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JAN 30 2013

IDWR/NORTHERN

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. 1219633
Receipt By: ED
Date Received: 1-30-2013

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.

1. Permit No.: 94-8877 Telephone No.: 208 755 7888
2. Name of Permit Holder(s): Kingston Cedar LLC
3. Mailing Address: PO Box 830 City: Pinehurst
State: ID Zip: 83850 Email: Shohon@Cebriidge.net
4. Source of Water: Groundwater If **GROUND WATER** (well), Date Drilled: mo. ____ / yr. ____
Well Driller: See Attached Drilling Permit Number: ____
5. Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): ____ Stockwater (No. and type of stock): Office & Bathroom
Irrigation (No. of acres): ____ Other: Industrial, Fire Protection
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?

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 ☐

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: Glen Nerterson Telephone Number: 208 755-7888
Mailing Address: PO Box 830 City: Pinehurst
State: ID Zip: 83850 Email: Shohon@Cebriidge.net

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: 1-30-13

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

RECEIVED

Form 238-7
11/98 MAY 19 1998

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

POSTED
77549

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
_____ 1/4	_____ 1/4	_____ 1/4	
Lat: : : _____	Long: : : _____		

NORTHERN REGION

1. WELL TAG NO. D 3744

DRILLING PERMIT N 94-98-N-0006-000

Other IDWR No _____

2. OWNER:

Name Malloy Lumber Company

Address P O Box 189 / 4587 Old River RD

City Kingston

State ID

Zip 83839

3. LOCATION OF WELL by legal description:

N		Twp <u>49N</u>	North ☒ or South ☐
Rge <u>02E</u>		East ☒ or West ☐	
Sec <u>05</u>		SW 1/4 SW 1/4 SE 1/4	
		10 Ac 40 Ac 160 Ac	
Gov't Lot _____		County <u>Shoshone</u>	
Lat _____		Long _____	

Address of Well Site: (see next line)

L @ BumbleBee Campgrnd, L cross river, R 1/2M, L City Kingstone

Lot 5 Bk _____ Sub. Name (see next line)

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

SEAL/FILTER PACK			Amount	Method
Material	From	To	Sacks/Lbs	
Aquagard Grout	0	18	15 sacks	30% solids

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 139

Drive Shoe Seal Tested? ☒ Y ☐ N How? Driven to 139'

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
8"	2	-139	0.025	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations? Method Air perforator

☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
-125	-135	1"	200		Steel	☒	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

8 ft. below ground. Artesian pressure _____ lb.

Depth flow encountered 4 ft. Describe access port or

control devices: Steel cap welded

11. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
200+	100%	138	1 hr.

Water Temp. _____ Cold Bottom hole temp. _____ Cold

Water Quality test or comments: (below) Depth first Water Encountered 4

clear, cold, no smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
				Y	N
12"	0	18	Sand & gravel - 3/4 minus	☒	☐
8"	18	42	Sand & gravel - 1" minus	☒	☐
8"	42	50	Brown sand	☒	☐
8"	50	87	Gray clay & silt	☒	☐
8"	87	94	Sand & gravel - 3/4 minus	☒	☐
8"	94	143	Sand & gravel - 3" minus	☒	☐

Completed Depth 139 (Measurable)

Date: Started 4/8/98 Completed 4/9/98

13. DRILLERS CERTIFICATION

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

Firm United Drilling, Inc.

Firm No 414

Name _____

Firm Official _____

and _____

Supervisor or Operator Jason C. Beckham

Date 5/15/98

Date 5/15/98

FORWARD WHITE COPY TO WATER RESOURCES

49N 2E 5 SWSW SE

WELL DRILLER'S REPORT

State 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.

[illegible]

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

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