

RECEIVED

JUL 10 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 \$	50.00
Receipt No.	C103795
Received By	NO
Date Received	7-3-2017

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.

- Permit No. 22-14033 Telephone No. (208) 787-5466
 - Name of Permit Holder(s) PETER AND TRUDY LINN
 - Mailing Address 1400E, 6000S City VICTOR
State ID Zip 83455 Email linnranch@silverstar.com
 - Source of Water well If **GROUND WATER** (well), Date Drilled mo. 10 yr. 2004
Well Driller FINDLEY DRILLING Drilling Permit Number 0035151 (well tag #)
 - 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) _____ Other COMMERCIAL (guest lodge & 6 CABINS)
 - Total rate of diversion or storage volume for which proof is submitted 0.11 cfs OR _____ acre-feet.
 - Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit:
Refer to the approval conditions on your permit and respond accordingly.
The Department will not issue a license if permit conditions are not met.
- | | | | |
|-----------------------------|---|------------------------------|--|
| Measuring Device | Is a measuring device required? | Yes ☐ | 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 ☒

- Fee Enclosed \$ 50 or not applicable ☐. See fee schedule on page 2 of the instructions.
Proof statements filed without an appropriate fee, will be considered incomplete.
- Person to contact to accompany the Department representative during field examination of the water system.
Name PETER LINN Telephone Number (208) 787-5466
Mailing Address 1400E 6000S City VICTOR
State ID Zip 83455 Email linnranch@silverstar.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 Peter Linn Date 7-7-17
(Include your title, if on behalf of company or organization)

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0035151
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name PETER LINN Guest Ranch
Address 3900 LINN Dr.
City Wilson State WY Zip 83014

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 4 North ☒ or South ☐
Rge. 46 East ☒ or West ☐
Sec. 30 1/4 SE 1/4 SW 1/4
Gov't Lot _____
County TETON
Lat: _____ Long: _____
Address of Well Site 600 South at East end of Road
(Give at least name of road + Distance to Road or Landmark) City Driggs
Lt. _____ Blk. _____ Sub. Name _____

4. USE:
☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☒ Other Commercial
5. TYPE OF WORK check all that apply (Replacement etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD:
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Cement Grout	58	59	5 yds	Grout Pumped TRENIE

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
6	41	82	1.380	STE-1	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
48 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☒ Pump	☐ Bailor	☐ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
40	1 Ft.	49'	4 hrs

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: Cold Clear

Depth first Water Encounter 52

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12	0	7	Brown Clay		
	7	14	Cobbles + Gravel		
	14	18	Brown Clay		
	18	30	Gravel Cobble Rock + clay		
	30	34	Brown clay		
	34	52	Sand + clay layers		
	52	58	Large Gravel	X	
6	58	77	Sandstone Gravel	X	
	77	87	Broken hard sandstone	X	
	87	105	Broken layers of hard sandstone + lots of yellow sand	X	

Completed Depth 84 (Measurable)

Date: Started 10-7-04 Completed 10-21-04

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 Finley Drilling Firm No. 62

Principal Driller [Signature] Date 11-11-04

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
(Sealed I must have signature of Driller/Operator II)

Water System Name: <u>LENN CANYON RANCH</u>		PWS ID no: <u>7410039</u>
Collector: <u>PETER LINN</u>	Collect Date: <u>3-20-17</u>	County: <u>TETON</u>
Person Transporting Sample To Lab: <u>PETER LINN</u>		
Condition of Transport: ☒ Cooled ☐ Carrier ☐ Mail ☐ Other		
Report Results To: <u>LENN CANYON RANCH</u> <u>1300E 6000S</u> <u>VICTOR, ID 83455</u>		
Phone Number: <u>(208) 787-5466</u>	Fax Number:	



☒ Public Water System
☐ Private System
Preserved With Sodium Thiosulfate

Billing Address: <u>LENN CANYON RANCH</u> <u>1300E 6000S</u> <u>VICTOR, ID. 83455</u>
Phone: <u>(208) 787-5466</u>
Fax:

TETON MICROBIOLOGY LABORATORY ID: ID00969 258 N Water Avenue Suite 2 Idaho Falls, IDAHO 83402 Office: 208-529-0077 -- Fax: 208-522-3797 tetonmicro.com

Client Sample Number	Lab Sample Number	Sample Type Code	Sampling Location	Time Collected	Chlorine residual PPM	Original Sample Date	Total Coliforms		Escherichia Coli	
							Method Code #100ml	(P)resent (A)bsent	Method Code #100ml	(P)resent (A)bsent
~~#1~~										
#1	1703240-01	C	KITCHEN	6:30PM			9223B-PA	A	9223B-PA	A
#2	" -02	C	CABIN	6:30PM			9223B-PA	A	9223B-PA	A
							9223B-PA		9223B-PA	
							9223B-PA		9223B-PA	
							9223B-PA		9223B-PA	

S-Routine Sample C-Construction/Special W-Untreated(Source) E-Enforcement (Chain of Custody Required)	P-Repeat Sample U-Upstream Repeat D-Downstream Repeat X-Other Repeat (At Original Tap)
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Chain-of-Custody Information

Relinquished by: <u>[Signature]</u>	Date: <u>3/21/17</u>	Time: <u>2:31</u>	Received by: <u>[Signature]</u>	Relinquished by:	Date:	Time:	Received by:
Relinquished by:	Date:	Time:	Received by:	Relinquished by:	Date:	Time:	Received by:

DATE/TIME RECEIVED: 3/21/17 1431 RM
 DATE/TIME ANALYZE: 3/21/17 1503 RM
 DATE/TIME READ: 3/22/17 920 RM

ANALYST: [Signature]
 SUPERVISOR: [Signature]
 LAB ID #: ID00969

REMARKS:

Send Results To:	
☐ DEQ	☐ DEQPIH
☐ Dist 7	☐ Other
☐ Dist 6	



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

July 31, 2017

PETER LINN
TRUDY LINN
1400 E 6000 S
VICTOR ID 83455

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 22-14033

Dear Permit Holder(s):

The department acknowledges receipt of the proof of beneficial use form (proof) submitted for the above referenced permit.

The proof form you initially filed for this permit was found to match more closely to water right no. 22-14034, for which a license has already been issued. I am returning the initial proof form that you inadvertently filed. Please discard this form as it will not ever be needed by this Department.

A \$175.00 license examination fee was also submitted with the beneficial use forms. This permit authorizes a diversion rate of 0.11 cfs (cubic feet per second) requiring a license examination fee of \$50.00. The \$125.00 portion of the submitted fee in excess of the required amount for this permit will be returned to you in a separate mailing.

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 Eastern Region Office of the department located in Idaho Falls at (208) 525-7161.

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

Block, Darla

From: Block, Darla
Sent: Friday, July 28, 2017 12:15 PM
To: Marston, Sascha
Subject: Refund Needing Issued:

July 28, 2017

Re: Issuance of a refund under **Water Right Permit No. 22-14033 and Receipt ID's C103795 and C103815.**

Dear Sascha,

Please issue a refund in the amount of **\$75.00 from Receipt ID C103795**, and **\$50.00, or a full refund from Receipt ID C103815.** We need to keep the \$50.00 fee from Receipt C103795 as the fee received for Proof of Beneficial Use to show the date received as 7/3/2017.

Please send the \$50.00 refund to the following:

**PETER LINN
TRUDY LINN
1400 E 6000 S
VICTOR ID 83455**

Thanks,
Darla