



United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Twin Falls District Office
2536 Kimberly Road
Twin Falls, Idaho 83301



In Reply Refer To: 8100

State of Idaho
Department of Water Resources
322 East Front Street
P.O. Box 83720
Boise, Id. 83720-0098

Reference: Fire Butte Well (37-20598)

Dear Sirs:

Please be advised that I was present and in control of all phases of the construction of this range improvement. Work was started In September of 2001 and completed in April of 2005.

The well drilling contract was awarded to Eaton Drilling & Pump Service on 9-26-01 and completed on 6-19-02. A copy of the form OF347 is attached for your reference. During the summer of 2002 a temporary storage tank and generator were installed by me to water livestock until the permanent facilities could be installed.

On 6-4-04 the permanent storage tank was ordered from Universal Marine Services Inc. and was installed in July of the same year. Once again a copy of the OF347 is attached. The generator house was awarded to Walton Inc. on 6-29-04 and was installed later that year. Attached you will again find the OF347 for this phase.

The permanent generator was installed by me and inspected by Northwest Power Systems with all work completed on 4-8-05. A copy of their inspection report is attached.

I have also included several pictures that were taken during the drilling and installation of the storage tank.

Please advise me if you need any additional information regarding this range improvement. I may be reached at 208-732-7229 or 208-308-3962.

Yours truly,

Roger Dalrymple
District Engineer

ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF 4 PAGES

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 09/27/2001		2. CONTRACT NO. (If any)		6. SHIP TO:	
3. ORDER NO. DAP010162		4. REQUISITION/REFERENCE NO. See Lines		a. NAME OF CONSIGNEE JOBSITE	
5. ISSUING OFFICE (Address correspondence to) BLM IDAHO STATE OFFICE 1387 S VINNELL WAY BOISE ID 83709-1657				b. STREET ADDRESS JOBSITE	
				c. CITY	d. STATE e. ZIP CODE
7. TO:				f. SHIP VIA N/A	
a. NAME OF CONTRACTOR <i>Larry Nielson</i>				8. TYPE OF ORDER	
b. COMPANY NAME Eaton Drilling & Pump Serv.				☒ a. PURCHASE	
c. STREET ADDRESS 485 South Idaho St., PO Box 230				REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
d. CITY Wendell		e. STATE ID		f. ZIP CODE 83355	
9. ACCOUNTING AND APPROPRIATION DATA 2001 - - ID076 - - 327H - - 8100JB - - D11K - - - -				10. REQUISITIONING OFFICE	

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) ☒ a. SMALL ☐ b. OTHER THAN SMALL ☐ c. DISADVANTAGED ☐ d. WOMEN-OWNED							
12. F.O.B. POINT Destination		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 11/20/2001		16. DISCOUNT TERMS 10 days % 20 days 3.000 % 30 days % days %	
13. PLACE OF a. INSPECTION b. ACCEPTANCE							

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	SEE LINE ITEM DETAIL					
SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.		17(h) TOT. (Cont. pages)	17(i) GRAND TOTAL
	21. MAIL INVOICE TO: Patricia A. Fort					
	a. NAME BLM IDAHO STATE OFFICE					
	b. STREET ADDRESS (or P.O. Box) 1387 S VINNELL WAY				\$41,021.00	
	c. CITY BOISE	d. STATE ID	e. ZIP CODE 83709-1657			
22. UNITED STATES OF AMERICA BY (Signature) <i>Patricia A. Fort</i>			23. NAME (Typed) Patricia A. Fort TITLE: CONTRACTING/ORDERING OFFICER			

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

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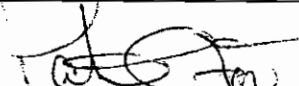
25

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 06/04/2004		2. CONTRACT NO. (If any)		6. SHIP TO:	
3. ORDER NO. DLP040043		4. REQUISITION/REFERENCE NO. R-0406023		a. NAME OF CONSIGNEE JOBSITE	
5. ISSUING OFFICE (Address correspondence to) BLM IDAHO STATE OFFICE 1387 S VINNELL WAY BOISE ID 83709-1657				b. STREET ADDRESS JOBSITE	
				c. CITY	
7. TO:				f. SHIP VIA	
a. NAME OF CONTRACTOR				8. TYPE OF ORDER	
b. COMPANY NAME UNIVERSAL MARINE SERVICES INC				☒ a. PURCHASE REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
c. STREET ADDRESS 958 S CONCEPTION ST				☐ b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
d. CITY MOBILE		e. STATE AL		f. ZIP CODE 36603-2027	
9. ACCOUNTING AND APPROPRIATION DATA See Funding Detail				10. REQUISITIONING OFFICE	

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) ☒ a. SMALL ☐ b. OTHER THAN SMALL ☐ c. DISADVANTAGED ☒ d. WOMEN-OWNED							
12. F.O.B. POINT Destination		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 08/01/2004		16. DISCOUNT TERMS 10 days % 20 days % 30 days % days %	
13. PLACE OF							
a. INSPECTION		b. ACCEPTANCE					

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	SEE LINE ITEM DETAIL					
18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		
21. MAIL INVOICE TO: Roger C. Dalrymple						17(h) TOT. (Cont. pages)
a. NAME BLM SHOSHONE FIELD OFFICE						
b. STREET ADDRESS (or P.O. Box) PO BOX 2-B, 400 WEST F STREET						
c. CITY SHOSHONE						
d. STATE ID						
e. ZIP CODE 83352						
22. UNITED STATES OF AMERICA BY (Signature) 						17(i) GRAND TOTAL \$49,800.00
23. NAME (Typed) Patricia A. Fort TITLE: CONTRACTING/ORDERING OFFICER						

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OF ORDER

06/04/2004

CONTRACT NO.

ORDER NO.

DLP040043

0001

Underground Water Storage Tank.

Delivery will be at 2 different project sites as shown on attached map

Delivery Date

08/01/2004

Reference Requisition: R-0406023

DUNS # 037487626

2.00

ea

24,900.000

49,800.00

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ➡ \$49,800.00

ORDER FOR SUPPLIES OR SERVICES

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

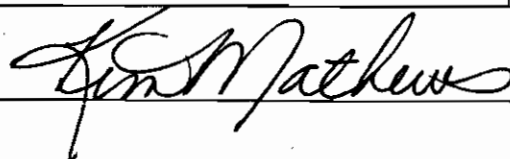
1. DATE OF ORDER 06/29/2004		2. CONTRACT NO. (If any)		6. SHIP TO:	
3. ORDER NO. DDP040044		4. REQUISITION/REFERENCE NO. R-0406789		a. NAME OF CONSIGNEE JOBSITE	
5. ISSUING OFFICE (Address correspondence to) BLM UPPER SNAKE RIVER DISTRICT 1405 Hollipark Dr Idaho Falls ID 83401				b. STREET ADDRESS JOBSITE	
				c. CITY	d. STATE e. ZIP CODE
7. TO:				f. SHIP VIA	
a. NAME OF CONTRACTOR				8. TYPE OF ORDER	
b. COMPANY NAME Walton Inc				☒ a. PURCHASE REFERENCE YOUR: per quote to DDQ040017 Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
c. STREET ADDRESS 1340 HIGHWAY 30				☐ b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
d. CITY Heyburn	e. STATE ID	f. ZIP CODE 83336-8641			
9. ACCOUNTING AND APPROPRIATION DATA See Funding Detail				10. REQUISITIONING OFFICE BLM SHOSHONE FIELD OFFICE	

11. BUSINESS CLASSIFICATION (Check appropriate box(es))			
☒ a. SMALL	☐ b. OTHER THAN SMALL	☐ c. DISADVANTAGED	☐ d. WOMEN-OWNED
12. F.O.B. POINT Destination		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 08/30/2004
13. PLACE OF		16. DISCOUNT TERMS	
a. INSPECTION COR	b. ACCEPTANCE COR	10 days % 20 days % 30 days % days %	

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	SEE LINE ITEM DETAIL					
SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.			17(h) TOT. (Cont. pages)
	21. MAIL INVOICE TO: Kim Mathews					
	a. NAME BLM IDAHO FALLS FIELD OFFICE					
	b. STREET ADDRESS (or P.O. Box) 1405 HOLLIPARK DR.				\$21,387.00	17(i) GRAND TOTAL
c. CITY IDAHO FALLS	d. STATE ID	e. ZIP CODE 83401-2100				

22. UNITED STATES OF AMERICA BY (Signature)



23. NAME (Typed)

Kimberly A. Mathews

TITLE: CONTRACTING/ORDERING OFFICER

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TE OF ORDER

06/29/2004

CONTRACT NO.

ORDER NO.

DDP040044

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ➡ \$21,387.00



100 Power Drive, PO 3229, Mankato, MN 56001
507.625.7973

KATOLIGHT START-UP VALIDATION and INSPECTION FORM

(Inspections are to be performed only by factory trained personnel)

Distributor Name: Norhous Power Systems Owner Name: PLM
Street: 400 Power Street: 400 Power
City, State, Zip Code: Elk River, MN 55327 City, State, Zip Code: Shelburne, VT 05482
Telephone Number: 252 215 741 Telephone Number: 252 352 3902
Signature: [Signature]
Purchase Date: _____ Start-Up Date: 4/8/05 Technician Name: John P. [Signature]

Generator Data Plate Information:

Order #: _____ Model #: D200J54 Serial #: 12312 97005 25
Engine Make: John Deere Model #: 4445D150 Serial #: PE445D150 2592
Fuel: Diesel Generator: Manitex Cooling: Water
KW: 25 KVA: 31 P.F.: 0.8 Phase: 3 Wire: 4
Volts: 120/208 Freq: 60 RPM: 1800

Utility Service:

Phase: _____ Phase Rotation: _____
Volts: _____ Amps: _____

Generator Service:

Phase: 3 Phase Rotation: 1-2-3
Volts: 120/208 Amps: 31

ATS Serial #: _____

Pre-Start Checks:

- ☒ Freight Damage (components tight, straight, etc.)
- ☒ Proper Belt Alignment and Tension
- ☒ Governor Rod Movement, Clearance & Final Adjustment
- ☒ Fluid Levels (Oil, Coolant, Battery, etc.)
- ☒ Correct Fuel and Exhaust Plumbing
- ☒ Adequate Air Flow
- ☒ Correct AC Wire Size and Connections
- ☒ Correct DC Wire Size and Connections
- ☒ Proper Size Battery(ies)
- ☒ Block Heater AC Voltage and Operation
- ☒ Battery Charger Voltage and Operation
- ☒ Check all Electrical & Control Connections on Unit & Associated Equipment.

Model #: _____

Running Checks:

- ☒ Check DC Alternator output Amps _____ Volts _____
- ☒ Adjust Frequency (if needed)
- ☒ Check No Load AC Voltage. Adjust if needed.
- ☒ Check Shutdowns Lop, Hwt, Overspeed, Overcrank & LWL
- ☒ In Phase Monitor: ☐ On ☒ Off
- ☒ Check for Fluid Leaks
- ☒ Transfer Load: Yes _____ No 100% A
- ☒ (Record meter readings below)
- ☒ Transfer Switch Delay Setting
- ☒ TDES _____ TNE _____ TDN _____ TDEC _____
- ☒ Exercise Clock Set: ☐ Yes ☒ No ☐ NL ☐ L
- ☒ Check all Hose Connections & Clamps

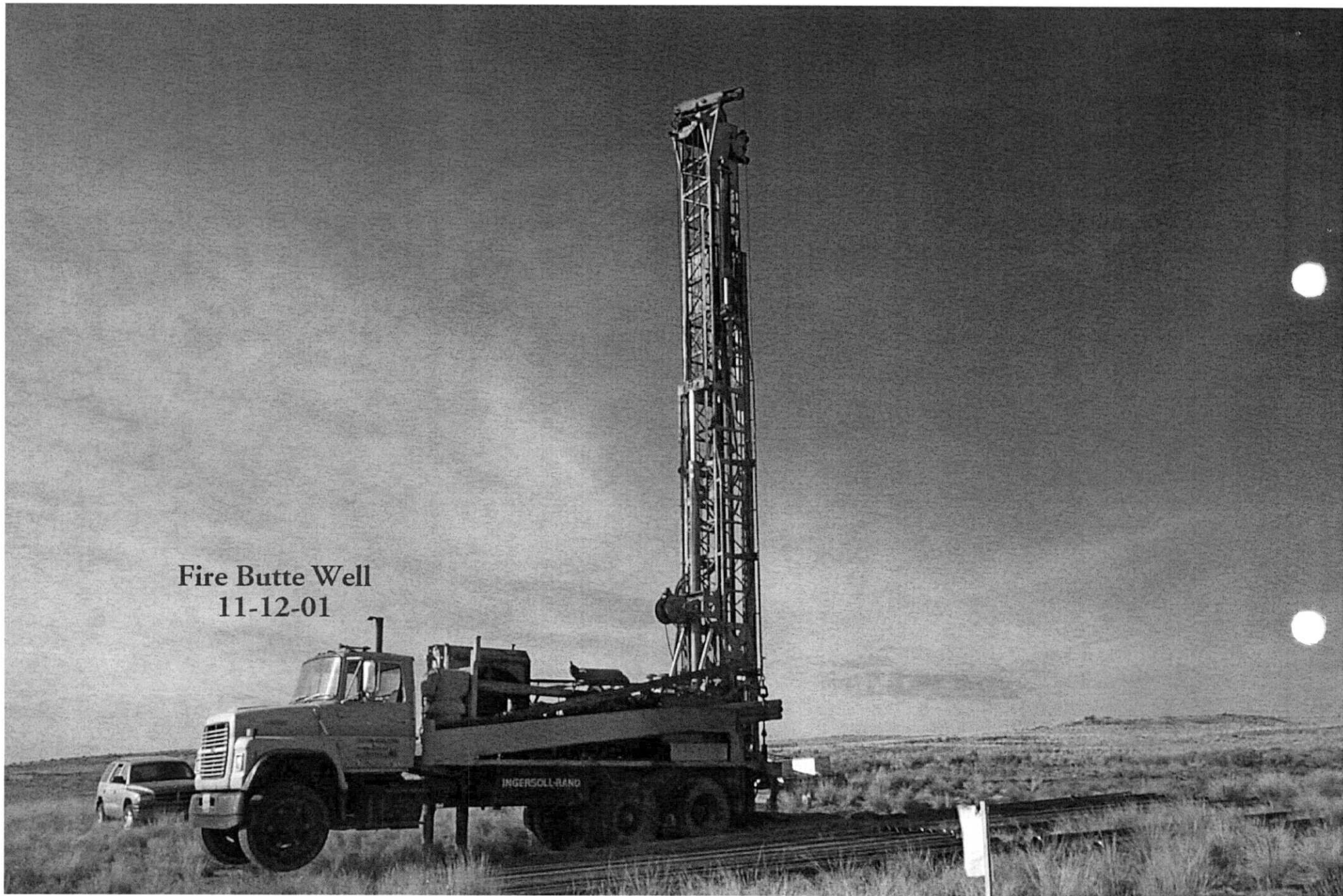
Time	Gen. Amps	Gen. Volts	Freq.	KW	KVA	P.F.	Amb. Temp.	Oil Press.	Batt. Chrg. Gen.	Water Temp.	Oil Temp.	RTM

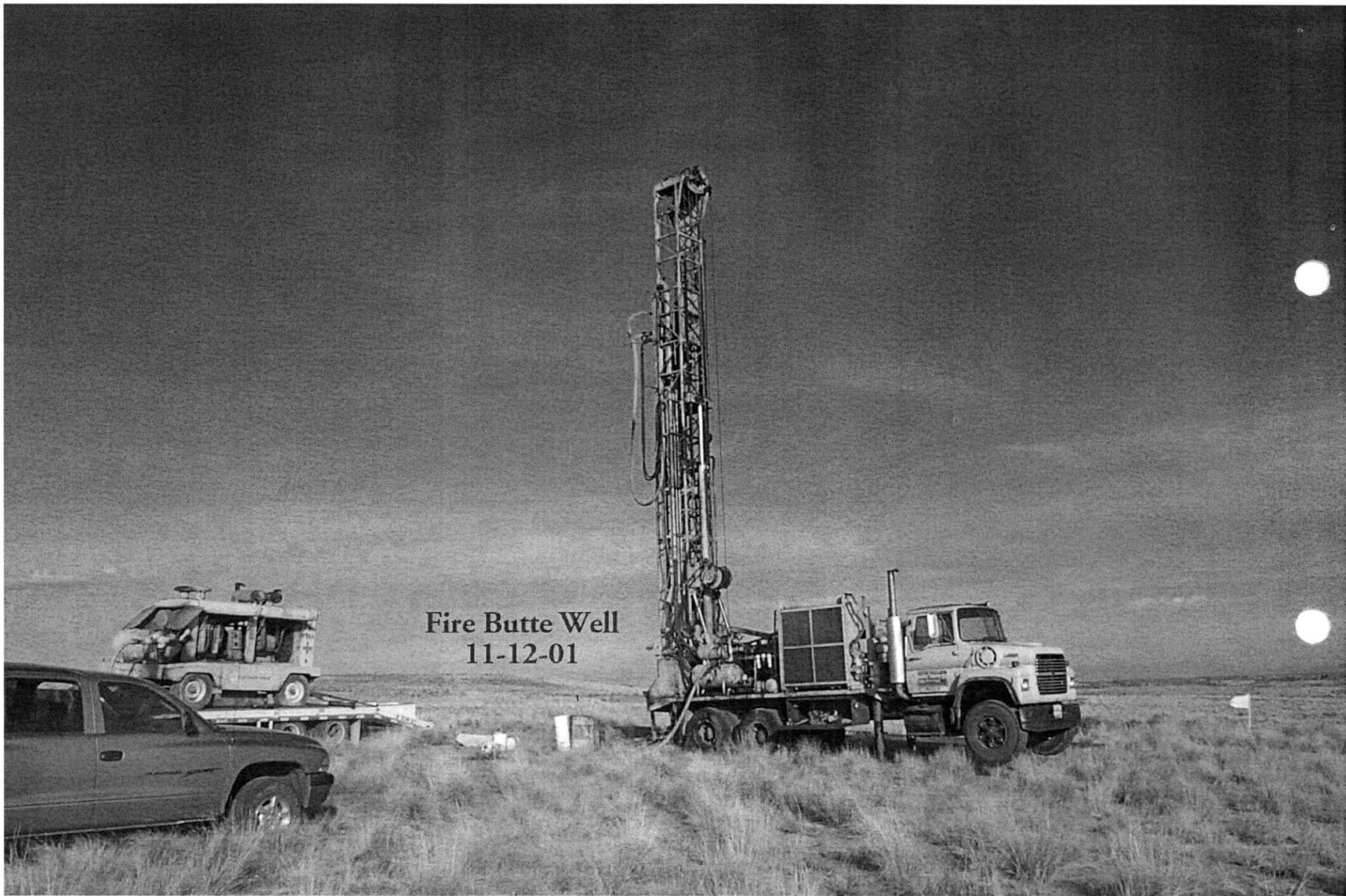
Notes: Unit started and ran for 1 hour, all systems normal.

☒ Instruct customer on functions and operation of total EPSS (Emergency Power Supply System)

I [Signature] received training on _____
Please print name of person receiving training and have him sign his name _____ Date _____

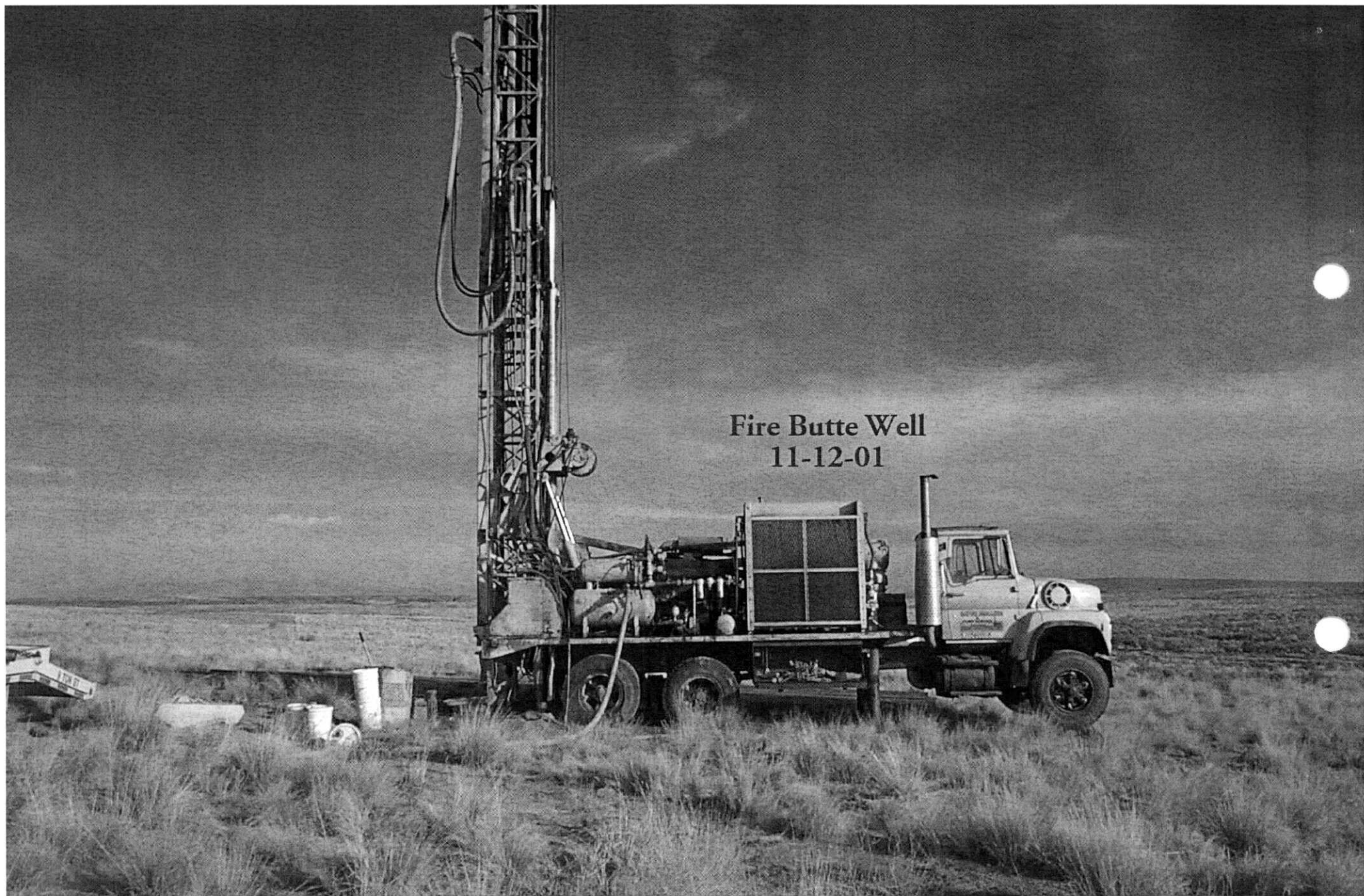
Fire Butte Well
11-12-01





Fire Butte Well
11-12-01

Fire Butte Well
11-12-01





Fire Butte Well
11-12-01

Fire Butte Well
11-12-01

