

APR 30 2009

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WATER RESOURCES
WESTERN REGION
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USEFOR OFFICE USE ONLY
Amt. of Fee \$: 106.00
Receipt No. 62037910
Receipt By: [Signature]
Date Received: Apr. 30 2009

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. 63-32262 Telephone No. 208-867-63442. Name of Permit Holder(s): INTERMOUNTAIN DEV. INC.3. Mailing Address: P.O. Box 624 City MTN. HOMEState ID Zip 83647 Email: -4. Source of Water: WELL If GROUND WATER (well), Date Drilled: mo. OCT. 10 / yr. 2008Well Driller: ADAMSON Pump & Drilling Drilling Permit Number: 906463-853822

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

Domestic (No. of households): 24 Stockwater (No. and type of stock): -Irrigation (No. of acres): - Other: -6. Total rate of diversion or storage volume for which proof is submitted: 0.22 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?
If yes, has the measuring device been installed?

Yes ☒	or No ☐
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.)

Completed?

Yes ☐ or No ☐

Completed?

Yes ☐ or 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: JIM CARRIE Telephone Number: 208-867-6344Mailing Address: P.O. Box 624 City MTN. HOME,State ID Zip 83647 Email: WWW.JSCARRIE@AOL.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: [Signature]
(include your title, if on behalf of company or organization)Date: 4-29-09

Form 238-7
6/07

NORTH STAR

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

COPY

1. WELL TAG NO. D0053349Drilling Permit No. 906463-853822Water right or injection well # 63-322622. OWNER: LITERMOUNTAIN DEVELOPMENT INC.Name JIM CARRYAddress PO BOX 624City MT. HOME State ID Zip 83647

3. WELL LOCATION:

Twp. 3 North ☒ or South ☐ Rge. 3 East ☐ or West ☒Sec. 8 SW 1/4 NW 1/4 NW 1/4Gov't Lot _____ County CANYONLat. 43° 36' 917" (Deg. and Decimal minutes)Long. 116° 43' 949" (Deg. and Decimal minutes)Address of Well Site FEDER KARCHER RD 1/2 MILE NORTHON WAGNER ROAD City CALDWELL, IDALot 1 Blk. 2 Sub. Name NORTHSTAR SUBDIVISION

4. USE:

☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other DOMESTIC 24 HOMES

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other

6. DRILL METHOD:

☐ Air Rotary ☒ Mud Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method/procedure
BENT. CHIPS	1	75	3000 LBS	SLOW POUR
BENT. GRIND	75	150	1800 LBS	PROD. GRINDED

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
10	12	280	365	STEEL	☒	☐	☒
10	250	273	365	STEEL	☒	☐	☒
10	293	295	365	STEEL	☒	☐	☒

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____Manufactured screen ☒ Y ☐ N Type WIRE WARP V TYPE S STEELMethod of installation SET IN PLACE

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
230	250	.030	—	10"	STAINLESS	STANDARD
273	293	.030	—	10"	STAINLESS	STANDARD

Length of Headpipe N/A Length of Tailpipe 2 FT.Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method
8-12 SILICA	306	200	9000 LBS	SLOW POUR

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____Describe control device N/A

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) N/A Static water level (ft) 84Water temp. (°F) 58° Bottom hole temp. (°F) 58°Describe access port WELL SEAL FOR PITLESS ADAPT.

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
116 FT	500 GPM	12 HOURS

Test method:

 Pump ☒ Bailor ☐ Air ☐ Flowing artesian ☐

Water quality test or comment: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
16	0	8	HARD TOP SOIL		
16	8	22	GRAVEL & SAND		
16	22	56	SAND GRAVEL & CLAY		
16	56	68	CLAY		
16	68	72	CLAY LITTLE GRAVEL & SAND		
16	72	80	SANDY CLAY		
16	80	105	SANDY CLAY		
16	105	113	SAND AND CLAY		
16	113	150	CLAY		
16	150	215	CLAY AND SAND SEAMS		
16	215	218	SAND	X	
16	218	225	SAND	X	
16	225	235	CLAY		
16	235	236	SAND	X	
16	236	240	CLAY		
16	240	260	CLAY AND SAND LAYERS	X	
16	260	260	SAND	X	
16	260	290	SAND	X	
16	290	295	SANDY CLAY	X	
16	295	300	CLAY		
16	300	306	CLAY		

Completed Depth (Measurable): 295Date Started: 10-15-08 Date Completed: FINISHED PUMPING 4-8-09

14. DRILLER'S CERTIFICATION:

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

Company Name ADAMSON PUMP & DRILL Co. No. 457Principal Driller Dave Adamson Date 4-10-09

Driller _____ Date _____

Operator II Larry Moore Date 4-10-09Operator Chad Young Date 4-10-09

* Signature of Principal Driller and rig operator are required.