

RECEIVED

APR 29 2014

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USEFOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. C098763
Receipt By: CS
Date Received: 4/29/14

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 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.: 63-11984 Telephone No.: 208-939-6352
2. Name of Permit Holder(s): MARK JOHNSON NANCY STONE
3. Mailing Address: 4690 N. BURT PI City: EGGLE
State: ID Zip: 83616 Email: cjohnsm5@hotmail.com
4. Source of Water: well If **GROUND WATER** (well), Date Drilled: mo. 4 yr. 1991
Well Driller: Dennis Phipps Drilling Permit Number: 63-91-W-073-000

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): 5.6 Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: 0.11 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?

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: \$ 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.

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

Name: Mark Johnson Telephone Number: 208-939-6352
Mailing Address: 4690 N. BURT PI City: EGGLE
State: ID Zip: 83616 Email: cjohnsm5@hotmail.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:

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

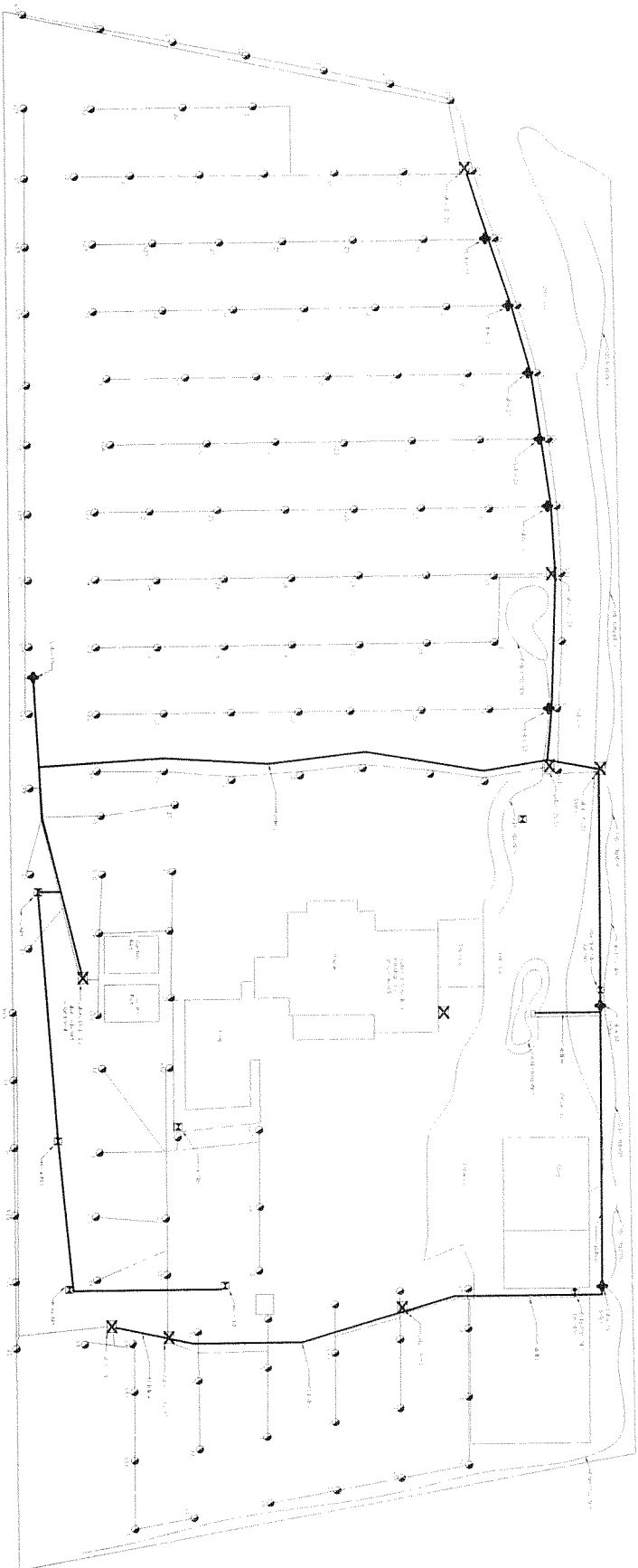
Date:

4-28-14

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

- Notes/ Specifications:
1. All new valves installed are Hunter brand valves.
 2. All Heads installed are Hunter I-20 or Hunter PGP Ultra Rotary heads.
 3. All Drip Zones installed equipped with water emitters to all plants in drip beds.
 4. Irrigation Control Wire ran with the main line and installed to valves using gel-tight wire nuts.
 5. All Hose bibs installed on main line for constant pressure.

AS
Built
4/14



General Notes

1. All information is to be confirmed by the client before any work is started.
2. All work is to be done in accordance with the latest edition of the ASPE and ASCE codes.
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Project Name:

Mark Johnson
& Nancy Stone

Project No.: 11-6-2013

Stark Landscape

Client:

Stark

Stark

Project Address:

4690 Burt Ln.
Eagle, Idaho
83316

Sheet:

Scale: 1"=30'

Irrigation
As-Built

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

Well location:

4690 N. Burt F
EAGLE ID

1. WELL OWNER Name <u>MARK SIPOLIA</u> Address <u>2915 N²⁹ Boise, ID</u> Drilling Permit No. <u>63-91-W-023-000</u> Water Right Permit No. <u>63-11984</u>		7. WATER LEVEL Static water level <u>135</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 _____ of. Quality _____ Describe artesian or temperature zones below																																																																													
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		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><u>60</u></td><td><u>210</u></td><td><u>2</u></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	<u>60</u>	<u>210</u>	<u>2</u>																																																																						
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore 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><u>6</u></td><td><u>0</u></td><td><u>2</u></td><td><u>TOP SOIL</u></td><td></td><td>☒</td></tr><tr><td></td><td><u>2</u></td><td><u>6</u></td><td><u>HARD PAN</u></td><td></td><td>☒</td></tr><tr><td></td><td><u>6</u></td><td><u>20</u></td><td><u>CLAY</u></td><td></td><td>☒</td></tr><tr><td></td><td><u>20</u></td><td><u>110</u></td><td><u>SAND & CLAY</u></td><td></td><td>☒</td></tr><tr><td></td><td><u>110</u></td><td><u>150</u></td><td><u>CLAY</u></td><td></td><td>☒</td></tr><tr><td></td><td><u>150</u></td><td><u>193</u></td><td><u>CLAY</u></td><td></td><td>☒</td></tr><tr><td></td><td><u>193</u></td><td><u>210</u></td><td><u>FINED SAND</u></td><td></td><td>☒</td></tr><tr><td></td><td><u>210</u></td><td><u>217</u></td><td><u>SAND & CLAY</u></td><td></td><td>☒</td></tr><tr><td></td><td><u>217</u></td><td><u>238</u></td><td><u>BLOWN SAND (015)</u></td><td></td><td>☒</td></tr><tr><td></td><td><u>238</u></td><td><u>243</u></td><td><u>SAND & CLAY</u></td><td></td><td>☒</td></tr><tr><td></td><td><u>243</u></td><td><u>253</u></td><td><u>COARSE SAND & CLAY STRENGTH</u></td><td></td><td>☒</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	<u>6</u>	<u>0</u>	<u>2</u>	<u>TOP SOIL</u>		☒		<u>2</u>	<u>6</u>	<u>HARD PAN</u>		☒		<u>6</u>	<u>20</u>	<u>CLAY</u>		☒		<u>20</u>	<u>110</u>	<u>SAND & CLAY</u>		☒		<u>110</u>	<u>150</u>	<u>CLAY</u>		☒		<u>150</u>	<u>193</u>	<u>CLAY</u>		☒		<u>193</u>	<u>210</u>	<u>FINED SAND</u>		☒		<u>210</u>	<u>217</u>	<u>SAND & CLAY</u>		☒		<u>217</u>	<u>238</u>	<u>BLOWN SAND (015)</u>		☒		<u>238</u>	<u>243</u>	<u>SAND & CLAY</u>		☒		<u>243</u>	<u>253</u>	<u>COARSE SAND & CLAY STRENGTH</u>		☒
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4. METHOD DRILLED ☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☒ Cable ☐ Dug ☐ Other _____		RECEIVED MAY 6 1991 Department of Water Resources																																																																													
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><u>250</u> inches</td><td><u>6</u> inches</td><td><u>1</u> feet</td><td><u>252</u> 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 ☐ Gun 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 <u>Houston</u> Type <u>304</u> Model No. _____ Diameter <u>5</u> Slot size <u>020</u> Set from <u>252</u> feet to <u>262</u> 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>18</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☒ Pudding clay ☐ _____ 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	<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>252</u> feet													Number	From	To																																																					
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6. LOCATION OF WELL Sketch map location must agree with written description. <table border="1"><tr><td colspan="2">N</td></tr><tr><td>W</td><td>E</td></tr><tr><td colspan="2">30</td></tr><tr><td colspan="2">X</td></tr><tr><td colspan="2">S</td></tr></table> County <u>Ada</u> <u>NE 1/4 SE 1/4 Sec. 30, T. 5 N. R. 1 E.</u> Subdivision Name _____ Lot No. _____ Block No. _____ FILED AUG 29 1991		N		W	E	30		X		S		10. Work started <u>15 March 91</u> finished <u>24 April 91</u>																																																																			
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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>Dennis Phipps</u> Firm No. <u>332</u> Address <u>Mesa, AZ</u> Date <u>14 April 91</u> Signed by (Firm Official) <u>Dennis Phipps</u> and (Operator) <u>[Signature]</u>																																																																															

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT