

RECEIVED

MAR 30 2018

DEPARTMENT OF
WATER RESOURCES

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

FOR OFFICE USE ONLY	
Amt. of Fee \$	125 ⁰⁰
Receipt No.	C104886
Received By	on
Date Received	3-30-18

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

1. Permit No. 63-33603 Telephone No. 208-901-0909
 2. Name of Permit Holder(s) ROMAN SCHWARTSMAN / NORTH STAR FARMS
 3. Mailing Address 6590 W NORWOOD DR. City BOISE
 State ID Zip 83704 Email ROMAN.SCHWARTSMAN@GMAIL.COM
 4. Source of Water GROUND If **GROUND WATER** (well), Date Drilled mo. ____ / yr. ____
 Well Driller _____ Drilling Permit Number _____

5. Extent of use(s) completed as authorized by the water right permit:
 Domestic (No. of households) 2 Stockwater (No. and type of stock) 30 HEAD OF HORSES
 Irrigation (No. of acres) 80 Other FIRE PROTECTION

6. Total rate of diversion or storage volume for which proof is submitted 1.60 cfs OR — acre-feet.

7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit:
 Refer to the approval conditions on your permit and respond accordingly.
The Department will not issue a license if permit conditions are not met.

Measuring Device	Is a measuring device required?	Yes ☐	No ☒
	If yes, has the measuring device been installed?	Yes ☐	No ☒
Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes ☐	No ☒
	If yes, has the lockable device been installed?	Yes ☐	No ☒
Fish Screen	Is a fish screen required?	Yes ☐	No ☒
	If yes, has the fish screen been installed?	Yes ☐	No ☒

Other Conditions of Permit

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

N/A Completed? Yes ☐ No ☐

8. Fee Enclosed \$ 125 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 ROMAN SCHWARTSMAN Telephone Number 208-901-0909
 Mailing Address 6590 W NORWOOD DR. City BOISE
 State ID Zip 83704 Email ROMAN.SCHWARTSMAN@GMAIL.COM

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

Signature of Permit Holder _____ Date 3-28-2018
 (Include your title, if on behalf of company or organization)

1. WELL TAG NO. D 0060318

Water right or injection well #

Name Roman Schwartzman M.D./ North Star Farms, LLC

City **Boise** State **ID** Zip **83704**

Twp. 5 North ☒ or South ☐ Rge 1 East ☐ or West ☒
Sec. 35 1/4 SE 1/4 NE 1/4

Lat. 43 43.762 (Deg and Decimal minutes)

Long 116 24.916 (Deg and Decimal minutes)

Address of Well Site 1/2 M. N. of Beacon Lt. Rd. on the W side

City _____

Lot.	Blk	Sub Name
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☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

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

☒ Air Rotary ☒ Mud Rotary ☐ Cable ☐ Other

Seal material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method/procedure
slurry mix	20	250	206.4cuft	tremie
3/8 bentonite	0	20	1700lbs	dry pour

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing	Liner	Threaded	Welded
8"	+2	272	.322	steel	☒	☐	☐	☒
8"	282	284	.322	steel	☒	☐	☐	☒
8"	304	305	.322	steel	☒	☐	☐	☒
					☐	☐	☐	☐

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s)Perforations ☐ Y ☒ N Method

Manufactured screen ☒ Y ☐ N Type alloy machine

Method of installation

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
272	282	.025	----	8"	stainless	---
284	304	.025	----	8"	stainless	---

Length of Headpipe _____ Length of Tailpipe 1 ft

Packer ☐ Y ☒ N Type

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
8-12 colorado	250	305	8000lbs	poured

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

Describe control device

Depth first water encountered (ft) 17ft Static water level (ft) 17ft

Water temp (°F) 57degF Bottom hole temp. (°F) _____

Describe access port monitor steel well cap

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
	300+gpm	240mins	☐	☐	☒	☐
			☐	☐	☐	☐

Water quality test or comments:

[illegible]

Completed Depth (Measurable) 305ft

Date Started: Dec 1, 2011

Date Completed Jan 24, 2012

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

Company Name **Coonse Well Drilling** Co No **409**

*Principal Driller [Signature] Date Jan 26, 2012

*Driller  Date Jan 26, 2012

*Operator || _____ Date _____

Operator: _____ 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

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

April 04, 2018

ROMAN SCHWARTSMAN
NADINE SCHWARTSMAN
6590 W NORWOOD DR
BOISE ID 83704

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 63-33603

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.

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)