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AUG 06 2010

DEPARTMENT OF WATER RESOURCES

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

FOR OFFICE USE ONLY
Amt. of Fee \$: 50
Receipt No. 6036015
Receipt By: slm
Date Received: 8/2/2010

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.

1. Permit No.: 25-14170 Telephone No.: (208) 542-5492
2. Name of Permit Holder(s): Sunroc Development
3. Mailing Address: P.O. Box 1327 City: Idaho Falls
State: ID Zip: 83403 Email: sunroc@ida.net
4. Source of Water: Ground water If **GROUND WATER** (well), Date Drilled: mo. 12 / yr. 2007
Well Driller: Jack Cushman Drilling Drilling Permit Number: D0049020
5. Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 0 Stockwater (No. and type of stock): 0
Irrigation (No. of acres): 0 Other: 12 Commercial Buisnesses-in bldg use only
6. Total rate of diversion or storage volume for which proof is submitted: 0.05 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: Evan Goodwin Telephone Number: (208) 542-5492
Mailing Address: P.O. Box 1327 City: Idaho Falls
State: ID Zip: 83403 Email: sunroc@ida.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: Evan G. Goodwin Date: 7/28/10
(Include your title, if on behalf of company or organization)

JUL 28 2010

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. **D0049020**
DRILLING PERMIT NO. **D0049020**
Other IDWR No. **25-14170**

2. OWNER:

Name **SUNROC CONSTRUCTION (EVAN GOODWIN)**
Address **2676 W. 49TH S.**
City **IDAHO FALLS** State **ID** Zip **83402**

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

North ☒ or South ☐
East ☒ or West ☐
Twp. **1** Rge. **37** Sec. **3**
SE 1/4 SE 1/4 NE 1/4
10 acres 20 acres 180 acres
County **BONNEVILLE**
Gov't Lot _____
Lat _____ Long _____
Address of Well Site **SUNROC STREET**
City **IDAHO FALLS**
(Give at least name of road + Distance to Road or Landmark)
Lt. **1** Blk. **1** Sub. Name **SUNROC PARK**

4. USE:

☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☒ Other **FIRE PROTECTION**

5. TYPE OF WORK: check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☐ Other (Replacement etc.)

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	86	186 BAGS		POURED

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) **158**
Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
16	+2	158	.375	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

116 ft. below ground Artesian pressure _____ lb.
Depth flow encountered **185-212** ft. Describe access port or control devices: **CAP**

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
1835		125	6-HOURS

Water Temp. **52** Bottom hole temp. **52**

Water Quality test or comments: **NOT TESTED**

Depth first Water Encounter **113-115**

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
24	0	18	GRAVEL			
	18	72	BASALT			
	72	85	CLAY			
	85	113	BASALT			
	113	115	CINDERS (LITTLE)		X	
	115	133	BASALT			
	133	137	BROKEN BASALT		X	
	137	151	CLAY			
16	151	158	SOFT BASALT			
	158	165	HARD BASALT			
	165	172	BROKEN BASALT		X	
	172	182	BASALT			
	182	185	BROKEN BASALT		X	
	185	212	FAIRLY FIRM & BROKEN BASALT		X	
	212	275	BASALT			
	275	281	CLAY & CHALK			
	281	282	BASALT			

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JUL 16 2008

Department of Water Resources
Eastern Region

Completed Depth **282** (Measurable)

Date: Started **10/9/2007** Completed **12/26/2007**

13. DRILLER'S CERTIFICATION:

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

Company Name **JACK CUSHMAN DRILLING, INC.** Firm No. **94**

Firm Official **Bob Cushman** Date **12/26/2007**

and Driller or Operator **Nyle Bailey** Date **12/26/2007**

(Sign once if Firm Official & Operator)