

RECEIVED

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FEB 08 2012

FOR OFFICE USE ONLY	
Amt. of Fee \$:	50.00
Receipt No.:	5032338
Receipt By:	reeder
Date Received:	2/6/12

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.

1. Permit No.: 47-16808 Telephone No.: 208-543-6002

2. Name of Permit Holder(s): MH Springs, LLC

3. Mailing Address: P.O. Box 588 City: Buhl
State: ID Zip: 83316 Email: info@mhsprings.com

4. Source of Water: well If **GROUND WATER** (well), Date Drilled: mo. 07 / yr. 1984
Well Driller: Boley & Henry Drilling Permit Number: 718070

5. 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

6. Total rate of diversion or storage volume for which proof is submitted: 0.2 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
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: Nathan Olsen Telephone Number: 208-316-3211
Mailing Address: P.O. Box 588 City: Buhl
State: ID Zip: 83316 Email: nathan@

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: [Signature] Date: 2/6/12
(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 REPORT

718070

USE TYPEWRITER OR

BAILED OPEN

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.

JUL 23 1984

1. WELL OWNER

Name Larry Olson (Municipal Hot Springs) Address R+3 Buhl, Idaho - 83316 Owner's Permit No. 47-84-C-0029-000

7. WATER LEVEL

Static water level _____ feet below land surface. Flowing? [X] Yes [] No G.P.M. flow _____ Artesian closed-in pressure 40 p.s.i. Controlled by: [X] Valve [] Cap [] Plug Temperature 138 OF Quality good

2. NATURE OF WORK

[X] New well [] Deepened [] Replacement [] Abandoned (describe method of abandoning)

8. WELL TEST DATA

[] Pump [] Bailor [] Air [] Other

Table with columns: Discharge G.P.M., Pumping Level, Hours Pumped. Row 1: 500 estimate

3. PROPOSED USE

[] Domestic [] Irrigation [] Test [] Municipal [] Industrial [] Stock [] Waste Disposal or Injection [X] Other Swimming Pool (specify type)

9. LITHOLOGIC LOG

Lithologic log table with columns: Hole Diam., Depth From, To, Material, Water Yes/No. Rows include: 8-11 Brown sandy clay, 11-17 Boulders, cobble stone & gravel, 17-72 Grey clay, 72-92 Black basalt broken up, 92-149 Black basalt, 149-183 Brown clay w/ slate, 183-188 Grey shale, 188-254 Black basalt, 254-263 Green shale & clay, 263-264 Sand (small flow), 264-293 Grey clay & shale, 293-335 Green shale, 335-378 Grey & hyalite, 378-388 Small rock up flow, 388-407 Brown & hyalite w/ thin layers of shale (good flow), 407-418 Grey & hyalite (good flow), 418-425 Brown & hyalite (good flow)

4. METHOD DRILLED

[] Rotary [] Air [] Hydraulic [] Reverse rotary [X] Cable [] Dug [] Other

5. WELL CONSTRUCTION

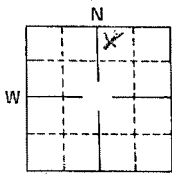
Casing schedule: [X] Steel [] Concrete [] Other. Thickness Diameter From To. 250 inches 12 inches + 1 feet 112 feet. 250 inches 8 inches 2 feet 248 feet. 188 inches 6 inches 231 feet 380 feet. Was casing drive shoe used? [X] Yes [] No. Was a packer or seal used? [X] Yes [] No. How perforated? [] Factory [] Knife [] Torch. Size of perforation _____ inches by _____ inches. Well screen installed? [] Yes [X] No. Manufacturer's name _____ Type _____ Model No. _____ Diameter Slot size Set from feet to feet. Gravel packed? [] Yes [X] No Size of gravel _____ Placed from feet to feet. Surface seal depth Material used in seal: [X] Cement grout [] Puddling clay [] Well cuttings. Sealing procedure used: [] Slurry pit [X] Temp. surface casing [] Overbore to seal depth. Method of joining casing: [] Threaded [X] Welded [] Solvent Weld. Describe access port pressure gauge

10.

Work started 10 June finished 5 July 1984

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County Twin Falls - NW 1/4 NE 1/4 Sec. 31, T. 18S, R. 14 E/W.

11. DRILLERS CERTIFICATION

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

Firm Name Boley & Henry Firm No. 86

Address Muntzugh Date 2 July 1984

Signed by (Firm Official) Blair Boley

and (Operator) Blair Boley