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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.:	N 229580
Receipt By:	9
Date Received:	11/27/12

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.: 95-15557 Telephone No.: 208-687-2627
- Name of Permit Holder(s): Granada Estates Water Ass
- Mailing Address: PO Box 687 City: Rathdrum
State: Id Zip: 83858 Email: _____
- Source of Water: ground If **GROUND WATER** (well), Date Drilled: mo. 6 yr. 1993
Well Driller: United Drilling Drilling Permit Number: 95-93-N-76-000
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 9 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 5 Other: _____
- Total rate of diversion or storage volume for which proof is submitted: 0.18 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 ☒
If yes, has the measuring device been installed? Yes ☐ No ☒
Lockable Controlling Device: Is a lockable device required to control the diversion? Yes ☐ No ☒
If yes, has the lockable device been installed? 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 ☒
- Fee Enclosed: \$ 50 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: Janell Mallett Telephone Number: 208-687-2627
Mailing Address: PO Box 687 City: Rathdrum
State: Id Zip: 83858 Email: _____

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: Janell Mallett Date: 11/27/12
(Include your title, if on behalf of company or organization)

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

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState 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.

1. WELL OWNER Name <u>RAY VAUDREUIL</u> Address <u>1410 LINCOLN WAY, CDA, ID 83814</u> Drilling Permit No. <u>95-93-N-76-000</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>300</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality <u>GOOD</u> Describe artesian or temperature zones below.																																																																																																				
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Modification ☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr><tr><td><u>20 ESTIMATED</u></td><td><u>645</u></td><td><u>1</u></td></tr></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>20 ESTIMATED</u>	<u>645</u>	<u>1</u>																																																																																														
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Monitor ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <u>89547</u> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>7 1/2</td><td>0</td><td>1</td><td>SOIL</td><td></td><td>X</td></tr><tr><td></td><td>1</td><td>60</td><td>SAND & GRAVEL 3/4-</td><td></td><td>X</td></tr><tr><td></td><td>60</td><td>65</td><td>COBBLES, SAND, GRAVEL</td><td></td><td>X</td></tr><tr><td></td><td>65</td><td>120</td><td>SAND & GRAVEL 3/4-</td><td></td><td>X</td></tr><tr><td></td><td>120</td><td>125</td><td>COBBLES, SAND, GRAVEL</td><td></td><td>X</td></tr><tr><td></td><td>125</td><td>198</td><td>SAND & GRAVEL 3/4-</td><td></td><td>X</td></tr><tr><td>7 1/2</td><td>198</td><td>340</td><td>SAND, GRAVEL, 3/4-</td><td></td><td>X</td></tr><tr><td></td><td>340</td><td>450</td><td>SANDY, CLAY GREEN</td><td></td><td>X</td></tr><tr><td></td><td>450</td><td>475</td><td>DECOMPOSED GRANITE GREEN</td><td>X</td><td></td></tr><tr><td></td><td>475</td><td>494</td><td>GRANITE GREEN, BLACK WHT</td><td>X</td><td></td></tr><tr><td>5 1/2</td><td>494</td><td>535</td><td>GRANITE GREEN, B/W</td><td></td><td>X</td></tr><tr><td></td><td>535</td><td>545</td><td>GRANITE GREEN, B/W</td><td>X</td><td></td></tr><tr><td></td><td>545</td><td>595</td><td>GRANITE B/W</td><td></td><td>X</td></tr><tr><td></td><td>595</td><td>620</td><td>GRANITE B/W</td><td>X</td><td></td></tr><tr><td></td><td>620</td><td>645</td><td>GRANITE B/W</td><td>X</td><td></td></tr></tbody></table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	7 1/2	0	1	SOIL		X		1	60	SAND & GRAVEL 3/4-		X		60	65	COBBLES, SAND, GRAVEL		X		65	120	SAND & GRAVEL 3/4-		X		120	125	COBBLES, SAND, GRAVEL		X		125	198	SAND & GRAVEL 3/4-		X	7 1/2	198	340	SAND, GRAVEL, 3/4-		X		340	450	SANDY, CLAY GREEN		X		450	475	DECOMPOSED GRANITE GREEN	X			475	494	GRANITE GREEN, BLACK WHT	X		5 1/2	494	535	GRANITE GREEN, B/W		X		535	545	GRANITE GREEN, B/W	X			545	595	GRANITE B/W		X		595	620	GRANITE B/W	X			620	645	GRANITE B/W	X	
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary ☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)	 																																																																																																				
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>.250</u> inches</td><td><u>8"</u> inches</td><td><u>+ 2</u> feet</td><td><u>198</u> feet</td></tr><tr><td><u>.250</u> inches</td><td><u>6"</u> inches</td><td><u>194</u> feet</td><td><u>494</u> feet</td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☒ Yes ☐ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation? _____ inches by _____ inches <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> Well screen installed? ☐ Yes ☒ No Manufacturer _____ Type _____ Top Packer or Headpipe _____ Bottom of Tailpipe _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>190</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☒ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port <u>N/A</u>	Thickness	Diameter	From	To	<u>.250</u> inches	<u>8"</u> inches	<u>+ 2</u> feet	<u>198</u> feet	<u>.250</u> inches	<u>6"</u> inches	<u>194</u> feet	<u>494</u> feet	Number	From	To	_____	_____	_____	_____	_____	_____	_____	_____	_____	10. <u>FEB 09 1995</u> Work started <u>5/10/93</u> finished <u>6/12/93</u>																																																																												
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6. LOCATION OF WELL Sketch map location must agree with written location. Subdivision Name <u>GRANADA</u> <u>Estates</u> Lot No. <u>4</u> Block No. <u>1</u> County <u>KOOTENAI</u> Address of Well Site <u>DIAGONAL RD, CDA, ID</u> (give at least name of road) <u>S 1/4 NE 1/4 Sec. 1, R. 4W E or W or S</u> T. <u>52N</u> N ☐ or S ☐ R. <u>4W</u> E ☐ or W ☐	11. DRILLER'S CERTIFICATION I/We certify that all minimum well construction standards were compiled with at the time the rig was removed. Firm Name <u>UNITED DRILLING FIRM</u> No. <u>414</u> Address <u>P.O. BOX 1690</u> Date <u>6/14/93</u> <u>HAYDEN, ID 83835</u> Signed by Drilling Supervisor <u>[Signature]</u> and (Operator) <u>LARRY VAUDREUIL JR</u> (If different than the Drilling Supervisor)																																																																																																				

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

Permit 753503
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