

RECEIVED

JAN 27 2014

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.:	C09B234
Receipt By:	CJ
Date Received:	1/27/14

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.

- Permit No.: 25-14239 Telephone No.: 208-535-4900
- Name of Permit Holder(s): Teton Retinal Institute
- Mailing Address: 3544 E. 17th St. #105 City: Ammon
State: ID Zip: 83406 Email: tri@tetonretinal.com
- Source of Water: _____ If GROUND WATER (well), Date Drilled: mo. Dec 14, 2009
Well Driller: Andrew Well Drilling Serv Drilling Permit Number: South: D0056998
North: D0056999
- 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: Injection, Heating and Cooling
- Total rate of diversion or storage volume for which proof is submitted: 109 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?

Yes ☐	No ☒
Yes ☐	No ☐

If yes, has the measuring device been installed?

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

Yes ☐	No ☒
Yes ☐	No ☐

If yes, has the lockable device been installed?

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 accompany the Department representative during field examination of the water system.

Name: Ryan Kendall Telephone Number: 208-529-2900
Mailing Address: 3544 E. 17th St. #105 City: Ammon
State: ID Zip: 83406 Email: ryantri@tetonretinal.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)

President: 1/22/14

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

6/02

Andrew

WELL DRILLER'S REPORT

Office Use Only			
Well ID No. _____			
Inspected by: _____			
Twp _____		Rge _____ Sec _____	
1/4 _____		1/4 _____ 1/4 _____	
Lat. : : _____		Long. : : _____	

1 WELL TAG NO. D 0056999
 DRILLING PERMIT NO _____
 Water Right or Injection Well No. _____

2 OWNER:
Name Darryl G. Moffett (Injection, North Well)
Address: 3544 E 17th Ste 105
City: Ammon State: ID Zip: 83406

3 LOCATION OF WELL by legal description.
 You must provide address or Lot, Blk. Sub. Or Directions to well.

Twp	<u>2</u>	☒	North	or	☐	South
Rge	<u>38</u>	☒	East	or	☐	West
Sec	<u>26</u>					

NW 1/4
NW 1/4
NW 1/4
10 Acres
40 Acres
160 Acres

Gov't Lot _____ County Bonneville

Lat: 43:28.865 Long: 111:57.773

Address of Well Site: 3544 E 17 st

City: Ammon

(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: (Replacement etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6 DRILL METHOD:
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7 SEALING PROCEDURES:

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	60'	2150 lbs	Overbore

Was drive shoe used? ☒ Yes ☐ No Shoe Depth(s) 118'

Was drive shoe seal tested? ☐ Yes ☒ No How? _____

8 CASING/LINER:

Dia	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2'	118.6	0.25	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe: _____ Length of Tailpipe: _____

Packer ☐ Yes ☐ No Type: _____

9 PERFORATIONS/SCREENS: PACKER TYPE
Perforation Method: _____
Screen Type & Method of Installation: _____

From	To	SlotSize	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

Seal Material	From	To	Weight / Volume	Seal Placement Method

11 **STATIC WATER LEVEL OR ARTESIAN PRESSURE:**
48 ft. below ground Artesian Pressure: _____ lb./sq. in.
 Depth flow encountered: _____ ft.
 Describe access port or control devices: Sanitary Well Cap

12 WELL TESTS:

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
40 gpm	6.5'	54.5	8 hrs

[illegible]

Water Quality test or comments:

Depth first water encountered:

13 LITHOLOGIC LOG:

(Describe repairs or abandonment)

[illegible]

14 DRILLER'S CERTIFICATION:

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

Company Name Andrew Well Drilling Services, Inc. Firm No. 5

Principal Driller Greg Buckner Date: 12-21-09
and

Driller or Operator II [Signature] Date 12-21-09

Operator I _____ Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

6/02

Andrew

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
Lat: _____	1/4 _____	1/4 _____	1/4 _____
Long: _____			

1 WELL TAG NO. D 0056998

DRILLING PERMIT NO _____

Water Right or Injection Well No. _____

2 OWNER:

Name Darryl G. Moffett (Heating & Cooling, South Well)

Address: 3544 E 17th Ste 105

City: Ammon State: ID Zip: 83406

3 LOCATION OF WELL by legal description.

You must provide address or Lot, Blk, Sub. Or Directions to well.

Twp 2 ☒ North or ☐ South
 Rge 38 ☒ East or ☐ West
 Sec 26 NW 1/4 NW 1/4 NW 1/4 NW 1/4
 10 Acres 40 Acres 160 Acres

Gov't Lot _____ County Bonneville

Lat: 43:28.852 Long: 111:57.773

Address of Well Site: 3544 E 17 st

City: Ammon

(Give at least name of Road + Distance to Road or Landmark)

Lt. _____ Blk _____ Sub. Name: _____

4 USE:

☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☒ Other Heating & Cooling Supply

5 TYPE OF WORK:

(Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6 DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7 SEALING PROCEDURES:

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	60'	2200 lbs	Overbore

Was drive shoe used? ☒ Yes ☐ No Shoe Depth(s) 118'Was drive shoe seal tested? ☐ Yes ☒ No How? _____**8 CASING/LINER:**

Dia	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2'	118'	0.25	Steel	☒	☐	☒	☐

Length of Headpipe: _____

Length of Tailpipe: _____

Packer ☐ Yes ☐ No Type: _____**9 PERFORATIONS/SCREENS: PACKER TYPE**

Perforation Method: _____

Screen Type & Method of Installation: _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐

10 FILTER PACK:

Seal Material	From	To	Weight / Volume	Seal Placement Method

11 STATIC WATER LEVEL OR ARTESIAN PRESSURE:

46.5 ft. below ground Artesian Pressure: _____ lb

Depth flow encountered: _____ ft

Describe access port or control devices: Sanitary Well Cap

12 WELL TESTS:

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
42 gpm	12'	60.5'	8 hrs

Water Temp _____ Bottom hole temp _____

Water Quality test or comments: _____

Depth first water encountered _____

13 LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"	0	7	Soil, gravel		x
	7	53	Gravel, sand with 42' static water level	x	
	53	57	Clay, gravel, sand	x	
	57	59	Clay, some gravel		x
8"	59	65	Basalt, broken	x	
	65	90	Clay, sand, gravel		x
6"	90	116	Sand, gravel	x	
	116	117	Clay, basalt		x
5 1/2"	117	118	Broken basalt w/small amount of clay	x	
	118	148	Broken basalt w/small amount of clay	x	
	148	153	Clay w/broken basalt	x	
	153	178	Broken basalt	x	

Completed Depth 178 (Measurable)

Date: Started 12/15/09 Completed 12/20/09

14 DRILLER'S CERTIFICATION:

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

Company Name Andrew Well Drilling Services, Inc. Firm No. 5

Principal Driller and

Date 12-21-09

Driller or Operator I

Date 12-21-09

Operator I

Date: