

FEB 08 2010

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

**FOR OFFICE USE ONLY**

Amt. of Fee \$: 50 -  
Receipt No. 089990  
Receipt By: SB7  
Date Received: 2-8-2010

1. Permit No.: 96-9369 Telephone No.: 949 275-1155 or 714 221-5200

2. Name of Permit Holder(s): Christopher & Cecilia Hopper

3. Mailing Address: P.O. Box 31150 City: Anaheim

State: CA Zip: 92809 Email: [chopper@crosbyinsurance.com](mailto:chopper@crosbyinsurance.com)

4. Source of Water: Pend Orielle Lake If **GROUND WATER** (well), Date Drilled: mo.        / yr.       

Well Driller: \_\_\_\_\_ 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): \_\_\_\_\_ Other: \_\_\_\_\_

6. Total rate of diversion or storage volume for which proof is submitted: .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.

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: Christopher Hopper Telephone Number: 949 275-1155 mobile

Mailing Address: P.O. Box 31150 City: Anaheim

State: CA Zip: 92809 Email: chopper@crosbyinsurance.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:**

to the State of Idaho.  
Cecilia Hopper  
(include your title, if on behalf of company or organization)

Date: 2-4-2010

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

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: : : |  |

WELL TAG NO. **D0054070**

Drilling Permit No. \_\_\_\_\_

Other IDWR No. \_\_\_\_\_

**2. OWNER:**Name **Criss Hopper**Address **28 Asilomar RD**City **Laguna Miguel**State **Cal**Zip **92677****3. LOCATION OF WELL by legal description:**

|   |  |                                       |  |                                                                             |  |
|---|--|---------------------------------------|--|-----------------------------------------------------------------------------|--|
| N |  | Twp <b>57N</b>                        |  | North <input checked="" type="checkbox"/> or South <input type="checkbox"/> |  |
| W |  | Rge <b>02W</b>                        |  | East <input type="checkbox"/> or West <input checked="" type="checkbox"/>   |  |
| E |  | Sec <b>24</b>                         |  | 1/4 SE 1/4 SE 1/4                                                           |  |
| S |  | 10 Ac                                 |  | 40 Ac 160 Ac                                                                |  |
|   |  | Gov't Lot _____                       |  | County <b>Bonner</b>                                                        |  |
|   |  | Lat <b>48:16:06</b>                   |  | Long <b>116:30:27</b>                                                       |  |
|   |  | Address of Well Site: (see next line) |  |                                                                             |  |

4 miles on bottle bay rd

City **sand point**

Lot \_\_\_\_\_ Blk \_\_\_\_\_ Sub. Name (see next line) \_\_\_\_\_

**4. USE:**

- ☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation  
☐ Thermal ☐ Injection ☐ Other \_\_\_\_\_

**5. TYPE OF WORK check all that apply** (Replacement etc.)

- ☒ New Well ☐ Modify ☐ Abandonment ☐ Other \_\_\_\_\_

**DRILL METHOD**

- ☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other \_\_\_\_\_

**7. SEALING PROCEDURES**

| SEAL/FILTER PACK |      |    | Amount    | Method   |
|------------------|------|----|-----------|----------|
| Material         | From | To | Sacks/Lbs |          |
| bentonite        | 0    | 19 | 12 sacks  | dry pour |
|                  |      |    |           |          |
|                  |      |    |           |          |

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) **19**Drive Shoe Seal Tested? ☐ Y ☒ N How? \_\_\_\_\_**8. CASING/LINER**

| Diam | From | To  | Gauge | Material | Casng                               | Liner                               | Weld                                | Thrded                   |
|------|------|-----|-------|----------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 6    | +1   | 19  | 0.250 | steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4    | -18  | 400 | 0.200 | pvc      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|      |      |     |       |          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

Length Headpipe **n/a** Length Tailpipe **n/a****9. PERFORATIONS/SCREENS**☒ Perforations? Method **Drill**☐ Screens? Screen Type \_\_\_\_\_

| From | To  | Slot | Nmbr | Diam | Material | Casng                    | Liner                               |
|------|-----|------|------|------|----------|--------------------------|-------------------------------------|
| 360  | 400 | 3/8  | 500  | 3/8  | pvc      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|      |     |      |      |      |          | <input type="checkbox"/> | <input type="checkbox"/>            |
|      |     |      |      |      |          | <input type="checkbox"/> | <input type="checkbox"/>            |

**STATIC WATER LEVEL or ARTESIAN PRESSURE****80** ft. below ground. Artesian pressure **0** lb.

Depth flow encountered \_\_\_\_\_ cap welded \_\_\_\_\_ ft. Describe access port or \_\_\_\_\_

**11. WELL TESTS**

- ☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pump Level | Time |
|-----------------|----------|------------|------|
| 11 to 12 es     | 100%     | 400        | 2hrs |
|                 |          |            |      |
|                 |          |            |      |

Water Temp. \_\_\_\_\_ cold Bottom hole temp. \_\_\_\_\_ cold

Water Quality test or comments: (below) Depth first Water Encountered **125**  
clear**12. LITHOLOGIC LOG (Describe repairs or abandonment)**

| Bore Diam | From | To  | Remarks:<br>Lithology, Water Quality and Temperature | Water                               |                                     |
|-----------|------|-----|------------------------------------------------------|-------------------------------------|-------------------------------------|
|           |      |     |                                                      | Y                                   | N                                   |
| 8         | 0    | 4   | cobles top sil                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8         | 4    | 19  | soft shale                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6         | 19   | 150 | soft shale 1 gpm 120 ft                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6         | 150  | 298 | soft shale broken seams                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6         | 298  | 360 | broken shale 4gpm 342 7gpm 372                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6         | 360  | 400 | hard shale                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Completed Dept **400** (Measurable)Date: Started **9/11/2007** Completed **9/12/2007****13. DRILLERS CERTIFICATION**

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

Firm Name **United Drilling Inc.**Firm No **414**

Firm Official and \_\_\_\_\_

\_\_\_\_\_  
Date **9/12/2007**