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APR 16 2010

WATER RESOURCES
WESTERN REGIONSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCESSTATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

DEPARTMENT OF WATER RESOURCES

FOR OFFICE USE ONLY

Amt. of Fee \$: 100
Receipt No. W038270
Receipt By: gmk
Date Received: 4-16-10

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. 63-33048 Telephone No. (208) 459-88982. Name of Permit Holder(s): 15881 Purple Sage Road, LLC3. Mailing Address: 15881 Purple Sage Road #39 City Caldwell
State Idaho Zip 83607 Email: ThomasK@CableOne.net4. Source of Water: Ground If **GROUND WATER** (well), Date Drilled: mo. 8 / yr. 69
Well Driller: Holloway Drilling Drilling Permit Number: 53 ?

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

Domestic (No. of households): 51 units Stockwater (No. and type of stock): _____Irrigation (No. of acres): _____ Other: Commercial for Mobile Home Park (51 units)6. Total rate of diversion or storage volume for which proof is submitted: 0.35 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?

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.

NA Completed? Yes ☐ No ☐8. Fee Enclosed: \$ 100⁰⁰ 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: Thomas Krasowski Telephone Number: 208-888-3000Mailing Address: 15881 Purple Sage Road #39 City CaldwellState Idaho Zip 83607 Email: ThomasK@CableOne.net

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: Thomas K manager 15881 Purple Sage Rd LLC Date: 4/14/10
(include your title, if on behalf of company or organization)

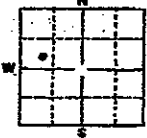
USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Reclamation

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

RECEIVED
SEP 11 1969
Department of Reclamation

1. WELL OWNER Name <u>Mr. Trenchell</u> Address <u>Caldwell Idaho</u> Owner's Permit No. _____		7. WATER LEVEL Static water level <u>46</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature <u>58</u> ° F. Quality <u>BEST NOT RETURNED</u> Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug																																																	
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____		8. WELL TEST DATA ☒ Pump ☐ Bailor ☐ Other Discharge G.P.M. <u>878</u> Draw Down <u>32</u> Hours Pumped <u>34</u>																																																	
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock		9. LITHOLOGIC LOG 041605 Hole Diam. Depth From To Material Water Yes No <table border="1"><tr><td>12"</td><td>0</td><td>3</td><td>Soil</td><td></td><td></td></tr><tr><td>"</td><td>3</td><td>12</td><td>CLAY Yellow</td><td></td><td></td></tr><tr><td>"</td><td>12</td><td>20</td><td>SAND</td><td></td><td></td></tr><tr><td>"</td><td>20</td><td>32</td><td>CLAY</td><td></td><td></td></tr><tr><td>"</td><td>32</td><td>40</td><td>SAND</td><td></td><td></td></tr><tr><td>"</td><td>40</td><td>70</td><td>SAND FINE</td><td></td><td></td></tr><tr><td>"</td><td>70</td><td>80</td><td>CLAY</td><td></td><td></td></tr><tr><td>"</td><td>80</td><td>83</td><td>SAND COARSE</td><td></td><td></td></tr></table>		12"	0	3	Soil			"	3	12	CLAY Yellow			"	12	20	SAND			"	20	32	CLAY			"	32	40	SAND			"	40	70	SAND FINE			"	70	80	CLAY			"	80	83	SAND COARSE		
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4. METHOD DRILLED ☒ Cable ☐ Rotary ☐ Dug ☐ Other																																																			
5. WELL CONSTRUCTION Diameter of hole <u>12</u> inches Total depth <u>83</u> feet Casing schedule: ☒ Steel ☐ Concrete Thickness Diameter From To <u>1/4</u> inches <u>12</u> inches <u>0</u> feet <u>80</u> feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number From To _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ 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? ☒ Yes ☐ No To what depth <u>18</u> feet Material used in seal ☒ Cement grout ☐ Puddling clay																																																			
6. LOCATION OF WELL Sketch map location must agree with written location.  County <u>Campan</u> SW x NW x Sec <u>33</u> T. <u>5</u> N. R. <u>3</u> W		10. Work started <u>7-30-69</u> finished <u>8-12-69</u>																																																	
		11. DRILLER'S CERTIFICATION This well was drilled under my supervision and this report is true to the best of my knowledge. <u>HOLLOWAY DRILLING Co. 53</u> Driller's or Firm's Name Number <u>ONTARIO OREGON</u> Signed by <u>May Holloway</u> Date <u>9-10-69</u>																																																	

USE ADDITIONAL SHEETS IF NECESSARY