

Amt. of Fee \$: _____
Receipt No. _____
Receipt By: _____
Date Received: _____

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. 47-17231 Telephone No. 208-655-4222

2. Name of Permit Holder(s): Salmon Tract Rural Fire District

3. Mailing Address: 2411 E 2450 N

City Twin Falls State Id Zip 83301

4. Source of Water: Groundwater-well If GROUNDWATER (well), Date Drilled: mo. 10-21 yr. 2005

Well Driller: Eaton Drilling & Pump Drilling Permit Number: 835586

5. Use(s) (as authorized by the water right permit):

Domestic (No. of households): _____ Stockwater (No. and type of stock): _____

Irrigation (No. of acres): _____ Other: Fire Station .04 Fire Truck Fill .07

6. Total rate of diversion and/or volume for which proof is submitted: 0.11 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: \$ 50.00 (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: Rodney Davis, Fire Chief Telephone Number: 208-655-4222 731-3829
cell

Address: 2411 E 2450 N, Twin Falls, Id. 83301

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: Rodney Davis, Fire Chief Date: 8-22-06
(include your title, if on behalf of company or organization)

RECEIVED

AUG 24 2006

DEPARTMENT OF
WATER RESOURCES

Salmon Tract Rural Fire Protection District
2411 E 2450 N Hollister, ID 83301
208-655-4222

AUG 24 2006

Commissioners:

Walter Hamby, Maurice Fuller, Charles Boss

Fire Chief: Rodney Davis

Secretary/Treasurer: Cheryl David

DEPARTMENT OF WATER RESOURCES

AUG. 22, 2006

ATTN: GARY SPACKMAN

RE: PERMIT NO. 47-17231

Dear Mr. Spackman

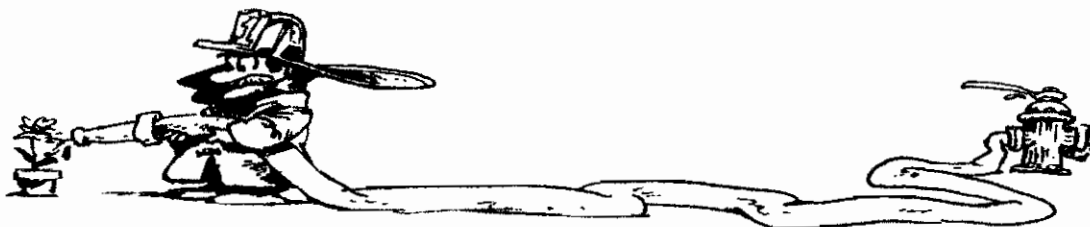
Having received your notice of Lapse we are requesting reinstatement of our permit. The original proof of beneficial use was given to our engineer for submission to water resources, he has apparently misplaced it. The well has been drilled, the new fire station built and everything is ready to be used.

I am including a copy of the request for final payment from the contractor which has been approved and paid by the fire district commissioners. Also enclosed is the proof of beneficial use and check therefore.

Respectfully,

Rodney Davis
Rodney Davis, Fire Chief

;enclosures;



COPY

Contractor's Application For Payment No. Final

State of Idaho
 To (Owner) Four Forks County Salmon Fire Station
 Project FCFB J-105-11-13-PM
 Owner's Contract No.: _____
 Application Period: _____
 From (Contractor): Elmer Construction Co., Inc.
 Contract: _____
 Contractor's Project No.: _____
 Via (Engineer) EHM
 Application Date: _____
 Engineer's Project No.: _____

APPLICATION FOR PAYMENT

Change Order Summary

Approved Change Orders	Number	Additions	Deductions
One	4523.56		
Two	1373.45		
Three			5374.60
TOTALS	5897.01	5374.60	
NET CHANGE BY			
CHANGE ORDERS		522.41	

1. ORIGINAL CONTRACT PRICE \$ 230665.00 ✓
2. Net change by Change Orders \$ 522.41
3. CURRENT CONTRACT PRICE (Line 1 ± 2) \$ 231187.41 ✓
4. TOTAL COMPLETED AND STORED TO DATE
(Column F on Progress Estimate) \$ 231187.41
5. RETAINAGE:
 - a. % x \$ Work Completed \$
 - b. % x \$ Stored Material \$
 - c. Total Retainage (Line 5a + Line 5b) \$
6. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5c) \$ 231187.41
7. LESS PREVIOUS PAYMENTS (Line 8 from prior Application) \$ 152899.19
8. AMOUNT DUE THIS APPLICATION \$ 78288.27
9. BALANCE TO FINISH, PLUS RETAINAGE
(Column G on Progress Estimate + Line 5 above) \$ -0-

CONTRACTOR'S CERTIFICATION

The undersigned Contractor certifies that: (1) all previous progress payments received from Owner on account of Work done under the Contract have been applied on account to discharge Contractor's legitimate obligations incurred in connection with Work covered by prior Applications for Payment; (2) title of all Work, materials and equipment incorporated in said Work or otherwise listed in or covered by this Application for Payment will pass to Owner at time of payment free and clear of all Liens, security interests and encumbrances (except such as are covered by a Bond acceptable to Owner indemnifying Owner against any such Liens, security interest or encumbrances); and (3) all Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

By: Swan Hayes Date: 7-11-06

Payment of: \$ 78288.27
 (Line 8 or other - attach explanation of other amount)

is recommended by: Hayel Burkett (Engineer) 7/12/06 (Date)

Payment of: \$ _____
 (Line 8 or other - attach explanation of other amount)

is approved by: _____ (Owner) _____ (Date)

Approved by: _____
 Funding Agency (if applicable) _____ (Date)

Continuation Sheet

PAGE 2 OF 2 PAGES

APPLICATION AND CERTIFICATION FOR PAYMENT

APPLICATION NO.: 7

containing Contractor's Signed Certification, is attached.

APPLICATION DATE: 06/20/06

in tabulations below, amounts are stated to the nearest dollar

PERIOD TO: 06/20/06

Use Column I on Contracts where variable retainage for line items may apply.

ARCHITECT'S PROJECT NO.:

A	B	C	D	E	F	G	H	I
ITEM	DESCRIPTION OF WORK	SCHEDULED VALUE	FROM PREVIOUS APPLICATION (D + E)	WORK COMPLETED THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	RETAINAGE (IF VARIABLE) RATE
1	Concrete	\$56,541.00	\$56,541.00			\$56,541.00	100.00%	\$2,827.05
2	Masonry	\$13,397.00	\$13,397.00			\$13,397.00	100.00%	\$669.85
3	Steel Building	\$60,605.00	\$60,605.00			\$60,605.00	100.00%	\$3,030.25
4	Office Finish	\$21,318.00	\$1,065.90	\$20,252.10		\$21,318.00	100.00%	\$1,065.90
5	Electrical	\$13,161.00	\$3,500.00	\$9,661.00		\$13,161.00	100.00%	\$658.05
6	Mechanical	\$20,230.00	\$10,115.00	\$10,115.00		\$20,230.00	100.00%	\$1,011.50
7	Site Work	\$19,118.00	\$1,832.00	\$17,486.00		\$19,118.00	100.00%	\$955.90
8	Well	\$17,723.00	\$8,058.00	\$9,665.00		\$17,723.00	100.00%	\$886.15
9	Paving (Alternate)	\$8,063.00		\$8,063.00		\$8,063.00	0.00%	\$403.15
10	Project Sign	\$509.00	\$509.00			\$509.00	100.00%	\$25.45
13						\$0.00	0.00%	\$0.00
15						\$0.00	0.00%	\$0.00
16						\$0.00	0.00%	\$0.00
TOTAL		\$230,665.00	\$156,422.90	\$74,242.10	\$0.00	\$230,665.00		\$11,533.25
C.O.1		\$4,523.58	\$4,523.58			\$4,523.58	0.00%	\$228.18
TOTAL		\$235,188.58	\$160,946.48	\$74,242.10	\$0.00	\$235,188.58		\$11,759.43
C.O.2		\$1,373.45	\$1,373.45			\$1,373.45	0.00%	\$68.67
TOTAL		\$236,562.01	\$160,946.46	\$75,615.55	\$0.00	\$236,562.01		\$11,828.10
C.O.3		(\$5,374.60)				\$0.00	0.00%	\$0.00
TOTAL		\$231,187.41	\$160,946.46	\$75,615.55	\$0.00	\$236,562.01		\$11,828.10
C.O.4						\$0.00	0.00%	\$0.00
TOTAL		\$231,187.41	\$160,946.46	\$75,615.55	\$0.00	\$236,562.01		\$11,828.10
C.O.5						\$0.00	0.00%	\$0.00
TOTAL		\$231,187.41	\$160,946.46	\$75,615.55	\$0.00	\$236,562.01		\$11,828.10

Form 238-7
11/97 JGE

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D0036867DRILLING PERMIT NO 835586Other IDWR No. 47-17231

Office Use Only

Inspected by

Twp 174 Rge 174 Sec 174Lat 47-17231 Long 114-17231

2. OWNER:

Name Salmon Tract Rural Fire DistrictAddress 2411 E 2450 NCity Twin Falls State ID Zip 83301

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

	Twp <u>12</u>	North ☐ or South ☒
	Rge <u>16</u>	East ☒ or West ☐
	Sec <u>27</u>	NE 1/4 NW 1/4 SW 1/4
	Gov't Lot <u>10</u>	County <u>Twin Falls</u>
Lat <u>47-17231</u>		Long <u>114-17231</u>
Address of Well Site <u>East Main Street</u>		
City <u>Hollister</u>		

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

4. USE:

☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☒ Other Fire Truck Fill

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
Material	From	To Sacks or Pounds	
bentonite	-3	-18 250 lbs	dry pour

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
6	+2 -18	.250	steel	☒	☐	☐	☐

Length of Headpipe

Length of Tailpipe

9. PERFORATIONS/SCREENS:

☐ Perforations ☐ Method
☐ Screens ☐ Screen Type

From To	Slot Size	Number	Diameter	Material	Casing	Liner
					☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

240 ft. below ground Artesian pressure ☐
Depth flow encountered 0 ft. Describe access port or control device: wall cap

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. <85Bottom hole temp. <85

Water Quality test or comments:

Depth first Water Encounter 245

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From To	Remarks: Lithology, Water Quality & Temperature	Water
10	0	4 top soil	
10	4	38 medium lava	
6	38	44 soft broken lava & cinders	
6	44	50 medium soft lava	
6	50	53 soft broken lava & cinders	
6	53	60 medium lava	
6	60	64 broken cinders	
6	64	82 medium lava	
6	82	85 cinders	
6	85	medium soft lava & cinder	
6	85	95 pockets	
6	95	107 medium lava & breaks	
6	107	113 soft lava, cinders & ash	
6	113	132 medium lava	
6	132	134 soft lava & ash	
6	134	medium soft lava, breaks & 153 cinders	
6	153	167 medium lava & breaks	
6	167	171 medium lava	
6	171	195 medium soft lava & breaks	
6	195	202 soft lava, breaks & cinders	
6	202	210 medium soft lava	
6	210	212 soft lava, breaks & talc	
6	212	223 medium soft lava	
6	223	245 medium lava	
6	245	medium soft lava, breaks & 252 talc	X
6	252	272 medium lava	
6	272	276 soft lava & ash	X
6	276	287 medium	
6	287	soft lava, breaks, ash & 413 talc	X
6	413	420 medium lava	

Completed Depth 420

(Measurable)

Date Started 10/20/2005Completed 10/21/2005

13. DRILLER'S CERTIFICATION:

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

Company Name Eaton Drilling & pump Service, Inc.Firm No. 26

Firm Official and

Date 11/9/2005

Driller or Operator

Date 11/9/2005

(Sign second Firm Official & Operator)

Well ID # 406083

Well Tag No. D0036667

ACTION OF THE DEPARTMENT OF WATER RESOURCES

This permit is Approved on Monday, August 29, 2005.

1. This drilling permit is valid for two (2) months from the approval date for the start of construction and is valid for one (1) year from the approval date for completion of the well unless an extension has been granted.
2. This permit does not constitute an approval of the local Health District or the Idaho Department of Environmental Quality which may be required prior to construction of this well. The local Health District should be contacted for septic tank/drainfield locations. Domestic wells must not be drilled closer than 100 ft. from any drainfield and 50 ft. from any septic tank. Public Water Supply wells must not be drilled closer than 100 ft. from any drainfield or septic tank.
3. The well shall be constructed by a driller currently licensed in the state of Idaho who must maintain a copy of the drilling permit at the drilling site.
4. Approval of this drilling permit does not authorize trespass on the land of another party.
5. This permit does not constitute other local, county, state or federal approvals that may be required for construction of a well.
6. This drilling permit does not represent a right to divert and use the water of the State of Idaho. If the well being drilled is associated with approved water right(s) use of the well must comply with conditions of said water right(s).
7. If a bottom hole temperature of 85 Degrees F (29.44 °C) or greater is encountered, well construction shall cease and the well driller and the well owner shall contact the Department of Water Resources immediately.
8. Idaho Code, § 55-2201 - 55-2210 requires the applicant and/or its contractors to contact "Dig-line" (Dig-Line is a one-call center for utility notification) not less than 2 working days prior to the start of any excavation for this project. The "Dig-Line" Number for this location is 1-800-342-1585.
9. Please be advised that this drilling permit should be considered and treated as a preliminary permit. If you are in disagreement with this preliminary permit you have fourteen (14) days of the service date of this permit to petition the Idaho Department of Water Resources for reconsideration, pursuant to Section 87-5243, Idaho Code.
10. The well tag for the drilling permit/start card shall be securely and permanently attached to the well casing through welding or by the use of four closed end domed stainless steel pop rivets. The tag attachment will be done at the time of completion of the well, and prior to removing the drill rig from the drill site.

Signature of Authorized Dept Representative

Title

Printed 08/29/2005

Drilling Permit No. 835586

Well Tag No. D0038867

Well ID # 408093

Water Right No. 47-17231

Receipt #

Approved Date 08/29/2005

**STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
DRILLING PERMIT**

Relationship: Owner/Operator

Phone: (208) 855-4222

Name: SALMOND TRACT RURAL FIRE DISTRICT

Address: 2411 E 2450 N

TWIN FALLS ID 83301

Proposed Well Location: Township 12S, Range 16E, Section 27, NE, NW, SW
COUNTY TWIN FALLS

Street Address of Well Site: EAST MAIN STREET
HOLLISTER ID

Proposed Use of Well: Fire Protection

Well Construction Information:

- A. New Well
- B. Proposed Surface Diameter: 6 inches. Proposed Depth: 450 Feet.
- C. Anticipated Bottom Hole Temperature: 85F and less

Construction Start Date: Sep 07 2005

Anticipated Well Drilling Company: EATON DRILLING & PUMP SERVICE INC (No. 26)

Applicant's Signature: _____ Date: _____

Title: _____

Form 235-1
1/31/03

RECEIVED
AUG 29 2005
Department of Water Resources
Southern Region

Drilling Permit No. 835586
Drilling Permit I.D. Tag No. D0036867
Water Right Permit No. 47-17231
Injection Permit No. _____

State of Idaho
Department of Water Resources

APPLICATION FOR DRILLING PERMIT
(FOR THE CONSTRUCTION OF A WELL)

1. Owner (please print): Salmon Tract Rural Fire District
2. Mailing Address: 2411 E. 2450 N.
City: Twin Falls State: ID Zip Code: 83301 Telephone: (208) 655-4222
3. Proposed Well Location: Twp. 12 South Rge. 16 East Sec. 27 NE 1/4 NW 1/4 SW 1/4
Gov't Lot No. _____ County Twin Falls Lat. _____ Long. _____
Street Address of Well Site East Main Street City Hollister, ID
Lot, block and subdivision _____
Give at least name of road + distance to Road or Landmark

4. Proposed Use of Well:

☒ DOMESTIC: The use of water for homes, organization camps, public campgrounds, livestock and for any other purpose, in connection therewith, including irrigation of up to 1/4 acre of land, if the total use is not in excess of 13,000 gpd; or any other uses, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

Domestic does not include water for multiple ownership subdivisions, mobile home parks, commercial or business establishments, unless the use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

NON-DOMESTIC: ☐ Irrigation ☐ Municipal ☐ Industrial
☐ Livestock ☐ Test ☒ Other Fire Truck Fill
Type _____ Number Hds. _____ (Describe)

☐ INJECTION-

☐ MONITORING: A well bore schematic and map is required for each blanket permit. No. of proposed wells: _____

5. Well Construction Information:

A. ☒ New well ☐ Modify ☐ Replace
B. Proposed Casing Diameter 6" Proposed Maximum Depth 450
C. Anticipated bottom hole temperature:
☒ 85 F or less (Cold Water Well) ☐ 85 F to 212 F (Low Temp. Geo. Well) ☐ 212 F. or more (Geothermal Well)

6. Construction Start Date: September 7, 2005

7. Anticipated Well Driller: Eaton Driller's Lic. No. _____
NOTE: The actual well driller must be identified prior to drilling.

8. Applicant's Signature: _____ Date _____

Address (if different than owner): Same

City: _____ State: _____ Zip Code: _____ Telephone: _____

Title: Engineer Hay A. B...
(Owner, Firm Representative, Other)

5027946