***<br>Method 2 | Average K<br>from the two<br>methods | Test<br>Type | Aquifer<br>saturated<br>thickness | First<br>Depth<br>Bedrock<br>was |
|----------------------------|-------------|--------------------------------|-----------------------------|------------------------------------|----------------------------|-----------------------|----------------------------|------------------|-----------------------------|-----------------------------------------------|-----------------------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|--------------|-----------------------------------|----------------------------------|
|                            | C1          | C3                             | C5                          | C4                                 | C2                         | C6                    | C7                         | C8               | C9                          | C10                                           | C11                                           | C12                                  | C13                               | C14                               | C15                                  |              |                                   |                                  |
| 1 Ecol West                | 33.8        | 100                            | 41.8                        | 1.5                                | 8                          | 68                    | 34.2                       | 8                | 12.5                        | 1553                                          | 3338                                          | 2445                                 | 45.4                              | 97.6                              | 71.50                                | air          | -                                 | -                                |
| 2 Hans Hanson              | 50          | 40                             | 110                         | 1                                  | 6                          | 120                   | 70                         | 60               | 0.7                         | 88                                            | 178                                           | 133                                  | 1.3                               | 2.5                               | 1.90                                 | air          | -                                 | -                                |
| 3 Bengal Const Co          | 42          | 25                             | 63                          | 1                                  | 6                          | 63                    | 21                         | 21               | 1.19                        | 157                                           | 318                                           | 237                                  | 7.5                               | 15.1                              | 11.30                                | air          | -                                 | -                                |
| 4 Floyd Pease              | 40          | 20                             | 80                          | 1                                  | 10                         | 80                    | 40                         | 40               | 0.50                        | 53                                            | 134                                           | 93                                   | 1.3                               | 3.3                               | 2.33                                 | air          | -                                 | -                                |
| 5 Kevin Campbell           | 30          | 50                             | 80                          | 2                                  | 6                          | 85                    | 55                         | 50               | 1.00                        | 142                                           | 267                                           | 205                                  | 2.6                               | 4.9                               | 3.72                                 | air          | -                                 | -                                |
| 6 Western States Equip     | 41          | 9                              | 68                          | 1.5                                | 6                          | 78                    | 37                         | 27               | 0.3                         | 46                                            | 89                                            | 68                                   | 1.2                               | 2.4                               | 1.82                                 | bailer       | -                                 | -                                |
| 7 Lenord Clifford          | 67          | 25                             | 70                          | 4                                  | 6                          | 155                   | 88                         | 3                | 8.3                         | 1276                                          | 2225                                          | 1750                                 | 14.5                              | 25.3                              | 19.89                                | bailer       | -                                 | -                                |
| 8 Pioneer Title Co of Bann | 53          | 2                              | 60                          | 1                                  | 10                         | 60                    | 7                          | 7                | 0.3                         | 30                                            | 76                                            | 53                                   | 4.3                               | 10.9                              | 7.60                                 | air          | -                                 | -                                |
| 9                          |             |                                |                             |                                    |                            |                       |                            |                  |                             |                                               |                                               |                                      |                                   |                                   |                                      |              |                                   |                                  |
| 10                         |             |                                |                             |                                    |                            |                       |                            |                  |                             |                                               |                                               |                                      |                                   |                                   |                                      |              |                                   |                                  |
| 11                         |             |                                |                             |                                    |                            |                       |                            |                  |                             |                                               |                                               |                                      |                                   |                                   |                                      |              |                                   |                                  |
| 12                         |             |                                |                             |                                    |                            |                       |                            |                  |                             |                                               |                                               |                                      |                                   |                                   |                                      |              |                                   |                                  |
| 13                         |             |                                |                             |                                    |                            |                       |                            |                  |                             |                                               |                                               |                                      |                                   |                                   |                                      |              |                                   |                                  |
| 14                         |             |                                |                             |                                    |                            |                       |                            |                  |                             |                                               |                                               |                                      |                                   |                                   |                                      |              |                                   |                                  |
| Average                    | 44.6        | 33.9                           | 71.6                        | 1.6                                | 7.3                        | 88.6                  | 44.0                       | 27.0             | 3.1                         | 418                                           | 828                                           | 623                                  | 9.8                               | 20.3                              | 15.0                                 |              | 131.4                             | 176.0                            |

\* Method 1: Theis (1963)

Method 2: Thomasson, et al. (1963)

\*\* K = T / b, where b = average saturated depth  
Specific yield (Storativity) 0.132

Saturated Depth = C6-C1

Drawdown = C3-C1

Specific Capacity = C2/C8

T Method 1 =  $0.134 \cdot C9 \cdot F \cdot (1300 - 264 \cdot \text{LOG}(5 \cdot \text{Storativity}) + 264 \cdot \text{LOG}(C4/24))$

T Method 2 =  $267 \cdot C9$

Average T = AVERAGE(C10,C11)

K Method 1 = C10/C7

K Method 2 = C11/C7

Average K = AVERAGE(C13,C14)

Aquifer saturated thickness = First Depth of Bedrock - Average Static Water Level

| F  |     |
|----|-----|
| in |     |
| 6  | 1   |
| 8  | 0.9 |
| 10 | 0.8 |
| 12 | 0.7 |
| 14 | 0.6 |
| 16 | 0.5 |
| 18 | 0.4 |
| 20 | 0.3 |

| Hydraulic Conductivity (K)            |             |
|---------------------------------------|-------------|
| Over all Average                      | 15.0 ft/day |
| Average excluding high and low values | 7.8 ft/day  |
| Average for only Pump Test values     | -           |
| Average excluding high and low values | -           |

| Transmissivity (T)                    |                          |
|---------------------------------------|--------------------------|
| Over all Average                      | 623 ft <sup>2</sup> /day |
| Average excluding high and low values | 414 ft <sup>2</sup> /day |
| Average for only Pump Test values     | -                        |
| Average excluding high and low values | -                        |

Well Drillers Logs  
 Owner: Legal  
 1 Ecol West  
 2 Hans Hanson  
 3 Bengal Const Co  
 4 Floyd Pease  
 5 Kevin Campbell  
 6 Western States Equip  
 7 Lenord Clifford  
 8 Pioneer Title Co of Bannock  
 9 0  
 10 0  
 11 0  
 12 0  
 13 0  
 14 0

| Values of Specific Storage Assuming Porosity Equal to 15 % (after Younger, 1993) |                               |
|----------------------------------------------------------------------------------|-------------------------------|
| Typical Lithologies                                                              | Specific Storage ( $m^{-1}$ ) |
| Clay                                                                             | $9.81 \times 10^{-1}$         |
| Silt, fine sand                                                                  | $9.82 \times 10^{-4}$         |
| Medium sand, fine                                                                | $9.87 \times 10^{-5}$         |
| Coarse sand, medium gravel, highly fissured                                      | $1.05 \times 10^{-5}$         |
| Coarse gravel, moderately fissured rock                                          | $1.63 \times 10^{-6}$         |
| Unfissured rock                                                                  | $7.46 \times 10^{-7}$         |

To estimate Storativity for an aquifer of known lithology and thickness, select appropriate specific storage from the above table and multiply by the aquifer thickness.

|                                             | ( $m^{-1}$ ) | ( $ft^{-1}$ ) |
|---------------------------------------------|--------------|---------------|
| clay                                        | 9.81E-03     | 2.99E-03      |
| silt, fine sand                             | 9.82E-04     | 2.99E-04      |
| medium sand, fine                           | 9.87E-05     | 3.01E-05      |
| coarse sand, medium gravel, highly fissured | 1.05E-05     | 3.20E-06      |
| coarse gravel, moderately fissured rock     | 1.63E-06     | 4.97E-07      |
| unfissured rock                             | 7.46E-07     | 2.27E-07      |

#### Unconfined Aquifer

Average Saturate Depth 44.0  
 Average Lithology Type **coarse sand, medium gravel, highly fissured**  
 ( $ft^{-1}$ ) 0.00299  
 Storativity 0.13164

82746

## Table 2

### Transmissivity Estimation with Partial Penetration

Bradbury and Rothschild (1985) specific capacity method.

Suitable for situations where a single time and drawdown measurement is available.

Includes effects of partial penetration using Sternberg (1973) approach.

Enter data in blue, pay attention to units. Vary "Trial T" until equal to "Calc T".

| Well No. | Name                        | Location | Pumping Rate [gpm] | Drawdown [ft] | Time [min] | Well radius [in] | Storativity | SWL [ft] | Aquifer bottom <sup>1</sup> [ft] | Avg open interval <sup>2</sup> [ft] | Average aquifer thickness [ft] | Specific capacity | L/b  | G    | sp     | Trial T (vary) [ft <sup>2</sup> /d] | Calc T [ft <sup>2</sup> /d] | Calc K [ft/d] | In K |
|----------|-----------------------------|----------|--------------------|---------------|------------|------------------|-------------|----------|----------------------------------|-------------------------------------|--------------------------------|-------------------|------|------|--------|-------------------------------------|-----------------------------|---------------|------|
| 1        | Ecol West                   |          | 100                | 8             | 90         | 4                | 0.13        | 33.8     | 176.0                            | 1                                   | 138.2                          | 12.5              | 0.01 | 2.90 | 429.71 | 167287.5                            | 167312.5                    | 1210.7        | 7.10 |
| 2        | Hans Hanson                 |          | 40                 | 60            | 60         | 3                | 0.13        | 50       | 176.0                            | 1                                   | 96.0                           | 0.7               | 0.01 | 2.87 | 292.42 | 6085.6                              | 6086.9                      | 63.4          | 4.15 |
| 3        | Bengal Const Co             |          | 25                 | 21            | 60         | 3                | 0.13        | 42       | 176.0                            | 1                                   | 123.5                          | 1.2               | 0.01 | 2.89 | 405.89 | 15022.5                             | 15024.9                     | 121.7         | 4.00 |
| 4        | Floyd Pease                 |          | 20                 | 40            | 60         | 5                | 0.13        | 40       | 176.0                            | 1                                   | 116.0                          | 0.5               | 0.01 | 2.89 | 315.52 | 4908.6                              | 4909.7                      | 42.3          | 2.48 |
| 5        | Kevin Campbell              |          | 50                 | 50            | 120        | 3                | 0.13        | 30       | 176.0                            | 10                                  | 121.0                          | 1.0               | 0.08 | 2.42 | 41.81  | 1438.5                              | 1440.5                      | 11.9          | 2.48 |
| 6        | Western States Equip        |          | 9                  | 27            | 90         | 3                | 0.13        | 41       | 176.0                            | 1                                   | 121.5                          | 0.3               | 0.01 | 2.89 | 397.41 | 4115.2                              | 4115.8                      | 33.9          | 3.52 |
| 7        | Lenord Clifford             |          | 25                 | 3             | 240        | 3                | 0.13        | 67       | 176.0                            | 1                                   | 107.5                          | 8.3               | 0.01 | 2.88 | 339.02 | 88486.8                             | 88503.5                     | 823.3         | 6.71 |
| 8        | Pioneer Title Co of Bannock |          | 2                  | 7             | 60         | 5                | 0.13        | 53       | 176.0                            | 10                                  | 119.5                          | 0.3               | 0.08 | 2.41 | 35.58  | 342.6                               | 343.2                       | 2.9           | 1.06 |
| 9        |                             |          |                    |               |            |                  |             |          |                                  |                                     |                                |                   |      |      |        |                                     |                             |               |      |
| 10       |                             |          |                    |               |            |                  |             |          |                                  |                                     |                                |                   |      |      |        |                                     |                             |               |      |
| 11       |                             |          |                    |               |            |                  |             |          |                                  |                                     |                                |                   |      |      |        |                                     |                             |               |      |
| 12       |                             |          |                    |               |            |                  |             |          |                                  |                                     |                                |                   |      |      |        |                                     |                             |               |      |
| 13       |                             |          |                    |               |            |                  |             |          |                                  |                                     |                                |                   |      |      |        |                                     |                             |               |      |
| 14       |                             |          |                    |               |            |                  |             |          |                                  |                                     |                                |                   |      |      |        |                                     |                             |               |      |
| 15       |                             |          |                    |               |            |                  |             |          |                                  |                                     |                                |                   |      |      |        |                                     |                             |               |      |
| 16       |                             |          |                    |               |            |                  |             |          |                                  |                                     |                                |                   |      |      |        |                                     |                             |               |      |
| 17       |                             |          |                    |               |            |                  |             |          |                                  |                                     |                                |                   |      |      |        |                                     |                             |               |      |

<sup>1</sup> Grey basalt was encountered at a depth of 176.0 feet when the Idaho Malt Co. well was drilled in 1994.

<sup>2</sup> An average open interval of 1 is used when an unperforated casing is installed.

|         |          |        |     |
|---------|----------|--------|-----|
| Mean    | 35967.1  | 288.7  | 4.2 |
| Median  | 5498.3   | 52.9   | 3.9 |
| Max     | 167312.5 | 1210.7 | 7.1 |
| Min     | 343.2    | 2.9    | 1.1 |
| Std dev | 60690.4  | 462.7  | 2.0 |

Exclude Highs and Lows 20013.5 182.7

Table 3

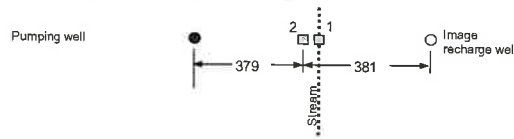
## Estimation of Timing of Aquifer-Stream Interaction

PROJECT: Great Western  
Brockway Engineering, PLLC

|                             |                                     |                                   |
|-----------------------------|-------------------------------------|-----------------------------------|
| Hydraulic conductivity      | 182.7 ft/day                        | These assumptions apply.          |
| Aquifer saturated thickness | 131.4 feet                          | Method of images used to estimate |
| Transmissivity              | 24012.4 ft <sup>2</sup> /d          | gw gradient at stream boundary.   |
| Storage coefficient         | 0.132                               |                                   |
| Pumping rate                | 1.5 cfs                             |                                   |
| Pumping time                | 673 gpm = 129609 ft <sup>3</sup> /d |                                   |
| Distance from Pump to River | 24 hrs                              |                                   |
| PUMPING WELL                | 380 feet                            |                                   |

| PUMPING WELL |      |       |          |      |              |          |      |       |          | IMAGE WELL   |      |       |          |      |       |          |  |  |  |
|--------------|------|-------|----------|------|--------------|----------|------|-------|----------|--------------|------|-------|----------|------|-------|----------|--|--|--|
| R = 381 feet |      |       |          |      | R = 379 feet |          |      |       |          | R = 381 feet |      |       |          |      |       |          |  |  |  |
| Time (hrs)   | u    | W(u)  | z (feet) | u    | W(u)         | z (feet) | u    | W(u)  | z (feet) | Time (hrs)   | u    | W(u)  | z (feet) | u    | W(u)  | z (feet) |  |  |  |
| 0            | --   | --    | 0.000    | --   | --           | 0.000    | --   | --    | 0.000    | 0            | --   | --    | 0.000    | --   | --    | 0.000    |  |  |  |
| 0.25         | 19.1 | 0.000 | 0.000    | 18.9 | 0.000        | 0.000    | 18.9 | 0.000 | 0.000    | 0.25         | 19.1 | 0.000 | 0.000    | 18.9 | 0.000 | 0.000    |  |  |  |
| 0.5          | 9.5  | 0.000 | 0.000    | 9.4  | 0.000        | 0.000    | 9.4  | 0.000 | 0.000    | 0.5          | 9.5  | 0.000 | 0.000    | 9.4  | 0.000 | 0.000    |  |  |  |
| 0.75         | 6.4  | 0.000 | 0.000    | 6.3  | 0.000        | 0.000    | 6.3  | 0.000 | 0.000    | 0.75         | 6.4  | 0.000 | 0.000    | 6.3  | 0.000 | 0.000    |  |  |  |
| 1            | 4.8  | 0.002 | 0.001    | 4.7  | 0.002        | 0.001    | 4.7  | 0.002 | 0.001    | 1            | 4.8  | 0.002 | 0.001    | 4.7  | 0.002 | 0.001    |  |  |  |
| 1.5          | 3.2  | 0.010 | 0.004    | 3.1  | 0.011        | 0.005    | 3.1  | 0.011 | 0.005    | 1.5          | 3.2  | 0.010 | 0.004    | 3.1  | 0.011 | 0.005    |  |  |  |
| 2            | 2.4  | 0.029 | 0.012    | 2.4  | 0.030        | 0.013    | 2.4  | 0.030 | 0.013    | 2            | 2.4  | 0.029 | 0.012    | 2.4  | 0.030 | 0.013    |  |  |  |
| 2.5          | 1.9  | 0.055 | 0.024    | 1.9  | 0.057        | 0.024    | 1.9  | 0.057 | 0.024    | 2.5          | 1.9  | 0.055 | 0.024    | 1.9  | 0.057 | 0.024    |  |  |  |
| 3            | 1.6  | 0.087 | 0.038    | 1.6  | 0.090        | 0.038    | 1.6  | 0.090 | 0.038    | 3            | 1.6  | 0.087 | 0.038    | 1.6  | 0.090 | 0.038    |  |  |  |
| 3.5          | 1.4  | 0.123 | 0.053    | 1.3  | 0.125        | 0.054    | 1.3  | 0.125 | 0.054    | 3.5          | 1.4  | 0.123 | 0.053    | 1.3  | 0.125 | 0.054    |  |  |  |
| 4            | 1.2  | 0.160 | 0.069    | 1.2  | 0.163        | 0.070    | 1.2  | 0.163 | 0.070    | 4            | 1.2  | 0.160 | 0.069    | 1.2  | 0.163 | 0.070    |  |  |  |
| 4.5          | 1.1  | 0.198 | 0.085    | 1.0  | 0.202        | 0.087    | 1.0  | 0.202 | 0.087    | 4.5          | 1.1  | 0.198 | 0.085    | 1.0  | 0.202 | 0.087    |  |  |  |
| 5            | 1.0  | 0.237 | 0.102    | 0.9  | 0.241        | 0.103    | 0.9  | 0.241 | 0.103    | 5            | 1.0  | 0.237 | 0.102    | 0.9  | 0.241 | 0.103    |  |  |  |
| 5.5          | 0.9  | 0.275 | 0.118    | 0.9  | 0.280        | 0.120    | 0.9  | 0.280 | 0.120    | 5.5          | 0.9  | 0.275 | 0.118    | 0.9  | 0.280 | 0.120    |  |  |  |
| 6            | 0.8  | 0.313 | 0.134    | 0.8  | 0.318        | 0.136    | 0.8  | 0.318 | 0.136    | 6            | 0.8  | 0.313 | 0.134    | 0.8  | 0.318 | 0.136    |  |  |  |
| 6.5          | 0.7  | 0.350 | 0.150    | 0.7  | 0.355        | 0.153    | 0.7  | 0.355 | 0.153    | 6.5          | 0.7  | 0.350 | 0.150    | 0.7  | 0.355 | 0.153    |  |  |  |
| 7            | 0.7  | 0.387 | 0.166    | 0.7  | 0.392        | 0.168    | 0.7  | 0.392 | 0.168    | 7            | 0.7  | 0.387 | 0.166    | 0.7  | 0.392 | 0.168    |  |  |  |
| 7.5          | 0.6  | 0.422 | 0.181    | 0.6  | 0.428        | 0.184    | 0.6  | 0.428 | 0.184    | 7.5          | 0.6  | 0.422 | 0.181    | 0.6  | 0.428 | 0.184    |  |  |  |
| 8            | 0.6  | 0.457 | 0.196    | 0.6  | 0.463        | 0.199    | 0.6  | 0.463 | 0.199    | 8            | 0.6  | 0.457 | 0.196    | 0.6  | 0.463 | 0.199    |  |  |  |
| 8.5          | 0.6  | 0.491 | 0.211    | 0.6  | 0.497        | 0.214    | 0.6  | 0.497 | 0.214    | 8.5          | 0.6  | 0.491 | 0.211    | 0.6  | 0.497 | 0.214    |  |  |  |
| 9            | 0.5  | 0.524 | 0.225    | 0.5  | 0.531        | 0.228    | 0.5  | 0.531 | 0.228    | 9            | 0.5  | 0.524 | 0.225    | 0.5  | 0.531 | 0.228    |  |  |  |
| 9.5          | 0.5  | 0.557 | 0.239    | 0.5  | 0.563        | 0.242    | 0.5  | 0.563 | 0.242    | 9.5          | 0.5  | 0.557 | 0.239    | 0.5  | 0.563 | 0.242    |  |  |  |
| 10           | 0.5  | 0.588 | 0.253    | 0.5  | 0.595        | 0.255    | 0.5  | 0.595 | 0.255    | 10           | 0.5  | 0.588 | 0.253    | 0.5  | 0.595 | 0.255    |  |  |  |
| 10.5         | 0.5  | 0.619 | 0.266    | 0.4  | 0.625        | 0.269    | 0.4  | 0.625 | 0.269    | 10.5         | 0.5  | 0.619 | 0.266    | 0.4  | 0.625 | 0.269    |  |  |  |
| 11           | 0.4  | 0.649 | 0.279    | 0.4  | 0.655        | 0.281    | 0.4  | 0.655 | 0.281    | 11           | 0.4  | 0.649 | 0.279    | 0.4  | 0.655 | 0.281    |  |  |  |
| 11.5         | 0.4  | 0.678 | 0.291    | 0.4  | 0.685        | 0.294    | 0.4  | 0.685 | 0.294    | 11.5         | 0.4  | 0.678 | 0.291    | 0.4  | 0.685 | 0.294    |  |  |  |
| 12           | 0.4  | 0.706 | 0.303    | 0.4  | 0.713        | 0.306    | 0.4  | 0.713 | 0.306    | 12           | 0.4  | 0.706 | 0.303    | 0.4  | 0.713 | 0.306    |  |  |  |
| 12.5         | 0.4  | 0.734 | 0.315    | 0.4  | 0.741        | 0.318    | 0.4  | 0.741 | 0.318    | 12.5         | 0.4  | 0.734 | 0.315    | 0.4  | 0.741 | 0.318    |  |  |  |
| 13           | 0.4  | 0.761 | 0.327    | 0.4  | 0.768        | 0.330    | 0.4  | 0.768 | 0.330    | 13           | 0.4  | 0.761 | 0.327    | 0.4  | 0.768 | 0.330    |  |  |  |
| 13.5         | 0.4  | 0.787 | 0.338    | 0.3  | 0.794        | 0.341    | 0.3  | 0.794 | 0.341    | 13.5         | 0.4  | 0.787 | 0.338    | 0.3  | 0.794 | 0.341    |  |  |  |
| 14           | 0.3  | 0.813 | 0.349    | 0.3  | 0.820        | 0.352    | 0.3  | 0.820 | 0.352    | 14           | 0.3  | 0.813 | 0.349    | 0.3  | 0.820 | 0.352    |  |  |  |
| 14.5         | 0.3  | 0.838 | 0.360    | 0.3  | 0.845        | 0.363    | 0.3  | 0.845 | 0.363    | 14.5         | 0.3  | 0.838 | 0.360    | 0.3  | 0.845 | 0.363    |  |  |  |
| 15           | 0.3  | 0.862 | 0.370    | 0.3  | 0.870        | 0.374    | 0.3  | 0.870 | 0.374    | 15           | 0.3  | 0.862 | 0.370    | 0.3  | 0.870 | 0.374    |  |  |  |
| 15.5         | 0.3  | 0.886 | 0.381    | 0.3  | 0.894        | 0.384    | 0.3  | 0.894 | 0.384    | 15.5         | 0.3  | 0.886 | 0.381    | 0.3  | 0.894 | 0.384    |  |  |  |
| 16           | 0.3  | 0.910 | 0.391    | 0.3  | 0.917        | 0.394    | 0.3  | 0.917 | 0.394    | 16           | 0.3  | 0.910 | 0.391    | 0.3  | 0.917 | 0.394    |  |  |  |
| 16.5         | 0.3  | 0.933 | 0.401    | 0.3  | 0.940        | 0.404    | 0.3  | 0.940 | 0.404    | 16.5         | 0.3  | 0.933 | 0.401    | 0.3  | 0.940 | 0.404    |  |  |  |
| 17           | 0.3  | 0.955 | 0.410    | 0.3  | 0.963        | 0.414    | 0.3  | 0.963 | 0.414    | 17           | 0.3  | 0.955 | 0.410    | 0.3  | 0.963 | 0.414    |  |  |  |
| 17.5         | 0.3  | 0.977 | 0.420    | 0.3  | 0.985        | 0.423    | 0.3  | 0.985 | 0.423    | 17.5         | 0.3  | 0.977 | 0.420    | 0.3  | 0.985 | 0.423    |  |  |  |
| 18           | 0.3  | 0.998 | 0.429    | 0.3  | 1.007        | 0.432    | 0.3  | 1.007 | 0.432    | 18           | 0.3  | 0.998 | 0.429    | 0.3  | 1.007 | 0.432    |  |  |  |
| 18.5         | 0.3  | 1.020 | 0.438    | 0.3  | 1.028        | 0.441    | 0.3  | 1.028 | 0.441    | 18.5         | 0.3  | 1.020 | 0.438    | 0.3  | 1.028 | 0.441    |  |  |  |
| 19           | 0.3  | 1.040 | 0.447    | 0.2  | 1.048        | 0.450    | 0.2  | 1.048 | 0.450    | 19           | 0.3  | 1.040 | 0.447    | 0.2  | 1.048 | 0.450    |  |  |  |
| 19.5         | 0.2  | 1.061 | 0.456    | 0.2  | 1.069        | 0.459    | 0.2  | 1.069 | 0.459    | 19.5         | 0.2  | 1.061 | 0.456    | 0.2  | 1.069 | 0.459    |  |  |  |
| 20           | 0.2  | 1.080 | 0.464    | 0.2  | 1.089        | 0.468    | 0.2  | 1.089 | 0.468    | 20           | 0.2  | 1.080 | 0.464    | 0.2  | 1.089 | 0.468    |  |  |  |
| 20.5         | 0.2  | 1.100 | 0.472    | 0.2  | 1.108        | 0.476    | 0.2  | 1.108 | 0.476    | 20.5         | 0.2  | 1.100 | 0.472    | 0.2  | 1.108 | 0.476    |  |  |  |
| 21           | 0.2  | 1.119 | 0.481    | 0.2  | 1.127        | 0.484    | 0.2  | 1.127 | 0.484    | 21           | 0.2  | 1.119 | 0.481    | 0.2  | 1.127 | 0.484    |  |  |  |
| 21.5         | 0.2  | 1.138 | 0.489    | 0.2  | 1.146        | 0.492    | 0.2  | 1.146 | 0.492    | 21.5         | 0.2  | 1.138 | 0.489    | 0.2  | 1.146 | 0.492    |  |  |  |
| 22           | 0.2  | 1.156 | 0.497    | 0.2  | 1.165        | 0.500    | 0.2  | 1.165 | 0.500    | 22           | 0.2  | 1.156 | 0.497    | 0.2  | 1.165 | 0.500    |  |  |  |
| 22.5         | 0.2  | 1.174 | 0.504    | 0.2  | 1.183        | 0.508    | 0.2  | 1.183 | 0.508    | 22.5         | 0.2  | 1.174 | 0.504    | 0.2  | 1.183 | 0.508    |  |  |  |
| 23           | 0.2  | 1.192 | 0.512    | 0.2  | 1.201        | 0.516    | 0.2  | 1.201 | 0.516    | 23           | 0.2  | 1.192 | 0.512    | 0.2  | 1.201 | 0.516    |  |  |  |
| 23.5         | 0.2  | 1.210 | 0.520    | 0.2  | 1.218        | 0.523    | 0.2  | 1.218 | 0.523    | 23.5         | 0.2  | 1.210 | 0.520    | 0.2  | 1.218 | 0.523    |  |  |  |
| 24           | 0.2  | 1.227 | 0.527    | 0.2  | 1.236        | 0.531    | 0.2  | 1.236 | 0.531    | 24           | 0.2  | 1.227 | 0.527    | 0.2  | 1.236 | 0.531    |  |  |  |

Point 1: Constant-head, drawdown = 0, 90 feet from well.  
Point 2: 1 foot from constant-head boundary.  
Find gradient between points 1 and 2.



| RESULTANT using<br>379.0<br>R = 381' (image) |                      |       | Portion of total discharge<br>supplied by the stream<br>(after Glover and Balmer, 1954) |        | % of<br>Surface<br>Water |
|----------------------------------------------|----------------------|-------|-----------------------------------------------------------------------------------------|--------|--------------------------|
| z (feet)                                     | Gradient<br>at river |       | x'                                                                                      | Qs / Q |                          |
| 0.0000                                       | 0.0000               | 0.000 |                                                                                         |        | 0.0%                     |
| 0.0000                                       | 0.0000               | 0.000 | 4.370                                                                                   | 3.118  | 0.0%                     |
| 0.0000                                       | 0.0000               | 0.000 | 3.090                                                                                   | 0.935  | 0.0%                     |
| 0.0001                                       | 0.0001               | 0.015 | 2.523                                                                                   | 0.382  | 0.0%                     |
| 0.0000                                       | 0.0000               | 0.010 | 2.185                                                                                   | 0.173  | 0.0%                     |
| 0.0002                                       | 0.0002               | 0.050 | 1.784                                                                                   | 0.042  | 0.0%                     |
| 0.0004                                       | 0.0004               | 0.111 | 1.545                                                                                   | 0.025  | 2.5%                     |
| 0.0007                                       | 0.0007               | 0.178 | 1.382                                                                                   | 0.039  | 3.9%                     |
| 0.0009                                       | 0.0009               | 0.244 | 1.262                                                                                   | 0.063  | 6.3%                     |
| 0.0012                                       | 0.0012               | 0.306 | 1.168                                                                                   | 0.089  | 8.9%                     |
| 0.0014                                       | 0.0014               | 0.363 | 1.093                                                                                   | 0.116  | 11.6%                    |
| 0.0016                                       | 0.0016               | 0.414 | 1.030                                                                                   | 0.141  | 14.1%                    |
| 0.0017                                       | 0.0017               | 0.460 | 0.977                                                                                   | 0.165  | 16.5%                    |
| 0.0019                                       | 0.0019               | 0.502 | 0.932                                                                                   | 0.187  | 18.7%                    |
| 0.0020                                       | 0.0020               | 0.539 | 0.892                                                                                   | 0.208  | 20.8%                    |
| 0.0022                                       | 0.0022               | 0.573 | 0.857                                                                                   | 0.227  | 22.7%                    |
| 0.0023                                       | 0.0023               | 0.604 | 0.826                                                                                   | 0.245  | 24.5%                    |
| 0.0024                                       | 0.0024               | 0.632 | 0.798                                                                                   | 0.262  | 26.2%                    |
| 0.0025                                       | 0.0025               | 0.657 | 0.773                                                                                   | 0.278  | 27.8%                    |
| 0.0026                                       | 0.0026               | 0.680 | 0.749                                                                                   | 0.292  | 29.2%                    |
| 0.0027                                       | 0.0027               | 0.702 | 0.728                                                                                   | 0.306  | 30.6%                    |
| 0.0027                                       | 0.0027               | 0.722 | 0.709                                                                                   | 0.319  | 31.9%                    |
| 0.0028                                       | 0.0028               | 0.740 | 0.691                                                                                   | 0.332  | 33.2%                    |
| 0.0029                                       | 0.0029               | 0.757 | 0.674                                                                                   | 0.343  | 34.3%                    |
| 0.0029                                       | 0.0029               | 0.773 | 0.659                                                                                   | 0.355  | 35.5%                    |
| 0.0030                                       | 0.0030               | 0.787 | 0.644                                                                                   | 0.365  | 36.5%                    |
| 0.0030                                       | 0.0030               | 0.801 | 0.631                                                                                   | 0.375  | 37.5%                    |
| 0.0031                                       | 0.0031               | 0.814 | 0.618                                                                                   | 0.385  | 38.5%                    |
| 0.0031                                       | 0.0031               | 0.826 | 0.606                                                                                   | 0.394  | 39.4%                    |
| 0.0032                                       | 0.0032               | 0.837 | 0.595                                                                                   | 0.403  | 40.3%                    |
| 0.0032                                       | 0.0032               | 0.848 | 0.584                                                                                   | 0.411  | 41.1%                    |
| 0.0033                                       | 0.0033               | 0.857 | 0.574                                                                                   | 0.419  | 41.9%                    |
| 0.0033                                       | 0.0033               | 0.867 | 0.564                                                                                   | 0.427  | 42.7%                    |
| 0.0033                                       | 0.0033               | 0.876 | 0.555                                                                                   | 0.434  | 43.4%                    |
| 0.0034                                       | 0.0034               | 0.884 | 0.546                                                                                   | 0.441  | 44.1%                    |
| 0.0034                                       | 0.0034               | 0.892 | 0.538                                                                                   | 0.448  | 44.8%                    |
| 0.0034                                       | 0.0034               | 0.900 | 0.530                                                                                   | 0.454  | 45.4%                    |
| 0.0034                                       | 0.0034               | 0.907 | 0.522                                                                                   | 0.461  | 46.1%                    |
| 0.0035                                       | 0.0035               | 0.914 | 0.515                                                                                   | 0.467  | 46.7%                    |
| 0.0035                                       | 0.0035               | 0.920 | 0.508                                                                                   | 0.473  | 47.3%                    |
| 0.0035                                       | 0.0035               | 0.927 | 0.501                                                                                   | 0.478  | 47.8%                    |
| 0.0035                                       | 0.0035               | 0.933 | 0.495                                                                                   | 0.484  | 48.4%                    |
| 0.0036                                       | 0.0036               | 0.938 | 0.489                                                                                   | 0.489  | 48.9%                    |
| 0.0036                                       | 0.0036               | 0.944 | 0.483                                                                                   | 0.494  | 49.4%                    |
| 0.0036                                       | 0.0036               | 0.949 | 0.477                                                                                   | 0.499  | 49.9%                    |
| 0.0036                                       | 0.0036               | 0.954 | 0.471                                                                                   | 0.504  | 50.4%                    |
| 0.0036                                       | 0.0036               | 0.959 | 0.466                                                                                   | 0.509  | 50.9%                    |
| 0.0037                                       | 0.0037               | 0.963 | 0.461                                                                                   | 0.513  | 51.3%                    |
| 0.0037                                       | 0.0037               | 0.968 | 0.456                                                                                   | 0.518  | 51.8%                    |
| 0.0037                                       | 0.0037               | 0.972 | 0.451                                                                                   | 0.522  | 52.2%                    |
| 0.0037                                       | 0.0037               | 0.976 | 0.446                                                                                   | 0.526  | 52.6%                    |

## WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Admin-  
days after the completion or abandonment of the well.

Location Corrected by IDWR To:

T06S R34E Sec. 16 NESESW

By: mciscell 2012-09-06

[illegible]

**USE ADDITIONAL SHEETS IF NECESSARY**

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT

8 2 7 4 6

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

[illegible]

USE ADDITIONAL SHEETS IF NEEDED BY — FOR — DO NOT ATTACH COPY TO THE REPORT SHEET

**82746**

## WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

## 1. WELL OWNER

Name BENGAL CONST CO  
Address KRAFT RD  
Owner's Permit No. \_\_\_\_\_

## 7. WATER LEVEL

Static water level 42 feet below land surface  
Flowing? ☐ Yes ☐ No G.P.M. flow \_\_\_\_\_  
Temperature \_\_\_\_\_ ° F. Quality \_\_\_\_\_  
Artesian closed-in pressure \_\_\_\_\_ p.s.i.  
Controlled by ☐ Valve ☐ Cap ☐ Plug

## 2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement  
☐ Abandoned (describe method of abandoning) \_\_\_\_\_

## 8. WELL TEST DATA

Air Test  
☐ Pump ☐ Bailer ☒ Other  
Discharge G.P.M. 20-30 Draw Down 63 Hours Pumped 1

## 3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test  
☐ Municipal ☐ Industrial ☐ Stock

## 9. LITHOLOGIC LOG

30954

| Hole<br>Diam. | Depth |    | Material            | Water |                                     |
|---------------|-------|----|---------------------|-------|-------------------------------------|
|               | From  | To |                     | Yes   | No                                  |
| 10            | 0     | 40 | Light Rock & Gravel |       | <input checked="" type="checkbox"/> |
| 6             | 40    | 60 | Brown Clay          |       | <input checked="" type="checkbox"/> |
| 2             | 60    | 63 | Gravel              |       | <input checked="" type="checkbox"/> |

## 4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

## 5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 63 feetCasing schedule: ☐ Steel ☐ Concrete

| Thickness         | Diameter        | From          | To             |
|-------------------|-----------------|---------------|----------------|
| <u>280</u> inches | <u>6</u> inches | <u>1</u> feet | <u>63</u> feet |
| _____ inches      | _____ inches    | _____ feet    | _____ feet     |
| _____ inches      | _____ inches    | _____ feet    | _____ feet     |
| _____ inches      | _____ inches    | _____ feet    | _____ feet     |
| _____ inches      | _____ inches    | _____ feet    | _____ feet     |

Was a packer or seal used? ☐ Yes ☒ No  
Perforated? ☐ Yes ☒ No  
How perforated? ☐ Factory ☐ Knife ☐ Torch  
Size of perforation \_\_\_\_\_ inches by \_\_\_\_\_ inches

| Number             | From       | To         |
|--------------------|------------|------------|
| _____ perforations | _____ feet | _____ feet |
| _____ perforations | _____ feet | _____ feet |
| _____ perforations | _____ feet | _____ feet |

Well screen installed? ☐ Yes ☒ No

Manufacturer's name \_\_\_\_\_

Type \_\_\_\_\_ Model No. \_\_\_\_\_

Diameter \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ feet to \_\_\_\_\_ feet

Diameter \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ feet to \_\_\_\_\_ feet

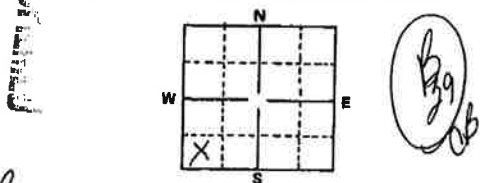
Gravel packed? ☐ Yes ☒ No Size of gravel \_\_\_\_\_

Placed from \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface seal? ☒ Yes ☐ No To what depth 50 feetMaterial used in seal ☒ Cement grout ☐ Pudding clay

## 6. LOCATION OF WELL

Sketch map location must agree with written location.

County BannockSW 1/4 SW 1/4 Sec. 16, T. 6 N, R. 34 E

## 10.

Work started 9-4-74 finished 9-6-74

## 11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is true to the best of my knowledge. JBGrand Foundation Well Drilling  
Driller's or Firm's Name \_\_\_\_\_ Number \_\_\_\_\_44150 11th  
Address \_\_\_\_\_Grand Foundation 9-6-74  
Signed By \_\_\_\_\_ Date \_\_\_\_\_

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT

82746

## WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

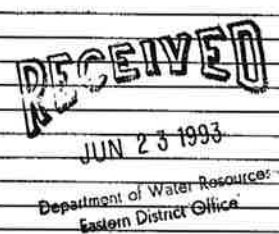
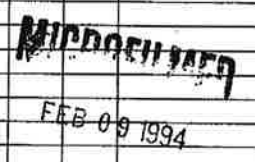
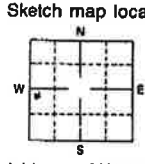
[illegible]

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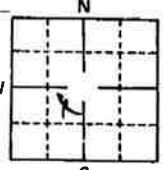
| <p><b>1. WELL OWNER</b></p> <p>Name <u>Kevin Campbell</u></p> <p>Address <u>957 Highland Blvd.</u></p> <p>Drilling Permit No. <u>29-93-E-38-000</u></p> <p>Water Right Permit No. _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>7. WATER LEVEL</b></p> <p>Static water level <u>30</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ °F. Quality _____</p> <p style="font-size: small;">Describe artesian or temperature zones below.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                          |              |           |           |          |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|--------------|-----------|-----------|----------|------|----|-----|----|----------|----------|-----------|-------------------|--|--|--|-----------|-----------|------------------------|--|--|----------|-----------|-----------|---------------|--|--|--|-----------|-----------|---------------|--|--|--|-----------|-----------|--------------------------|--|--|--|--|--|---------------|--|--|
| <p><b>2. NATURE OF WORK</b></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Well diameter increase <input type="checkbox"/> Modification</p> <p><input type="checkbox"/> Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>8. WELL TEST DATA</b></p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Baller <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>50</u></td> <td><u>80</u></td> <td><u>2</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Discharge G.P.M. | Pumping Level            | Hours Pumped | <u>50</u> | <u>80</u> | <u>2</u> |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Hours Pumped     |                          |              |           |           |          |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |
| <u>50</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>80</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>2</u>         |                          |              |           |           |          |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                          |              |           |           |          |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                          |              |           |           |          |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |
| <p><b>3. PROPOSED USE</b></p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitor</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>9. LITHOLOGIC LOG</b> <span style="float: right;"><b>70235</b></span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><u>8</u></td> <td><u>0</u></td> <td><u>12</u></td> <td><u>Brown Clay</u></td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td><u>12</u></td> <td><u>35</u></td> <td><u>Boulders Little</u></td> <td> </td> <td> </td> </tr> <tr> <td><u>8</u></td> <td><u>35</u></td> <td><u>63</u></td> <td><u>GRAVEL</u></td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td><u>63</u></td> <td><u>75</u></td> <td><u>GRAVEL</u></td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td><u>75</u></td> <td><u>85</u></td> <td><u>Brown Clay + Rock</u></td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><u>GRAVEL</u></td> <td> </td> <td> </td> </tr> </tbody> </table> | Bore Diam.       | Depth                    |              | Material  | Water     |          | From | To | Yes | No | <u>8</u> | <u>0</u> | <u>12</u> | <u>Brown Clay</u> |  |  |  | <u>12</u> | <u>35</u> | <u>Boulders Little</u> |  |  | <u>8</u> | <u>35</u> | <u>63</u> | <u>GRAVEL</u> |  |  |  | <u>63</u> | <u>75</u> | <u>GRAVEL</u> |  |  |  | <u>75</u> | <u>85</u> | <u>Brown Clay + Rock</u> |  |  |  |  |  | <u>GRAVEL</u> |  |  |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  | Material                 | Water        |           |           |          |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | To               |                          | Yes          | No        |           |          |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |
| <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>12</u>        | <u>Brown Clay</u>        |              |           |           |          |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>35</u>        | <u>Boulders Little</u>   |              |           |           |          |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |
| <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>35</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>63</u>        | <u>GRAVEL</u>            |              |           |           |          |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>63</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>75</u>        | <u>GRAVEL</u>            |              |           |           |          |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>75</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>85</u>        | <u>Brown Clay + Rock</u> |              |           |           |          |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  | <u>GRAVEL</u>            |              |           |           |          |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |
| <p><b>4. METHOD DRILLED</b></p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Auger <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Mud <input type="checkbox"/> Other _____ (backhoe, hydraulic, etc.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <div style="text-align: center;">  </div> <div style="text-align: center;">  </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                          |              |           |           |          |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |
| <p><b>5. WELL CONSTRUCTION</b></p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <p>Thickness <u>250</u> inches Diameter <u>6</u> inches From <u>2</u> feet To <u>80</u> feet</p> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input checked="" type="checkbox"/> Torch <input type="checkbox"/> Gun</p> <p>Size of perforation? <u>1/8</u> inches by <u>3</u> inches</p> <p>Number <u>30</u> perforations From <u>70</u> feet To <u>80</u> feet</p> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer _____ Type _____</p> <p>Top Packer or Headpipe _____</p> <p>Bottom of Tailpipe _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>20</u> Material used in seal: <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____</p> <p>Sealing procedure used: <input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Slurry pit <input type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded</p> <p><input type="checkbox"/> Solvent Weld <input type="checkbox"/> Cemented between strata</p> <p>Describe access port _____</p> | <p><b>10.</b></p> <p>Work started <u>6-16-93</u> finished <u>6-17-93</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                          |              |           |           |          |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |
| <p><b>6. LOCATION OF WELL</b></p> <p>Sketch map location must agree with written location.</p> <div style="text-align: center;">  </div> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County _____</p> <p>Address of Well Site <u>8390 Gathe</u> (give at least name of road)</p> <p><u>NW 1/4 SW 1/4 Sec. 22</u> T. <u>6</u> N <input type="checkbox"/> or S <input checked="" type="checkbox"/> R. <u>34</u> E <input checked="" type="checkbox"/> or W <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>11. DRILLER'S CERTIFICATION</b></p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Dubbe Drilling</u> Firm No. <u>148</u></p> <p>Address <u>P.O. Box 4465 Coon</u> Date <u>6-17-93</u></p> <p>Signed by Drilling Supervisor <u>W. A. Dubbe</u></p> <p style="text-align: center;">and</p> <p>(Operator) <u>Burt Rudinger</u> (If different than the Drilling Supervisor)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                          |              |           |           |          |      |    |     |    |          |          |           |                   |  |  |  |           |           |                        |  |  |          |           |           |               |  |  |  |           |           |               |  |  |  |           |           |                          |  |  |  |  |  |               |  |  |

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

82746

## WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.

| <b>1. WELL OWNER</b><br>Name <u>Western States Equipment Co.</u><br>Address <u>P.O. Box 38 Boise Idaho</u><br>Drilling Permit No. <u>29-92-E-008-00133707</u><br>Water Right Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | <b>7. WATER LEVEL</b><br>Static water level <u>41</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow <u>NA</u><br>Artesian closed-in pressure <u>NA</u> p.s.i.<br>Controlled by: <u>NA</u> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature <u>55</u> °F. Quality <u>Good</u><br><small>Describe artesian or temperature zones below.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                  |               |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Well diameter increase<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other <u>Hand Pump</u><br><table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>9 GPM</u></td><td><u>6.8 FT</u></td><td><u>1 1/2</u></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | Discharge G.P.M. | Pumping Level | Hours Pumped | <u>9 GPM</u> | <u>6.8 FT</u>       | <u>1 1/2</u>    |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Pumping Level   | Hours Pumped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                  |               |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
| <u>9 GPM</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>6.8 FT</u>   | <u>1 1/2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                  |               |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
| <b>3. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input checked="" type="checkbox"/> Other <u>Monitor</u> (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 | <b>9. LITHOLOGIC LOG</b> <u>023806</u><br><table border="1"><thead><tr><th rowspan="2">Bore<br/>Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6</td><td>1.0</td><td>10</td><td>GRAVEL &amp; SAND</td><td></td><td>X</td></tr><tr><td></td><td>10</td><td>20</td><td>gravel &amp; S&amp;T</td><td></td><td>X</td></tr><tr><td></td><td>20</td><td>30</td><td>Big boulders</td><td></td><td>X</td></tr><tr><td></td><td>30</td><td>40</td><td>Big boulders</td><td></td><td>X</td></tr><tr><td></td><td>40</td><td>50</td><td>Fine sand &amp; clay from</td><td>X</td><td></td></tr><tr><td></td><td>50</td><td>70</td><td>55 to 61 FT</td><td>X</td><td></td></tr><tr><td></td><td>70</td><td>78</td><td>Big boulders &amp;</td><td>X</td><td></td></tr><tr><td></td><td></td><td></td><td>30' gravel on to</td><td>X</td><td></td></tr><tr><td></td><td></td><td></td><td>78 FT</td><td></td><td></td></tr></tbody></table> |                       | Bore<br>Diam.    | Depth         |              | Material     | Water               |                 | From            | To             | Yes          | No           | 6          | 1.0        | 10           | GRAVEL & SAND |            | X          |              | 10           | 20         | gravel & S&T |        | X    |    | 20                     | 30         | Big boulders |                    | X          |            | 30                 | 40         | Big boulders |  | X |  | 40 | 50 | Fine sand & clay from | X |  |  | 50 | 70 | 55 to 61 FT | X |  |  | 70 | 78 | Big boulders & | X |  |  |  |  | 30' gravel on to | X |  |  |  |  | 78 FT |  |  |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Depth           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Material              |                  | Water         |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | From            | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | Yes              | No            |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.0             | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | GRAVEL & SAND         |                  | X             |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
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| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | <div style="text-align: center;"><b>RECEIVED</b><br/>MAR 03 1992<br/>Department of Water Resources<br/>Eastern District Office</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                  |               |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>0.250</u> inches</td><td><u>6</u> inches</td><td><u>1.0</u> feet</td><td><u>60</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun<br>Size of perforation <u>NA</u> inches by _____ inches<br><table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>NA</u> perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><br>Well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Manufacturer's name <u>TRY LOCK</u><br>Type <u>PVC</u> Model No. _____<br>Diameter <u>2</u> Slot size <u>20/40</u> Set from <u>70</u> feet to <u>40</u> feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Size of gravel <u>10/20 silica</u><br>Placed from <u>70 FT</u> feet to <u>38 FT</u> feet<br>Surface seal depth <u>6</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Pudding clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld _____<br><input type="checkbox"/> Cemented between strata<br>Describe access port <u>Locked well cap.</u> |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       | Thickness        | Diameter      | From         | To           | <u>0.250</u> inches | <u>6</u> inches | <u>1.0</u> feet | <u>60</u> feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches  | _____ feet | _____ feet | _____ inches | _____ inches | _____ feet | _____ feet   | Number | From | To | <u>NA</u> perforations | _____ feet | _____ feet   | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet | _____ feet   |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Diameter        | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | To                    |                  |               |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
| <u>0.250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>6</u> inches | <u>1.0</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>60</u> feet        |                  |               |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____ inches    | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____ feet            |                  |               |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____ inches    | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____ feet            |                  |               |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____ inches    | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____ feet            |                  |               |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | From            | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                  |               |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
| <u>NA</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _____ feet      | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                  |               |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ feet      | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                  |               |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ feet      | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                  |               |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
| <b>6. LOCATION OF WELL - 2405 US Hwy 30</b><br>Sketch map location <u>must</u> agree with written location.<br><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>Barnock</u><br>NE 1/4 SW 1/4 Sec. <u>22</u> T. <u>6</u> N <input type="checkbox"/> S <input checked="" type="checkbox"/> R. <u>34</u> E <input type="checkbox"/> W <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 | <b>10. Work started</b> <u>Feb 24</u> <b>finished</b> <u>Feb 27 92</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                  |               |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |
| <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Firm Name <u>Hendley Brothers</u> Firm No. <u>461</u><br>Address <u>675 S. Shiloh</u> Date <u>Feb 27 92</u><br>Signed by (Firm Official) <u>Dan P. Hendley</u><br>and<br>(Operator) <u>Dan P. Hendley</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                  |               |              |              |                     |                 |                 |                |              |              |            |            |              |               |            |            |              |              |            |              |        |      |    |                        |            |              |                    |            |            |                    |            |              |  |   |  |    |    |                       |   |  |  |    |    |             |   |  |  |    |    |                |   |  |  |  |  |                  |   |  |  |  |  |       |  |  |

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

82746

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OCT 20 1965

WELL LOG AND REPORT TO THE Department of Reclamation  
STATE RECLAMATION ENGINEER OF IDAHO 31223

SUBMIT WITHIN 30 DAYS AFTER COMPLETION OF WELL: SEE IDAHO STATUTES 42-238

Permit No. 205 Well No. \_\_\_\_\_ County Bannock

Owner Leonard Clifford

Address RT 2 N. Pocatello Idaho

Driller Melvin Duffee

Address RT 2 N. Box 198 Pocatello Idaho

Well location NW 1/4 1/4 Sec. 27, T. 55 N/S, R. 34 E/S

Size of drilled hole 6 in.

Locate well in section

|        |        |
|--------|--------|
| NW 1/4 | NE 1/4 |
| Sec.   |        |
| SW 1/4 | SE 1/4 |

Total depth of well 155

Give depth to standing water from the ground 47 Water temp. 48 °Fahr.

Test delivery was 25 g.p.m. or \_\_\_\_\_ c.f.s. Drawdown was 3 feet. Pump? \_\_\_\_\_ Bail? X

Size of pump and motor used to make test \_\_\_\_\_

Length of time of test 4 hours \_\_\_\_\_ minutes.

If flowing well, give flow \_\_\_\_\_ c.f.s. or \_\_\_\_\_ g.p.m. and of shut off pressure \_\_\_\_\_

If flowing well, described control works \_\_\_\_\_

(TYPE AND SIZE OF VALVE, ETC.)

Water will be used for Domestic Weight of casing per lineal foot 17 lbs.

Thickness of casing 250 Casing material Steel

(STEEL, CONCRETE, WOOD, ETC.)

Diameter, length and location of casing 6 in. 155 ft. 12 in. above ground

(CASING 12" IN DIAMETER OR LESS, GIVE INSIDE DIAMETER;  
CASING OVER 12" IN DIAMETER, GIVE OUTSIDE DIAMETER)

CASING RECORD

| Diam.<br>Casing | From<br>Feet | To<br>Feet | Length     | Remarks—seals, grouting, etc. |
|-----------------|--------------|------------|------------|-------------------------------|
| <u>6 in.</u>    | <u>0</u>     | <u>155</u> | <u>155</u> | <u>no</u>                     |
|                 |              |            |            |                               |
|                 |              |            |            |                               |
|                 |              |            |            |                               |
|                 |              |            |            |                               |

Number and size of perforations 30 located \_\_\_\_\_ feet to \_\_\_\_\_ feet from ground

Date of commencement of well aug 10 1965 Date of completion of well aug 20 1965

24

55-34E 27 NW

82746

## WELL LOG

[illegible]

## WELL DRILLER'S STATEMENT

**This well was drilled under my supervision and the above information is complete, true and correct to the best of my knowledge and belief.**

Signed W. L. S. Dwyer  
By \_\_\_\_\_

By \_\_\_\_\_

Dated Sept 20, 1945

License No. 205

Well Driller's Helper\_\_\_\_\_

## IDAHO DEPARTMENT OF WATER RESOURCES

## WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

061785

## Office Use Only

Inspected by \_\_\_\_\_

Twp \_\_\_\_\_ Rge \_\_\_\_\_ Sec \_\_\_\_\_

1/4 1/4 1/4

Lat: \_\_\_\_\_ Long: \_\_\_\_\_

☒ Air ☐ Flowing Artesian1. DRILLING PERMIT NO. 29-95-E-075-001

Other IDWR No. \_\_\_\_\_

## 2. OWNER:

Name Pioneer Title Co of Bonanza CoAddress 135 NORTH ARTHUR AVECity Pocatello State ID Zip 83201

## 3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| N |   |  |  |  |  |
|   | X |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| S |   |  |  |  |  |

Twp. 6 North ☐ or South ☒  
 Rge. 34 East ☒ or West ☐  
 Sec. 35 NW 1/4 NW 1/4 1/4  
 Gov't Lot \_\_\_\_\_ County \_\_\_\_\_  
 Lat: \_\_\_\_\_ Long: \_\_\_\_\_  
 Address of Well Site 135 N ARTHUR AVE  
 City Pocatello ID

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

 Lt. 1th 4 Blk. 486 Sub. Name Pocatello original  
6000

## 4. USE:

- ☐
- Domestic
- ☐
- Municipal
- ☒
- Monitor
- ☐
- Irrigation
- 
- ☐
- Thermal
- ☐
- Injection
- ☐
- Other \_\_\_\_\_

## 5. TYPE OF WORK check all that apply

(Replacement etc.)

- ☒
- New Well
- ☐
- Modify
- ☐
- Abandonment
- ☐
- Other \_\_\_\_\_

## 6. DRILL METHOD

- ☐
- Air Rotary
- ☐
- Cable
- ☐
- Mud Rotary
- ☒
- Other
- Auger

## 7. SEALING PROCEDURES

| SEAL/FILTER PACK |      |    | AMOUNT          |  | METHOD |
|------------------|------|----|-----------------|--|--------|
| Material         | From | To | Sacks or Pounds |  |        |
| 10/20 Sand       | 60.2 | 47 | 1200 Lb         |  | Trimmy |
| Water Plug       | 47   | 5  | 2250 Lb         |  | Trimmy |
| Concrete         | 5    | 0  | 5000 Lb         |  | Slurry |

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) \_\_\_\_\_Was drive shoe seal tested? ☐ Y ☒ N How? \_\_\_\_\_

## 8. CASING/LINER:

| Diameter  | From | To   | Gauge | Material | Casing                   | Liner                    | Welded                   | Threaded                            |
|-----------|------|------|-------|----------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 2 inch 60 | 0    | 54.4 |       | PVC      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|           |      |      |       |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|           |      |      |       |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

## 9. PERFORATIONS/SCREENS

- ☐
- Perforations Method \_\_\_\_\_

- ☒
- Screens

Screen Type ARMFLEX 1 CIO 2 inch

| From | To | Slot Size | Number | Diameter | Material | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------|--------------------------|--------------------------|
| 60   | 50 | 100       |        |          | PVC      | <input type="checkbox"/> | <input type="checkbox"/> |
| 60   | 50 | 120       |        |          | PVC      | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |

## 10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

53 ft. below ground Artesian pressure NA lb.Depth flow encountered 54 ft. Describe access port or control devices: 1/2" of well

## 11. WELL TESTS:

- ☐
- Pump
- ☐
- Bailor

| Yield gal./min. | Drawdown | Pumping Level | Time   |
|-----------------|----------|---------------|--------|
| 250 PM MAL      | NA       | 60 FT         | 1 Hour |
|                 |          |               |        |
|                 |          |               |        |

Water Temp. 58

Bottom hole temp. \_\_\_\_\_

Water Quality test or comments: Free54 FT

Depth first Water Encountered \_\_\_\_\_

## 12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

| Bore Dia. | From   | To     | Remarks: Lithology, Water Quality & Temperature | Y | N |
|-----------|--------|--------|-------------------------------------------------|---|---|
| 11 1/4    | 0      | 4      | Parking lot Backfill                            |   |   |
|           | 4      | 5 1/2  | Boulder                                         |   |   |
|           | 5 1/2  | 7      | Gravel cobbles                                  |   |   |
|           | 7      | 8      | Boulder                                         |   |   |
|           | 8      | 9      | Boulder                                         |   |   |
|           | 9      | 10     | Gravel                                          |   |   |
|           | 10     | 14     | Gravel                                          |   |   |
|           | 14     | 15     | Boulder                                         |   |   |
|           | 15     | 18     | Gravel                                          |   |   |
|           | 18     | 21     | Boulders                                        |   |   |
|           | 21     | 23     | Gravel                                          |   |   |
|           | 23     | 24 1/2 | Boulder                                         |   |   |
|           | 24 1/2 | 33     | Gravel                                          |   |   |
|           | 33     | 40     | Sandy clay / Fine silt                          |   |   |
|           |        |        | with some gravel                                |   |   |
|           | 40     | 51     | Clay                                            |   |   |
|           | 51     | 56     | Gravel                                          |   |   |
|           | 56     | 60     | Large cobbles & gravel                          |   |   |

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DEC 10 1997

Department of Water Resources  
Eastern Region

Department of Water Resources

Completed Depth 60.2 (Measurable)Date: Started SEP 13 95 Completed SEP 19 95

## 13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with the time the rig was removed.

Firm Name Hawley Brothers Firm No. 46Firm Official Dan P. Hawley Date SEP 22

and \_\_\_\_\_

Supervisor or Operator Dan P. Hawley Date SEP 22

(Sign once if Firm Official &amp; Operator)

FORWARD WHITE COPY TO WATER RESOURCES

82746

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

USE TYPEWRITER OR  
BALLPOINT PEN  
R

State law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.

| <p><b>1. WELL OWNER</b></p> <p>Name <u>Idaho Malt Co.</u></p> <p>Address <u>Pocatello Ida 83201</u></p> <p>Owner's Permit No. <u>297504</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>7. WATER LEVEL</b></p> <p>Static water level <u>34</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature <u>54</u> °F. Quality _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                         |              |                   |                  |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |     |     |                   |  |  |  |     |     |                 |  |  |  |     |     |                    |  |  |  |     |     |                        |  |  |  |     |     |                    |  |  |  |     |     |      |  |  |  |     |     |                        |  |  |
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| <p><b>2. NATURE OF WORK</b></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning) _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>8. WELL TEST DATA</b></p> <p><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td><u>500</u></td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Discharge G.P.M. | Pumping Level           | Hours Pumped | <u>500</u>        |                  |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |     |     |                   |  |  |  |     |     |                 |  |  |  |     |     |                    |  |  |  |     |     |                        |  |  |  |     |     |                    |  |  |  |     |     |      |  |  |  |     |     |                        |  |  |
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| <p><b>3. PROPOSED USE</b></p> <p><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>9. LITHOLOGIC LOG</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole<br/>Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>0</td> <td>22</td> <td>gravel &amp; boulders</td> <td></td> <td></td> </tr> <tr> <td></td> <td>22</td> <td>24</td> <td>Sand</td> <td></td> <td></td> </tr> <tr> <td></td> <td>24</td> <td>45</td> <td>Sandy small gravel</td> <td></td> <td></td> </tr> <tr> <td></td> <td>45</td> <td>54</td> <td>Larger gravel</td> <td></td> <td></td> </tr> <tr> <td></td> <td>54</td> <td>73</td> <td>Brown clay</td> <td></td> <td></td> </tr> <tr> <td></td> <td>73</td> <td>117</td> <td>gravel &amp; clay</td> <td></td> <td></td> </tr> <tr> <td></td> <td>117</td> <td>126</td> <td>gravel</td> <td></td> <td></td> </tr> <tr> <td></td> <td>126</td> <td>148</td> <td>gravel, clay &amp; boulders</td> <td></td> <td></td> </tr> <tr> <td></td> <td>148</td> <td>154</td> <td>Reddish rock</td> <td></td> <td></td> </tr> <tr> <td></td> <td>154</td> <td>159</td> <td>gravel &amp; clay</td> <td></td> <td></td> </tr> <tr> <td></td> <td>159</td> <td>176</td> <td>Soft rock</td> <td></td> <td></td> </tr> <tr> <td></td> <td>176</td> <td>288</td> <td>Grey Basalt</td> <td></td> <td></td> </tr> <tr> <td></td> <td>288</td> <td>293</td> <td>Broken Basalt</td> <td></td> <td></td> </tr> <tr> <td></td> <td>293</td> <td>315</td> <td>Hard Basalt</td> <td></td> <td></td> </tr> <tr> <td></td> <td>315</td> <td>312</td> <td>red mountain rock</td> <td></td> <td></td> </tr> <tr> <td></td> <td>312</td> <td>315</td> <td>Black oily clay</td> <td></td> <td></td> </tr> <tr> <td></td> <td>315</td> <td>434</td> <td>Hard grey mt. rock</td> <td></td> <td></td> </tr> <tr> <td></td> <td>434</td> <td>471</td> <td>Fairly hard Brown rock</td> <td></td> <td></td> </tr> <tr> <td></td> <td>471</td> <td>715</td> <td>Hard grey mt. rock</td> <td></td> <td></td> </tr> <tr> <td></td> <td>715</td> <td>716</td> <td>clay</td> <td></td> <td></td> </tr> <tr> <td></td> <td>716</td> <td>800</td> <td>Hard reddish grey rock</td> <td></td> <td></td> </tr> </tbody> </table> | Hole<br>Diam.    | Depth                   |              | Material          | Water            |               | From            | To | Yes | No | 20 | 0 | 22 | gravel & boulders |  |  |  | 22 | 24 | Sand   |      |    |                        | 24             | 45              | Sandy small gravel     |                 |                 |  | 45 | 54 | Larger gravel                                                                                                                                                                                                                                                                                                                                                   |  |  |  | 54 | 73 | Brown clay |  |  |  | 73 | 117 | gravel & clay |  |  |  | 117 | 126 | gravel |  |  |  | 126 | 148 | gravel, clay & boulders |  |  |  | 148 | 154 | Reddish rock |  |  |  | 154 | 159 | gravel & clay |  |  |  | 159 | 176 | Soft rock |  |  |  | 176 | 288 | Grey Basalt |  |  |  | 288 | 293 | Broken Basalt |  |  |  | 293 | 315 | Hard Basalt |  |  |  | 315 | 312 | red mountain rock |  |  |  | 312 | 315 | Black oily clay |  |  |  | 315 | 434 | Hard grey mt. rock |  |  |  | 434 | 471 | Fairly hard Brown rock |  |  |  | 471 | 715 | Hard grey mt. rock |  |  |  | 715 | 716 | clay |  |  |  | 716 | 800 | Hard reddish grey rock |  |  |
| Hole<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                 |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |    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                 |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |    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                 |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |    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                 |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |    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                 |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |    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                 |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |    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                 |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |    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                 |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |    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                 |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |    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                 |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |    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                 |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |    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                 |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |    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                 |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |    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| <p><b>4. METHOD DRILLED</b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>10.</b></p> <p>Work started <u>2-15-80</u> finished <u>7-25-80</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <p><b>5. WELL CONSTRUCTION</b></p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>3/8</u> inches</td> <td><u>20</u> inches</td> <td><u>0</u> feet</td> <td><u>376</u> feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input checked="" type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation <u>3/8</u> inches by <u>4</u> inches</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>10</u> perforations</td> <td><u>88</u> feet</td> <td><u>112</u> feet</td> </tr> <tr> <td><u>10</u> perforations</td> <td><u>117</u> feet</td> <td><u>126</u> feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>20</u> Material used in seal: <input type="checkbox"/> Cement grout</p> <p><input checked="" type="checkbox"/> Puddling clay <input type="checkbox"/> Well cuttings</p> <p>Sealing procedure used: <input checked="" type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing</p> <p><input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent</p> <p style="text-align: center;">Weld</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port <u>2" pipe welded in side 20"</u></p> | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Diameter         | From                    | To           | <u>3/8</u> inches | <u>20</u> inches | <u>0</u> feet | <u>376</u> feet |    |     |    |    |   |    |                   |  |  |  |    |    | Number | From | To | <u>10</u> perforations | <u>88</u> feet | <u>112</u> feet | <u>10</u> perforations | <u>117</u> feet | <u>126</u> feet |  |    |    | <p><b>11. DRILLERS CERTIFICATION</b></p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Jack Cushman</u> Firm No. <u>94</u></p> <p>Address <u>Blackfoot Id</u></p> <p>Signed by (Firm Official) <u>Jack Cushman</u></p> <p>and</p> <p>(Operator) <u>Dyle H Bailey</u></p> |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |     |     |                   |  |  |  |     |     |                 |  |  |  |     |     |                    |  |  |  |     |     |                        |  |  |  |     |     |                    |  |  |  |     |     |      |  |  |  |     |     |                        |  |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>3/8</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                 |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |    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| <u>10</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                 |               |                 |    |     |    |    |   |    |                   |  |  |  |    |    |        |      |    |                        |                |                 |                        |                 |                 |  |    |    |                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |    |    |            |  |  |  |    |     |               |  |  |  |     |     |        |  |  |  |     |     |                         |  |  |  |     |     |              |  |  |  |     |     |               |  |  |  |     |     |           |  |  |  |     |     |             |  |  |  |     |     |               |  |  |  |     |     |             |  |  |  |    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| <u>10</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <p><b>6. LOCATION OF WELL</b></p> <p>Sketch map location must agree with written location.</p> <div style="display: flex; align-items: center;"> <div style="text-align: center;"> <p>N</p> <p>S</p> </div> <div style="margin-left: 20px;"> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> </div> </div> <p>County <u>SE 1/4 SW 1/4 Sec. 16, T. 6S, R. 34E</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

82746