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APR 29 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 \$: 100
Receipt No.: C090654
Receipt By: SR4
Date Received: 4-29-2010

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.: 63-11747 Telephone No.: (208) 880-5903
2. Name of Permit Holder(s): O BALLE INC.
3. Mailing Address: 18656 Fish Rd. City: WILDER
State: ID Zip: 83676 Email: fredb@agri-lines.com
4. Source of Water: GROUND WATER If **GROUND WATER** (well), Date Drilled: mo. 7 / yr. 1975 ?
Well Driller: DENZIL METZER Drilling Permit Number: _____
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): 79 Other: _____
6. Total rate of diversion or storage volume for which proof is submitted: .98 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: \$ 100.00 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 BUTLER Telephone Number: (208) 880-5903
Mailing Address: 18656 Fish Rd. City: WILDER
State: ID Zip: 83676 Email: fredb@agri-lines.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 O. Butler - Secy. Date: 4/20/10
(Include your title, if on behalf of company or organization)

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

Static water level 32 feet below land surface
Flowing? ☐ Yes ☐ No G.P.M. flow
Temperature ° F. Quality
Artesian closed-in pressure p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement

☐ Abandoned (describe method of abandoning)

PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Test ☐ Other (specify type)
☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

METHOD DRILLED

☒ Cable ☐ Rotary ☐ Dug ☐ Other

WELL CONSTRUCTION

Diameter of hole 10 inches Total depth 11.5 feet
Casing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>256</u> inches	<u> </u> inches	+ <u> </u> feet	<u> </u> feet
<u> </u> inches	<u> </u> inches	<u> </u> feet	<u> </u> feet
<u> </u> inches	<u> </u> inches	<u> </u> feet	<u> </u> feet
<u> </u> inches	<u> </u> inches	<u> </u> feet	<u> </u> feet
<u> </u> inches	<u> </u> inches	<u> </u> feet	<u> </u> feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☒ Torch
Size of perforation  inches by 2 inches
Number _____ From _____ To _____
_____ perforations 30 feet 101
_____ perforations _____ feet _____
_____ perforations _____ 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 depth _____ Material used in seal ☐ Cement grout
☐ Puddling clay ☒ Well cuttings
 Sealing procedure used ☐ Sherry pit ☐ Temporary surface casing
☐ Overbore to seal depth

LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name _____

8. WELL TEST DATA

☐ Pump ☐ Bailer ☐ Other

Discharge G.P.M.	Draw Down	Hour* Pumped

9. LITHOLOGIC LOG

86869

[illegible]

10. Work started May 26 finished June 27 ??

II. DRILLERS CERTIFICATION

Firm Name DENZIL METZGER Firm No. 99