

INVOICE

BUSINESS

Addison Ave. West Twin Falls, Idaho 83301

(208) 733-5002 • (208) 734-1523 • 1-800-852-4017

MAILING ADDRESS

127 Bonny Drive

Customer's Order No.

Date Jan 15 1997

Name M. A. & Nelson

Address 2239 E. 3300N,

Twin Falls, Idaho Zip Code 83301

Cash**Phone**

Charge

Date Promised

732-5789

QUANTITY

MATERIAL

PRICE**AMOUNT**

1	5'x4" SAND SCREEN	150	¢
---	-------------------	-----	---

15	2
----	---

165	00
-----	----

I certify that the property which I have purchased will be used for mining, manufacturing, processing or for farming, or for repair thereof. I certify that all statements are true and correct.

☐ CHECK IF EXEMPTION APPLIES.

LABOR

HOURS**RATE**

AMOUNT

Service call	3 1/2	65 ⁰⁰	227	50
--------------	-------	------------------	-----	----

Date Completed

Total Materials

165 60

TOTAL LABOR

227 520

TOTAL MATERIALS

165	00
-----	----

WELL

TAX

TOTAL

392 五

***Thank
You!***

STANDARD-TWO FALLS

YOUR CREDIT IS FOR YOUR CONVENIENCE. Customer agrees, by signing this invoice, to pay for the goods and services itemized above at Twin Falls, Idaho, on or before the tenth day of the month following the date hereof. If not so paid, I agree that I will pay the principal amount together with a service charge from date hereof, until paid, at the rate of 1% PER MONTH, which is an ANNUAL PERCENTAGE RATE OF 18%, and a reasonable sum as attorney fee if collected by an attorney either with or without suit.

signature.

THIS IS AN ESTIMATE ONLY. BIDS VALID FOR 30 DAYS ONLY.

SCANNED

APR 10 2015

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water
days after the completion or abandonment of the well.

Location Corrected by IDWR To:

T10S R16E Sec. 29 NESENW

By: mciscell 2012-08-28

1. WELL OWNER

Name N. Robert Wright Jr.
Address Rural Route, Filer
Owner's Permit No. _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type)
☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or
Injection

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 405 feet
Casing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>2.50</u> inches	<u>6 5/8</u> inches	<u>2</u> feet	<u>18</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☐ Yes ☒ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No

How perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 18 Material used in seal ☐ Cement grout

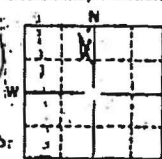
☒ Padding clay ☐ Well cuttings

Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing

☒ Overbore to seal depth

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County Twin Falls

NE 1/4 NW 1/4 Sec. 29 T. 10S N. 16 E. 1/4

7. WATER LEVEL

Static water level 146 feet Subsidence
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Temperature _____ ° F. Quality _____
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

8. WELL TEST DATA

NONE

☐ Pump ☐ Bailer ☐ Other

Discharge G.P.M.	Draw Down	Hours Pumped

9. LITHOLOGIC LOG

045966

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	10	Top Soil		X
	10	18	Gray Basalt		
6	18	55	Hard Gray Basalt		
	55	75	Gray Basalt w/broken spots		
	75	90	Gray Basalt		
	90	115	Brown Basalt		
	115	135	Brown Basalt w/small breaks		
	135	155	Brown Basalt		
	155	165	Hard Gray Basalt		
	165	175	Brown Basalt		
	175	195	Broken Brown Basalt		
	195	230	Gray Basalt w/small breaks		
	230	232	Hard Gray Basalt w/small breaks		
	232	236	Hard Gray Basalt		
	236	241	Broken Brown Basalt		
	241	245	Hard Gray Basalt		
	245	257	Broken Gray Basalt		
	257	260	Hard Gray Basalt		
	260	265	Broken Gray Basalt		
	265	283	Hard Gray Basalt w/small breaks		
	283	287	Broken Gray Basalt		
	287	297	Hard Gray Basalt		X
	297	304	Med Hard Brown Basalt w/breaks		X
	304	326	Med Hard Gray Basalt w/breaks		X
	326	332	Gray Basalt w/clay		X
	332	337	Broken Gray Basalt	X	
	337	345	Hard Gray Basalt		X
	345	358	Hard Gray Basalt w/large breaks		X
	358	372	Hard Gray Basalt		X
	372	379	Broken Brown Basalt	X	
	379	391	Hard Gray w/small breaks	X	
	391	405	Broken Gray Basalt w/clay	X	

10.

Work started 9/16/75 finished 10/1/75

11. DRILLER'S CERTIFICATION

SMITH DRILLING & PUMP CO., INC. Firm No. 11

Address 328 West Avenue A, Jerome Date 10/3/75

Signed by (Firm Official) [Signature]

and
(Operator) [Signature]

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

SCANNED
APR 10 2015

INVOICE № 3073

BUSINESS

Addison Ave. West Twin Falls, Idaho 83301

(208) 733-5002 • (208) 734-1523 • 1-800-852-4017

MAILING ADDRESS

127 Bonny Drive.

Customer's Order No. _____ Date Dec. 12, 1996

Name Dennis Henson

Address 3295 N. 2300 E.

Twin Falls, Idaho Zip Code 83301

[illegible]

YOUR CREDIT IS FOR YOUR CONVENIENCE. Customer agrees, by signing this invoice, to pay for the goods and services itemized above at Twin Falls, Idaho, on or before the tenth day of the month following the date hereof. If not so paid, I agree that I will pay the principal amount together with a service charge from date hereof, until paid, at the rate of 1 1/2% PER MONTH, which is an ANNUAL PERCENTAGE RATE OF 18%, and a reasonable sum as attorney fee if collected by an attorney either with or without suit.

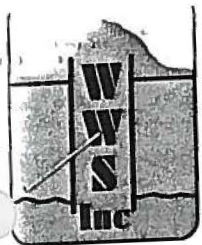
Signature _____

DESCRIPTION OF WORK				
14 GPM. SDOSSI. Had to set pump deeper water because was deeper than anticipated.				
3289 N 2300 E Twin Falls				
20P4G02H-02 1H96F 2G96 24-3695				
I certify that the property which I have purchased will be used for mining, manufacturing, processing or for farming, or for repair thereof. I certify that all statements are true and correct.				
☐ CHECK IF EXEMPTION APPLIES.				
LABOR	HOURS	RATE	AMOUNT	
Install pump & press. system			500	\$
Elec. & Plumb. permits			70	\$
SC027566				
S037720				
TOTAL LABOR			570	\$
TOTAL MATERIALS			3200	\$
Thank You!	WELL			
	TAX			
	TOTAL		3770	\$

THIS IS AN ESTIMATE ONLY. BIDS VALID FOR 30 DAYS ONLY.

SCANNED

APR 10 2015



SINCE 1947
WALKER WATER SYSTEMS, INC.

624 Pierce Street • Twin Falls, Idaho 83301
208-733-4744 • 208-726-5145
RCE-1335

INVOICE NO.: 000080310000
CUSTOMER NO.: 04050
DATE: 06/09/08

SOLD TO:

MARVIN HACKARD
3289 N 2300 E
Filer, ID 83328

pd
6.20.08

SHIP DATE	SHIPPED VIA	F.O.B.	TERMS	SALES- PERSON	ORDER DATE	P.O. NUMBER
/ /			NET 10			

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
21	1 1/4" GALV PIPE	4.20	88.20
21	6/4 submersible wire	4.81	101.01
1	Misc. electrical supplies	78.92	78.92
1	Fuel surcharge	14.31	14.31
3.50	Hrs labor 6/6/08 to set pump deeper pump well to clean up Pump set on 471 feet pipe Cannot be set deeper	105.00	367.50

ALL ACCOUNTS DUE & PAYABLE 10 DAYS FROM INVOICE DATE.
A SERVICE CHARGE OF 2% PER MONTH (24% PER ANNUM) WILL
BE ADDED TO PAST DUE INVOICES.

* T H A N K Y O U *	SUB-TOTAL	649.94	SHIPPING CHARGES	0.00
	SALES TAX	0.00	TOTAL	649.94

SCANNED

APR 10 2015

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: _____
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

1. DRILLING PERMIT NO. 17 - 97 - 3 - 0022 - 000
Other IDWR No. _____

2. OWNER:
Name LYNN & BARBARA STEPHENS
Address 3960 N 2880 E
City TWIN FALLS State ID Zip 33301

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
W E S
Twp. 11 North ☐ or South ☒
Rge. 16 East ☒ or West ☐
Sec. 16 1/4 NE 1/4 SW 1/4
Gov't Lot _____ County TWIN FALLS
Lat: _____ Long: _____
Address of Well Site 2349 E 3250 N
City TWIN FALLS
(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK check all that apply (Replacement etc.)

- ☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

DRILL METHOD

- ☐ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	13	.250	OVERBORE

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
5.625	+1	19	.250	STEEL	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

- ☐ Perforations Method _____
☐ Screens Screen Type _____

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

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

243 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. 56 : Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encountered _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
9	0	12	SURFACE DIRT		X
	12	14	GRAVEL		X
	14	18.5	GREY BASALT		X
5	18.5	27	GREY BASALT		X
	27	42	BROWN BASALT		X
	42	45	POROUS BROWN BASALT		X
	45	48	BROWN BASALT		X
	48	50	POROUS BASALT		X
	50	55	BROWN BASALT		X
	55	57	BROKEN LST CIRCULATION		X
	57	63	SOLID		X
	63	68	BROKEN		X
	68	73	SOLID		X
	73	75	BROKEN		X
	75	85	SOLID		X
	85	180	SOLID		X
	180	189	SOFT		X
	189	170	FIRM		X
	170	175	SOFT		X
	175	250	FIRM		X
	250	238	FIRM		X
	238	320	SOLID		X
	320	328	BROKEN		X
	328	350	SOLID		X
	350	380	BROWN BASALT TALC		X
	380	400	SOLID		X

Completed Depth 400' (Measurable)
Date: Started 02/27/97 Completed 03/02/97

13. DRILLER'S CERTIFICATION

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

Firm Name WALKER WATER SYSTEMS INC. Firm No. 15
Firm Official [Signature] Date APR 10 2005
and _____
Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

RECEIVED

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PEN

JUN 7 1982

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.

1. WELL OWNER Name <u>John Sorenson</u> Address <u>294 Ash St. No. Twin Falls, ID</u> Owner's Permit No. _____		7. WATER LEVEL Static water level <u>240</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____																																																													
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____		8. WELL TEST DATA ☐ Pump ☐ Bailer ☐ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped																																																									
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type) _____		9. LITHOLOGIC LOG <u>79285</u> <table border="1"><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 rowspan="2">8</td><td>0</td><td>2</td><td>Surface dirt</td><td> </td><td> </td></tr><tr><td>2</td><td>15</td><td>Black basalt</td><td> </td><td> </td></tr><tr><td rowspan="2">6</td><td>15</td><td>18</td><td>Broken basalt & cinder</td><td> </td><td> </td></tr><tr><td>18</td><td>40</td><td>Grey basalt with traces of brown</td><td> </td><td> </td></tr><tr><td rowspan="2"> </td><td>40</td><td>41 1/2</td><td>Red cinders</td><td> </td><td> </td></tr><tr><td>41 1/2</td><td>50</td><td>Black basalt</td><td> </td><td> </td></tr><tr><td rowspan="2"> </td><td>50</td><td>56</td><td>Brown basalt</td><td> </td><td> </td></tr><tr><td>56</td><td> </td><td>Lost returns</td><td> </td><td> </td></tr><tr><td colspan="6">No returns after 56 ft. total depth 415 ft</td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	8	0	2	Surface dirt			2	15	Black basalt			6	15	18	Broken basalt & cinder			18	40	Grey basalt with traces of brown				40	41 1/2	Red cinders			41 1/2	50	Black basalt				50	56	Brown basalt			56		Lost returns			No returns after 56 ft. total depth 415 ft					
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		10. Work started <u>5/5/82</u> finished <u>5/7/82</u>																																																													
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>.250 inches</td><td>6 5/8 inches +</td><td>1 feet</td><td>19 feet</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> Was casing drive shoe used? ☐ Yes ☒ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>19</u> Material used in seal: ☐ Cement grout ☒ Puddling clay ☒ Well cuttings Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☐ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port _____		Thickness	Diameter	From	To	.250 inches	6 5/8 inches +	1 feet	19 feet													Number	From	To										11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Walker Water Systems, Inc.</u> Firm No. <u>15</u> Address <u>624 Pierce Street</u> Date <u>5/27/82</u> <u>Twin Falls, Idaho 83301</u> Signed by (Firm Official) <u>Frederick B. Walker</u> and <u>Frederick B. Walker</u> (Operator)																													
Thickness	Diameter	From	To																																																												
.250 inches	6 5/8 inches +	1 feet	19 feet																																																												
Number	From	To																																																													
6. LOCATION OF WELL Sketch map of section must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Twin Falls</u> <u>NE 1/4 NE 1/4 Sec. 17, T. 11 N., R. 16 E.</u>		12. SIGNATURES <u>79285</u> <u>JUN 7 1982</u> <u>DEPARTMENT OF WATER RESOURCES</u>																																																													

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. D0043512

DRILLING PERMIT NO. **845501**

Other IDWR No. **415584**

2. OWNER:

Name **City of Twin Falls**

Address **P.O. Box 1907**

City **Twin Falls** State **ID** Zip **83301-1907**

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. 11		Range 16		Section 13		Gov't Lot _____		County Twin Falls	
W		East ☒ or West ☐		SW 1/4		SE 1/4		SE 1/4		Long: _____	
S		Address of Well Site 2876 E 3200 N		City Twin Falls		Lat: _____		Long: _____		Address of Well Site 2876 E 3200 N	

4. USE:

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

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 or Pounds	
Bentonite	0	219	600lbs	Dry pour

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

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
14	+2	-19	.250	steel	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Screen Type _____

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

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

380 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: **steel plate**

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. **<85** Bottom hole temp. **<85**

Water Quality test or comments: _____

Depth first Water Encounter **379**

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
			35' to 190' cemented and drilled out			
17.5	0	8	top soil			
17.5	8	14	medium lava			
17.5	14	15	cinders			
17.5	15	22	medium lava			
10	22	25	soft lava breaks & cinders			
10	25	48	medium soft lava			
10	48	80	soft broken lava & cinders			
10	80	84	medium lava			
10	84	91	soft lava cinders & breaks			
10	91	93	medium lava & breaks			
10	93	124	medium lava			
10	124	148	hard lava			
10	148	151	soft lava cinders & breaks			
10	151	152	medium			
10	152	162	broken cinders			
10	162	165	medium lava			
10	165	168	cinders			
10	168	197	medium lava			
10	197	200	soft lava cinders & breaks			
10	200	208	medium lava			
10	208	208	soft cinders			
10	208	235	medium lava			
10	235	237	cinders			
10	237	248	medium soft & breaks			
10	248	281	medium lava			
10	281	290	soft lava & cinders			
10	290	295	medium lava			
10	295	320	soft lava cinders & breaks			
10	320	330	medium soft			
10	330	365	soft lava breaks & cinders			
10	365	370	medium lava			
10	370	379	medium soft lava & breaks			
10	379	384	soft lava cinder pockets			X
10	384	387	medium			

Continued on next page

Completed Depth **708** (Measurable)
Date: Started **3/7/2007** Completed **3/14/2007**

13. DRILLER'S CERTIFICATION:

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

Company Name **Eaton Drilling & pump Service, Inc.** Firm No. **26**

Firm Official _____ Date **4/11/2007**

and _____

Driller or Operator _____ Date **4/11/2007**

(Sign once if Firm Official & Operator)

Class 1 Operator Jeremiah Caster 4-12-07
APR 10 2007



HUTCHINSON LAW OFFICE, CHTD.

Keith E. Hutchinson, Esq.

ATTORNEY AT LAW

PHONE: (208) 733-9300

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FAX: (208) 733-9343

FAX

To:	James Cefalo, WaterMaster	From:	Delea Miller
Fax:	208-525-7177	Date:	March 4, 2015
Re:	Transfers	Pages:	5 (includes cover)

URGENT	FOR REVIEW	PLEASE COMMENT	PLEASE REPLY	PLEASE RECYCLE
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Mr. Cefalo:

Please find attached my Notice of Service and my Expert Witness / Exhibit disclosure. Full copies of my exhibits will be made available to you at hearing, if you need them prior to please let me know ASAP.

Sincerely,

DELEA MILLER, Protestant

2239 E 3300 N

Twin Falls, ID 83301

(208) 731-7946

The information contained in this facsimile communication is attorney/client privileged and/or confidential information intended only for the use of the individual or entity named above. If the reader of this cover page is not the intended recipient or the agent or employee of the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication or the information contained herein is strictly prohibited. If you have received this communication in error, please immediately call our office at (208) 733-9300. Thank you for your cooperation.

DELEA C. MILLER
2239 E 3300 N
Twin Falls, ID 83301
Telephone: (208) 731-7946

RECEIVED
MAR 04 2015
Department of Water Resources
Eastern Region

Pro Se

BEFORE THE DEPARTMENT OF WATER RESOURCES
OF THE STATE OF IDAHO

IN THE MATTER OF APPLICATION FOR
TRANSFER NOS. 79357, 79380, & 79384
(in the name of Thomas Leno); and
79466 (in the name of Four Sisters
Dairy LLC)

NOTICE OF SERVICE

PLEASE TAKE NOTICE that on the 4th day of March, 2015, I
served the original PROTESTANT DELEA C. MILLER'S ANSWERS TO APPLICANT'S
FIRST DISCOVERY REQUESTS together with a copy of this Notice, upon counsel for
applicant in the above-entitled matter, addressed to:

Travis Thompson
Barker Rosholt & Simpson
195 River Vista Place, Ste 204
Twin Falls, ID 83301-3027

DATED this 4th day of March, 2014.

By:

Delea C. Miller
DELEA C. MILLER
Protestant

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 4th day of March, 2014, I caused to be served a true and correct copy of the foregoing as follows:

Travis Thompson
BARKER, ROSHOLT & SIMPSON
195 River Vista Place, Ste 204
Twin Falls, ID 83301

US Mail	<u>X</u>
Hand Delivery	<u> </u>
Express Mail	<u> </u>
Facsimile	<u> </u>

Delea Miller
DELEA MILLER

DELEA C. MILLER
2239 E 3300 N
Twin Falls, ID 83301
Telephone: (208) 731-7946

Pro Se

BEFORE THE DEPARTMENT OF WATER RESOURCES

OF THE STATE OF IDAHO

IN THE MATTER OF APPLICATION FOR
TRANSFER NOS. 79357, 79380, & 79384
(in the name of Thomas Leno); and
79466 (in the name of Four Sisters
Dairy LLC)

**PROTESTANT DELEA C. MILLER'S EXPERT
WITNESS DISCLOSURE AND
PRODUCTION OF HEARING EXHIBITS**

COMES NOW the Protestant and submits PROTESTANT DELEA C. MILLER'S
EXPERT WITNESS DISCLOSURE AND PRODUCTION OF HEARING EXHIBITS as follows:

PROTESTANT'S EXPERT WITNESSES:

Protestant anticipates calling the following expert witnesses at the hearing of this
matter: Ed Squires, DuWayne Kimball, Bill Bonnichsen.

PROTESTANT'S EXHIBITS:

- A. Report of Ed Squires, HydroLogic
- B. Report of DuWayne Kimball
- C. Report of Bill Bonnichsen
- D. Well Driller's Report

DATED this 4th day of MARCH, 2015.

By: _____

Delea C. Miller
DELEA C. MILLER
Protestant

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 4th day of March, 2014 I caused to be served a true and correct copy of the foregoing as follows:

Travis Thompson
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Twin Falls, ID 83301

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Express Mail	<u> </u>
Facsimile	<u> </u>

Delea Miller
DELEA MILLER