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DEC 18 2013

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. 1098077
Receipt By: HP
Date Received: 12-18-13

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.: 96-9260 Telephone No.: 406-360-06662. Name of Permit Holder(s): Rob Behrens3. Mailing Address: 84 Stewarts Drive City: SagleState: ID Zip: 83860 Email: rsbehrens@gmail.com4. Source of Water: groundwater If **GROUND WATER** (well), Date Drilled: mo. Jan / yr. 2006Well Driller: H2O Well Service, Inc. Drilling Permit Number: 838024 (well tag D0041249)

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

Domestic (No. of households): 13 Stockwater (No. and type of stock): _____Irrigation (No. of acres): ** Other: ** Irrigation not to exceed 0.5 ac. per platted subdivision lot (Cond. 7).6. Total rate of diversion or storage volume for which proof is submitted: 0.20 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 ☐

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.The water system has been stubbed to 13 platted subdivision lots. Completed?

Yes ☒	No ☐
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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: Rob Behrens Telephone Number: 406-360-0666Mailing Address: 84 Stewarts Drive City: SagleState: ID Zip: 83860 Email: rsbehrens@gmail.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: [Signature]
(Include your title, if on behalf of company or organization)Date: 12/13/13

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.** D0041249
Drilling Permit No: 838024
Other IDWR No. 98-9260

2. **OWNER** Well Number: 1103
Name BEHRENS, ROB

Address 1510B BULUCK
City MISSOULA State MT Zip 59802

3. **LOCATION OF WELL by legal description**
sketch map location must agree with written location

N	
W	
E	
S	

Twp. 56N ☒ North or ☐ South
Rge. 01 ☒ East or ☐ West
Sec. 13 1/4 NE 1/4 SW 1/4
Gov't Lot County BONNER
Lat : : Long : :
Address of Well Site 446 David Thompson Rd.
City HOPE

(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

6. **DRILL METHOD**

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. **SEALING PROCEDURES**

7. SEALING PROCEDURES				METHOD
SEAL/FILTER PACK			AMOUNT	
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	100 lbs	OVERBORE
3/8 HOLE PLUG	18	58	600 LBS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58'

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

8. **CASING/LINER:**

Diameter	From	To	Gauge	Material	Casing	Liner Welded	Threaded
4	-6	480	.200	PVC	☐	☒	☒
6	+2	58	.280	STEEL	☒	☐	☒

Length of Headpipe Length of Tailpipe

9. **PERFORATIONS/SCREENS**

☒ Perforations Method SKILL SAW
☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
465	480	1/8 X6	45	4	PVC	☐	☒

10. **STATIC WATER LEVEL OR ARTESIAN PRESSURE:**

50 ft. below ground Artesian pressure lb.
Depth flow encountered 160 ft. Describe access port or control devices:

11. **WELL TESTS:**

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15 -20			1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 160

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

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
10	0	1	Fill	☐	☒
10	1	10	Clay w/ Shale	☐	☒
10	10	58	Shale	☐	☒
6	58	121	Shale	☐	☒
6	121	180	Shale	☒	☐
6	180	192	Shale	☐	☒
6	192	214	Shale	☒	☐
6	214	480	Shale	☐	☒

RECEIVED

FEB 23 2006

IDWR/North

RECEIVED

APR 17

IDWR/North

Completed Depth 480 (Measurable)
Date: Started 1/12/2006 Completed 1/16/2006

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 H2O Well Service, Inc. Firm No. 448

Firm Official Date

and

Supervisor or Operator Todd Morgan Date 1/17/06
TODD MORGAN (Sign Once if Firm Official and Operator)