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DEC 22 2015

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

FOR OFFICE USE ONLY	
Amt. of Fee \$	275
Receipt No.	0101336
Received By	dl
Date Received	12-22-15

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** and that water has been applied to beneficial use to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, contact any Department office or visit the Department's website at idwr.idaho.gov for an *Assignment of Permit* form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

- Permit No. 71-10949 Telephone No. 208-837-6053
- Name of Permit Holder(s) Salmon Falls Land & Livestock
- Mailing Address c/o Mike Henslee, V.P., 95-A Bell Rapids Rd. City Hagerman
State ID Zip 83332 Email mjhenslee@gmail.com
- Source of Water Ground Water If **GROUND WATER** (well), Date Drilled mo. Sept. / yr. 2015
Well Driller Stevens & Sons Drilling Permit Number 875782
- Extent of use(s) completed as authorized by the water right permit:
Domestic (No. of households) _____ Stockwater (No. and type of stock) 1800 Range Cattle
Irrigation (No. of acres) 968.2 Other _____
- Total rate of diversion or storage volume for which proof is submitted 7.84 cfs OR _____ acre-feet.
- Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit:
Refer to the approval conditions on your permit and respond accordingly.
The Department will not issue a license if permit conditions are not met.

Measuring Device	Is a measuring device required?	Yes ☒	No ☐
	If yes, has the measuring device been installed?	Yes ☒	No ☐
Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes ☒	No ☐
	If yes, has the lockable device been installed?	Yes ☒	No ☐
Fish Screen	Is a fish screen required?	Yes ☐	No ☒
	If yes, has the fish screen been installed?	Yes ☐	No ☒

Other Conditions of Permit

Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

Completed? Yes ☐ No ☒

- Fee Enclosed \$ 275 or not applicable ☐. See fee schedule on page 2 of the instructions.
Proof statements filed without an appropriate fee, will be considered incomplete.
- Person to contact to accompany the Department representative during field examination of the water system.
Name Mike Henslee Telephone Number 208-539-7252
Mailing Address same as above City _____
State _____ Zip _____ Email mjhenslee@gmail.com

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of Permit Holder

by Michael J. Henslee V.P.
(Include your title, if on behalf of company or organization)

Date

12/15/15

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0070035

Drilling Permit No. 875782 969725-875782
Water right or injection well # 71-10949

2. OWNER:

Name Salmon Falls Land & Livestock Co. Inc.
Address 95-A Bell Rapids Road
City Hagerman State Id. Zip 83332

3. WELL LOCATION:

Twp. 7 North ☒ or South ☐ Rge. 14 East ☒ or West ☐
Sec. 15 1/4 N.E. 1/4 S.E. 1/4Gov't Lot _____ County Custer
Lat. 43 55.981 (Deg. and Decimal minutes)
Long. 114 47.767 (Deg. and Decimal minutes)
Address of Well Site 1.5 miles north of Sawtooth City
City Stanley

Lot _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK:

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

6. DRILL METHOD:

☐ Air Rotary ☐ Mud Rotary ☒ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method/procedure
Bentonite chips	0'	19'	2,500 lbs	Pull back casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Linear	Threaded	Welded
18"	+1.5'	215'	.250	Steel	☒	☐	☐	☒
18"	215'	235'	.375	Steel	☒	☐	☐	☒
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 235'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____
Manufactured screen ☒ Y ☐ N Type Johnson Vee Wire
Method of installation Pull back casing

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
240'	300'	.030	60'	14"	Stainless	

Length of Headpipe 17' Length of Tailpipe 3'
Packer ☒ Y ☐ N Type Figure K slip packer 54" long 16" casing

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____
Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 49' Static water level (ft) 49'
Water temp. (°F) Cold Bottom hole temp. (°F) Cold
Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☐	☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
25"	0'	13'	Topsoil & gravel		X
	13'	19'	Grayish gravel		X
18"	19'	24'	Grayish gravel		X
	24'	26'	Grayish boulders		X
	26'	62'	Brown cemented gravel	X	
	62'	118'	More cemented sand & gravel	X	
	118'	160'	Very cemented sand & gravel	X	
	160'	188'	Sand, less gravel, less cemented	X	
	188'	194'	Cemented sand with sandy clay streaks	X	
	194'	198'	Reddish brown hard sandy clay		X
	198'	220'	Cemented sand & gravel with sandy clay	X	
	220'	235'	Less cemented sand & gravel	X	
16"	235'	257'	Fine to coarse sand, some fine gravel, muddy brown	X	
	257'	280'	Gravel fine to 3"	X	
	280'	303'	Fine to coarse sand, some fine gravel, muddy brown	X	

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SEP 11 2015

WATER RESOURCES
WESTERN REGIONCompleted Depth (Measurable): 303'Date Started: Jul 17, 2015Date Completed: Sep 3, 2015

14. DRILLER'S CERTIFICATION:

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Stevens & Sons Co. No 153Principal Driller [Signature] Date Sep 6, 2015Driller [Signature] Date Sep 6, 2015

Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

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- Name of Permit Holder(s) Salmon Falls Land & Livestock
- Mailing Address c/o Mike Henslee, V.P., 95-A Bell Rapids Rd. City Hagerman
State ID Zip 83332 Email mjhenslee@gmail.com
- Source of Water Ground Water If **GROUND WATER** (well), Date Drilled mo. Dec. / yr. 2012
Well Driller Mountain West Well Drilling Drilling Permit Number 867434
- Extent of use(s) completed as authorized by the water right permit:
Domestic (No. of households) _____ Stockwater (No. and type of stock) 1800 Range Cattle
Irrigation (No. of acres) 968.2 Other _____
- Total rate of diversion or storage volume for which proof is submitted 7.84 cfs OR _____ acre-feet.
- Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit:
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	If yes, has the measuring device been installed?	Yes ☒	No ☐
Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes ☒	No ☐
	If yes, has the lockable device been installed?	Yes ☒	No ☐
Fish Screen	Is a fish screen required?	Yes ☐	No ☒
	If yes, has the fish screen been installed?	Yes ☐	No ☒

Other Conditions of Permit

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Proof statements filed without an appropriate fee, will be considered incomplete.
- Person to contact to accompany the Department representative during field examination of the water system.
Name Mike Henslee Telephone Number 208-539-7252
Mailing Address same as above City _____
State _____ Zip _____ Email _____

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Signature of Permit Holder [Signature: Michael J. Henslee V.P.] Date 12/15/15
(Include your title, if on behalf of company or organization)

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

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

RECEIVED

JAN 07 2013

DEPT OF WATER RESOURCES
SOUTHERN REGION1. WELL TAG NO. D 0062218
Drilling Permit No. 867434

Water right or injection well # _____

2. OWNER: Salmon Falls Land & Livestock

Name _____

Address 95-A Bell Rapids Rd.City Hailey State ID Zip 83332

3. WELL LOCATION:

Twp. 7E North ☒ or South ☐ Rge. 14 East ☒ or West ☐Sec. 23 1/4 SW 1/4 NW 1/4Gov't Lot _____ County BlaineLat. 43 ° 55-23.63N (Deg. and Decimal minutes)Long. 114 ° 47-26.89W (Deg. and Decimal minutes)Address of Well Site 1.5 miles north ofStanley City City Stanley

Lot _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK:

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

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method/procedure
Bentonite	0	51	8.2 bags	Over bars

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
16"	0		.375	Steel	☒	☐	☐	☒
20"	0	145	.321	Steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 2195'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☐ N Method _____Manufactured screen ☒ Y ☐ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
195	220	100		14"	SS	

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☐ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 57 Static water level (ft) 65Water temp. (°F) 52 Bottom hole temp. (°F) _____

Describe access port _____

Well test:

Drowdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>40</u>	<u>1500</u>	<u>246</u>

Test method:

Pump ☒ Bailer ☐ Air ☐ Flowing artesian ☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
24	0	5	clay cobbles		☒
24	5	20	gravel + sand		☒
24	20	30	cobbles + gravel		☒
24	40	50	cobbles + gravel		☒
20	51	59	cobbles + gravel		☒
20	59	63	loose gravel		☒
20	63	70	hard black, bin, red rock	☒	☒
20	70	80	cemented gravel clay	☒	☒
20	80	95	Brown clay + gravel	☒	☒
20	95	117	Brown sand + cobbles	☒	☒
20	117	122	sand + gravel	☒	☒
20	122	140	sand cobbles	☒	☒
20	140	145	cobbles gravel	☒	☒
20	145	165	Boulders	☒	☒
20	165	173	large gravel	☒	☒
20	173	180	small gravel	☒	☒
20	180	200	cobbles + gravel	☒	☒
20	200	215	gravel medium	☒	☒
20	215	220	compact gravel	☒	☒
20	220	235	compact gravel	☒	☒

Completed Depth (Measurable): 225'Date Started: 11-13-12 Date Completed: 12-7-12

14. DRILLER'S CERTIFICATION:

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name MT West Well Drilling Co. No. 543Principal Driller Michael Zedler Date 12-17-12

Driller _____ Date _____

Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.