

RECEIVED

OCT 27 2017

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 \$ 100.00Receipt No. C104256Received By TKDate Received 10/27/2017

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. 63-33678 Telephone No. (208) 867-2415
2. Name of Permit Holder(s) WARREN EILERS OR REBECCA EILERS
3. Mailing Address 8800 HWY 16 City EAGLE
State ID Zip 83616 Email _____
4. Source of Water WELL If GROUND WATER (well), Date Drilled mo. 8 / yr. 18-2013
Well Driller COONSE Drilling Permit Number D0064202
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) 16 Other _____
6. Total rate of diversion or storage volume for which proof is submitted 0.32 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.

_____ Completed? Yes ☐ No ☐

8. Fee Enclosed \$ _____ 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 WARREN EILERS Telephone Number 208-867-2415
Mailing Address P.O. BOX City EAGLE
State ID Zip 83616 Email weilers@idwr.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 Warren Eilers Date 10/21/2017
(Include your title, if on behalf of company or organization)

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0064202

Drilling Permit No. _____
Water right or injection well # 63-33678

2. OWNER:

Name Warren and Rebecca Eilers
Address 8800 Hwy 16
City Eagle State ID Zip 83616

3. WELL LOCATION:

Twp. 5 North ☒ or South ☐ Rge. 1 East ☐ or West ☒
Sec. 16 1/4 SW 1/4 NW 1/4

Gov't Lot _____ County Ada
Lat. 43 ° 46.319 (Deg and Decimal minutes)
Long. 116 ° 28.093 (Deg and Decimal minutes)
Address of Well Site 8800 Hwy 16

(Give at least name of road + Distance to Road or Landmark)
City Eagle
Lot _____ Blk _____ Sub Name _____

4. USE:

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

5. TYPE OF WORK:

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

6. DRILL METHOD:

☐ Air Rotary ☒ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
bentonite	0	248	4500lbs	dry pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
8"	+2	270	.250	steel	☒	☐	☒
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

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

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type johnson

Method of installation placed

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
272	292	.025	---	6"	stainless	

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
8-12 silica	294	248	2200lbs	dry pour

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) 226 Static water level (ft) 204

Water temp (°F) 62degF Bottom hole temp (°F) _____

Describe access port well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
90ft	30gpm	180minutes
235 ft	100 gpm	2 hrs

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐
☒	☐	☐	☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
12"	0	2	top soil		X
	2	10	brown sandy clay		X
	10	31	coarse sand		X
	31	50	tan clay		X
	50	70	coarse sand		X
	70	84	tan clay		X
	84	95	coarse sand		X
	95	103	tan clay		X
	103	109	sand		X
	109	121	gray clay		X
	121	125	sand		X
	125	145	gray clay		X
	145	149	sand		X
	149	165	gray clay		X
	165	170	sand		X
	170	197	tan sandy clay		X
	197	218	sand	X	
	218	226	blue clay		X
	226	233	sand	X	
	233	234	blue clay		X
	234	245	gray sand	X	
	245	261	blue clay		X
	261	290	coarse gray sand	X	
	290	309	blue clay		X
	309	335	sandstone		X
	335	421	blue clay w/ fine sand strips	X	
	421	700	blue clay		X
			finished well at 294		
			no appreciable water bearing formations found after 290		

Completed Depth (Measurable) 294ft

Date Started Mar 18, 2013

Date Completed Apr 8, 2013

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 Coonse Well Drilling Co No 409

*Principal Driller [Signature] Date Apr 12, 2013

*Driller [Signature] Date Apr 12, 2013

*Operator II _____ Date _____

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

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

October 27, 2017

REBECCA EILERS
WARREN EILERS
8800 HWY 16
EAGLE ID 83616

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 63-33678

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)