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SEP 04 2015

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 \$: 100.00
Receipt No. C100960
Receipt By: _____
Date Received: 9-4-2015

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: 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.: 21-13188 Telephone No.: 208 431-5235
2. Name of Permit Holder(s): Rancho McCrea Water & Sewer Inc
3. Mailing Address: P.O. Box 328 City: Island Park
State: ID Zip: 83429 Email: _____
4. Source of Water: Ground water If **GROUND WATER** (well), Date Drilled: mo. _____ / yr. _____
Well Driller: _____ Drilling Permit Number: See Attached Papers

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

Domestic (No. of households): 57 Stockwater (No. and type of stock): _____

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

6. Total rate of diversion or storage volume for which proof is submitted: 0.53 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 ☐

to be installed
sep. 2015

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.

Completed? Yes ☒ No ☐

8. Fee Enclosed: \$ 100.00 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: Nyle Greenwell Telephone Number: 208-431-5235

Mailing Address: PO Box 328 City: Island Park

State: ID Zip: 83429 Email: NGREENWELL@OUTLOOK.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: Nyle Greenwell President Date: 8-31-15
(Include your title, if on behalf of company or organization)

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

RECEIVED

DEC 2 1968

REPORT OF WELL DRILLER State of Idaho

Department of Reclamation

State law requires that this report shall be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

WELL OWNER: McLean Ranch
Name

Address Shland Park, Idaho

Owner's Permit No.

NATURE OF WORK (check): Replacement well ☐
New well ☒ Deepened ☐ Abandoned ☐

Water is to be used for: house

METHOD OF CONSTRUCTION: Rotary ☐ Cable ☐
Dug ☐ Other ☐ (explain)

CASING SCHEDULE: Threaded ☐ Welded ☒

6" Diam. from 0 ft. to 22 1/4 ft.

"Diam. from ft. to ft.

"Diam. from ft. to ft.

"Diam. from ft. to ft.

Thickness of casing: 280 wall Material:

Steel ☒ concrete ☐ wood ☐ other ☐

(explain)
PERFORATED? Yes ☐ No ☐ Type of
perforator used:

Size of perforations: " by "
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

WAS SCREEN INSTALLED? Yes ☐ No ☐

Manufacturer's name

Type Model No.

Diam. Slot size Set from ft. to ft.

Diam. Slot size Set from ft. to ft.

CONSTRUCTION: Well gravel packed? Yes ☐

No. ☐ size of gravel Gravel

placed from ft. to ft. Surface seal

provided? Yes ☐ No ☐ To what depth?

ft. Material used in seal:

Did any strata contain unusable water? Yes ☐

No. ☒ Type of water:

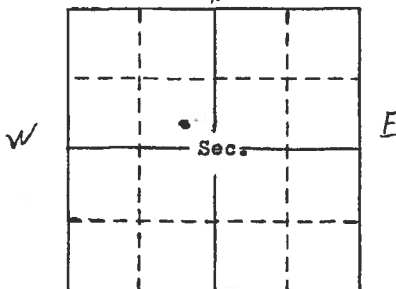
Depth of strata ft. Method of sealing

strata off:

Surface casing used? Yes ☐ No. ☐

Cemented in place? Yes ☐ No ☐

Locate well in section



LOCATION OF WELL: County FLAMANT

NE 1/4 Sec. 17 T. 43 N/S R. 43 E/W

SE 1/4

Use other side for additional remarks

Size of drilled hole: 6" Total
depth of well: 65' Standing water
level below ground: 9' Temp.
Fahr. ° Test delivery: gpm
or cfs Pump? ☐ Bail ☐
Size of pump and motor used to make test:

Length of time of test: Hrs. Min.
Drawdown: ft. Artesian pressure: ft.
above land surface Give flow cfs
or gpm. Shutoff pressure:
Controlled by: Valve ☐ Cap ☐ Plug ☐
No control ☐ Does well leak around casing?
Yes ☐ No ☐ 44438

DEPTH MATERIAL WATER
FROM TO YES OR NO

FEET	FEET		
0	4'	Clay & gravel	no
4'	15'	gray sandstone	no
15'	25'	Red shale	yes
25'	35'	hard shale Red & gray	yes
35'	40'	sandstone & clay	yes
40'	43'	gray sandstone	no
43'	48'	hard shale	no
48'	55'	soft shale	yes
55'	60'	Red lava	yes
60'	65'	gravel	yes

Work started: July 15, 1968
Work finished: July 16, 1968
Well Driller's Statement: This well was
drilled under my supervision and this report
is true to the best of my knowledge.
Name: Charles E. Farnham
Address: Box 14, Box 142 Blackfoot Idaho
Signed by: Charles E. Farnham
License No. 106 Date: July 16, 1968

3901

WELL DRILLER'S REPORT

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.

[illegible]

Form 230-7
3/96
ANDREW

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT
Use Typewriter or Ballpoint Pen

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
_____ 1/4 _____ 1/4 _____ 1/4
Lat : : Long : :

057707

1. **DRILLING PERMIT NO.** 21-96-E-0075-200
Other IDWR No. 21-07314
2. **OWNER:**
Name Rancho McCrea Subdivision
Address P.O. Box 328
City Island Park **State** ID **Zip** 83429

3. **LOCATION OF WELL by legal description:**
Sketch map location must agree with written location.
N
[Grid] S
Twp. 13 North ☒ or South ☐
Rge. 43 East ☒ or West ☐
Sec. 17 1/4, NE 1/4, NW 1/4
Gov't Lot 10 Acres 40 Acres 160 Acres
County Fremont
Lat : : Long : :
Address of Well Site _____
City Island Park
(Give at least name of Road+ Distance to Road or Landmark)
Lot No. 6 Block No. 6 Subd. Name Rancho McCrea Subd.

4. **USE:**
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____
5. **TYPE OF WORK** check all that apply (Replacement ect.)
☐ New Well ☐ Modify ☐ Abandonment ☒ Other Replacement
6. **DRILL METHOD** OF 21-96-E-0091-300
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____
7. **SEALING PROCEDURES**

SEAL/FILTER PACK			AMOUNT	
Material	From	To	Sacks or Pounds	Method
Bentonite	0		700#	Overbore
Cement		155	2256#	

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. **CASING/LINER**

Dia	From	To	Gauge	Material	Casing	Linear
8"	1.75	155	.250	Steel	☒	☐

Length of Headpipe: _____ Length of Tailpipe: _____
9. **PERFORATIONS/SCREENS:**
☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Linear
						☐	☐
						☐	☐
						☐	☐

10. **STATIC WATER LEVEL OR ARTESIAN PRESSURE:**
28 ft below ground Artesian pressure _____ lb
Depth flow encountered _____ ft Describe access port or control devices: Well Seal

11. **WELL TESTS:**
☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
700gpm		180ft	1 hr

Water Temp _____ Bottom hole temp _____
Water Quality test or comments: _____
Depth first Water Encountered: 25ft

12. **LITHOLOGIC LOG:** (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	7	Sand & Gravel		X
	7	22	Broken Gray Rhyolite		X
	22	31	Fractured Brown Rhyolite	X	
	31	39	Black Basalt		X
	39	61	Fractured Black Basalt w/sand	X	
	61	94	Hard Black Basalt		X
	94	96	Red Cinders & Clay	X	
	96	114	Fractured Black Basalt	X	
	114	116	Clay		X
	116	123	Cinders	X	
	123	135	Fractured Basalt	X	
	135	141	Black Basalt		X
	141	148	Cinders & Clay	X	
	148	153	Fractured Basalt	X	
	153	155	Black Basalt		X
8	155	157	Black Basalt		X
	157	185	Fractured Gray Basalt	X	

Completed Depth 185ft (Measureable)
Date: Started: 9/13/96 Completed: 9/17/96
13. **DRILLER'S CERTIFICATION**
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm: Andrew Well Drilling Services, Inc. Firm #5
Firm Official: _____ Date: 9/26/96
and
Supervisor/Operator: Matt Wilbur Date: 9/26/96

Sign once if Firm Official & Operator