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JUN 22 2015

WATER RESOURCES  
WESTERN REGIONSTATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**APPLICATION FOR PERMIT**

To appropriate the public waters of the State of Idaho

Ident. No. 63-34097

1. Name of applicant(s) Moonstruck Homeowners Association, Inc. Phone 208-455-8535  
 Name connector (check one): ☐ and ☐ or ☐ and/or  
 Mailing address 15617 Moonbeam Way City Caldwell  
 State ID Zip 83607-5362 Email drmooso@q.com
2. Source of water supply Ground Water which is a tributary of \_\_\_\_\_
3. Location of point(s) of diversion:

| TWP | RGE | SEC | Govt Lot | ¼ | ¼  | ¼  | County | Source       | Local name or tag # |
|-----|-----|-----|----------|---|----|----|--------|--------------|---------------------|
| 3N  | 3W  | 16  |          |   | SE | NW | Canyon | Ground Water | Well 1              |
| 3N  | 3W  | 16  |          |   | SE | NW | Canyon | Ground Water | Well 2              |
|     |     |     |          |   |    |    |        |              |                     |
|     |     |     |          |   |    |    |        |              |                     |

4. Water will be used for the following purposes:
- Amount 0.6 cfs for Irrigation purposes from 3/1 to 11/15 (both dates inclusive)  
 (cfs or acre-feet per year)
- Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
 (cfs or acre-feet per year)
- Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
 (cfs or acre-feet per year)
- Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
 (cfs or acre-feet per year)
5. Total quantity to be appropriated is (a) 0.6 cubic feet per second (cfs) and/or (b) \_\_\_\_\_ acre feet per year (af).
6. Proposed diverting works:
- a. Describe type and size of devices used to divert water from the source. 2 existing wells, pressurized irrigation system
- b. Height of storage dam \_\_\_\_\_ feet; active reservoir capacity \_\_\_\_\_ acre-feet; total reservoir capacity \_\_\_\_\_ acre-feet. If the reservoir will be filled more than once each year, describe the refill plan in item 11. For dams 10 feet or more in height OR reservoirs with a total storage capacity of 50 acre-feet or more, submit a separate Application for Construction or Enlargement of a New or Existing Dam. Application required? ☐ Yes ☐ No
- c. Proposed well diameter is \_\_\_\_\_ inches; proposed depth of well is \_\_\_\_\_ feet.
- d. Is ground water with a temperature of greater than 85°F being sought? ☐ Yes ☒ No (see attached drilling reports)
- e. If well is already drilled, when? \_\_\_\_\_; drilling firm \_\_\_\_\_;  
 well was drilled for (well owner) \_\_\_\_\_; Drilling Permit No. \_\_\_\_\_
7. Description of proposed uses (if irrigation only, go to item 8):
- a. Hydropower; show total feet of head and proposed capacity in kW. \_\_\_\_\_
- b. Stockwatering; list number and kind of livestock. \_\_\_\_\_
- c. Municipal; complete and attach the [Municipal Water Right Application Checklist](#).
- d. Domestic; show number of households \_\_\_\_\_
- e. Other; describe fully. \_\_\_\_\_

8. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of the use (example: D for Domestic) in the corresponding place of use below.  
See instructions for standard symbols.

| TWP | RGE | SEC | NE |    |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    | TOTALS |
|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE |        |
| 3N  | 3W  | 16  |    |    |    |    |    |    |    | 27 | 18 |    |    |    |    |    |    |    | 45     |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |

Total number of acres to be irrigated: 45

9. Describe any other water rights used for the same purposes as described above. Include water delivered by a municipality, canal company, or irrigation district. If this application is for domestic purposes, do you intend to use this water, water from another source, or both, to irrigate your lawn, garden, and/or landscaping?

63-2761A

10. a. Who owns the property at the point of diversion? Applicant
- b. Who owns the land to be irrigated or place of use? Moonstruck HOA members
- c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing:  
The pressurized irrigation system is managed by the HOA per the subdivision's CC & Rs

11. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary.

See attached

12. Time required for completion of works and application of water to proposed beneficial use is 5 years (minimum 1 year).

13. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½" x 11" map clearly identifying the proposed point of diversion, place of use, section #, township & range. A photocopy of a USGS 7.5 minute topographic quadrangle map is preferred.

The information contained in this application is true to the best of my knowledge. I understand that any willful misrepresentations made in this application may result in rejection of the application or cancellation of an approval.

Signature of Applicant

Signature of Applicant

Print Name (and title, if applicable)

Print Name (and title, if applicable)

Received by

Date

For Department Use:

Time

Preliminary check by

Fee \$

Received by

Receipt No.

Date

**11. Application Remarks:**

The proposed place of use is Moonstruck Subdivision, Phases 1, 2 and 3. The purpose of this application is to add a second well (Well 2) located on Lot 12, Block 5, Phase 2, to the subdivision's existing pressurized irrigation system. Well 2 is existing, but not in use. The subdivision has been developed and currently uses a well (Well 1) located on Lot 7, Block 7, Phase 1 for irrigation authorized under water right 63-2761A.

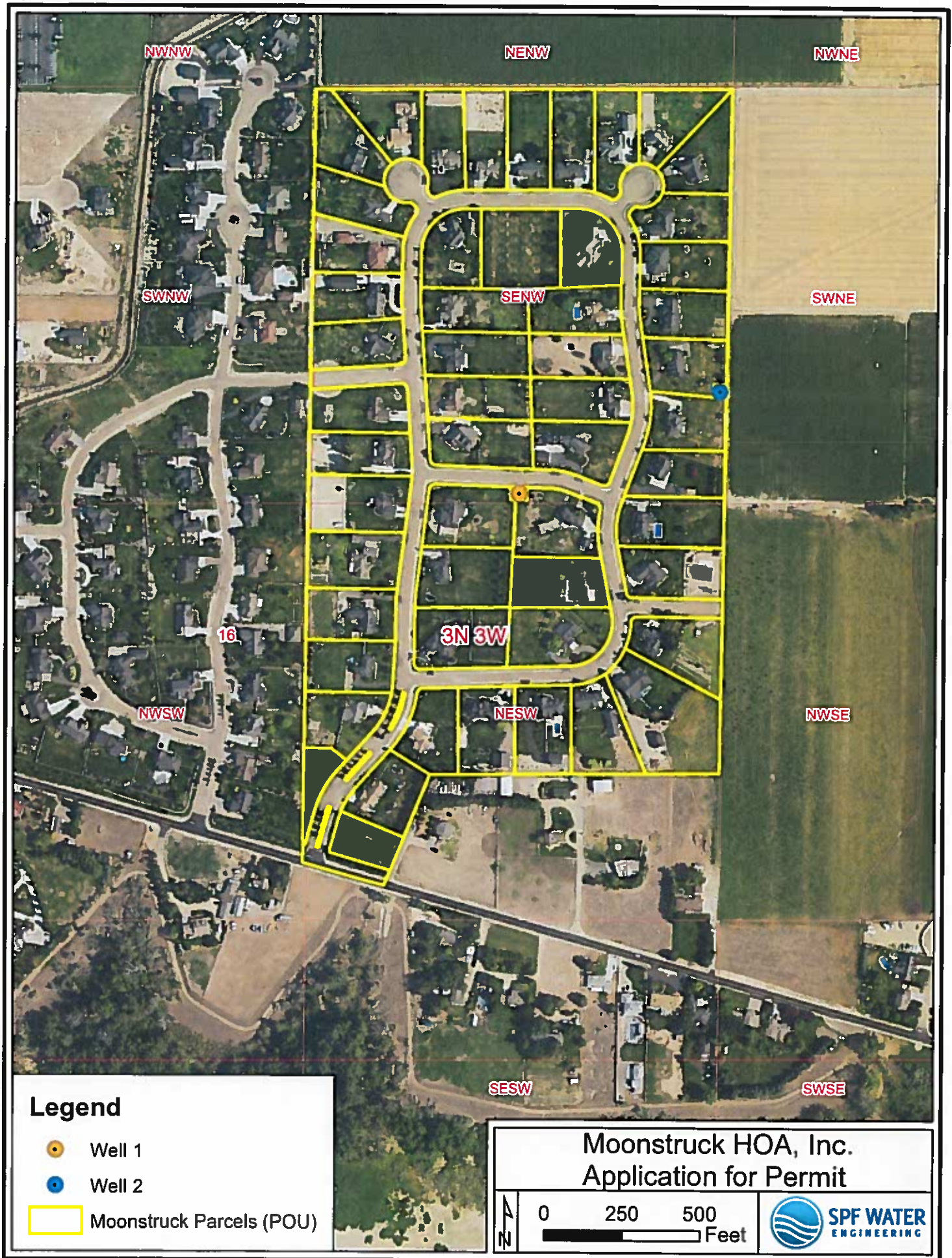
Excluding the two well lots, the place of use consists of 54 irrigated lots that average 1.1 acre in size. Irrigated area was estimated at 75% of the average lot size, which equals approximately 45 acres.

Due to ownership of 63-2761A being distributed among 54 parcels, a transfer application was deemed impractical. Instead, this permit application will allow use of the second well within the HOA operated pressurized irrigation system.

In combination, with 63-2761A, this right will not exceed 1.21 cfs or 360 afa. There is no surface water applicable to the place of use.

Water bearing zone to be appropriated is from 75 to 205 feet.

63-34097



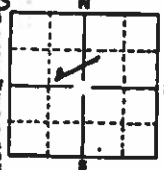
63-34097

USE TYPEWRITER OR  
BALL POINT PENState of Idaho  
Department of Water Resources

## WELL DRILLER'S REPORT

RECEIVED

State 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. MAR 16 1976

| <b>1. WELL OWNER</b><br>Name <u>William C. Rogers</u><br>Address <u>Caldwell, Idaho</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>7. WATER LEVEL</b> Department of Water Resources<br>Static water level <u>50</u> feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____<br>Temperature _____ ° F. Quality _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                   |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>8. WELL TEST DATA</b><br><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Draw Down</th> <th>Hours Pumped</th> </tr> <tr> <td><u>100 G.P.M.</u></td> <td><u>45 FT</u></td> <td><u>4 Hours</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Discharge G.P.M. | Draw Down         | Hours Pumped | <u>100 G.P.M.</u> | <u>45 FT</u>    | <u>4 Hours</u>   |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Draw Down                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Hours Pumped     |                   |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| <u>100 G.P.M.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>45 FT</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>4 Hours</u>   |                   |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Other (specify type) _____<br><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>9. LITHOLOGIC LOG</b> <span style="float: right;">028885</span><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>10</td><td>0</td><td>4</td><td>Top Soil</td><td></td><td></td></tr> <tr><td>10</td><td>4</td><td>7</td><td>HARD PAN</td><td></td><td></td></tr> <tr><td>10</td><td>7</td><td>8</td><td>SANDY CLAY</td><td></td><td></td></tr> <tr><td>10</td><td>8</td><td>25</td><td>GRAVEL CEMENTED</td><td></td><td></td></tr> <tr><td>8</td><td>25</td><td>45</td><td>CEMENTED GRAVEL</td><td></td><td></td></tr> <tr><td>8</td><td>45</td><td>95</td><td>SANDY CLAY</td><td></td><td></td></tr> <tr><td>8</td><td>95</td><td>105</td><td>YELLOW CLAY</td><td></td><td></td></tr> <tr><td>8</td><td>105</td><td>155</td><td>CLAY YELLOW SANDY</td><td></td><td></td></tr> <tr><td>8</td><td>155</td><td>160</td><td>SAND FINE</td><td></td><td></td></tr> <tr><td>8</td><td>160</td><td>188</td><td>SANDY CLAY</td><td></td><td></td></tr> <tr><td>8</td><td>188</td><td>202</td><td>SAND FINE (PAN)</td><td></td><td></td></tr> <tr><td>8</td><td>202</td><td>205</td><td>CLAY STICKY</td><td></td><td></td></tr> </tbody> </table> | Hole Diam.       | Depth             |              | Material          | Water           |                  | From            | To                | Yes             | No              | 10              | 0                 | 4               | Top Soil        |                 |        | 10   | 4  | 7                  | HARD PAN   |            |                    | 10         | 7          | 8                  | SANDY CLAY |            |  | 10 | 8 | 25 | GRAVEL CEMENTED |  |  | 8 | 25 | 45 | CEMENTED GRAVEL |  |  | 8 | 45 | 95 | SANDY CLAY |  |  | 8 | 95 | 105 | YELLOW CLAY |  |  | 8 | 105 | 155 | CLAY YELLOW SANDY |  |  | 8 | 155 | 160 | SAND FINE |  |  | 8 | 160 | 188 | SANDY CLAY |  |  | 8 | 188 | 202 | SAND FINE (PAN) |  |  | 8 | 202 | 205 | CLAY STICKY |  |  |
| Hole Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  | Material          | Water        |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
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| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4                | Top Soil          |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7                | HARD PAN          |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8                | SANDY CLAY        |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 25               | GRAVEL CEMENTED   |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 45               | CEMENTED GRAVEL   |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 95               | SANDY CLAY        |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 105              | YELLOW CLAY       |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 155              | CLAY YELLOW SANDY |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 155                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 160              | SAND FINE         |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 160                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 188              | SANDY CLAY        |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 188                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 202              | SAND FINE (PAN)   |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 205              | CLAY STICKY       |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                   |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| <b>5. WELL CONSTRUCTION</b><br>Diameter of hole <u>8</u> inches Total depth <u>204</u> feet<br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td><u>250</u> inches</td><td><u>8</u> inches</td><td><u>1'8"</u> feet</td><td><u>188</u> feet</td></tr> <tr><td><u>250</u> inches</td><td><u>5</u> inches</td><td><u>173</u> feet</td><td><u>188</u> feet</td></tr> <tr><td><u>250</u> inches</td><td><u>5</u> inches</td><td><u>199</u> feet</td><td><u>204</u> feet</td></tr> </tbody> </table> Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr> <tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr> <tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr> </tbody> </table> Well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Manufacturer's name <u>JACKSON</u><br>Type <u>STAINLESS</u> Model No. <u>405</u><br>Diameter <u>5</u> Slot size <u>30</u> Set from <u>188</u> feet to <u>199</u> feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>20</u> Material used in seal <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Pudding clay <input type="checkbox"/> Well cuttings<br>Sealing procedure used <input type="checkbox"/> Shurry pit <input type="checkbox"/> Temporary surface casing<br><input type="checkbox"/> Overbars to seal depth | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Diameter         | From              | To           | <u>250</u> inches | <u>8</u> inches | <u>1'8"</u> feet | <u>188</u> feet | <u>250</u> inches | <u>5</u> inches | <u>173</u> feet | <u>188</u> feet | <u>250</u> inches | <u>5</u> inches | <u>199</u> feet | <u>204</u> feet | Number | From | To | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet | _____ feet |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Diameter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | From             | To                |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>8</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>1'8"</u> feet | <u>188</u> feet   |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>5</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>173</u> feet  | <u>188</u> feet   |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>5</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>199</u> feet  | <u>204</u> feet   |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | To               |                   |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____ feet       |                   |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____ feet       |                   |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____ feet       |                   |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br> Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>CANYON</u><br><u>SE 1/4 NW 1/4 Sec 16 T. 3 N. R. 3 W.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>10.</b> Work started <u>1/28/76</u> finished <u>3/5/76</u><br><b>11. DRILLER'S CERTIFICATION</b><br>Firm Name <u>W. T. Drilling</u> Firm No. _____<br>Address <u>Caldwell, Idaho</u> Date <u>3/6/76</u><br>Signed by (Firm Official) <u>Kenneth W. W.</u><br>and<br>(Operator) <u>Claude DuFoe</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                   |              |                   |                 |                  |                 |                   |                 |                 |                 |                   |                 |                 |                 |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |   |    |                 |  |  |   |    |    |                 |  |  |   |    |    |            |  |  |   |    |     |             |  |  |   |     |     |                   |  |  |   |     |     |           |  |  |   |     |     |            |  |  |   |     |     |                 |  |  |   |     |     |             |  |  |

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

03-34097

**WELL LOG AND REPORT TO THE  
STATE RECLAMATION ENGINEER OF IDAHO**

027702

**RECEIVED**

Log No. APR 28 1960

Re Department of \_\_\_\_\_ 19\_\_

Well No. \_\_\_\_\_

Permit No. \_\_\_\_\_

(DO NOT FILL IN)

Owner Louis Besch Address Route 4, Coldwell  
 Driller Cutler Drilling Co Address Rt 1 Box 1-082 Nampa Lic. No. 113  
 Location of Well: SE 1/4 NW 1/4 Sec. 16, T. 3 N. R. 3 W. Canyon County,  
 and 350 feet N. and 10 feet E. from SE Corner of SE 1/4 NW 1/4 Sec. 16  
 Size of Drilled Hole 22 inch Total depth of Well 156 Ft.  
 Give depth of standing water from surface 78 Ft. Water Temp. 68 °Fahrenheit  
 On pumping test delivery was 550 g.p.m. or \_\_\_\_\_ c.f.s. Drawdown was 48 feet.  
 Size of pump and motor used to make the test 10" Bowls 275 H.P. Diesel  
 Length of time pumped during check was 6 hr., 15 minutes.  
 If flowing well, give flow in c.f.s. \_\_\_\_\_ or g.p.m. \_\_\_\_\_ and shut in pressure \_\_\_\_\_  
 If flowing well, describe control works \_\_\_\_\_  
 (TYPE AND SIZE OF VALVE, ETC.)  
 Water will be used for Irrigation Weight of casing per linear foot 24.3 lbs.  
 Thickness of casing .188 inch Casing material Bare Steel Pipe  
 E.G., PIPE, CONCRETE, WOOD.  
 Diameter, length and location of casing 11 5/8" I.D. 155 Ft. Located in center of hole.  
 (CASING 12" IN DIAMETER AND UNDER GIVE INSIDE DIAMETER;  
 CASING OVER 12" IN DIAMETER GIVE OUTSIDE DIAMETER.)  
 Number and size of perforations 432 5/32" x 6" located 75 feet to 155 feet  
 from surface of ground.  
 Other perforations None  
 Date of commencement of well March 29, 1960 Date of completion of well April 16, 1960  
 Type of well rig Rotary

**CASING RECORD**

| DIAM.<br>CASING | FROM<br>FEET | TO<br>FEET | LENGTH | REMARKS -- SEALS, GROUTING, ETC.                    |
|-----------------|--------------|------------|--------|-----------------------------------------------------|
| 12" O.D.        | 0            | 155        | 155    | Packed with 5/8" pea gravel.<br>Bullnosed on bottom |

**GENERAL INFORMATION—Pumping Test, Quality of Water, Etc.**

Testing done by H.T. Wood Co. Boise. Data furnished by Wood Co.

SE NW 1/4 S. 16 3 N 3 W

027703

## WELL LOG

| From<br>Foot                              | To<br>Foot | Type of Material    | Drilling Time |      | Water-bearing<br>Formation<br>Ans. Yes or No | Casing<br>Perforated<br>Ans. Yes or No |
|-------------------------------------------|------------|---------------------|---------------|------|----------------------------------------------|----------------------------------------|
|                                           |            |                     | Hrs.          | Min. |                                              |                                        |
| 0                                         | 3          | Soil                | ↑             |      |                                              | No                                     |
| 3                                         | 4          | Hardpan             |               |      |                                              | "                                      |
| 4                                         | 5          | Sand                |               |      |                                              | "                                      |
| 5                                         | 9          | Hardpan             | 4             | 15   |                                              | "                                      |
| 9                                         | 15         | Red Brown Sand      |               |      |                                              | "                                      |
| 15                                        | 25         | Cobblestones        | ↑             |      | ↓                                            | "                                      |
| 25                                        | 35         | "                   | 12            | 0    |                                              | "                                      |
| 35                                        | 45         | "                   |               |      | ↓                                            | "                                      |
| 45                                        | 55         | "                   | ↑             |      |                                              | "                                      |
| 55                                        | 60         | "                   | 13            | 0    |                                              | "                                      |
| 60                                        | 64         | Clay                |               |      | ↓                                            | "                                      |
| 64                                        | 74         | Sand                | ↑             |      |                                              | "                                      |
| 74                                        | 78         | "                   | 2             | 45   |                                              | Yes                                    |
| 78                                        | 81         | Clay                |               |      |                                              | "                                      |
| 81                                        | 90         | Sand w/clay streaks | ↑             |      | ↓                                            | "                                      |
| 90                                        | 100        | Sandy clay          | 5             | 5    |                                              | "                                      |
| 100                                       | 110        | Clay                |               |      | ↓                                            | "                                      |
| 110                                       | 120        | Cemented sand       | ↑             |      |                                              | "                                      |
| If more space is required use Sheet No. 2 |            |                     |               |      |                                              |                                        |

## WELL DRILLERS STATEMENT

This well was drilled under my jurisdiction and the above information is true and correct to the best of my knowledge and belief.

Signed Cecil Drilling Co.By Remond R. CelsterDated April 18, 1960License No. 113

63-34097





**State of Idaho**

**DEPARTMENT OF WATER RESOURCES**

Western Region, 2735 Airport Way • Boise, Idaho 83705-5082

Phone: (208) 334-2190 • Fax: (208) 334-2348 • Web Site: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

February 25, 2016

**C. L. "BUTCH" OTTER**  
Governor

**GARY SPACKMAN**  
Director

**MOONSTRUCK HOMEOWNERS ASSOCIATION INC**  
15617 MOONBEAM WAY  
CALDWELL, ID 83607-5362

Application for Permit No. 63-34097

Dear Applicant(s):

The Department of Water Resources has received your water right application. Please refer to the number referenced above in all future correspondence regarding this application.

A legal notice of the application has been prepared and is scheduled for publication in the PRESS TRIBUNE on 3/3/2016 and 3/10/2016. Protests to this application may be submitted for a period ending ten (10) days after the second publication.

If the application is protested, you will be sent a copy of each protest. All protests must be resolved before the application can be considered for approval. If the protest(s) cannot be resolved voluntarily, the Department will conduct a conference and/or hearing on the matter.

If the application is not protested, the Department will process your application and notify you of any action taken on the application. If your application is approved, the Department will send you a copy of the permit.

Please contact this office if you have any questions regarding the application.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rachel Neely', is written over a horizontal line.

Rachel Neely  
Administrative Assistant

CC:  
SPF WATER ENGINEERING LLC  
C/O LORI GRAVES  
300 E MALLARD DR STE 350  
BOISE, ID 83706

**Neely, Rachel**

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**From:** Neely, Rachel  
**Sent:** Thursday, February 25, 2016 8:50 AM  
**To:** 'IDAHO PRESS TRIBUNE'  
**Subject:** Canyon Legal Ads  
**Attachments:** Canyon Cover Letter.docx; Canyon Legal Ad.docx

Good Morning Legal Clerk,

Please see the attached ads for publication on 3/3/2016 & 3/10/2016.

Please confirm these are okay to publish as shown.

Thank you,

---

*Rachel Neely*

Administrative Assistant I  
IDWR-Western Region  
2735 Airport Way Boise, ID 83705  
[Rachel.Neely@idwr.idaho.gov](mailto:Rachel.Neely@idwr.idaho.gov)

February 25, 2016

LEGAL NOTICE DEPARTMENT  
PRESS TRIBUNE  
PO BOX 9399  
NAMPA, ID 83652

RE: Application for Permit No. 63-34085  
Application for Permit No. 63-34170  
Application for Permit No. 63-34097  
Application for Permit No. 63-34118  
Application for Permit No. 63-34179  
Application for Transfer No. 80585,  
Water Right No(s): 63-11205, 63-28919

Dear Legal Notice Department:

Please publish the enclosed legal notices on the dates indicated (once a week for two consecutive weekly issues). If you cannot publish the notices on the proposed dates, please contact us immediately.

An affidavit of publication must be submitted to the Department along with the publication bill. Please send the affidavit and bill to this office before 3/21/2016. Your cooperation is appreciated.

Sincerely,

Rachel Neely  
Administrative Assistant

Enclosure(s)

The following applications have been filed to appropriate the public waters of the State of Idaho:

**63-34085**

**REYNOLDS IRRIGATION DISTRICT**

**PO BOX 12**

**MELBA, ID 83641**

**Points of Diversion SWNE NENE S9 T01S R02W CANYON County Source WARM SPRINGS CREEK Tributary SNAKE RIVER**

**Points of Diversion SWSE SESE S3 T01S R02W CANYON County Source WARM SPRINGS CREEK Tributary SNAKE RIVER**

**Points of Diversion NWNE NWNW S10 T01S R02W CANYON County Source WARM SPRINGS CREEK Tributary SNAKE RIVER**

**Use: POWER 01/01 to 12/31 13.56 CFS**

**Total Diversion: 13.56 CFS**

**Date Filed: 5/18/2015**

**Place of Use: POWER**

**T01S R02W S17 NWNE**

**63-34170**

**CHRISTINA A LINCOLN**

**COTTONWOOD RETRIEVERS**

**JAKE COON**

**22195 LOOK LN**

**CALDWELL, ID 83607**

**Points of Diversion SESW NESW S8 T04N R03W CANYON County Source UNNAMED DRAIN Tributary BOISE RIVER**

**Use: COMMERCIAL 01/01 to 12/31 3 CFS**

**Use: COMMERCIAL 10/01 to 04/01 2.5 CFS**

**Use: COMMERCIAL STORAGE 01/01 to 12/31 1447 AF**

**Use: COMMERCIAL STORAGE 10/01 to 04/01 717 AF**

**Use: DIVERSION TO STORAGE 01/01 to 12/31 3 CFS**

**Use: DIVERSION TO STORAGE 10/01 to 04/01 2.5 CFS**

**Use: IRRIGATION 03/01 to 11/15 0.76 CFS**

**Use: WILDLIFE 01/01 to 12/31 3 CFS**

**Use: WILDLIFE 10/01 to 04/01 2.5 CFS**

**Use: WILDLIFE STORAGE 01/01 to 12/31 1447 AF**

**Use: WILDLIFE STORAGE 10/01 to 04/01 717 AF**

**Total Diversion: 5.5 CFS**

**Date Filed: 11/19/2015**

**Places of Use: IRRIGATION, COMMERCIAL, WILDLIFE, COMMERCIAL STORAGE, WILDLIFE STORAGE**

**T04N R03W S8 NESW SWSW SESW**

**Total Acres: 38**

**63-34097**

**MOONSTRUCK HOMEOWNERS ASSOCIATION INC**

**15617 MOONBEAM WAY**

**CALDWELL, ID 83607-5362**

**(2)Points of Diversion SENW S16 T03N R03W CANYON County Source GROUND WATER**

**Use: IRRIGATION 03/01 to 11/15 0.6 CFS**

**Total Diversion: 0.6 CFS**

**Date Filed: 6/22/2015**

**Place of Use: IRRIGATION**

**T03N R03W S16 SENW NESW**

**Total Acres: 45**

**Water bearing zone to be appropriated is from 75 to 205 feet.**

**63-34118**

**DAVID HEBERT**

**AMY HEBERT**

**10100 GABICA ST**

**MIDDLETON, ID 83644**

**(2)Points of Diversion L1(SESE) S8 T04N R02W CANYON County Source GROUND WATER**

**Point of Diversion L1(SESE) S8 T04N R02W CANYON County Source WASTE WATER Tributary BOISE RIVER**

**Use: AESTHETIC STORAGE 01/01 to 12/31 12 AF**

**Use: DIVERSION TO STORAGE 01/01 to 12/31 0.26 CFS**

**Use: IRRIGATION 03/01 to 11/15 0.15 CFS**

**Use: IRRIGATION FROM STORAGE 03/01 to 11/15 25 AF**

**Use: IRRIGATION STORAGE 03/01 to 11/15 25 AF**

**Use: RECREATION STORAGE 01/01 to 12/31 12 AF**

**Total Diversion: 0.26 CFS**

**Date Filed: 7/24/2015**

**Places of Use: AESTHETIC STORAGE, RECREATION STORAGE, IRRIGATION, IRRIGATION STORAGE, IRRIGATION FROM STORAGE**

**T04N R02W S8 L1(SESE)**

**Total Acres: 5**

**Water bearing zone to be appropriated is from 0 to 20 feet.**

**63-34179**

**DANDREW WINE LLC**

**1910 FAIRVIEW AVE EAST**

**SUITE 400**

**SEATTLE, WA 98102**

**(4)Points of Diversion SWSE S23 T03N R04W CANYON County Source GROUND WATER**

Use: COMMERCIAL 01/01 to 12/31 0.24 CFS

Total Diversion: 0.24 CFS

Date Filed: 12/17/2015

Place of Use: COMMERCIAL

T03N R04W S23 SWSE

Water bearing zone to be appropriated is from 50 to 400 feet.

#### NOTICE OF PROPOSED CHANGE OF WATER RIGHT

##### TRANSFER NO. 80585

DANDREW WINE LLC, 1910 FAIRVIEW AVE EAST SUITE 400, SEATTLE, WA 98102, has filed Application No. 80585 for changes to the following water rights within CANYON County(s): Right No(s). 63-11205, 63-28919; to see a full description of these rights and the proposed transfer, please see [www.idwr.idaho.gov/apps/wr/QueryNewTransfers/QueryNewTransfers.aspx](http://www.idwr.idaho.gov/apps/wr/QueryNewTransfers/QueryNewTransfers.aspx). This transfer proposes combining three existing wells, and adding a new well to reflect all four wells as an integrated system with a total diversion rate of 0.17 cfs. All four wells are/will be at the Ste Chapelle Winery. The transfer also proposes a change in nature of use for one of the rights to be listed as fully commercial use upon transfer approval.

Permits will be subject to all prior water rights. For additional information concerning the property location, contact Western Region office at 208-334-2190; or for a full description of the right(s) or proposed transfer (s) please see [www.idwr.idaho.gov/WaterManagement/WaterRights](http://www.idwr.idaho.gov/WaterManagement/WaterRights). Protests may be submitted based on the criteria of Idaho Code §§ 42-203A and 42-222. Any protest against the approval of the application(s) must be filed with the Director, Dept. of Water Resources, Western Region, 2735 Airport Way, Boise, ID 83705 together with a protest fee of \$25.00 for each application on or before 3/21/2016. The protestant must also send a copy of the protest to the applicant.

GARY SPACKMAN, Director

Published on 3/3/2016 and 3/10/2016

## Merriman, Danielle

---

**From:** Lori Graves [LGraves@spfwater.com]  
**Sent:** Thursday, February 11, 2016 8:08 AM  
**To:** Merriman, Danielle  
**Subject:** FW: Moonstruck Homeowners Association (63-34097)

Here you go Danielle. Darin Mooso followed up on your questions. Please let me know if you need anything else.

**From:** CenturyLink Customer [mailto:drmooso@q.com]  
**Sent:** Thursday, February 11, 2016 8:05 AM  
**To:** Lori Graves <LGraves@spfwater.com>  
**Subject:** Re: Moonstruck Homeowners Association (63-34097)

The secretary of state now has updated officers on the web site. The previous owner of the land says that he has recorded a change in the title company for the well site put in moonstruck's name. So let me know if you are having any troubles

Darin

**From:** Lori Graves  
**Sent:** Monday, December 28, 2015 9:35 AM  
**To:** 'drmooso@q.com' <[drmooso@q.com](mailto:drmooso@q.com)>  
**Cc:** Terry Scanlan <[TScanlan@spfwater.com](mailto:TScanlan@spfwater.com)>  
**Subject:** FW: Moonstruck Homeowners Association (63-34097)

Good Morning Darin,

Can you please help me answer the latest two questions from the Department regarding your authority to sign and ownership of the Well #2 site? You can either call me to discuss or reply to me by email. Thanks David.

Lori Graves

208-383-4140

**From:** Merriman, Danielle [<mailto:Danielle.Merriman@idwr.idaho.gov>]  
**Sent:** Tuesday, December 22, 2015 10:50 AM  
**To:** Lori Graves <[LGraves@spfwater.com](mailto:LGraves@spfwater.com)>  
**Subject:** RE: Moonstruck Homeowners Association (63-34097)

Good Morning Lori,

I have a couple more follow up questions for your regarding the App for Permit from Moonstruck HOA Inc.

1. The Secretary of State Business Entity Report states that, as of 4/28/15, Steven Mitchell is the president of the HOA. The application was submitted after this, on 6/22/15, and was signed by Darin Mooso. Was Darin Mooso President of the HOA at the time of the submission? If not, what gives him authority to sign on behalf of the HOA?
2. Well number 2 is located on land owned by BELAIR LAND LLC HOMEOWNERS ASSOCIATION INC according to tax lot data from the Canyon County Assessor's website on 11/24/2015. Is Moonstruck HOA related to this other HOA entity? What arrangement does Moonstruck have with Belair that enables them to make this filing?

Thanks Lori!

Danie Merriman

*Water Resource Agent*

*Idaho Department of Water Resources*

*Phone: (208) 334-2190*

*Fax: (208) 334-2348*

*Email: [danie.merriman@idwr.idaho.gov](mailto:danie.merriman@idwr.idaho.gov)*

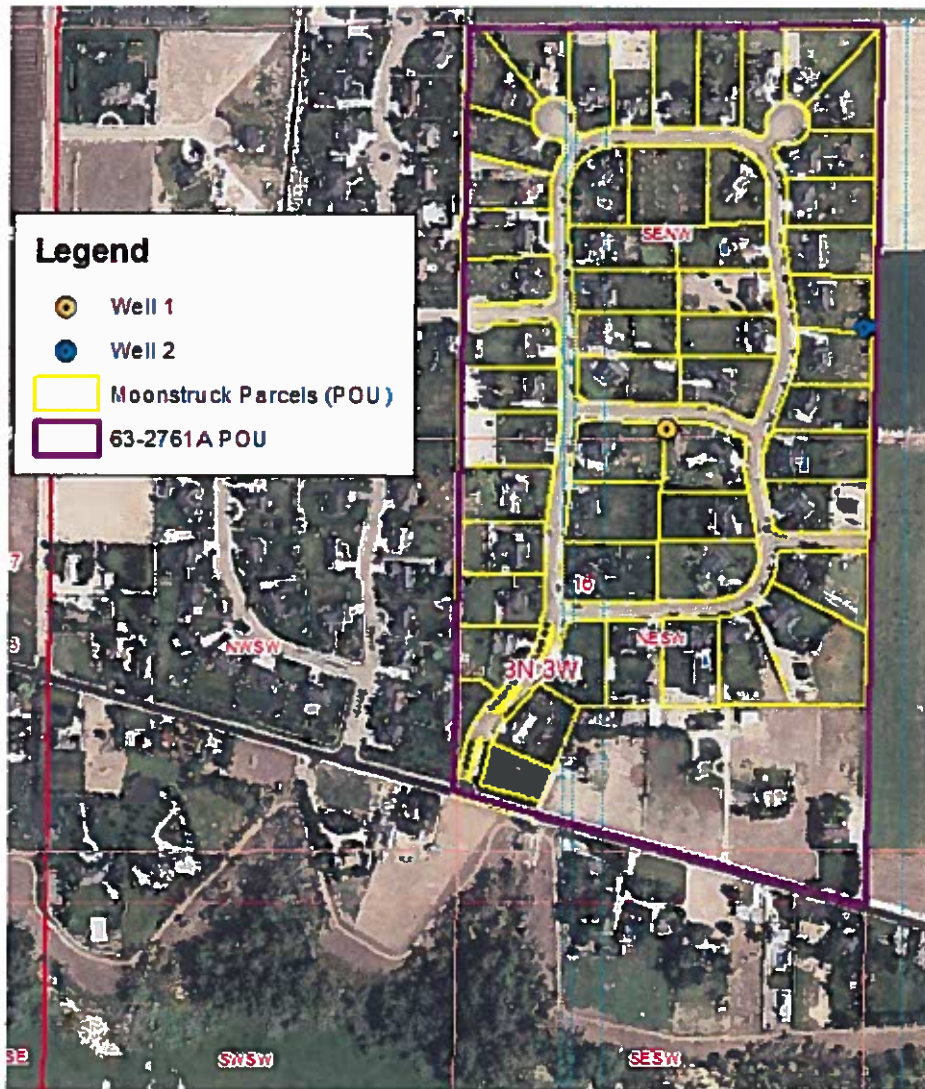
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**From:** Lori Graves [<mailto:LGraves@spfwater.com>]  
**Sent:** Monday, November 09, 2015 9:48 AM  
**To:** Merriman, Danielle  
**Cc:** Terry Scanlan; [drmooso@q.com](mailto:drmooso@q.com)  
**Subject:** RE: Moonstruck Homeowners Association (63-34097)

Good Morning Danielle,

Thank you for your attention to the Moonstruck application (63-34097). The following are responses to your questions.

1. The proposed 0.60 flow rate is based on the capacity of Well 2. Flow rate from Well 1 is covered under water right 63-2761A.
2. Water right 63-2761A authorizes irrigation of 80 acres at 1.21 cfs (0.015 cfs/acre) and full volume. Moonstruck Subdivision encompasses 69 of the 80 acres. The remaining 11 acres are private lots outside the subdivision and are not connected to the pressurized irrigation system. Within the subdivision, there are 54 irrigated lots that average 1.1 acre in size. Irrigated area is estimated at 75% of the average lot size, which equates to 45 acres. Full appropriation for 45 acres is 0.90 cfs. Based on the 1.04 cfs of water right 63-2761A appurtenant to the subdivision area, a combined limit is a realistic assumption.
3. As shown below, the subdivision area encompasses 69 of the 80 acres authorized under water right 63-2761A. The other 11 acres are either on municipal water or private systems and are not connected to either Well 1 or 2. The wells will only serve the subdivision.



Please let me know if you have any further questions. Thanks Danielle.

Regards,

Lori Graves

**From:** Merriman, Danielle [<mailto:Danielle.Merriman@idwr.idaho.gov>]

**Sent:** Tuesday, November 03, 2015 10:58 AM

**To:** Lori Graves <[LGraves@spfwater.com](mailto:LGraves@spfwater.com)>

**Subject:** Moonstruck Homeowners Association (63-34097)

Good Morning Lori,

I am writing to you in regard to Application for Permit 63-34097 for Moonstruck Homeowners Association, Inc. I am processing the request and have a couple of questions about aspects of the application form.

1. The request is for 0.6 cfs to irrigate 45 acres. How did you calculate this 0.6 cfs?
2. I understand that this proposal is to add a point of diversion to the system without applying for what would be a complicated transfer. You say that this proposal, in combination with 63-2761A, will not exceed 1.21 cfs. This combined limit would eliminate the potential to license any incremental increase in use. Can you please explain why you are proposing this combined limit?
3. The currently used well irrigates 80 acres of land. You are proposing to use this well along with another existing (but not used) well for the 45 acres of lawn. Will the currently used well continue to water the 35 acres south of the proposed POU? Will either well be used for anything besides 63-34097 or 63-2761A?

Thanks for getting back to me with these follow up questions. Please let me know if you need any clarifying information.

Thanks!

Danie Merriman

*Water Resource Agent*

*Idaho Department of Water Resources*

*Phone: (208) 334-2190*

*Fax: (208) 334-2348*

*Email: [danie.merriman@idwr.idaho.gov](mailto:danie.merriman@idwr.idaho.gov)*



**SPF WATER**  
ENGINEERING

June 19, 2015

**RECEIVED**

**JUN 22 2015**

**WATER RESOURCES  
WESTERN REGION**

Angie Grimm  
IDWR Western Region Office  
2735 Airport Way  
Boise, ID 83705

***Subject: Application for Permit***

Dear Angie,

Enclosed on behalf of Moonstruck HOA, Inc., is an *Application for Permit* requesting use of an existing 2nd well in their pressurized irrigation system authorized under water right 63-2761A. Please see remarks attached to the application for details, including why a permit application was filed rather than a transfer application.

Check No. 3125 for \$250 is enclosed for the filing fee. Thank you very much for your consideration and assistance in this matter. Please call me if you have any questions.

Sincerely,

Lori Graves  
Water Rights Specialist

Cc: Darin Mooso, HOA President

Enclosures

SPF file number: 1182.0010