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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.:	N028733
Receipt By:	Stedinger
Date Received:	12/7/11

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.: 96-9492 Telephone No.: 208-263-76462. Name of Permit Holder(s): William A. LUCE3. Mailing Address: 445 TANTAM DR. City: SAGEState: ID Zip: 83860 Email: _____4. Source of Water: _____ If GROUND WATER (well) Date Drilled: mo. 11 / yr. 04Well Driller: AQUA DRILLING Drilling Permit Number: 0039690

5. Extent of use(s) completed (as authorized by the water right permit):

Domestic (No. of households): 1 Stockwater (No. and type of stock): _____Irrigation (No. of acres): 1 Other: _____6. Total rate of diversion or storage volume for which proof is submitted: 0.20 cfs OR 1 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 ☒

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 ☒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: William A. LUCE Telephone Number: 208-263-7646Mailing Address: 445 TANTAM DR. City: SAGEState: ID Zip: 83860 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: William A. Luce Date: 12-5-11

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

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

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0039690
 DRILLING PERMIT NO. 826015
 Water Right or Injection Well No. 11

2. OWNER:

Name John C. Wilson
 Address PO Box 364 Sagle
 City Sagle State Id. Zip 83860

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 56 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 25 1/4 NE 1/4 NE 1/4
 Gov't Lot _____
 County Bonner
 Lat: _____ Long: _____
 Address of Well Site 549 Tam Tam Dr.
 City _____

(Give at least name of road - Distance to Road or Landmark)
 Lt. _____ Blk. _____ Sub. Name Round Lake Meadows
Lot #12

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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>20</u>	<u>500 lbs</u>	<u>over bore</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 177
 Was drive shoe seal tested? ☐ Y ☒ N How? Air Pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6 + 1</u>	<u>-177</u>	<u>250</u>	<u>Steel</u>		☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE NONE

Perforation Method _____
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. FILTER PACK NONE

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

63 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: Bolted Well Cap
56N 3W 25 SW SW

Inspected by N. J. R.
 Twp 56N Rge 3W Sec 25
 1/4 SW 1/4 SW 1/4
 Lat: _____ Long: _____

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>50</u>			

Water Temp. Cool Bottom hole temp. Cool
 Water Quality test or comments: Good

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>20</u>			
<u>6</u>	<u>20</u>	<u>177</u>			
			<u>113 Sand & Cabbles</u>		
			<u>113 117 Clay & gravel</u>		
			<u>117 177 Clay & gravel w/streaks of Clean pea Gravel</u>		<u>X</u>



AQUA DRILLING
 & EXPLORATION INC.
 PO BOX 2850
 HAYDEN, ID 83835-2850

Completed Depth 177' (Measurable)
 Date: Started 11-8-04 Completed 11-9-04

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 AQUA DRILLING & EXPLORATION INC. Firm No. 163

Principal Driller Scott M. Brumbyer Date _____

and Driller or Operator II Wayne M. O'Connell Date 11-10-04

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES