

RECEIVED

AUG 04 2014

IDWR / NORTH

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.:        | N 030637    |
| Receipt By:         | [Signature] |
| Date Received:      | 8/4/14      |

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](http://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.

- Permit No.: 95-10745 Telephone No.: 208-664-1063
- Name of Permit Holder(s): John McConnell, Pearl McConnell
- Mailing Address: 6097 W. Prairie Ave City: Post Falls  
State: ID Zip: 83854 Email: pearlmcc@live.com
- Source of Water: well If GROUND WATER (well), Date Drilled: mo. 7 / yr. 99  
Well Driller: United Drilling Inc Drilling Permit Number: Well Tag # DDD 10178
- 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): 3 Other: \_\_\_\_\_
- Total rate of diversion or storage volume for which proof is submitted: .09 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?

If yes, has the measuring device been installed?

|                              |                                        |
|------------------------------|----------------------------------------|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/>            |

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

If yes, has the lockable device been installed?

|                              |                                        |
|------------------------------|----------------------------------------|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/>            |

**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: \$ 50.00 See fee schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.

- Person to contact to accompany the Department representative during field examination of the water system.

Name: Pearl McConnell Telephone Number: 208-664-1063  
Mailing Address: 6097 W. Prairie Ave City: Post Falls  
State: ID Zip: 83854 Email: pearlmcc@live.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: Pearl McConnell Date: \_\_\_\_\_  
(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

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

## 1. WELL TAG NO. D0010178

DRILLING PERMIT N \_\_\_\_\_  
Other IDWR No \_\_\_\_\_

## 2. OWNER:

Name **John McConnell**  
Address 5901 E Prairie Ave  
City Post Falls State ID Zip 83854

## 3. LOCATION OF WELL by legal description:

|   |                 |                                              |                                          |
|---|-----------------|----------------------------------------------|------------------------------------------|
| N | Twp 51N         | North <input checked="" type="checkbox"/> or | South <input type="checkbox"/>           |
|   | Rge 04W         | East <input type="checkbox"/> or             | West <input checked="" type="checkbox"/> |
|   | Sec 29          | 1/4 SE 1/4 SW 1/4                            |                                          |
|   |                 | 10 Ac 40 Ac 160 Ac                           |                                          |
|   | Gov't Lot _____ | County Kootenai                              |                                          |
|   | Lat _____       | Long _____                                   |                                          |

Address of Well Site: (see next line)

Same \_\_\_\_\_ City \_\_\_\_\_  
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 | 14 sacks  | pour in |
|                  |      |    |           |         |
|                  |      |    |           |         |

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) ring bit - 299'

Drive Shoe Seal Tested? ☐ Y ☒ N How? \_\_\_\_\_

## 8. CASING/LINER

| Diam | From | To   | Gauge | Material | Casng                               | Liner                    | Weld                                | Thrded                   |
|------|------|------|-------|----------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 6"   | 1    | -299 | 0.025 | steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|      |      |      |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|      |      |      |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Length Headpipe \_\_\_\_\_ Length Tailpipe \_\_\_\_\_

## 9. PERFORATIONS/SCREENS

☒ Perforations? Method air perforator

☐ Screens? Screen Type \_\_\_\_\_

| From | To  | Slot | Nmbr | Diam | Material | Casng                               | Liner                    |
|------|-----|------|------|------|----------|-------------------------------------|--------------------------|
| 280  | 297 | 1"   | 400  |      | Steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|      |     |      |      |      |          | <input type="checkbox"/>            | <input type="checkbox"/> |
|      |     |      |      |      |          | <input type="checkbox"/>            | <input type="checkbox"/> |

## 10. STATIC WATER LEVEL or ARTESIAN PRESSURE

240 ft. below ground. Artesian pressure \_\_\_\_\_ lb.  
Depth flow encountered 240 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 |
|-----------------|----------|------------|------|
| 20+             |          |            |      |
|                 |          |            |      |
|                 |          |            |      |

Water Temp. \_\_\_\_\_ cold Bottom hole temp. \_\_\_\_\_ cold  
Water Quality test or comments: (below) Depth first Water Encountered 245  
clear, cold, no smell

## 12. LITHOLOGIC LOG (Describe repairs or abandonment)

| Bore Diam | From | To  | Remarks:<br>Lithology, Water Quality and Temperature | Water                               |                                     |
|-----------|------|-----|------------------------------------------------------|-------------------------------------|-------------------------------------|
|           |      |     |                                                      | Y                                   | N                                   |
| 8         | 0    | 3   | Topsoil                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8         | 3    | 18  | Sand & gravel - 3/4 minus                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6         | 18   | 145 | Sand & gravel - 3/4 minus                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6         | 145  | 230 | Sand & gravel - 1/4 minus                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6         | 230  | 260 | Sand & gravel - 1/8 minus                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6         | 260  | 299 | Sand & gravel - 1/2 minus                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

COPY

Completed Depth 299 (Measurable)  
Date: Started 7/1/99 Completed 7/2/99

## 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 \_\_\_\_\_ Date 7/2/99  
Supervisor or Operator Jason C. Beckham Date 7/2/99