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APR 13 2012

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 \$: 125-

Receipt No. 0095077

Receipt By: SPJ

Date Received: 4-13-2012

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.: 65-23111 Telephone No.: 208-382-4227
- Name of Permit Holder(s): CASCADE School District #422
- Mailing Address: 209 School St PO Box 291 City: CASCADE
State: ID Zip: 83611 Email: BOB@CASCADESCHOOLS.ORG
- Source of Water: GROUND WATER If GROUND WATER (well), Date Drilled: mo. / yr.
Well Driller: GESTRIN WELL DRILLING Drilling Permit Number: SEE ATTACHED
912763-861395
- 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: HEATING & COOLING
- Total rate of diversion or storage volume for which proof is submitted: 1.34 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.

See attached

Completed? Yes ☒ No ☐

- Fee Enclosed: \$ 125 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 Pair Telephone Number: 208-630-3027
Mailing Address: PO Box 291 City: Cascade
State: ID Zip: 83611 Email: bob@cascadeschools.org

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: Robert F Pair MAINT. Sup. Date: 4-4-12
(Include your title, if on behalf of company or organization)

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

Drilling Permit No. 912763-861395
Drilling Permit I.D. Tag No. 00059005
Water Right Permit No. _____
Injection Permit No. 65-W-024-002

State of Idaho
Department of Water Resources
APPLICATION FOR DRILLING PERMIT
(FOR THE CONSTRUCTION OF A WELL)

1. Property Owner (please print): CASCADE School DISTRICT #422
2. Current Mailing Address: 209 School ST. P.O. Box 291
City: CASCADE State: Id. Zip Code: 83611 Telephone: (208) 382-4227
3. Proposed Well Location: Twp. 14N, Rge. 3E, Sec. 25, NE 1/4 SW 1/4 SW 1/4
Gov't Lot No. _____ County VALLEY Lat. 44 30.971 Long. 116 02.699
Street Address of Well Location 209 School ST. City CASCADE
Lot, block and subdivision L5, Bk K-9, 1st Add to Cascade
Give at least name of road + Distance to Nearest Road or Landmark

4. Proposed Use of Well: (Note: Any well drilled for a Public Water Supply requires prior DEQ approval.)
☐ DOMESTIC (42-111a): The use of water for homes, organization camps, public campgrounds, livestock and for any other purpose in connection therewith, including irrigation of up to 1/2 acre of land, if the total use is not in excess of 13,000 gpd.
☐ DOMESTIC (42-111b): Any other use if the diversion rate does not exceed 0.04 cfs (18 gpm) and a diversion volume of 2500 gpd.

NON-DOMESTIC: ☐ Irrigation ☐ Municipal ☐ Industrial ☐ Public Water Supply
☐ Commercial ☐ Other _____
(Describe)

☒ INJECTION

☐ MONITORING: A well bore schematic and map is required. No. of proposed wells: _____

5. Well Construction Information:

A. ☒ New well ☐ Modify ☐ Deepening ☐ Replace Previous Well # _____
B. Proposed Casing Diameter 8" Proposed Maximum Depth 1,110
C. Anticipated bottom hole temperature:
☒ 85°F or less ☐ 85°F to 212°F ☐ 212°F or more
(Cold Water Well) (Low Temp. Geo. Well) (Geothermal Well)

6. Construction Start Date: 6-21-11

7. Drilling Company Name: GESTRIN WELL DRILLING, INC. Driller's Lic. No. 408
NOTE: The actual well driller must be identified prior to drilling.

8. Applicant's Signature: Robert F. [Signature] Date: 6-17-11

Title: _____

Address (if different than owner): _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

ORIGINAL

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JUN 20 2011

WATER RESOURCES
WESTERN REGION



State of Idaho
Department of Water Resources

Injection Well Permit No. 65-W-024-001

Permit Holder: Cascade School District #422
209 School Street, Box 291
Cascade, ID 83611

Facility: Cascade School District #422
209 School Street, Box 291
Cascade, ID 83611

Expiration Date: 12/31/2017

Injection Well Classification: 5A7

Injection Well Location:

<u>PLSS</u>	<u>Latitude/Longitude</u>	<u>County</u>
14N 3E S25 SWSW	44.51651, -116.045469	Valley

Well Construction Information:

<u>Well Diameter</u>	<u>Well Depth</u>	<u>Surface Casing Dia.</u>
0.67 ft	350 ft	0.67 ft

Injectate: Closed-Loop Heat Exchange Return Flow

Pretreatment Method: N/A

Injection Activity:

<u>Frequency</u>	<u>Maximum Average Weekly Rate</u>	<u>Maximum Injection Capacity</u>
Intermittent	601 gpm	601 gpm

Land Use in Drainage Area: N/A

Conditions of Approval:

1. This injection well is administered under IDAPA 37.03.03, Rules and Regulations for the Construction and Use of Injection Wells, and IDAPA 37.03.09, Well Construction Standards & Rules.
2. Discharge into the well shall be restricted to closed-loop heat exchange return flow water.
3. A closed loop system shall be maintained to prevent contamination of the injectate. A



**State of Idaho
Department of Water Resources**

Injection Well Permit No. 65-W-024-002

Permit Holder: Cascade School District 422
209 School St., Box 291
Cascade, ID 83611

Facility: Cascade School District 422
209 School St., Box 291
Cascade, ID 83611

Expiration Date: 6/9/2021

Injection Well Classification: 5A07

Injection Well Location:

<u>PLSS</u>	<u>Latitude/Longitude</u>	<u>County</u>
T14N-R3E-S25-NESWSW	116.04495 W 44.516233333 N	Valley

Well Construction Information:

<u>Well Casing Diameter</u>	<u>Well Depth</u>
8 inches	1,110 feet

Injectate: Heat Exchange Return Flow

Pretreatment Method: N/A

Injection Activity:

<u>Frequency</u>	<u>Maximum Average Weekly Injection Rate</u>
Intermittent	1.34 cfs

Land Use in Drainage Area: N/A

Conditions of Approval:

1. This injection well is administered under IDAPA 37.03.03, Rules and Regulations for the Construction and Use of Injection Wells, and IDAPA 37.03.09, Well Construction Standards & Rules.
2. The facility owner and operator bear sole responsibility to mitigate for harm or degradation resulting from the injection activities authorized in this permit.
3. Violating the water quality standards stated in IDAPA 37.03.03.050, degrading the