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NOV 18 2010

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

FOR OFFICE USE ONLY	
Am't. of Fee \$:	50
Receipt No.:	0892108
Receipt By:	887
Date Received:	11/15/2010

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.: 95-09362 Telephone No.: 208-661-0729
- Name of Permit Holder(s): Johnson Meadows Estates L.L.C. Assn Inc
- Mailing Address: 33860 S. Highway 97 City: Ha. 750
State: Id Zip: 83833 Email: Karol-johnson@hotmail.com
- Source of Water: Groundwater If GROUND WATER (well), Date Drilled: mo. 6 yr. 2007
Well Driller: H²O Well Service Drilling Permit Number: 847193
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 3 of 76 completed Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: 3 Fire Hydrants
- Total rate of diversion or storage volume for which proof is submitted: .11 cfs OR 17.9 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.
Not Applicable yet, may be in future Completed? Yes ☒ No ☐
- 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: Fred Johnson Telephone Number: 208-661-0729
Mailing Address: 33860 S. Highway 97 City: Harrison
State: Id Zip: 83833 Email: Karol-johnson@hotmail.com

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:

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

Date:

11-15-10

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

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0051937

Drilling Permit No:

Other IDWR No.

2. OWNER

Name JOHNSON, FRED & KAROL

Well Number:

1315

Address 12875 S. FLICKER LANE

City HARRISON State ID Zip 83833

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N					
W					E
					S

Twp. 48N ☒ North or ☐ SouthRge. 03W ☐ East or ☒ West

Sec. 6 1/4 SW 1/4 NW 1/4

Gov't Lot County KOOTENAI

Latitude: N47:31:647 Longitude: W116:46:280

Address of Well Site HWY 97 ASBURY

City HARRISON

(Give at least name of road + Distance to Road or Landmark)

Lt. Blk. Sub. Name

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 or Pounds	
BENTONITE	0	18	200 LBS	OVERBORE

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	241	.250	STEEL	☒	☐	☒	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

- ☒ Perforations Method PERFORATOR
☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
220	240	1/4 X 2	60	6	STEEL	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

160 ft. below ground Artesian pressure lb.

Depth flow encountered 208 ft. Describe access port or control devices:

11. WELL TESTS:

- ☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
40	100	240	4HRS

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: LT. BROWN

Depth first Water encountered 125

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	Y	N
10	0	8	Broken Basalt Boulders	☐	☒	
8	8	100	Basalt Coarse Gravel w/Clay Seems	☐	☒	
8	100	123	Tan Clay w/ 3 gpm	☒	☐	
8	123	152	Tan Clay	☐	☒	
8	152	205	Basalt	☐	☒	
8	205	212	Fract. Basalt w/ 30+gpm	☒	☐	
8	212	241	Basalt	☐	☒	

RECEIVED

JUN 29 2007

IDWR/North

Completed Depth 241 (Measurable)
 Date: Started 6/12/2007 Completed 6/18/2007

13. DRILLER'S CERTIFICATION

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

Firm Name H2O Well Service, Inc. Firm No. 448

Firm Official Date 6-21-07

Supervisor or Operator Date 6/19/07

LOUIE HANNER

(Sign Once if Firm Official and Operator)