

RECEIVED

DEC 07 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 \$: 50.00
Receipt No. N031393
Receipt By: _____
Date Received: 7-27-2015

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: 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.: 95-12783 Telephone No.: (208) 964-11182. Name of Permit Holder(s): Daniel A Loeffler or Susan M Loeffler3. Mailing Address: 18812 N Atlas Rd City: RathdrumState: ID Zip: 83858 Email: _____4. Source of Water: Ground Water * If **GROUND WATER** (well), Date Drilled: mo. _____ / yr. _____

Well Driller: _____ Drilling Permit Number: _____

5. Extent of use(s) completed (as authorized by the water right permit):

Domestic (No. of households): _____ Stockwater (No. and type of stock): _____

Irrigation (No. of acres): _____ Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: .04 cfs OR _____ acre-feet.7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit: **Refer to the approval conditions on your permit and respond accordingly. The Department will not issue a license if permit conditions are not met.**

Measuring Device: Is a measuring device required?

If yes, has the measuring device been installed?

Yes ☐	No ☒
Yes ☐	No ☐

Lockable Controlling Device: Is a lockable device required to control the diversion?

If yes, has the lockable device been installed?

Yes ☐	No ☒
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.

Original Proof Statement submitted 7/27/2015. Fee Receipt #N031393.

Completed?

Yes ☐	No ☐
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8. Fee Enclosed: \$ 50.00 pd 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.

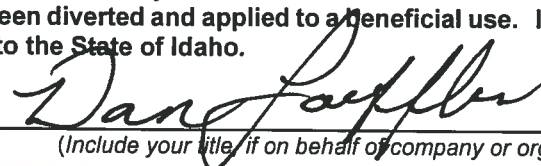
Name: _____ Telephone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

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

Signature of permit holder:



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

Date:

7/30/2015

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

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

1/4 1/4 1/4

Lat: : : Long: : :

1. WELL TAG NO. D0040428

DRILLING PERMIT N _____

Other IDWR No _____

2. OWNER:Name David Hayes DAN LOEFFLERAddress Cleanwater Awnings / P.O. Box 507 18812 ATLAS

City Rathdrum State ID _____ Zip 83858

3. LOCATION OF WELL by legal description:

N	Twp	52N	North	☒ or	South	☐
W	Rge	04W	East	☐ or	West	☒
E	Sec	22	1/4	NW	1/4	NW
S			10 Ac	40 Ac	160 Ac	

Gov't Lot _____ County Kootenai

Lat _____ Long _____

Address of Well Site: (see next line)

18868 N Atlas RD

City Rathdrum

Lot _____ Blk _____ Sub. Name (see next line)

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation

☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____**6. DRILL METHOD**☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____**7. SEALING PROCEDURES**

SEAL/FILTER PACK			Amount	Method
Material	From	To	Sacks/Lbs	
Bentonite	0	-18	7 Sacks	Pour In
Granular				

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 382Drive Shoe Seal Tested? ☐ Y ☒ N How? _____**8. CASING/LINER**

Diam	From	To	Gauge	Material	Casing	Liner	Weld	Thrded
6"	+2	-382	0.250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS☒ Perforations? Method Air Perforator☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casing	Liner
-370	-380	1X1/4	100	6"	Steel	☒	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

265 ft. below ground. Artesian pressure _____ lb.

Depth flow encountered 265 ft. Describe access port or

control devices: Steel Cap Welded

11. WELL TESTS:
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
60+	100%	380	1Hr

Water Temp. _____ Cold Bottom hole temp. _____ Cold

Water Quality test or comments: (below) Depth first Water Encountered 265

Clear, Cold, No Smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	1	Top Soil	☐	☒
8	1	68	Sand & Gravel with Cobbles	☐	☒
8	68	185	Sand & Gravel 3/4 Minus	☐	☒
8	185	265	Sand & Gravel Fine	☐	☒
8	265	270	Sand & Gravel with Clay	☒	☐
8	270	290	Clay & Silt Gray	☐	☒
8	290	315	Sand Black Fine	☒	☐
8	315	350	Sand & Gravel Fine	☒	☐
8	350	382	Sand & Gravel 1 1/4 minus	☒	☐

Completed Depth 380 (Measurable)

Date: Started 7/26/05 Completed 7/27/05

13. DRILLERS CERTIFICATION

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

Firm Name United Drilling Inc. Firm No 414

Firm Official Tim M. Valls pms. Date 7/27/05

Supervisor or Operator Jason C. Beckham Date 7/27/05