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APR 09 2018

DEPARTMENT OF  
WATER RESOURCESSTATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**STATEMENT OF COMPLETION**  
FOR SUBMITTING PROOF OF BENEFICIAL USE

| FOR OFFICE USE ONLY |                 |
|---------------------|-----------------|
| Amt. of Fee \$      | <u>100.00</u>   |
| Receipt No.         | <u>104930</u>   |
| Received By         | <u>TK</u>       |
| Date Received       | <u>4.9.2008</u> |

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** and that water has been applied to beneficial use to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, contact any Department office or visit the Department's website at [idwr.idaho.gov](http://idwr.idaho.gov) for an *Assignment of Permit* form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

1. Permit No. 63-12217 Telephone No. 208-890-8400
2. Name of Permit Holder(s) Michael G. Brady
3. Mailing Address 13660 N. McFarland Creek Rd City Boise  
State ID Zip 83714 Email \_\_\_\_\_
4. Source of Water Well If **GROUND WATER** (well), Date Drilled mo. Jun / yr. 2009  
Well Driller Dennis Phlips Well Drilling Drilling Permit Number 907125-854620
5. Extent of use(s) completed as authorized by the water right permit:  
Domestic (No. of households) \_\_\_\_\_ Stockwater (No. and type of stock) \_\_\_\_\_  
Irrigation (No. of acres) 35 Other \_\_\_\_\_
6. Total rate of diversion or storage volume for which proof is submitted .07 cfs OR \_\_\_\_\_ acre-feet.

7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit:  
Refer to the approval conditions on your permit and respond accordingly.

**The Department will not issue a license if permit conditions are not met.**

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

**Other Conditions of Permit**

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

\_\_\_\_\_ Completed? Yes ☐ No ☒

8. Fee Enclosed \$ 100.00 or not applicable ☐. See fee schedule on page 2 of the instructions.  
Proof statements filed without an appropriate fee, will be considered incomplete.
9. Person to contact to accompany the Department representative during field examination of the water system.

Name Michael G. Brady Telephone Number 208-890-8400  
Mailing Address 13660 N. McFarland Creek Rd City Boise  
State ID Zip 83714 Email \_\_\_\_\_

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of Permit Holder [Signature] Date 3/27/18  
(Include your title, if on behalf of company or organization)

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

IDAHO DEPARTMENT OF WATER RESOURCES  
WELL DRILLER'S REPORT

854620

1. WELL TAG NO. D D0053444

Drilling Permit No. 907125-854620

Water right or injection well # 63-12217

2. OWNER

Name Micheal or Kathlene Brady

Address 13660 N. McFarland Creek Rd.

City Boise

State Id

Zip 83714

3. WELL LOCATION:

Twp. 5 North ☒ or South ☐ Rge. 2 East ☒ or West ☐

Sec. 31 NW 1/4 SE 1/4 NE 1/4  
10 acres 40 acres 160 acres

Gov't Lot County Ada

Lat. 43 ° 43.845'N (Deg. and Decimal minutes)

Long. 116 ° 15.483'W (Deg. and Decimal minutes)

Address of Well Site Same

City Boise

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

Lot Blk. Sub. Name

4. USE:

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

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

☒ New Well ☐ Replacement well ☐ Modify existing well  
☐ Abandonment ☐ Other

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURES

| Seal material | From (ft) | To (ft) | Quantity (lbs or ft³) | Placement method/procedure |
|---------------|-----------|---------|-----------------------|----------------------------|
| 5/8 Bentonite | 0         | 20      | 800 lbs.              | 16" Overbore               |

8. CASING/LINER:

| Diameter (nominal) | From (ft) | To (ft) | Gauge/Schedule | Material | Casing                              | Liner                               | Threaded                 | Welded                              |
|--------------------|-----------|---------|----------------|----------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 10"                | 1.5       | 216     | .307           | Steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8"                 | 214       | 221     | .250           | Steel    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8"                 | 250       | 252     | .250           | Steel    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 216'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method

Manufactured screen ☒ Y ☐ N Type Johnson

Method of installation Washdown

| From (ft) | To (ft) | Slot size | Number/ft | Diameter (nominal) | Material  | Gauge or Schedule |
|-----------|---------|-----------|-----------|--------------------|-----------|-------------------|
| 220       | 250     | .035      | 30'       | 8"                 | Stainless | 304               |

Length of Headpipe 7.10 Length of Tailpipe 1.8

Packer ☒ Y ☐ N Type Rubber K-Packer

10. FILTER PACK:

| Filter Material | From (ft) | To (ft) | Quantity (lbs or ft³) | Placement method |
|-----------------|-----------|---------|-----------------------|------------------|
| N/A             |           |         |                       |                  |

11. FLOWING ARTESIAN:

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

Describe control device

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) Static water level (ft) 57'

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

Describe access port

Well test:

| Drawdown (feet) | Discharge or yield (gpm) | Test duration (minutes) |
|-----------------|--------------------------|-------------------------|
| 77'             | 600 GPM                  | 4 HRS.                  |

Test method:

| Pump                                | Bailer                   | Air                      | Flowing artesian         |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Water Quality test or comments:

13. LITHOLOGIC LOG and/or repairs or abandonment:

| Bore Dia. (in) | From (ft) | To (ft) | Remarks, lithology or description of repairs or abandonment, water temp. | Water |   |
|----------------|-----------|---------|--------------------------------------------------------------------------|-------|---|
|                |           |         |                                                                          | Y     | N |
| 16"            | 0         | 2       | Top Soil                                                                 |       | X |
|                | 2         | 20      | Sandy Brown Clay                                                         |       | X |
| 10"            | 20        | 35      | Sandy Brown Clay                                                         |       | X |
|                | 35        | 36      | Brown Clay                                                               |       | X |
|                | 36        | 45      | Sandy Brown Clay                                                         |       | X |
|                | 45        | 61      | Blue Clay                                                                |       | X |
|                | 61        | 196     | Blue Clay w/ Sand Streaks                                                | X     |   |
|                | 196       | 212     | Coarse Sand                                                              | X     |   |
|                | 212       | 218     | Brown Clay                                                               |       | X |
|                | 218       | 252     | Coarse Sand                                                              | X     |   |

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MAR 06 2009

WATER RESOURCES  
WESTERN

Completed Depth (Measurable)

252'

Date: Started 1/21/09

Completed 1/30/09

14. DRILLER'S CERTIFICATION

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

Company Name Dennis Phipps Well Drilling Inc. Co No. 332

\*Principal Driller Date 1/30/09

\*Driller Date 1/30/09

\*Operator II Date 1/30/09

Operator I Date

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



State of Idaho

**DEPARTMENT OF WATER RESOURCES**

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Website: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

C.L. "BUTCH" OTTER  
Governor

GARY SPACKMAN  
Director

April 16, 2018

MICHAEL G BRADY  
13660 N MC FARLAND CREEK RD  
BOISE ID 83714

**PROOF ACKNOWLEDGEMENT LETTER**

**RE: Permit No. 63-12217**

Dear Permit Holder(s):

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the Department to conduct a field examination to determine and confirm the use being made of the water.

**Please be advised that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the Department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any Department office or at the Department's website at [www.idwr.idaho.gov](http://www.idwr.idaho.gov).**

If you have any questions concerning the field examination, please contact the Western Region Office of the Department located in Boise at (208) 334-2190.

Sincerely,

Darla Block  
Technical Records Specialist

Enclosure(s)