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NOV 17 2008

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

DEPARTMENT OF WATER RESOURCES

FOR OFFICE USE ONLY
Amt. of Fee \$: 100
Receipt No. 087725
Receipt By: SRP
Date Received: 11-17-08

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. 959444 Telephone No. 208 (6671525)(6610408)2. Name of Permit Holder(s): Silverleaf Ranch HOA3. Mailing Address: Po Box 1902 City CDAState ID Zip 83816 Email: AllStarBid@hotmail.com4. Source of Water: Well If GROUND WATER (well), Date Drilled: mo. June / yr. 2006Well Driller: H²O Drilling Permit Number: 8434595. Extent of use(s) completed (as authorized by the water right permit): Tag # 00046344
FDW# 96-9304Domestic (No. of households): 1 Stockwater (No. and type of stock):Irrigation (No. of acres): Domestic Other: Subdivision 25 lots = future water6. Total rate of diversion or storage volume for which proof is submitted: 0.30 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 (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: Robert Hamilton Telephone Number: 208 6671525 - 6610408Mailing Address: Po Box 1902 City CDAState ID Zip 83816 Email: AllStarBid@hotmail.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:

Developer
(include your title, if on behalf of company or organization)Date: NOV 11 / 08

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
:	:	:	:

1. WELL TAG NO. D0046344

Drilling Permit No: 843459

Other IDWR No. 98-9304

2. OWNER

Name SILVER LEAF RANCH

Well Number:

1255

Address P.O. BOX 1902

City COEUR D'ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N		Twp. 53N ☒ North or ☐ South	
W		Rge. 03W ☐ East or ☒ West	
E		Sec. 12 SW 1/4 NW 1/4 NE 1/4	
S		Gov't Lot _____ County KOOTENAI	
		Lat : : Long : :	

Address of Well Site Silver Leaf Lane

City ATHOL

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name Silver Leaf Subdv.

4. USE:

☐ Domestic ☒ Municipal ☐ Monitor ☐ Irrigation☐ Thermal ☐ Injection ☐ Other _____

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

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK	AMOUNT		METHOD
	From	To	
CEMENT	0	60	200 gal.
BENTONITE	0	60	1000 lbs
			Overbore

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s)Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
12	+2	60	.322	Steel	☒	☐	☒	☐
8	+2	450	.322	Steel	☒	☐	☒	☐

Length of Headpipe 5 Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method☒ Screens Screen Type Johnson Telescoping

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
450	460	35	2	8	SS	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

350 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 350 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
60+	100	460	1 hr

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: GOOD

Depth first Water encountered 360

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
14	0	21	Gravel w/ Soil & Cobble	☐	☒
14	21	58	Gravel & Sand	☐	☒
14	58	60	Sand & Gravel	☐	☒
10	60	460	Sand & Gravel	☒	☐

Completed Depth 460 (Measurable)

Date: Started 11/14/2006 Completed 11/21/2006

13. DRILLER'S CERTIFICATION

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

Firm Name H2O Well Service, Inc. Firm No. 448

Firm Official *Thane R. Hanner* Date 11-28-06and Supervisor or Operator *LOUIE HANNER* Date 11-28-06

LOUIE HANNER (Sign Once if Firm Official and Operator)