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OCT 04 2013

DEPT OF WATER RESOURCES

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. C097834
Receipt By: DHS
Date Received: 27.4.2013

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.: 63-12240 Telephone No.: 208-484-0583 (cell)
- Name of Permit Holder(s): William H Thompson, Andrea H. Thompson
- Mailing Address: 4870 N. Skyline Dr. City: Eagle,
State: ID Zip: 83616 Email: William.Thompson2@va.gov
- Source of Water: Groundwater If **GROUND WATER** (well), Date Drilled: mo. 9 / yr. 2013
Well Driller: Coeur Well Drilling Drilling Permit Number: 963936-869995
- 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 Other: _____
- Total rate of diversion or storage volume for which proof is submitted: 0.2 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 ☐	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.

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: Andrea Thompson Telephone Number: 208-860-0247
Mailing Address: 4870 N. Skyline Dr City: Eagle, ID
State: ID Zip: 83616 Email: B.H.Andrea.T@juno.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:

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

Date:

10/4/13

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

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0064672
Drilling Permit No. 963936-869995
Water right or injection well # 63-12240

2. OWNER:
Name William & Andrea Thompson
Address 4870 N Skyline Dr
City Eagle State ID Zip 83616

3. WELL LOCATION:
Twp. 5 North ☒ or South ☐ Rge. 1 East ☒ or West ☐
Sec. 30 1/4 NW 1/4 SE 1/4

Gov't Lot _____ County ADA
Lat. 43 44.401 (Deg. and Decimal minutes)
Long. 116 22.856 (Deg. and Decimal minutes)
Address of Well Site 4870 N Skyline Dr
City Eagle
(Give at least name of road + Distance to Road or Landmark)

4. USE:
☐ Domestic ☐ Municipal ☐ Monitor ☒ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK:
☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

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

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
3/8 bentonite	0	40	1700lbs	dry pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
8"	+2	308	.250	steel	☒	☐	☐	☒
5"	303	308	.258	steel	☐	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 308ft

9. PERFORATIONS/SCREENS:
Perforations ☐ Y ☐ N Method _____
Manufactured screen ☒ Y ☐ N Type johnson
Method of installation wash-in

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
308	318	.020	---	5"	stainless	

Length of Headpipe 5ft Length of Tailpipe _____
Packer ☒ Y ☐ N Type 6x8 single wiper

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method

11. FLOWING ARTESIAN:
Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____
Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) 212 Static water level (ft) 208
Water temp. (°F) 58degF Bottom hole temp. (°F) _____
Describe access port sanitary well seal

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	75gpm	240minutes

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
12"	0	2	top soil		X
"	2	10	sandy brown clay		X
"	10	28	sand		X
"	28	40	sandy clay		X
8"	40	54	sandy clay		X
"	54	78	tan clay		X
"	78	91	sand		X
"	91	124	sandy clay		X
"	124	138	sand		X
"	138	167	tan clay		X
"	167	180	sand		X
"	180	195	tan clay		X
"	195	200	coarse sand		X
"	200	210	tan clay		X
"	210	225	sand	X	
"	225	241	sandy clay		X
"	241	250	sand	X	
"	250	265	sandy clay		X
"	265	271	sand	X	
"	271	275	tan clay		X
"	275	290	sand	X	
"	290	292	sandy clay		X
"	292	300	coarse sand	X	
"	300	307	tan clay		
"	307	318	sand	X	

Completed Depth (Measurable): 318
Date Started: Sep 10, 2013 Date Completed: Sep 16 2013

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 Coonse Well Drilling Co. No. 409
*Principal Driller [Signature] Date Sep 23, 2013
*Driller [Signature] Date Sep 23, 2013
*Operator II _____ Date _____
Operator I [Signature] Date Sep 23, 2013

* Signature of Principal Driller and rig operator are required.