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DEPARTMENT OF WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY
Amt. of Fee $: 50.00
Receipt No.: C101162
Receipt By: dj
Date Receipted: 11-2-15

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, please contact any Department office or visit the Department's website at: **www.idwr.idaho.gov** for an *Assignment of Permit* form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

1. Permit No.: 63-33367 Telephone No.: 208.459.4017
2. Name of Permit Holder(s): George or Teresa Bock
3. Mailing Address: 2664 Sand Hollow Rd City: Caldwell
   State: ID Zip: 83607 Email: revistio@msn.com
4. Source of Water: well If **GROUND WATER** (well), Date Drilled: mo. 5 / yr. 2010
   Well Driller: Knie Pump & Drilling Drilling Permit Number:
5. Extent of use(s) completed (**as authorized by the water right permit**):
   Domestic (No. of households): X Stockwater (No. and type of stock): 9 Head of Cows & Goats
   Irrigation (No. of acres): 3+ Other:
6. Total rate of diversion or storage volume for which proof is submitted: 0.050 cfs **OR** 20.25 acre-feet.
7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit: **Refer to the approval conditions on your permit and respond accordingly. The Department will not issue a license if permit conditions are not met.**

   Measuring Device: Is a measuring device required? Yes ☐ No ☒
   If yes, has the measuring device been installed? Yes ☐ No ☒

   Lockable Controlling Device: Is a lockable device required to control the diversion? Yes ☐ No ☒
   If yes, has the lockable device been installed? Yes ☐ No ☒

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

   _____ Completed? Yes ☐ No ☐
8. Fee Enclosed: $_____ See fee schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.
9. Person to contact to accompany the Department representative during field examination of the water system.
   Name: Teresa Bock Telephone Number: 208.459.4017
   Mailing Address: 2664 Sand Hollow Rd City: Caldwell
   State: ID Zip: 83607 Email: revistio@msn.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: Teresa Bock Date: 10/27/15
(Include your title, if on behalf of company or organization)

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

Form No. 217 11/09

Form 238-7
6/07

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 005733

Drilling Permit No. _____

Water right or injection well # 63-32780

2. OWNER:

Name George Bock & Teresa Bock

Address 2664 Sand Hollow Rd.

City Caldwell State Id Zip 83607

3. WELL LOCATION:

Twp. 6 North ☐ or South ☐ Rge. 4 East ☐ or West ☐

Sec. 12 SW 1/4 (10 acres) SW 1/4 (40 acres) ____ 1/4 (160 acres)

Gov't Lot _____ County Payette

Lat. 43 ° 57 ' 113 (Deg. and Decimal minutes)

Long. 116 ° 46 ' 084 (Deg. and Decimal minutes)

Address of Well Site 2664 Sand Hollow Rd.

(Give at least name of road + Distance to Road or Landmark) City Caldwell Id

Lot. _____ Blk. _____ Sub. Name _____

4. USE:

☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other ~~[illegible]~~ Domestic, Irrigation

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 ft³)	Placement method/procedure
Pentonite	0	38	1,200	Dry poor
3/8				

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing	Liner	Threaded	Welded
6"	2	289	250	Steel	☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) 289

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☐ N Method Factory

Manufactured screen ☐ Y ☐ N Type Factory 4½" Plastic

Method of installation Set in

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
272	292	20th		1½"	Plastic	40

Length of Headpipe 0 Length of Tailpipe 0

Packer ☐ Y ☐ N Type 2 Packer

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☐ N Artesian Pressure (PSIG) 0

Describe control device 0

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 145 Static water level (ft) 180

Water temp. (°F) 85° or less Bottom hole temp. (°F) 85° or less

Describe access port 6" well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
220	60	120

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	Water N
10"	0	2	Top soil		X
	2	38	Brown sandy clay		
6"	38	60	Brown sandy clay		✓
	60	145	Brown sandy clay		X
	145	158	Brown sand	X	
	158	160	Brown sandy clay		X
	160	220	Brown sandy clay		X
	220	236	Whight sand (Big)	X	
	236	247	Brown clay		X
	247	251	Whight sand (Big)	X	
	251	253	Brown clay		X
	253	254	Brown sand		
	254	257	Brown clay		
	257	261	Brown sand		
	261	288	Brown sand (heaving)		✓
	288	291	Brown clay		X
	291	292	Whight sand (Big)	X	

Completed Depth (Measurable): 292

Date Started: 4/28/2010 Date Completed: 5/6/2010

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 Kriz Pump & Drilling Co. No. 417

*Principal Driller [signature] Date 6/15/2010

*Driller _____ Date _____

*Operator II [signature] Date 6/15/2010

Operator I _____ Date _____

*** Signature of Principal Driller and rig operator are required.**

we have 7 acres we would like to irrigate is it possible to expand our system as indicated in this note.

Teresa Bock.

Copy for your records

- just got well Report

- Screens show water bearing zone 272-292 ft. - into can Add to your Appl. 63-33367 for more Acres to irrigate.

Steve L.
IDWR