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WATER RESOURCES
WESTERN REGION

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

FOR OFFICE USE ONLY
Amt. of Fee \$: MTA
Receipt No. _____
Receipt By: _____
Date Received: _____

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. 61-07491 Telephone No. 208-587-5023
2. Name of Permit Holder(s): D Rex and/or Nancy Snideman
3. Mailing Address: 2786 Ne Beaman Rd City Mountain Home
State ID Zip 83647 Email: RNSNIDEMAN@MSN.COM
4. Source of Water: ground If **GROUND WATER** (well), Date Drilled: mo. May yr. 1973
Well Driller: Ron Hiddleston Drilling Permit Number: _____
5. Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 1 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 1/2 Other: _____
6. Total rate of diversion or storage volume for which proof is submitted: 0.04 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.

1992 Application for Drilling Permit (copy) Completed? Yes ☐ No ☐

8. Fee Enclosed: \$ 20.00 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: Rex or Nancy Snideman Telephone Number: 208-587-5023

Mailing Address: 2786 Ne Beaman Rd City Mountain Home

State ID Zip 83647 Email: RNSNIDEMAN@MSN.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: D. Rex Snideman
(include your title, if on behalf of company or organization)

Date: 03/08/2010

Copy
3/18/10

Drilling Permit No. 61-92-10-020
Water Right Permit No. _____
Injection Permit No. _____

Verbal: Linda

APR 24 1992

State of Idaho
Department of Water Resources

APPLICATION FOR DRILLING PERMIT

Department of Water Resources
Western Regional Office

1. Applicant (please print) Rex Snideman

2. Mailing Address 4150 N 22nd East

City & State Mtn Home, ID Zip Code 83647 Telephone 587-5023

(X) Well Owner () Well Operator () Other, specify _____

3. Proposed well location SW 1/4 SE 1/4, or Gov't Lot No. _____

Sec. 7, Twp. 3 S, Rge. 7 E, County Elmore

Street Address of Well Site _____

Lot, block and subdivision _____

4. Proposed use of well:

(X) Domestic: The use of water for homes, organization camps, public campgrounds, livestock and for any other purpose in connection therewith, including irrigation of up to 1/2 acre of land, if the total use is not in excess of 13,000 gpd; or any other uses, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

Domestic does not include water for multiple ownership subdivisions, mobile home parks, commercial or business establishments, unless the use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

() Non-Domestic: Any beneficial use not included within the definition of domestic.

() Injection

() Monitoring - A well bore schematic and map is required for each well.
No. of proposed wells: _____

() Other _____
(Describe)

5. Well construction information:

A. () New well (X) Deepen () Enlarge () Replace - See Condition 9

B. Proposed Surface Diameter 6" Proposed Maximum Depth 400'

C. Anticipated bottom hole temperature:

- (X) 85°F or less (Cold water well)
- () 85°F to 212°F (Low temp. geothermal well)
- () 212° or more (Geothermal well)

6. Construction Start Date 4/24/92

7. Anticipated Well Driller Hiddleston & Son, Inc #35
NOTE: The actual well driller must be identified prior to drilling.

8. Applicant's signature Connie Jacobson Date 4/23/92

Title Office Manager
Owner, Firm Representative, Officer

ACTION OF THE DEPARTMENT OF WATER RESOURCES

This Permit is

APPROVED

Date

4-30-92

Copy
nd
3/6/10

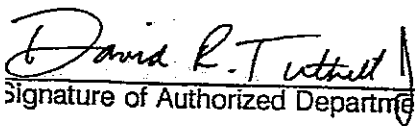
If approved, this permit authorizes the construction or modification of a well subject to the following conditions. READ CAREFULLY!

GENERAL CONDITIONS:

1. The well must be constructed in compliance with the applicable statutes, specific conditions of approval shown on the water right permit, injection well permit, transfer or amendment and the rules and regulations of the Department for water appropriation, injection wells and well construction standards.
2. This drilling permit is valid for two (2) months from the above approval date for the start of construction and is valid for one (1) year from the approval date for completion of the well unless an extension has been granted.
3. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare which may be required before construction of this well. All wells must be drilled a minimum distance of 100 feet from a drain field. Domestic and Public Water Supply wells must be drilled a minimum distance of 50 feet and 100 feet respectively from a septic tank.
4. The well shall be constructed by a driller currently licensed in the State of Idaho who must maintain a copy of the drilling permit at the drilling site.
5. Approval of this drilling permit does not authorize trespass on the land of another party.
6. This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.
7. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
8. If a bottom hole temperature of 85° or greater is encountered, well construction shall cease and the well driller and the well owner shall contact the Department immediately.
9. If this permit is for a replacement well, the well being replaced must be abandoned in accordance with Department Rules and Regulations.

SPECIFIC CONDITIONS:

DAVID R. TUTHILL JR.



Signature of Authorized Department Representative

MANAGER

WESTERN REGIONAL OFFICE

Title

Receipt No. W014567 Received by AN Fee \$35⁰⁰ Date 4-24-92EXTENSION OF DRILLING PERMIT

Extension approved by _____ Approval Date _____

This extension is good for 60 days beyond the above extension approval date.