

RECEIVED
JUN 13 2016
DEPT 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 \$ 50.00
Receipt No. W044289
Received By RN
Date Received 6-10-16

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. 63-33469 Telephone No. 208-870-9433
2. Name of Permit Holder(s) ROBERT H. WEST AND/OR ALAYNA N. WEST
3. Mailing Address 5035 WILLOW CREEK RD City EAGLE ID
State ID Zip 83616 Email RHWEST@AOL.COM
4. Source of Water WELL If **GROUND WATER** (well), Date Drilled mo. 9 / yr. 1984
Well Driller DENNIS PHIPPS Drilling Permit Number _____
5. Extent of use(s) completed as authorized by the water right permit:
Domestic (No. of households) 1 Stockwater (No. and type of stock) 4 HORSES
Irrigation (No. of acres) 1.5 Other _____
6. Total rate of diversion or storage volume for which proof is submitted .05 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 ROBERT H. WEST Telephone Number 208-870-9433
Mailing Address 5035 WILLOW CREEK RD City EAGLE
State ID Zip 83616 Email RHWEST@AOL.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 _____

(Include your title, if on behalf of company or organization)

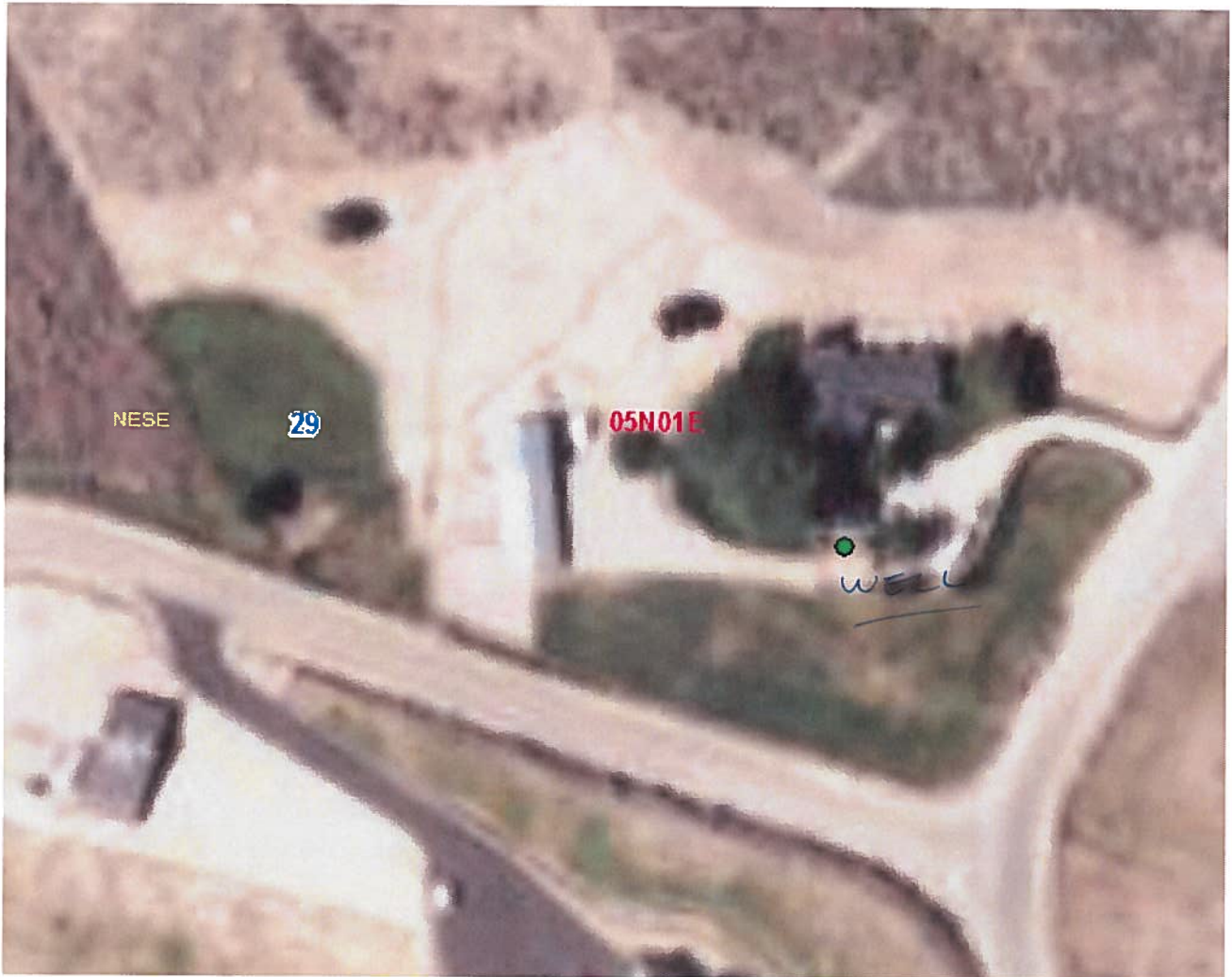
Date 6/10/16

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

ROBERT AND/OR ALASYA

63-33469

5N 1E SEC 29 NESE



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE PENCIL OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name Robert West
Address _____
Owner's Permit No. _____

7. WATER LEVEL

Static water level 220 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below _____

2. NATURE OF WORK

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☒ Pump ☐ Baller ☐ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
60		4

3. PROPOSED USE

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

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
6	0	2	Top Soil		
	2	38	SAND & Clay		
	38	80	SAND		
	80	160	SAND & Clay		
	160	181	SAND		
	181	220	SANDY clay		
	220	255	SAND		
	255	275	Muddy SAND		
	275	370	Coarse SAND		

4. METHOD DRILLED

- ☐
- Rotary
- ☐
- Air
- ☐
- Hydraulic
- ☐
- Reverse rotary
-
- ☒
- Cable
- ☐
- Dug
- ☐
- Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feetWas casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☒ Yes ☐ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inchesNumber _____ From _____ To _____
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feetWell screen installed? ☒ Yes ☐ NoManufacturer's name CookType 301 Model No. _____Diameter 5 Slot size 020 Set from 320 feet to 330 feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 18 Material used in seal: ☐ Cement grout☐ Bentonite ☒ Puddling clay ☐ _____Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

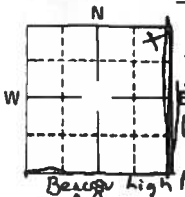
Weld

☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County AdaNE 1/4 NE 1/4 Sec. 32, T. 5 N. R. 1 E.W.

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
compiled with at the time the rig was removed.Firm Name Dennis Phipps Firm No. 332Address 2068 Bentley Date 12/84Signed by (Firm Official) Dennis Phipps

and

(Operator) _____