

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. 2082219
Receipt By: AMB
Date Received: 10-29-07

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee, when necessary, or be accompanied by a completed field examination report prepared by a certified water right examiner.

1. Permit No. 37-20923 Telephone No. (208) 726-4421
2. Name of Permit Holder(s): Griffin Ranch P.U.D. Subdivision Homeowners Association, Inc.
3. Mailing Address: P.O. Box 434
City Hailey State ID Zip 83333
4. Source of Water: Groundwater If **GROUNDWATER** (well), Date Drilled: mo. See attached well driller's reports
Well Driller: See attached well driller's reports Drilling Permit Number: See attached well driller's reports
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): 10 Stockwater (No. and type of stock): N/A
Irrigation (No. of acres): N/A Other: N/A
6. Total rate of diversion and/or volume for which proof is submitted: 0.15 cfs OR _____ acre-feet
7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly)
(This question is **not optional**. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)
Measuring Device: Is a measuring device required? Yes _____ or No X
Has the measuring device been installed? Yes _____ or No X
8. Fee Enclosed: \$ 50 (See Fee Schedule on back of the instructions for filing proof of beneficial use)
9. Person to contact to accompany the Department representative during field examination of the water system.
Name: Mark Masiak, President Telephone Number: 720-1584
Address: P.O. Box 3287, Hailey, ID 83333
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. I agree to relinquish any undeveloped portion of the permit to the State of Idaho.
Signature of permit holder: [Signature] Date: Oct 25 07
(include your title, if on behalf of company or organization)

Basin 37 App 874998 Per 789473 ID 360491

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

CA

1. WELL TAG NO. D 0023530
DRILLING PERMIT NO. 789473
Water Right or Injection Well No. 37-20794

2. OWNER:

Name Jim Griffen c/o GGA LLC
Address 37 B Country Club Drive
City Lakewood State WA Zip 98498

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 1 North ☒ or South ☐
Rge. 19 East ☒ or West ☐
Sec. 7 SE 1/4 or SW 1/4 or NE 1/4 or NW 1/4
Gov't Lot _____ County Blaine

Lat: _____ Long: _____
Address of Well Site Griffen Ranch Road & Gannett Road
City Bellevue

Lot F Blk. 2 Sub. Name Griffen Ranch PUD

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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	6049	sks	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
8	+2.5	209.5	250	steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Knife
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
140	170	125x2				☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

90 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

Office Use Only
Well ID No. _____
Inspected by _____
Twp. _____ Rge. _____ Sec. _____
1/4 1/4 1/4
Lat. : : Long. : :

12. WELL TESTS:

☐ Pump ☐ Baller ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
U/N			

Water Temp. 48 Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
12	0	7	Top soil & gravel			
	7	19	Boulders			
	19	38	Clay & Gravel			
	38	48	Boulders & Clay			
	48	59	Clay & Gravel			
8	59	87	Clay Sand & Gravel			
	87	94	Gravel Sand & Clay			
	94	124	Clay Gravel			
	124	136	Gravel & Sand		X	
	136	172	Gravel		X	
	172	180	Sand & Clay		X	
	180	199	Boulders Sand & Clay			
	199	209.5	Gravel & Sand		X	

RECEIVED

FEB 19 2003

Department of Water Resources
Southern Region

Completed Depth 209.5 (Measurable)
Date: Started 12/16/02 Completed 01/22/03

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 Walker Water Systems, Inc Firm No. 15

Principal Driller Paul Will Date _____

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

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Basin 37 App 875844 Per 795988 ID 346943

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

A

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0023661
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name Jim Griffen c/o GGA LLC
Address 37 B Country Club Drive
City Lakewood State WA Zip 98498

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 1 North ☒ or South ☐
Rge. 19 East ☒ or West ☐
Sec. 7 NE 1/4 SE 1/4 SE 1/4
Gov't Lot _____ County Blaine
Lat: _____ Long: _____
Address of Well Site Griffen Ranch Road & Gannett Road

(Give at least name of road & Distance to Road or Landmark)
City Bellevue
Lt. _____ Blk. _____ Sub. Name _____

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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	60	73 sks	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
8.625	+2 1/2	209 1/2	322	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Knife Perforator

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
140	180	.125x3	±400	6"		☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
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11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

90 ft. below ground Artesian pressure _____ lb.

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
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Water Temp. 48 Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12	0	3	Soil & Gravel		
	3	19	Boulders		
	19	37	Gravel & Clay		
	37	47	Boulders & Clay		
	47	60	Clay & Gravel		
8	60	89	Gravel & Sand & Clay		
	89	120	Clay & Gravel		
	120	137	Clay & Gravel & Sand	X	
	137	182	Gravel & Sand	X	
	182	200	Sand & Boulders & Clay		
	200	209 1/2	Gravel & Sand	X	

RECEIVED

MAY 2 2003

Department of Water Resources

Completed Depth 209 1/2 (Measurable)

Date: Started 03/28/03 Completed 04/16/03

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 Walker Water Systems, Inc Firm No. 15

Principal Driller Paul Walk Date 5-7-03

and Driller or Operator II Jimmy B. Hill Date 5-6-03

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

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