

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

FOR OFFICE USE ONLY

Amt. of Fee \$ 50.00
Receipt No. 2103291
Received By ASR
Date Received 3-30-17

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. 82-12258 Telephone No. 816-8027 (208)
2. Name of Permit Holder(s) Alana Lyons
3. Mailing Address 1609 Battle Ridge Road City KOOSKIA
State ID Zip 83539 Email ablyons@groidaho.net
4. Source of Water Well If **GROUND WATER** (well), Date Drilled mo. 8 yr. 1974
Well Driller Aqua Well Drilling Drilling Permit Number 81-74-N-3
5. Extent of use(s) completed as authorized by the water right permit:
Domestic (No. of households) 1 Stockwater (No. and type of stock) 3 horses or less
Irrigation (No. of acres) 1/2 or less Other _____
6. Total rate of diversion or storage volume for which proof is submitted 0.06 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 \$ 50.00 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 Alana Lyons Telephone Number 208 816 8027
Mailing Address 1609 Battle Ridge Road City KOOSKIA
State ID Zip 83539 Email ablyons@groidaho.net

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 Alana Lyons Date 3-28-17
(Include your title, if on behalf of company or organization)

WRITER OR
POINT PEN

State of Idaho
Department of Water Administration

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 Dennis Uirey
Address ST. Louis, Idaho 83552
Owner's Permit No. 81-74-N-3

7. WATER LEVEL

Static water level 210 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Temperature _____ ° F. Quality Good
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

☐ Pump ☐ Bailer ☒ Other Air
Discharge G.P.M. 600 Draw Down 140 PSI Hours Pumped 3 hrs

3. PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Test ☐ Other (specify type)
☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 12 inches Total depth 505 feet
Casing schedule: ☒ Steel ☐ Concrete
Thickness Diameter From To
0.25 inches 12 inches 0 feet 46 feet
0.25 inches 10 inches 0 feet 427 feet
0.25 inches 8 inches 420 feet 525 feet

Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☒ Torch
Size of perforation 1/2 inches by 12 inches
Number From To
10 perforations 385 feet 427 feet
10 perforations 427 feet 525 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 depth _____ Material used in seal ☐ Cement grout
☒ Puddling clay ☒ Well cuttings
Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing
☒ Overbore to seal depth

LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name _____
Lot No. _____ Block No. _____
County Idaho

10.

Work started Aug 1 1974 finished Aug 19, 1974

11. DRILLERS CERTIFICATION

Firm Name Agua Drilling & Dev. Firm No. 163
Box 1062
Address C.O.A. Idaho Date 8/20/74
Signed by (Firm Official) Agua Drilling & Dev.
and Robert A. Aguiar
Operator

USE ADDITIONAL SHEETS IF NECESSARY FORWARD THE WHITE COPY

RECEIVED
MAR 12 1987

Department of Water Administration