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FEB 14 2013

DEPARTMENT 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 \$: 175.00
Receipt No. 0096553
Receipt By: MP
Date Received: 2-14-13

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.

- Permit No.: 96-9206 Telephone No.: 208-2638280
- Name of Permit Holder(s): HANSEN INVESTMENTS, LLC
- Mailing Address: 899 E. BOTTLE BAY RD. City: SAGE
State: ID Zip: 83860 Email: JHANJ@SANDPOINT.NET
- Source of Water: GROUND WATER If GROUND WATER (well), Date Drilled: mo 5 / yr. 2005
Well Driller: INTERMOUNTAIN DRILLING Drilling Permit Number: #1833127
- 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: MUNICIPAL
- Total rate of diversion or storage volume for which proof is submitted: 3 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.

SECURED BLDG.

Completed?

Yes ☐ No ☒

- Fee Enclosed: \$ 175.00 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: BOB HANSEN Telephone Number: 208-6610085
Mailing Address: 67 WILD HORSE TRAIL City: SANDPOINT
State: ID Zip: 83864-8701 Email: WSMI BOB @ AOL.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: Hansen Investments LLC President Date: 2/10/13
(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. 56 Roe. 4 Sec. 36
Lat. 1/4 : : Long. 1/4 : : 1/4

1. WELL TAG NO. D 0035405

DRILLING PERMIT NO. 833127

Other IDWR No.

2. OWNER

Name HANSEN INVESTMENTS

Address 899 EAST BOTTLE BAY ROAD

City SAGLE State ID Zip 83860

3. LOCATION OF WELL by legal description

Sketch map location must agree with written location.

W E

Twp. 56 North or South
Rge. 4 East or West
Sec. 36 1/4 1/4 1/4
Gov't Lot 2 County BONNER
Lat. : :
Long. : :

Address of Well

10109 DUFORT ROAD

City

(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 Tool ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL / FILTER PACK			AMOUNT	Method
Material	From	To	Sacks or pounds	
Bentonite Slurry	0	63	35 sacks	Temp. Case
Hole plug				

Was drive shoe used? ☒ Y ☐ N Shoe Depths(s) 113'
Was drive shoe seal tested? ☐ Y ☒ N How? N/A

8. Casing / Liner

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
10"	+1.5	113'	0.375	STEEL	☒	☐	☒	☐

Length of Headpipe N/A Length of Tailpipe N/A

9. PERFORATIONS / SCREENS

Perforations Method N/A
Screens Screen Type JOHNSON

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
113'	118'	20		10"	Stainless	☐	☐
118'	123'	40		10"	Stainless	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE

78' ft. below ground Artesian pressure N/A lb.

Depth flow encountered ft. Describe access port or

control devices: N/A

11. WELL TESTS

☒ Pump ☐ Bailer ☐ Air ☐ Flowing

Yield Gal. / Min.	Drawdown	Pumping Level	Time
500	4'	105'	4 HOURS

Water Temp. COLD

Bottom Hole Temp.

Water Quality test or comments: CLEAR

Depth first Water

78'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
14	0	2	TOPSOIL			
14	2	6	CLAY			
14	6	63	SAND AND GRAVEL			
10	63	78	SAND AND GRAVEL			
10	78	123	SAND AND GRAVEL - H2O			

Completed Depth 123' (Measurable)
Date Started 12-20-04 Completed 1-07-05

13. DRILLER'S CERTIFICATION

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

Company Name Intermountain Drilling Firm No. 513

Firm Official Date 1-21-05

Driller or Operator Date

(Sign once if Firm Official & operator)

56N 4W 36

