1/08

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MAY 17 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. 0090797
Receipt By: SBT
Date Receipted: 5-17-2010

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has completed all work that will occur for the development of a water right and that water has been applied to beneficial use(s) to the extent described below. **This form must be accompanied by a license examination fee, when necessary, or accompanied by a completed Beneficial Use Field Report prepared by a certified water right examiner.** If you no longer own the property and want to convey this permit to the new owner, please complete an Assignment of Permit form and send it to the Department with a $25.00 filing fee. Assignment forms are available from any Department office or at www.idwr.idaho.gov.

1. Permit No. 21-12950 Telephone No. 208-317-1577

2. Name of Permit Holder(s): Daniel Menkhaus and Don Thompson

3. Mailing Address: 4019 S. Salt Lick Loop City Island Park

State ID Zip 83429 Email: dmenk44@gmail.com

4. Source of Water: Ground Water If **GROUND WATER** (well), Date Drilled: mo. 10-11 / yr. 2004

Well Driller: Andrew Well Drilling Services Inc Drilling Permit Number: #D0034977

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

Domestic (No. of households): 2 Stockwater (No. and type of stock): _____

Irrigation (No. of acres): _____ Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: .08 cfs **OR** _____ acre-feet.

7. Compliance with a Measuring Device requirement and/or other Conditions of Permit: ***(Refer to the approval conditions on your permit and respond accordingly.)***

Measuring Device: Is a measuring device required?	Yes ☐ **or** No ☒
If yes, has the measuring device been installed?	Yes ☐ **or** No ☐

Conditions of Permit: Does your permit require you to submit additional information in connection with your proof of beneficial use? (If yes, please list the conditions below and provide documents if necessary.)

N/A **Completed?**	Yes ☐ **or** No ☐
_____ **Completed?**	Yes ☐ **or** 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: Daniel Menkhaus Telephone Number: 208-317-1577

Mailing Address: 4019 S. Salt Lick Loop City Island Park

State ID Zip 83429 Email: dmenk44@gmail.com

10. ***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: _____, Owner Date: 5/13/10
(include your title, if on behalf of company or organization)

DON B. THOMPSON

Form 238-7
11/97
10/01
Andrew

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT
Use Typewriter or Ballpoint pen

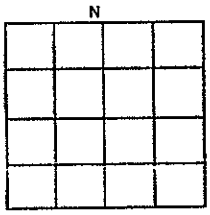
21

Office Use Only
Inspected by:
Twp ___ Rge ___ Sec ___
___1/4 ___1/4 ___1/4
Lat: : : Long: : :

1 WELL TAG NO.
DRILLING PERMIT NO. #D0034977
Other IDWR NO.

2 OWNER:
Name: Ron Palmer
Address: P.O. Box 306
City: Ashton State: ID Zip 83420

3 LOCATION OF WELL by legal description.



Twp 14 ☑ North ☐ South
Rge 43 ☑ East ☐ West
Sec 23 ___ 1/4 NE 1/4 NE 1/4
(10 Acres / 40 Acres / 160 Acres)
Gov't Lot County Fremont
Lat: : : Long: : :

Address of Well Site: 4019 S Salt Lick Loop
City: Island Park
(Give at least name of Road + Distance to Road or Landmark)

Lot No. 13 Blk No. 2 Subd. Name: Deer Crest

4 USE:
☑ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5 TYPE OF WORK:
☑ New Well ☐ Modify ☐ Abondonment ☐ Other

6 DRILL METHOD:
☑ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7 SEALING PROCEDURES:

SEAL/FILTER PACK			AMOUNT	
Material	From	To	Sacks/Pounds	Method
Bentonite	0	140'	4600 lbs	Overbore
Cement	140'	198'	2548 lbs	Overbore

Was drive shoe used? ☐ Yes ☑ No Shoe Depth(s)
Was drive shoe seal tested ? ☐ Yes ☑ No How?

8 CASING/LINER:

Dia.	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2'	198'	0.25	Steel	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe: Length of Tailpipe:

9 PERFORATIONS/SCREENS:

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

 # STATIC WATER LEVEL OR ARTESIAN PRESSURE:
132 ft below ground Artesian Pressure: ___ lb
Depth flow encountered: ___ ft
Describe access port or control devices: Sanitary Well Cap

11 WELL TESTS:
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian
Flowing Artesian

Yield	Drawdown	Pumping Level	Time
25 gpm		247'	4.25 hrs

Water Temp ___ Bottom hole temp ___
Water Quality test or comments:
Depth first water encountered:

12 LITHOLOGIC LOG:

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"	0	5	Topsoil		X
	5	11	Gray basalt, broken		X
	11	18	Gray basalt, broken		X
	18	20	Red rhyolite w/gray green silt, cinder		X
	20	21	Gray rhyolite w/green gray silt, broken		X
	21	22	Gray rhyolite, broken		X
	22	27	Gray basalt, broken, very hard		X
	27	36	Gray basalt, broken		X
	36	62	Gray basalt, fractured, very hard		X
	62	67	Purple pumice		X
	67	84	Red pumice		X
	84	88	Dark brown, pumice		X
	88	91	Brown, basalt, firm, hard		X
	91	96	Gray basalt, firm, hard		X
	96	126	Gray basalt, fractured, hard		X
	126	133	Tan basalt, fractured, hard		X

CONTINUED

Completed Depth: 272 ft
Date Started: 10/20/04
Date Completed: 11/05/04

13 DRILLER'S CERTIFICATION:
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm: ANDREW WELL DRILLING SERVICES, INC. Firm: #5
Firm Official: Ron Palmer Date: 11/9/2004
and
Supervisor/Operator: Jon Roger Buchanan Date: 11/9/2004

RECEIVED
NOV 18 2004
Department of Water Resources
Eastern Region

n 238-7 1
10/01
Andrew

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT
Use Typewriter or Ballpoint pen

1 DRILLING PERMIT NO. #D0034977
Other IDWR NO. _____

12 LITHOLOGIC LOG:

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
	133	137	Void (blind)		X
	137	155	Firm, brown clay, hard (blind)		X
	155	157	Brown cinders, clay (blind)		X
	157	158	Brown clay (blind)		X
	158	160	Hard, gray basalt, broken, hard		X
	160	161	Broken, rhyolite		X
	161	168	Broken, brown rhyolite	X	
	168	170	Broken, brown rhyolite	X	
	170	178	Broken sandstone	X	
	178	198	Gray rhyolite broken, hard	X	
6"	198	245	Gray rhyolite, broken, hard	X	
	245	272	Very broken gray rhyolite	X	

Completed Depth: 272 ft
Date Started: 10/20/2004
Date Completed: 11/5/2004