

S

State of Idaho  
Department of Water Resources  
**Water Right License**

WATER RIGHT NO. 47-07741

Priority: June 12, 1981

Maximum Diversion Rate: 0.78 CFS  
Maximum Diversion Volume: 565.0 AF

RECEIVED  
MAR 14 2003  
Department of Water Resources  
Southern Region

It is hereby certified that DAVID R MILLARD  
And/Or  
CRYSTAL SPRINGS RANCH LTD PARTNERSHIP  
20924 SE 213TH ST  
MAPLE VALLEY WA 98038 have complied with the terms and  
conditions of the permit, issued pursuant to Application for Permit dated June 03, 1981; and have  
submitted Proof of Beneficial Use on March 27, 1992. An examination indicates that the works have a  
diversion capacity of 0.78 cfs of water from:

**SOURCE**

GROUND WATER

and a water right has been established as follows:

| <u>BENEFICIAL USE</u> | <u>PERIOD OF USE</u> | <u>DIVERSION RATE</u> | <u>ANNUAL<br/>DIVERSION VOLUME</u> |
|-----------------------|----------------------|-----------------------|------------------------------------|
| DOMESTIC              | 01/01 to 12/31       | 0.06 CFS              | 1.8 AF                             |
| RECREATION            | 01/01 to 12/31       | 0.78 CFS              | 543.0 AF                           |
| HEATING               | 01/01 to 12/31       | 0.05 CFS              | 16.2 AF                            |
| RECREATION STORAGE    | 01/01 to 12/31       |                       | 21.6 AF                            |
| DIVERSION TO STORAGE  | 01/01 to 12/31       | 0.78 CFS              |                                    |

**LOCATION OF POINT OF DIVERSION:**

GROUND WATER NE $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$  Sec. 12, Twp 09S, Rge 15E, B.M., TWIN FALLS County

**PLACE OF USE:** DOMESTIC

| Twp Rge Sec | NE |    |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    | Totals |
|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------|
|             | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE |        |
| 09S 15E 12  |    |    |    |    |    |    |    |    |    |    | X  |    |    |    |    |    |        |

**PLACE OF USE:** HEATING – Same as Domestic

**PLACE OF USE:** RECREATION

| Twp Rge Sec | NE |    |    |    | NW |    |    |    | SW  |    |    |    | SE |     |    |    | Totals |
|-------------|----|----|----|----|----|----|----|----|-----|----|----|----|----|-----|----|----|--------|
|             | NE | NW | SW | SE | NE | NW | SW | SE | NE  | NW | SW | SE | NE | NW  | SW | SE |        |
| 09S 15E 12  |    |    |    |    |    |    |    |    | X   |    |    | X  |    | X   |    |    |        |
|             |    |    |    |    |    |    |    |    | L 6 |    |    |    |    | L 7 |    |    |        |

**PLACE OF USE:** RECREATION STORAGE – Same as Recreation

47-07741

State of Idaho  
Department of Water Resources  
**Water Right License**

WATER RIGHT NO. 47-07741

CONDITIONS OF APPROVAL

1. Recreation Storage includes 10.4 afa for filling the ponds once, and 11.2 afa to replace evaporation losses.
2. Recreation use is for recreational fishing.
3. Heating use is for 2 homes and a restroom in a shop.
4. Domestic use is for 2 homes and outside watering not to exceed a total of 1/2 acre of lawn, garden, landscape, or other types of irrigation.
5. This right is for the use of trust water and is subject to review 20 years after the issuance of the permit to determine availability of water and to re-evaluate the public interest.

This license is issued pursuant to the provisions of Section 42-219, Idaho Code. The water right confirmed by this license is subject to all prior water rights and shall be used in accordance with Idaho law and applicable rules of the Department of Water Resources.

Signed and sealed this 12<sup>th</sup> day of March, 2003.

  
for **KARL J. DREHER**  
Director

NOTICE OF AMEND  
MENT TO A WATER  
PERMIT

NO. 47-7741

Notice is hereby given that David Millard, dba Crystal Springs Ranch Ltd. is the holder of Approved Permit No. 47-7741 authorizing the diversion of 2.0 cubic feet per second of water from Groundwater sources in the Lot 6 (NE $\frac{1}{4}$ SW $\frac{1}{4}$ ), SE $\frac{1}{4}$ SW $\frac{1}{4}$ , Sec. 12, T9S, R15E, Twin Falls County, to be used for irrigation of 75 acres, heating and cooling of two residences.

The permit holder has applied to the Department of Water Resources for an Amendment to the Permit, to change the nature of use and reduction of irrigated acreage as follows:

Amount: .2 cfs heating, cooling, fish propagation from 01/01 to 12/31.

Amount: .9 cfs fish propagation from 01/01 to 12/31

Amount: 1.1 cfs irrigation from 3/15 to 11/15

Total Amount to be appropriated: 1.1 cfs

Point of Diversion: No change

Place of Use: 30 acres within N $\frac{1}{2}$ SW $\frac{1}{4}$ , Sec. 12, T9S, R15E.

Any protest against approval of the amending of Permit No. 47-7741 as set forth above must be filed with the Idaho Department of Water Resources, 2148 4th Avenue East, Twin Falls, ID 83301 on or before December 12, 1988.

R. Keith Higginson,  
Director

PUBLISH: Thursday,  
November 24, and  
December 1, 1988.

STATE OF IDAHO  
COUNTY OF }

On this 9 day of December in the year of 1988, before me,  
a Notary Public, personally appeared Linda Copps McGuire,  
known or identified to me to be the person whose name subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true,  
and acknowledged to me that he executed the same.

MICROFILMED

MAY 12 1990

Quanna Bruce  
Notary Public for Idaho

Residing at Twin Falls

My commission expires: 8-19-91

NOTICE OF AMEND  
MENT TO A WATER  
PERMIT

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within N $\frac{1}{2}$ SW $\frac{1}{4}$ , Sec. 12, T9S, R15E.

Any protest against approval of the amending of Permit No. 47-7741 as set forth above must be filed with the Idaho Department of Water Resources, 2148 4th Avenue East, Twin Falls, ID 83301 on or before December 12, 1988.  
R. Keith Higginson,  
Director  
PUBLISH: Thursday,  
November 24, and  
December 1, 1988.

Affidavit of Publication

STATE OF IDAHO,  
COUNTY OF TWIN FALLS }

ss.

RECEIVED

Nº 19259

DEC 15 1988

I, Linda Capps McSwine being first duly sworn upon oath, depose and say that I am Print Clerk of the TIMES-NEWS, published daily, at Twin Falls, Idaho, and do solemnly swear that a copy of the notice of advertisement, as per clipping attached, was published in the regular and entire issue of said newspaper, and not in any supplement thereof, for Two consecutive Weeks, commencing with the issue dated November 24, 1988, and ending with the issue dated December 1, 1988.

And I do further certify that said newspaper is a consolidation, effective February 16, 1942, of the Idaho Evening Times, published theretofore daily except Sunday, and the Twin Falls News, published theretofore daily except Monday, both of which newspapers prior to consolidation had been published under said names in said city and county continuously and uninterruptedly during a period of more than twelve consecutive months, and said TIMES-NEWS, since such consolidation, has been published as a daily newspaper except Saturday, until July 31, 1978, at which time said newspaper began daily publication under said name in said city and county continuously and uninterruptedly.

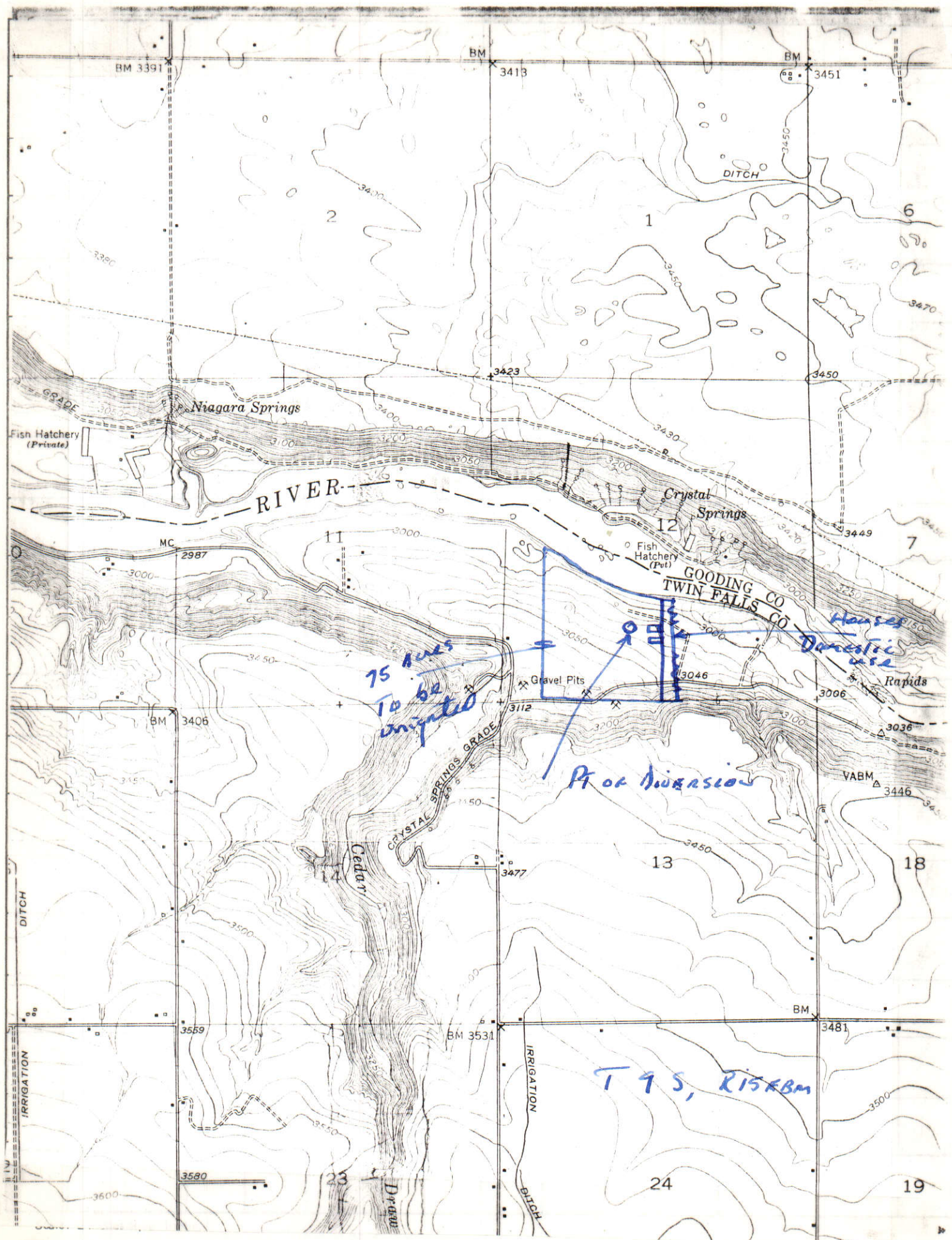
And I further certify that pursuant to Section 60-108 Idaho Code, Thursday of each week has been designated as the day on which legal notice by law or by order of any court of competent jurisdiction within the state of Idaho, to be published weekly, will be published; and that at the head of the editorial column of said combined newspapers, and in each issue thereof, Thursday is announced as the day on which said legal notices will be published.

Subscribed and sworn to before me on this 9 day of

December, 1988.

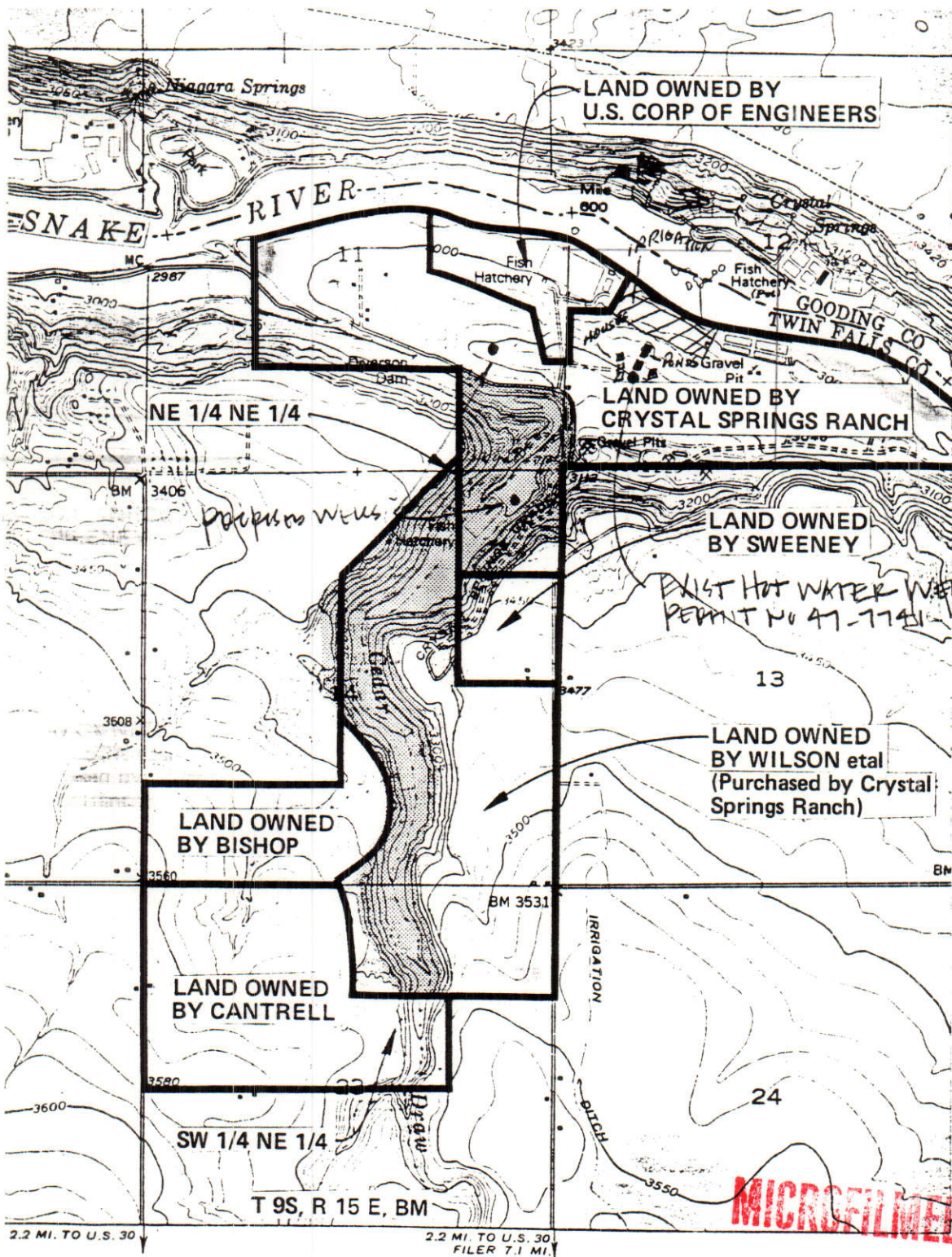
Dianna House  
Notary Public in and for the County of Twin Falls,  
State of Idaho, residing at Twin Falls, Idaho

11. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



BE IT KNOWN that the undersigned hereby makes application for permit to appropriate the public waters of the State of Idaho as herein set forth.

*L. R. Bylund*  
(Applicant)



Contour Interval = 10 ft.



OWNERSHIP/VICINITY MAP

Crystal Springs Hunting/Fishing Reserve Ranch  
Twin Falls County, Idaho

MAR 16 1990

MICROFILMED

47-7741  
 MILLARD, DAVE  
 BYLUND, ROY  
 DBA CRYSTAL SPRINGS  
 RANCH  
 P.O. BOX 109, BUHL, ID  
 83316  
 Source:  
 GROUNDWATER  
 Date Filed: 06/03/1981  
 Amount: 2.00 CFS  
 Diversion Point: LOT 06  
 (NESW) SESW Sec 12 T  
 09S R 15E, TWIN FALLS  
 Co.  
 Use: IRRIGATION (1.50  
 CFS) from 03/15 to 11/15  
 HEATING (0.50 CFS)  
 from 01/01 to 12/31  
 COOLING (0.50 CFS)  
 from 01/01 to 12/31  
 Place of Use: LOT 06  
 (NESW) LOT 05 (NWSW)  
 SWSW Sec 12 T  
 09S R 15E FOR 75 ACRES  
 Diversion Means: WELL,  
 PIPES, DITCH  
 If issued, the permit(s)  
 will be subject to all prior  
 water rights. Protests  
 against the granting of  
 any permit must be filed  
 with the Director of the  
 Idaho Department of  
 Water Resources, 1041  
 Blue Lakes Blvd. North,  
 Twin Falls, Idaho 83301  
 and received on or  
 before JULY 6, 1981.  
 A. KENNETH DUNN  
 Director  
 PUBLISH: Thursday,  
 June 18, and 25, 1981.

# Affidavit of Publication

Nº 10185

STATE OF IDAHO,  
 COUNTY OF TWIN FALLS } ss.

I, Rinda Capps McSwine being first duly sworn upo.  
 oath, depose and say that I am Princ Club of the TIMES-NEWS,  
 published daily, at Twin Falls, Idaho, and do solemnly swear that a copy of  
 the notice of advertisement, as per clipping attached, was published in the regular and  
 entire issue of said newspaper, and not in any supplement thereof, for Two  
 consecutive Weeks, commencing with the issue dated  
June 18, 1981, and ending with the issue dated  
June 25, 1981.

And I do further certify that said newspaper is a consolidation, effective February 16,  
 1942, of the Idaho Evening Times, published theretofore daily except Sunday, and the Twin  
 Falls News, published theretofore daily except Monday, both of which newspapers prior to  
 consolidation had been published under said names in said city and county continuously and  
 uninterruptedly during a period of more than twelve consecutive months, and said TIMES-  
 NEWS, since such consolidation, has been published as a daily newspaper except Saturday,  
 until July 31, 1978, at which time said newspaper began daily publication under said name  
 in said city and county continuously and uninterruptedly.

And I further certify that pursuant to Section 60-108 Idaho Code, Thursday of each week  
 has been designated as the day on which legal notice by law or by order of any court of com-  
 petent jurisdiction within the state of Idaho, to be published weekly, will be published; and  
 that at the head of the editorial column of said combined newspapers, and in each issue the-  
 of, Thursday is announced as the day on which said legal notices will be published.

Subscribed and sworn to before me on this Rinda Capps McSwine  
25 day of

June, 1981.

Melba Rowlett-Smith  
 Notary Public in and for the County of Twin Falls,  
 State of Idaho, residing at Twin Falls, Idaho

RECEIVED  
 JUL 1 1981  
 Department of Water Resources  
 Southern District Office

BLAINE BOLEY JR.  
TELEPHONE 543-6664

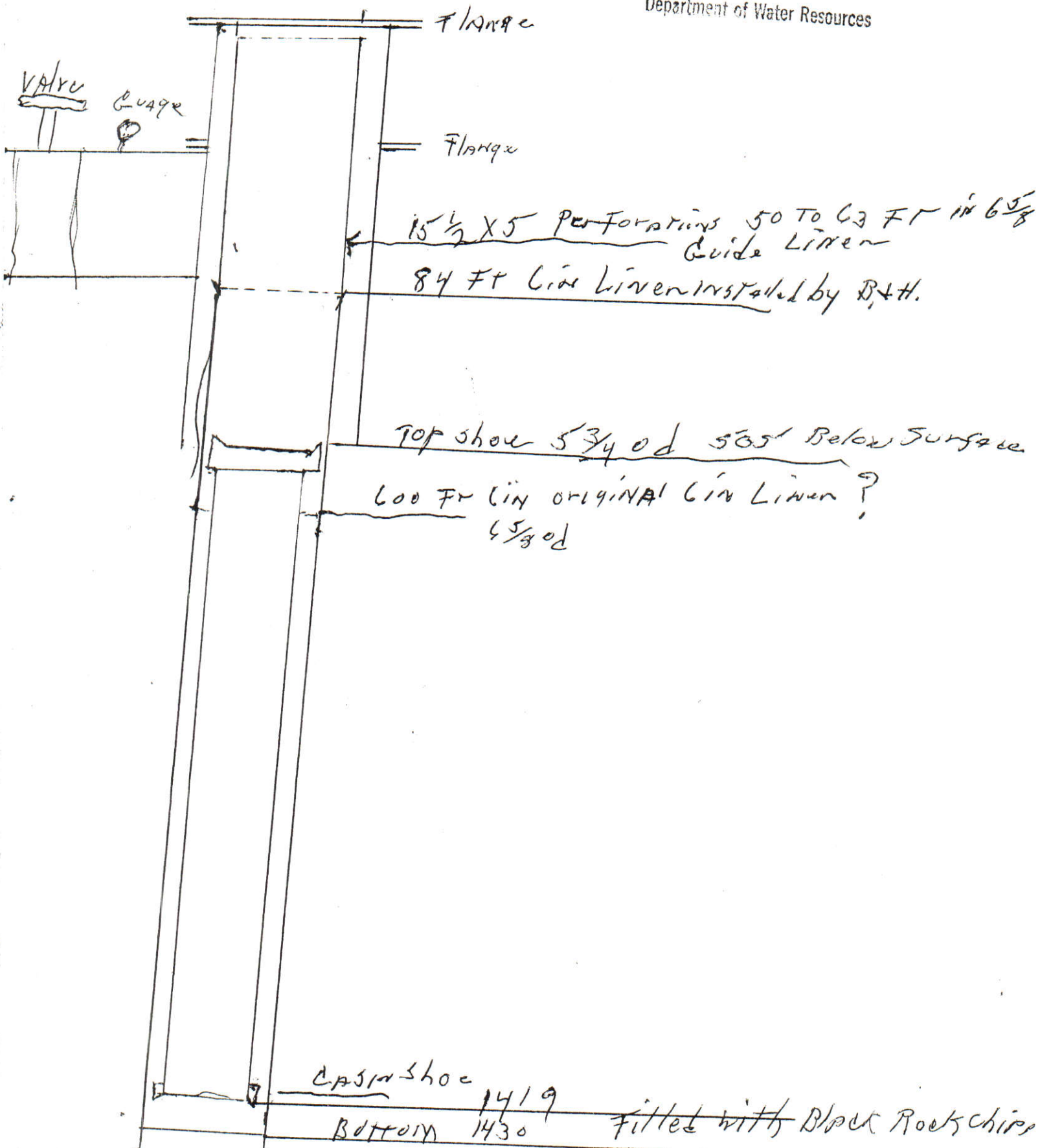
BOLEY & HENRY  
WELL DRILLING  
MURTAUGH, IDAHO 83344

RECEIVED

FRED HENRY  
TELEPHONE 432-5581

MAR 31 1988

Department of Water Resources



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MAR 12 1990



cleaned / redrilled /

T.D. 1420'

Notes by J. Beal. 3/28

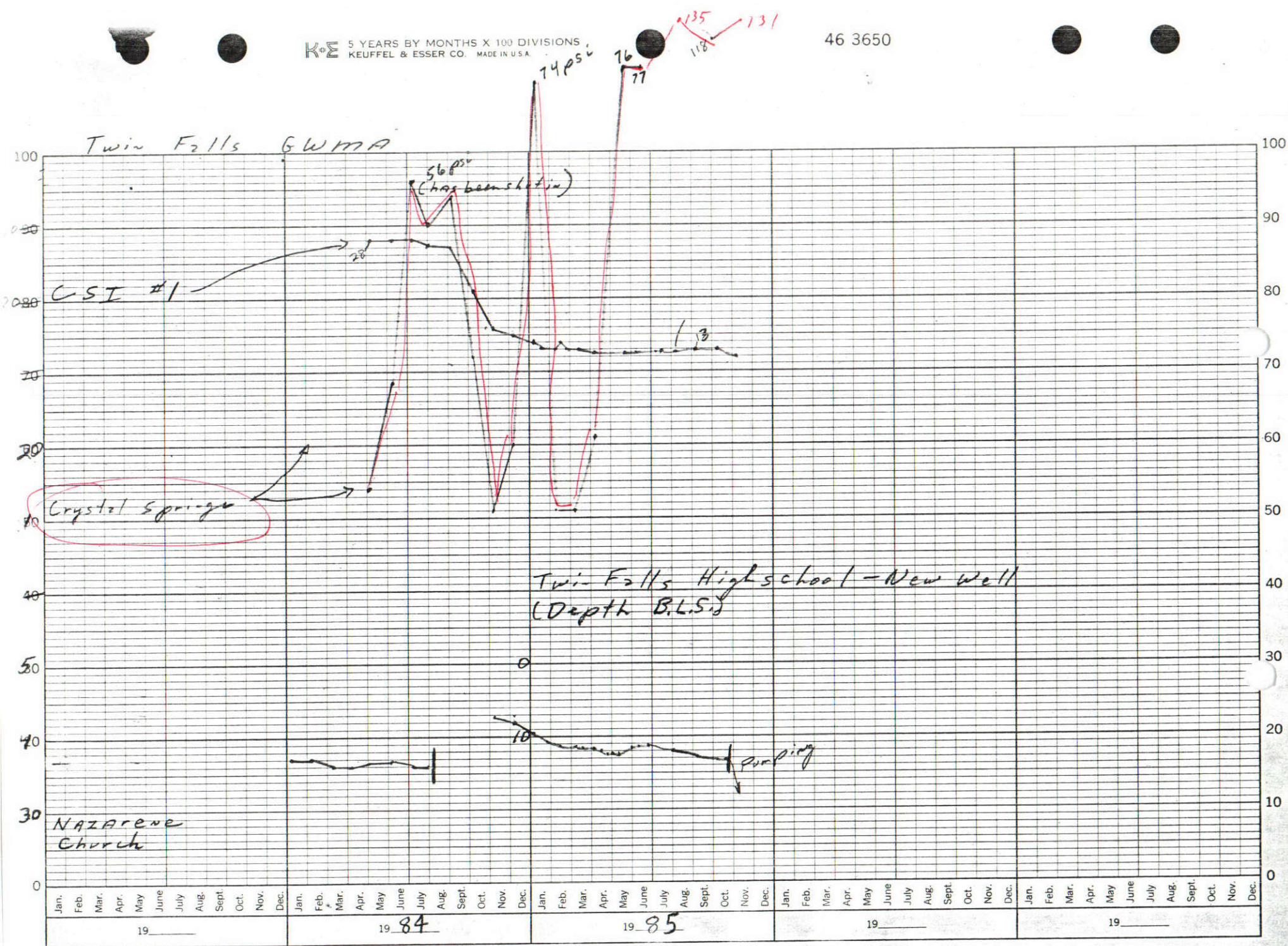
New 6 5/8" is just sitting snugly on existing 6 5/8" at 80'

There is shoe on top of 4" but no packer.

Well now - shut in pressure 182 psi at  
 - 10 gpm flow  
 - 50°C.

**MICROFILMED**

MAR 14 1990



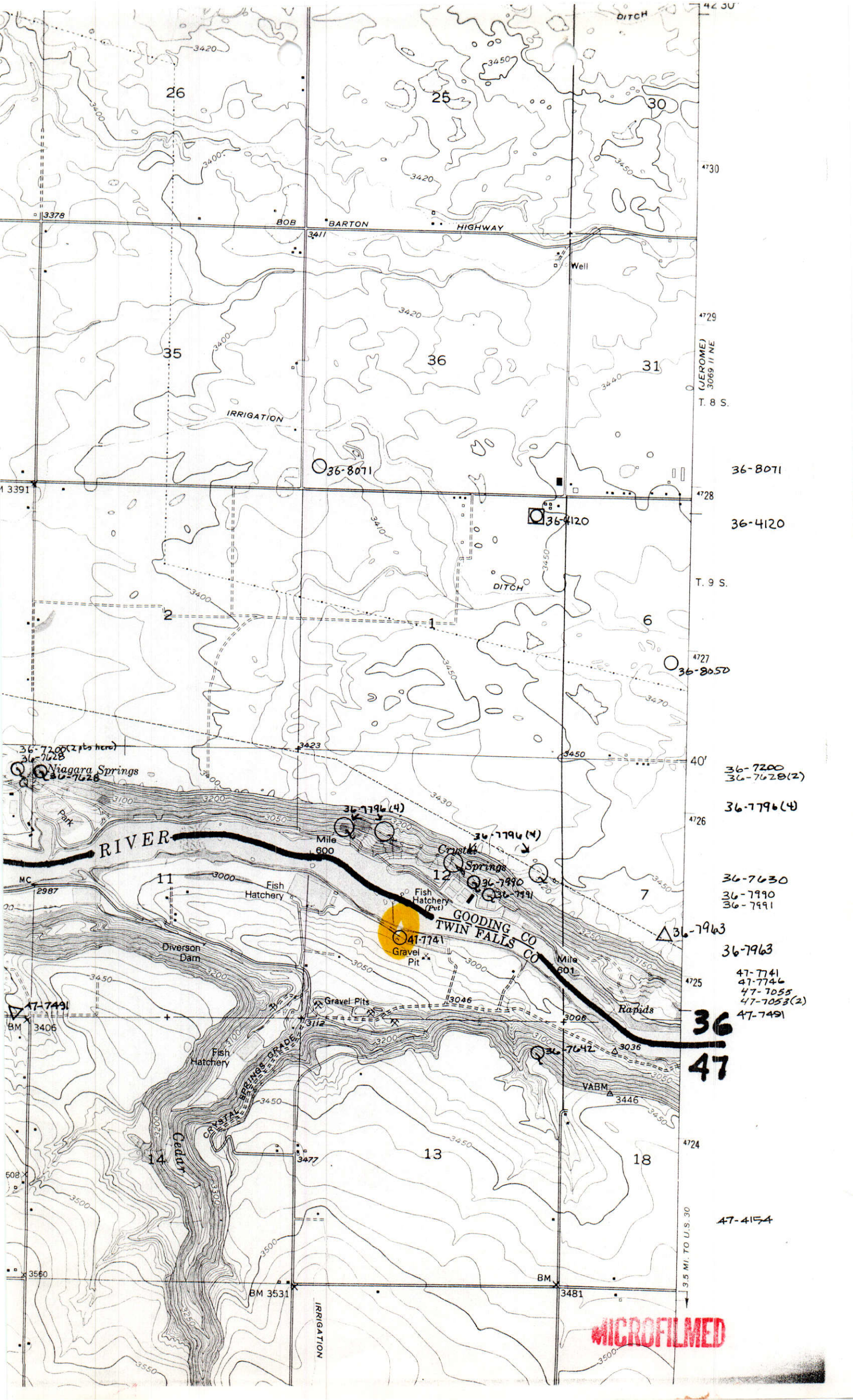
MICROFILMED

STATE OF ID 40  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**State law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.USE TYPEWRITER OR  
BALLPOINT PEN

| <b>1. WELL OWNER</b><br>Name <u>Roy Ryland</u><br>Address <u>Filler, Idaho</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       | <b>7. WATER LEVEL</b><br>Static water level _____ feet below land surface.<br>Flowing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature _____ OF. Quality _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |               |                      |  |          |                      |      |    |  |   |   |          |  |  |   |    |                      |  |  |    |    |           |  |  |    |    |            |  |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                     |  |
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--|----------------|--|--|----|----|-----------|--|--|----|----|-----------|--|--|----|----|-----------|--|--|----|----|------|--|--|----|----|------|--|--|----|----|------------|--|--|----|----|---------------------|--|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____<br>Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |               |                      |  |          |                      |      |    |  |   |   |          |  |  |   |    |                      |  |  |    |    |           |  |  |    |    |            |  |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                     |  |
| <b>3. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Hole<br/>Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th rowspan="2">Water<br/>Yield (gpm)</th></tr><tr><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td>0</td><td>3</td><td>Top soil</td><td></td></tr><tr><td></td><td>3</td><td>10</td><td>Reddish-brown gravel</td><td></td></tr><tr><td></td><td>10</td><td>13</td><td>Gray loam</td><td></td></tr><tr><td></td><td>13</td><td>14</td><td>Brown clay</td><td></td></tr><tr><td></td><td>14</td><td>16</td><td>Blue clay</td><td></td></tr><tr><td></td><td>16</td><td>20</td><td>Brown sand stone</td><td></td></tr><tr><td></td><td>20</td><td>22</td><td>Red loam</td><td></td></tr><tr><td></td><td>22</td><td>24</td><td>Black loam</td><td></td></tr><tr><td></td><td>24</td><td>27</td><td>Brown loam, red ash</td><td></td></tr><tr><td></td><td>27</td><td>30</td><td>Black loam</td><td></td></tr><tr><td></td><td>30</td><td>32</td><td>Gray sand, blue clay</td><td></td></tr><tr><td></td><td>32</td><td>34</td><td>Black loam</td><td></td></tr><tr><td></td><td>34</td><td>40</td><td>Reddish brown loam ash</td><td></td></tr><tr><td></td><td>40</td><td>42</td><td>Black loam</td><td></td></tr><tr><td></td><td>42</td><td>44</td><td>Brown loam</td><td></td></tr><tr><td></td><td>44</td><td>46</td><td>Reddish brown loam ash</td><td></td></tr><tr><td></td><td>46</td><td>50</td><td>Sandstone &amp; clay</td><td></td></tr><tr><td></td><td>50</td><td>52</td><td>Hard gray loam</td><td></td></tr><tr><td></td><td>52</td><td>54</td><td>Blue clay</td><td></td></tr><tr><td></td><td>54</td><td>56</td><td>Gray loam</td><td></td></tr><tr><td></td><td>56</td><td>58</td><td>Soft blue clay</td><td></td></tr><tr><td></td><td>58</td><td>60</td><td>Hard rock</td><td></td></tr><tr><td></td><td>60</td><td>62</td><td>Hard rock</td><td></td></tr><tr><td></td><td>62</td><td>64</td><td>Hard rock</td><td></td></tr><tr><td></td><td>64</td><td>66</td><td>Clay</td><td></td></tr><tr><td></td><td>66</td><td>68</td><td>Clay</td><td></td></tr><tr><td></td><td>68</td><td>70</td><td>Black rock</td><td></td></tr><tr><td></td><td>70</td><td>72</td><td>Black rock - layers</td><td></td></tr></tbody></table> |                        | Hole<br>Diam. | Depth                |  | Material | Water<br>Yield (gpm) | From | To |  | 0 | 3 | Top soil |  |  | 3 | 10 | Reddish-brown gravel |  |  | 10 | 13 | Gray loam |  |  | 13 | 14 | Brown clay |  |  | 14 | 16 | Blue clay |  |  | 16 | 20 | Brown sand stone |  |  | 20 | 22 | Red loam |  |  | 22 | 24 | Black loam |  |  | 24 | 27 | Brown loam, red ash |  |  | 27 | 30 | Black loam |  |  | 30 | 32 | Gray sand, blue clay |  |  | 32 | 34 | Black loam |  |  | 34 | 40 | Reddish brown loam ash |  |  | 40 | 42 | Black loam |  |  | 42 | 44 | Brown loam |  |  | 44 | 46 | Reddish brown loam ash |  |  | 46 | 50 | Sandstone & clay |  |  | 50 | 52 | Hard gray loam |  |  | 52 | 54 | Blue clay |  |  | 54 | 56 | Gray loam |  |  | 56 | 58 | Soft blue clay |  |  | 58 | 60 | Hard rock |  |  | 60 | 62 | Hard rock |  |  | 62 | 64 | Hard rock |  |  | 64 | 66 | Clay |  |  | 66 | 68 | Clay |  |  | 68 | 70 | Black rock |  |  | 70 | 72 | Black rock - layers |  |
| Hole<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Depth |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Material               |               | Water<br>Yield (gpm) |  |          |                      |      |    |  |   |   |          |  |  |   |    |                      |  |  |    |    |           |  |  |    |    |            |  |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |  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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br>Thickness _____ inches Diameter _____ inches + _____ feet To _____ feet<br>_____ inches _____ inches - _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br>Number _____ From _____ To _____<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>110</u> Material used in seal: <input checked="" type="checkbox"/> Cement grout<br><input type="checkbox"/> Pudding clay <input type="checkbox"/> Well cuttings<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld _____<br><input type="checkbox"/> Cemented between struts<br>Describe screen port _____ |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |               |                      |  |          |                      |      |    |  |   |   |          |  |  |   |    |                      |  |  |    |    |           |  |  |    |    |            |  |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                     |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>Twin Falls</u><br><u>SW 1/4 SW 1/4 Sec 12 T. 9 N. R. 15 E.</u><br><u>NE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       | <b>10. Department of Water Resources</b><br>Work started <u>6-6-81</u> Finished <u>6-22-81</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |               |                      |  |          |                      |      |    |  |   |   |          |  |  |   |    |                      |  |  |    |    |           |  |  |    |    |            |  |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | <b>11. DRILLER'S CERTIFICATION</b><br>I/We certify that all minimum well construction standards were<br>complied with at the time the rig was removed.<br>Firm Name <u>Willing Well Drilling</u> Firm No. <u>31</u><br>P.O. Box <u>919</u><br>Address <u>Trin Falls, Idaho</u><br>Signed by (Firm Official) <u>Donald E. King</u><br>and<br>(Operator) <u>Sheryl King</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |               |                      |  |          |                      |      |    |  |   |   |          |  |  |   |    |                      |  |  |    |    |           |  |  |    |    |            |  |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                     |  |

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHOLE COPY TO THE DEPARTMENT

MICROFILMED



(JEROME)  
3069 11 NE  
T. 8 S.

T. 9 S.

40'  
4726

4725

4724

3.5 MI. TO U.S. 30

36-8071

36-4120

36-7200  
36-7628(2)

36-7796(4)

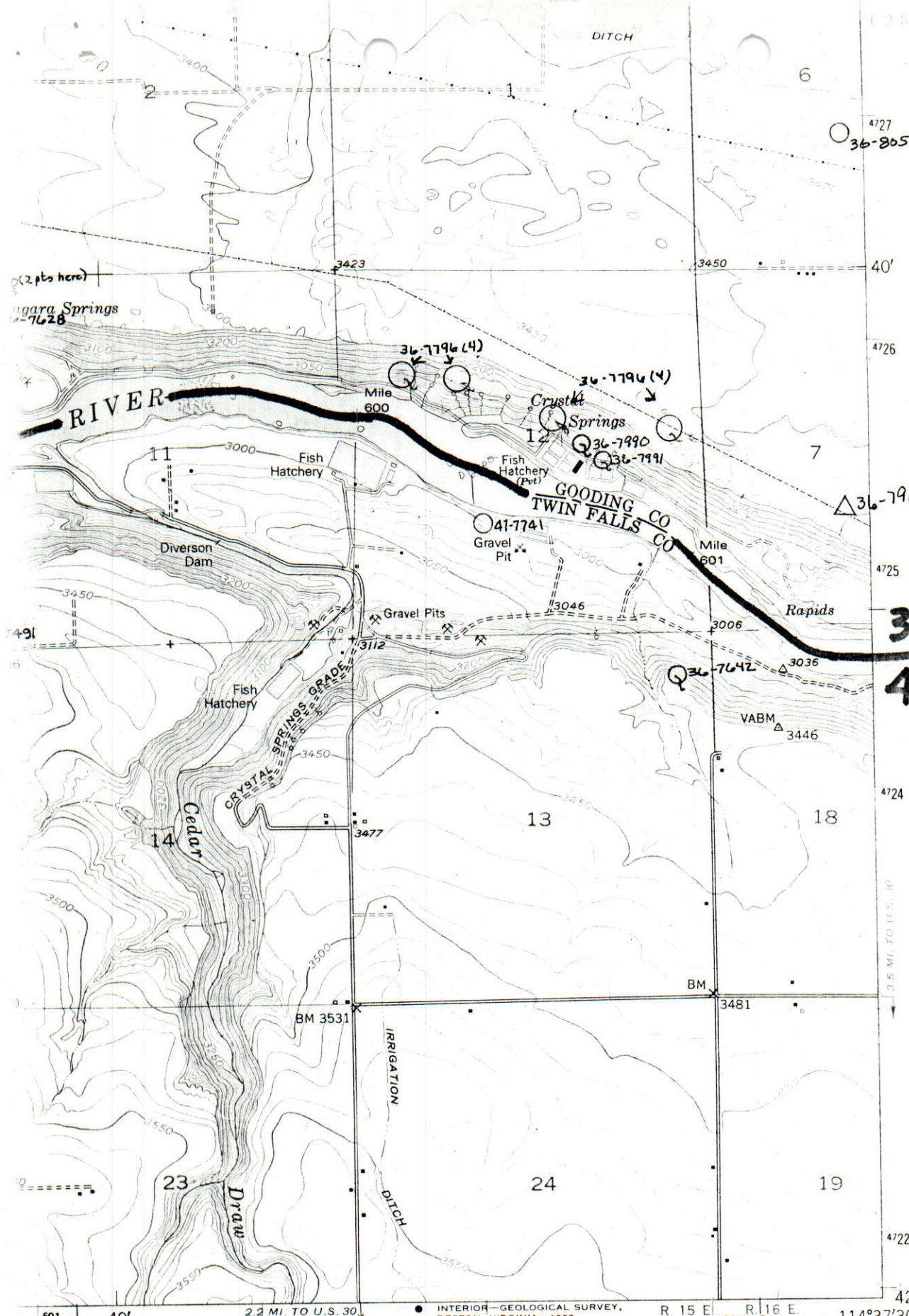
36-7630  
36-7990  
36-7991

36-7963  
36-7963

47-7741  
47-7746  
47-7055  
47-7053(2)  
47-7491

47-4154

**MICROFILMED**



36-7200  
36-7628(2)  
36-7796(4)  
36-7630  
36-7990  
36-7991  
36-7963  
36-7963  
47-7741  
47-7746  
47-7055  
47-7053(2)  
47-7491

36  
47

MICROFILMED

ROAD CLASSIFICATION

- |                                    |                                              |
|------------------------------------|----------------------------------------------|
| Primary highway,<br>hard surface   | Light-duty road, hard or<br>improved surface |
| Secondary highway,<br>hard surface | Unimproved road                              |

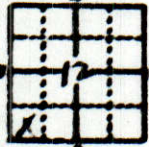
(FILER)  
3069 11 SE

STATE OF ID. 40  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

USE TYPEWRITER OR  
BALLPOINT PEN

APR 1 1980

| <p><b>1. WELL OWNER</b></p> <p>Name <u>Ray Ryland</u></p> <p>Address <u>File, Idaho</u></p> <p>Owner's Permit No. _____</p>                                                                                                                                                                                                                                           | <p><b>7. WATER LEVEL</b></p> <p>Static water level _____ feet below land surface.</p> <p>Flowing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ of, Quality _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                          |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
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| <p><b>2. NATURE OF WORK</b></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning) _____</p>                                                                                                                            | <p><b>8. WELL TEST DATA</b></p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Sailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Discharge G.P.M. | Pumping Level            | Hours Pumped   |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                      | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Hours Pumped     |                          |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
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| <p><b>3. PROPOSED USE</b></p> <p><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p> | <p><b>9. LITHOLOGIC LOG</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole<br/>Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th rowspan="2">Water<br/>Yield</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td> </td><td>0</td><td>3</td><td>Top soil</td><td> </td></tr> <tr><td> </td><td>3</td><td>10</td><td>Yellow &amp; gravel</td><td> </td></tr> <tr><td> </td><td>10</td><td>15</td><td>Gray loam</td><td> </td></tr> <tr><td> </td><td>15</td><td>18</td><td>Brown clay</td><td> </td></tr> <tr><td> </td><td>18</td><td>20</td><td>Blue clay</td><td> </td></tr> <tr><td> </td><td>20</td><td>25</td><td>Brown sand stone</td><td> </td></tr> <tr><td> </td><td>25</td><td>28</td><td>Red loam</td><td> </td></tr> <tr><td> </td><td>28</td><td>30</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>30</td><td>35</td><td>Brown loam, red ash</td><td> </td></tr> <tr><td> </td><td>35</td><td>38</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>38</td><td>40</td><td>Gray sand, blue clay</td><td> </td></tr> <tr><td> </td><td>40</td><td>42</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>42</td><td>45</td><td>Blackish brown loam ash</td><td> </td></tr> <tr><td> </td><td>45</td><td>48</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>48</td><td>50</td><td>Brown loam</td><td> </td></tr> <tr><td> </td><td>50</td><td>52</td><td>Blackish brown loam ash</td><td> </td></tr> <tr><td> </td><td>52</td><td>55</td><td>Sandstone &amp; clay</td><td> </td></tr> <tr><td> </td><td>55</td><td>58</td><td>Hard gray loam</td><td> </td></tr> <tr><td> </td><td>58</td><td>60</td><td>Blue clay</td><td> </td></tr> <tr><td> </td><td>60</td><td>62</td><td>Gray loam</td><td> </td></tr> <tr><td> </td><td>62</td><td>65</td><td>Red &amp; blue clay</td><td> </td></tr> <tr><td> </td><td>65</td><td>68</td><td>Hard rock</td><td> </td></tr> <tr><td> </td><td>68</td><td>70</td><td>Hard rock</td><td> </td></tr> <tr><td> </td><td>70</td><td>72</td><td>Clay</td><td> </td></tr> <tr><td> </td><td>72</td><td>75</td><td>Clay</td><td> </td></tr> <tr><td> </td><td>75</td><td>78</td><td>Black rock</td><td> </td></tr> <tr><td> </td><td>78</td><td>80</td><td>Black rock - lignite bed</td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                    | Hole<br>Diam.    | Depth                    |                | Material | Water<br>Yield | From         | To     |          | 0          | 3            | Top soil |          |  | 3 | 10 | Yellow & gravel |  |  | 10 | 15 | Gray loam |  |  | 15 | 18     | Brown clay |    |  | 18 | 20 | Blue clay |  |  | 20 | 25 | Brown sand stone |  |  | 25 | 28 | Red loam |  |  | 28 | 30 | Black loam |  |  | 30 | 35 | Brown loam, red ash |  |  | 35 | 38 | Black loam |  |  | 38 | 40 | Gray sand, blue clay |  |  | 40 | 42 | Black loam |  |  | 42 | 45 | Blackish brown loam ash |  |  | 45 | 48 | Black loam |  |  | 48 | 50 | Brown loam |  |  | 50 | 52 | Blackish brown loam ash |  |  | 52 | 55 | Sandstone & clay |  |  | 55 | 58 | Hard gray loam |  |  | 58 | 60 | Blue clay |  |  | 60 | 62 | Gray loam |  |  | 62 | 65 | Red & blue clay |  |  | 65 | 68 | Hard rock |  |  | 68 | 70 | Hard rock |  |  | 70 | 72 | Clay |  |  | 72 | 75 | Clay |  |  | 75 | 78 | Black rock |  |  | 78 | 80 | Black rock - lignite bed |  |
| Hole<br>Diam.                                                                                                                                                                                                                                                                                                                                                         | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | Material                 | Water<br>Yield |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
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|                                                                                                                                                                                                                                                                                                                                                                       | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 25               | Brown sand stone         |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 28               | Red loam                 |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 30               | Black loam               |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
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|                                                                                                                                                                                                                                                                                                                                                                       | 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 38               | Black loam               |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 38                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 40               | Gray sand, blue clay     |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 42               | Black loam               |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 45               | Blackish brown loam ash  |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 48               | Black loam               |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 50               | Brown loam               |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 52               | Blackish brown loam ash  |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 55               | Sandstone & clay         |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 58               | Hard gray loam           |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 58                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 60               | Blue clay                |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 62               | Gray loam                |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 62                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 65               | Red & blue clay          |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 68               | Hard rock                |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 70               | Hard rock                |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 72               | Clay                     |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 72                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75               | Clay                     |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 78               | Black rock               |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 78                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 80               | Black rock - lignite bed |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
| <p><b>4. METHOD DRILLED</b></p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>                                                          | <p><b>10. WELL CONSTRUCTION</b></p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>350 inches</td> <td>8 1/2 inches</td> <td>2 feet</td> <td>110 feet</td> </tr> <tr> <td>250 inches</td> <td>6 1/2 inches</td> <td>80 feet</td> <td>421 feet</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Piled from _____ feet to _____ feet</p> <p>Surface seal depth <u>110</u> Material used in seal: <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Pudding clay <input type="checkbox"/> Well casing</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld</p> <p><input type="checkbox"/> Cemented between shoes</p> <p>Describe areas part _____</p> | Thickness        | Diameter                 | From           | To       | 350 inches     | 8 1/2 inches | 2 feet | 110 feet | 250 inches | 6 1/2 inches | 80 feet  | 421 feet |  |   |    |                 |  |  |    |    |           |  |  |    | Number | From       | To |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                             | Diameter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | From             | To                       |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
| 350 inches                                                                                                                                                                                                                                                                                                                                                            | 8 1/2 inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 feet           | 110 feet                 |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
| 250 inches                                                                                                                                                                                                                                                                                                                                                            | 6 1/2 inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 80 feet          | 421 feet                 |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |
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| <p><b>6. LOCATION OF WELL</b></p> <p>Sketch map location must agree with written location.</p>  <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County <u>Trila Falls</u></p> <p><u>SW 1/4 SW 1/4 Sec 12 T. 9 S. R. 15 E.</u></p>                            | <p><b>11. DRILLERS CERTIFICATION</b></p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was operated.</p> <p>Form Name <u>Working Well Construction</u> <u>31</u></p> <p>Address <u>Trila Falls, Idaho</u></p> <p>Signed by (Pump Operator) <u>Donald E. King</u></p> <p>and <u>Sheryl King</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                          |                |          |                |              |        |          |            |              |          |          |  |   |    |                 |  |  |    |    |           |  |  |    |        |            |    |  |    |    |           |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                      |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |            |  |  |    |    |            |  |  |    |    |                         |  |  |    |    |                  |  |  |    |    |                |  |  |    |    |           |  |  |    |    |           |  |  |    |    |                 |  |  |    |    |           |  |  |    |    |           |  |  |    |    |      |  |  |    |    |      |  |  |    |    |            |  |  |    |    |                          |  |

NE

STATE OF ID 10  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

USE TYPEWRITER OR  
BALLPOINT PEN

| <p><b>1. WELL OWNER</b></p> <p>Name <u>Ray Ryland</u></p> <p>Address <u>Filler, Idaho</u></p> <p>Owner's Permit No. _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>7. WATER LEVEL</b></p> <p>Static water level _____ feet below land surface.</p> <p>Flowing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ OF. Quality _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                           |              |                   |                       |               |                 |                   |                       |                |                 |                                                                                      |   |          |  |  |  |   |    |                      |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |     |           |  |  |  |     |     |            |  |  |  |     |     |           |  |  |  |     |     |                  |  |  |  |     |     |          |  |  |  |     |     |            |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |                      |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |                  |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |      |                |  |  |  |      |      |           |  |  |  |      |      |             |  |  |  |      |      |      |  |  |  |      |      |      |  |  |  |      |      |            |  |  |  |      |      |                           |  |  |
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| <p><b>2. NATURE OF WORK</b></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning) _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>8. WELL TEST DATA</b></p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Discharge G.P.M. | Pumping Level             | Hours Pumped |                   |                       |               |                 |                   |                       |                |                 |                                                                                      |   |          |  |  |  |   |    |                      |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |     |           |  |  |  |     |     |            |  |  |  |     |     |           |  |  |  |     |     |                  |  |  |  |     |     |          |  |  |  |     |     |            |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |                      |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |                  |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |      |                |  |  |  |      |      |           |  |  |  |      |      |             |  |  |  |      |      |      |  |  |  |      |      |      |  |  |  |      |      |            |  |  |  |      |      |                           |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <p><b>3. PROPOSED USE</b></p> <p><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>9. LITHOLOGIC LOG</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td> </td><td>0</td><td>3</td><td>Top soil</td><td> </td><td> </td></tr> <tr><td> </td><td>3</td><td>10</td><td>Reddish-brown gravel</td><td> </td><td> </td></tr> <tr><td> </td><td>10</td><td>133</td><td>Gray lava</td><td> </td><td> </td></tr> <tr><td> </td><td>133</td><td>141</td><td>Brown clay</td><td> </td><td> </td></tr> <tr><td> </td><td>141</td><td>160</td><td>Blue clay</td><td> </td><td> </td></tr> <tr><td> </td><td>160</td><td>204</td><td>Brown sand stone</td><td> </td><td> </td></tr> <tr><td> </td><td>204</td><td>208</td><td>Red lava</td><td> </td><td> </td></tr> <tr><td> </td><td>208</td><td>268</td><td>Black lava</td><td> </td><td> </td></tr> <tr><td> </td><td>268</td><td>279</td><td>Brown lava, red ash</td><td> </td><td> </td></tr> <tr><td> </td><td>279</td><td>328</td><td>Black lava</td><td> </td><td> </td></tr> <tr><td> </td><td>328</td><td>367</td><td>Gray sand, blue clay</td><td> </td><td> </td></tr> <tr><td> </td><td>367</td><td>406</td><td>Black lava</td><td> </td><td> </td></tr> <tr><td> </td><td>406</td><td>420</td><td>Reddish brown lava ash</td><td> </td><td> </td></tr> <tr><td> </td><td>420</td><td>470</td><td>Black lava</td><td> </td><td> </td></tr> <tr><td> </td><td>470</td><td>490</td><td>Brown lava</td><td> </td><td> </td></tr> <tr><td> </td><td>490</td><td>630</td><td>Reddish brown lava ash</td><td> </td><td> </td></tr> <tr><td> </td><td>630</td><td>700</td><td>Sandstone &amp; clay</td><td> </td><td> </td></tr> <tr><td> </td><td>700</td><td>730</td><td>Hard gray lava</td><td> </td><td> </td></tr> <tr><td> </td><td>730</td><td>760</td><td>Blue clay</td><td> </td><td> </td></tr> <tr><td> </td><td>760</td><td>835</td><td>Gray lava</td><td> </td><td> </td></tr> <tr><td> </td><td>835</td><td>1038</td><td>Soft blue clay</td><td> </td><td> </td></tr> <tr><td> </td><td>1038</td><td>1075</td><td>Hard rock</td><td> </td><td> </td></tr> <tr><td> </td><td>1075</td><td>1120</td><td>Broken rock</td><td> </td><td> </td></tr> <tr><td> </td><td>1120</td><td>1275</td><td>Clay</td><td> </td><td> </td></tr> <tr><td> </td><td>1275</td><td>1344</td><td>Clay</td><td> </td><td> </td></tr> <tr><td> </td><td>1344</td><td>1376</td><td>Black rock</td><td> </td><td> </td></tr> <tr><td> </td><td>1376</td><td>1500</td><td>Black rock - layers brick</td><td> </td><td> </td></tr> </tbody> </table> | Hole Diam.       | Depth                     |              | Material          | Water                 |               | From            | To                | Yes                   | No             |                 | 0                                                                                    | 3 | Top soil |  |  |  | 3 | 10 | Reddish-brown gravel |  |  |  | 10                                                                                                                                                                                                                                                                                                                                                                                                                             | 133 | Gray lava |  |  |  | 133 | 141 | Brown clay |  |  |  | 141 | 160 | Blue clay |  |  |  | 160 | 204 | Brown sand stone |  |  |  | 204 | 208 | Red lava |  |  |  | 208 | 268 | Black lava |  |  |  | 268 | 279 | Brown lava, red ash |  |  |  | 279 | 328 | Black lava |  |  |  | 328 | 367 | Gray sand, blue clay |  |  |  | 367 | 406 | Black lava |  |  |  | 406 | 420 | Reddish brown lava ash |  |  |  | 420 | 470 | Black lava |  |  |  | 470 | 490 | Brown lava |  |  |  | 490 | 630 | Reddish brown lava ash |  |  |  | 630 | 700 | Sandstone & clay |  |  |  | 700 | 730 | Hard gray lava |  |  |  | 730 | 760 | Blue clay |  |  |  | 760 | 835 | Gray lava |  |  |  | 835 | 1038 | Soft blue clay |  |  |  | 1038 | 1075 | Hard rock |  |  |  | 1075 | 1120 | Broken rock |  |  |  | 1120 | 1275 | Clay |  |  |  | 1275 | 1344 | Clay |  |  |  | 1344 | 1376 | Black rock |  |  |  | 1376 | 1500 | Black rock - layers brick |  |  |
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| <p><b>4. METHOD DRILLED</b></p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>10. Department of Water Resources</b></p> <p>Work started <u>6-8-81</u> finished <u>6-27-81</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                           |              |                   |                       |               |                 |                   |                       |                |                 |                                                                                      |   |          |  |  |  |   |    |                      |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |     |           |  |  |  |     |     |            |  |  |  |     |     |           |  |  |  |     |     |                  |  |  |  |     |     |          |  |  |  |     |     |            |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |                      |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |                  |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |      |                |  |  |  |      |      |           |  |  |  |      |      |             |  |  |  |      |      |      |  |  |  |      |      |      |  |  |  |      |      |            |  |  |  |      |      |                           |  |  |
| <p><b>5. WELL CONSTRUCTION</b></p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>250</u> inches</td> <td><u>5 1/2</u> inches +</td> <td><u>2</u> feet</td> <td><u>110</u> feet</td> </tr> <tr> <td><u>250</u> inches</td> <td><u>6 1/2</u> inches -</td> <td><u>80</u> feet</td> <td><u>641</u> feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <p>Number _____ perforations _____ feet _____ feet</p> <p>_____ perforations _____ feet _____ feet</p> <p>_____ perforations _____ feet _____ feet</p> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>110</u> Material used in seal: <input checked="" type="checkbox"/> Cement grout</p> <p><input type="checkbox"/> Puddling clay <input type="checkbox"/> Well cuttings</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing</p> <p><input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port _____</p> | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Diameter         | From                      | To           | <u>250</u> inches | <u>5 1/2</u> inches + | <u>2</u> feet | <u>110</u> feet | <u>250</u> inches | <u>6 1/2</u> inches - | <u>80</u> feet | <u>641</u> feet |                                                                                      |   |          |  |  |  |   |    |                      |  |  |  | <p><b>11. DRILLERS CERTIFICATION</b></p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Edging Well Drilling</u> Firm No. <u>31</u></p> <p>P.O. Box <u>919</u></p> <p>Address <u>Twin Falls, Idaho</u> Date <u>June 8, 81</u></p> <p>Signed by (Firm Official) <u>Arnold Elving</u></p> <p>and</p> <p>(Operator) <u>Lloyd Ryland</u></p> |     |           |  |  |  |     |     |            |  |  |  |     |     |           |  |  |  |     |     |                  |  |  |  |     |     |          |  |  |  |     |     |            |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |                      |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |                  |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |      |                |  |  |  |      |      |           |  |  |  |      |      |             |  |  |  |      |      |      |  |  |  |      |      |      |  |  |  |      |      |            |  |  |  |      |      |                           |  |  |
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| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <p><b>6. LOCATION OF WELL</b></p> <p>Sketch map location must agree with written location.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">N</td> <td colspan="2"></td> <td style="text-align: center;">E</td> </tr> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">12</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">X</td> <td colspan="2"></td> <td style="text-align: center;">S</td> </tr> </table> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County <u>Twin Falls</u></p> <p><u>SW 1/4 SW 1/4 Sec. 12, T. 9 N. R. 15 E.</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                           | E            | W                 | 12                    |               |                 | X                 |                       |                | S               | <p>USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT</p> |   |          |  |  |  |   |    |                      |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |     |           |  |  |  |     |     |            |  |  |  |     |     |           |  |  |  |     |     |                  |  |  |  |     |     |          |  |  |  |     |     |            |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |                      |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |                  |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |      |                |  |  |  |      |      |           |  |  |  |      |      |             |  |  |  |      |      |      |  |  |  |      |      |      |  |  |  |      |      |            |  |  |  |      |      |                           |  |  |
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MICROFILMED

Fax 327-7866  
Tim Luke

## STATE OF IDAHO

## DEPARTMENT OF WATER RESOURCES

For Office Use Only

\$15 FEE Received by 16Date 4/1/91Receipt # 5013173

# REQUEST FOR EXTENSION OF TIME TO PROVIDE ADDITIONAL TIME IN WHICH TO SUBMIT PROOF OF BENEFICIAL USE FOR A WATER RIGHT PERMIT

The Idaho Department of Water Resources will consider this form as a request that the permit holder(s) be granted an additional period of time in which to complete development of a water right under the provisions of Section 42-204, Idaho Code.

Permit No. 47-7741

Name(s) of Permit Holder: David R Millard dba Crystal Springs Ranch Ltd.

Post Office Address: Route 1 Box 119 Filer, Idaho 83328

Telephone No. (208)326-3378 Filer

Date Proof Is Due: April 1, 1991

(206)854-1138 Seattle

Describe what work has been completed toward the development of this water right: Diversion Facilities  
(This must be filled out! If no work has been completed, show "none".)

Hot water well w/4" liner, valving, piping and fourteen (14) concrete  
raceways... Hot water has been diverted to two (2) residents, shop and  
outdoor spa. Repair to ponds is currently underway and tenant farmer is  
preparing to plant lower 10 acres for irrigation. Costing \$ 100,000.00  
with pond effluent. Siltation ponds are complete.

The permit holder(s) has been unable to complete the remainder of the work for the following reasons:

A lawsuit with former partner/builder (presently in appeal) stopped  
construction of ponds. Applicant is working to start pond operation and  
field irrigation this season (1991)...

Permit holder(s) request an extension to April 1, 19 92.  
(1 yr. minimum)

[Signature]  
(Signature)\*

\*IF OTHER THAN PERMIT HOLDER,  
POWER OF ATTORNEY MUST BE SUPPLIED.

FEE: \$15.00

## ACTION OF THE DEPARTMENT OF WATER RESOURCES

RECEIVED

IT IS HEREBY ORDERED that the above request for extension of time be APPROVED  
and the time within which to submit proof of beneficial use is extended APR 01 1991  
to April 1, 1992.

MICROFILMED

JUL 21 1991

Signed this 23<sup>rd</sup> day of May, 19 91.

Department of Water Resources  
Southern Region Office

[Signature]  
Chief, Water Allocation Bureau

BEFORE THE DEPARTMENT OF WATER RESOURCES  
OF THE  
STATE OF IDAHO

|                            |   |                    |
|----------------------------|---|--------------------|
| IN THE MATTER OF PERMIT    | ) |                    |
|                            | ) |                    |
| NO. 47-7741 IN THE NAME OF | ) | CONTINUATION ORDER |
|                            | ) |                    |
| DAVID R. MILLARD           | ) |                    |
|                            | ) |                    |

---

This matter having come before the Idaho Department of Water Resources (IDWR) as a requirement of Section 42-203D, Idaho Code, the Department Finds, Concludes and Orders as follows:

FINDINGS OF FACT

1. Section 42-203D, Idaho Code, directs IDWR to review all permits issued prior to July 1, 1985, located within the Swan Falls Trust Water Area, to determine if water was beneficially used prior to said date.

2. If water was not beneficially used until after July 1, 1985, Section 42-203D further directs IDWR to review the permit under the provisions of Section 42-203C, Idaho Code.

3. Section 42-203C requires IDWR to determine whether diversion of water under a permit issued prior to July 1, 1985, causes a significant reduction of trust water available for power production and, if there is a significant reduction, to determine whether the reduction is in the public interest.

4. Permit No. 47-7741 (permit) was issued to David R. Millard, dba Crystal Springs Ranch (permit holder) authorizing the diversion of 2.0 cfs of groundwater for irrigation of 30 acres.

5. IDWR records show that 16 acres authorized to be irrigated under Permit No. 47-7741, are irrigated with other water rights affected prior to July 1, 1985.

**MICROFILMED**

MAR 12 1990

6. Water diverted and used on or after July 1, 1985 for the irrigation of land under the terms of this permit is trust water.

7. The development and use of groundwater authorized under this permit does not cause a significant reduction of trust water.

#### CONCLUSIONS OF LAW

1. The water authorized for diversion under Permit No. 47-7741 is trust water.

2. The use of water under the permit satisfies the provisions of Sections 42-203C and 42-203D, Idaho Code.

3. An order continuing the permit should be issued.

#### ORDER

IT IS HEREBY ORDERED that Permit No. 47-7741 is valid and may CONTINUE as provided in Section 42-203D, Idaho Code, subject to the following additional conditions and limitation

1. Proof of construction of works and application of water to beneficial use shall be submitted to IDWR on or before April 1, 1991.

2. The use of trust water authorized by this right is subject to review 20 years after the date of this order to determine availability of trust water and to reevaluate the public interest.

3. The construction of diversion works must be commenced within one (1) year of the date of this order and shall proceed diligently and uninterruptedly to completion unless temporarily interrupted by circumstances over which the permit holder has no control.

4. Diversion and use of trust water under this right is subject to an annual use fee if rules are subsequently promulgated which provide for the submittal of the fee.

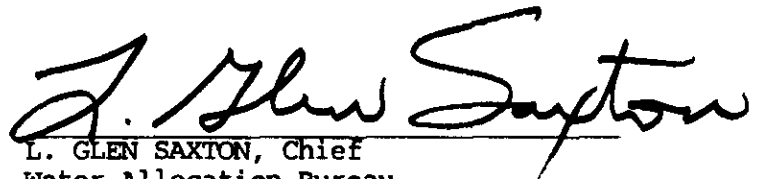
**MICROFILMED**

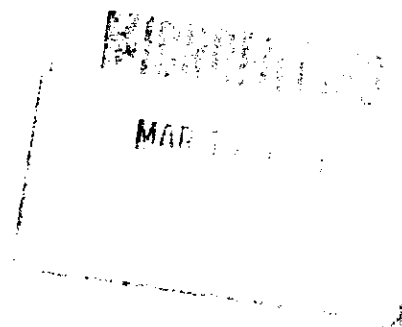
MAR 12 1990

5. The Director retains jurisdiction of this right to change, add or remove any requirement as determined to be appropriate.

6. All conditions of approval contained in Permit No. 47-7741 are incorporated into and made a part of this order.

Dated this 1<sup>st</sup> day of March, 1990.

  
L. GLEN SAXTON, Chief  
Water Allocation Bureau



**RECEIVED**  
NOV 18 1988

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

REQUEST FOR EXTENSION OF TIME

For Office Use Only

\$15 FEE Received by TJ

Date 8/29/88

Receipt # 5001862

**RECEIVED**

AUG 29 1988

Department of Water Resources

To provide additional time in which to submit proof  
of beneficial use for a water right permit

The Idaho Department of Water Resources will consider this form as a request that the Southern Region Office be granted an additional period of time in which to complete development of a water right under the provisions of Section 42-204, Idaho Code.

Permit No. 47-7741

Name(s) of Permit Holder: David R. Millard d/b/a Crystal Springs Ranch ltd.

Post Office Address: Route #1, Box 119, Filer, Idaho 83328

Telephone No. 326-3378

Date Proof is Due: October 1, 1988

Describe what work has been completed toward the development of this water right: Diversion facilities,  
(This must be filled out! If no work has been completed, show "none".)

including well, valving, piping and irrigation system have been completed.

Piping to one residence and shop for heating has been installed. Restoration work on the well, including cleanout and casing to stabilize the flow has been completed. In contemplation of amendment, fish ponds have been constructed.

Costing \$50,000.00

The permit holder(s) has been unable to complete the remainder of the work for the following reasons:

A change in the nature of the use of the water has been requested by amendment of the permit. This will allow utilization of the water for a higher and better use under the policy of the State of Idaho. This permit has been a part of the Swan Falls suit commenced by Idaho Power Company in Ada County, Civil Case No. 81375, and has never been dismissed from that suit and said suit has not been dismissed. Uncertainty as to any water rights obtained under the cloud of that legal action has prevented prompt development of this permit.

Permit holder(s) request an extension to October 1, 1990.

(1 yr. minimum)

(Signature)\*

FEE: \$15.00

\*IF OTHER THAN PERMIT HOLDER,  
POWER OF ATTORNEY MUST BE SUPPLIED.

ACTION OF THE DEPARTMENT OF WATER RESOURCES

IT IS HEREBY ORDERED that the above request for extension of time be APPROVED and the time within which to submit proof of beneficial use is extended to April 1, 1991.

Signed this 1<sup>st</sup> day of March, 19 90.

J. Glen Saxton  
Chief, Water Allocations Bureau

**MICROFILMED**

MAR 12 1990

# Affidavit of Publication

STATE OF IDAHO,  
COUNTY OF TWIN FALLS

ss.

DEC

No 19259

I, Sinda Capps McShane, Department being first duly sworn upon oath, depose and say that I am Print Clerk of the TIMES-NEWS, published daily, at Twin Falls, Idaho, and do solemnly swear that a copy of the notice of advertisement, as per clipping attached, was published in the regular and entire issue of said newspaper, and not in any supplement thereof, for two consecutive weeks, commencing with the issue dated November 24, 1988, and ending with the issue dated

STATE OF IDAHO  
COUNTY OF

On this 9 day of December in the year of 1988, before me, a Notary Public, personally appeared Sinda Capps McShane, known or identified to me to be the person whose name subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledged to me that he executed the same.

NOTARIZED

NOV 12 1990

Quinn Bruce  
Notary Public for Idaho

Residing at Twin Falls

My commission expires: 8-19-91

1, effective February 16, at Sunday, and the Twin rich newspapers prior to county continuously and onths, and said TIMES-spapser except Saturday, lication under said name

e, Thursday of each week rder of any court of com- y, will be published; and s, and in each issue there be published.

Sinda  
9 day of

Bruce  
County of Twin Falls,  
Twin Falls, Idaho

## CLASSIFIED ADVERTISING INVOICE

Times News

P O Box 548

Twin Falls

ID 83301

RECEIVED

DEC 15 1988

RETURN POSTAGE GUARANTEED

|                 |       |               |            |              |  |
|-----------------|-------|---------------|------------|--------------|--|
| INVOICE NO.     |       | CLASS         |            | BILLING DATE |  |
| 19259           |       | 343           |            | 12/13/88     |  |
| INDEXING TERM   |       |               |            |              |  |
| #47-7741        |       |               |            |              |  |
| START DATE      |       | TELEPHONE NO. |            | ORDER NO.    |  |
| 11/24/88        |       | 734-3578      |            |              |  |
| LINES/WORDS     | TIMES | RATE          | NET AMOUNT | GROSS AMOUNT |  |
| 55              | 2     |               | 35.20      | 35.20        |  |
|                 |       |               | 35.20      | 35.20        |  |
| PAY THIS AMOUNT |       |               |            |              |  |

Department of Water Resources

RETURN THIS PORTION WITH YOUR REMITTANCE

19259 35.20

THIS SPACE FOR ADDRESS ONLY

Idaho Water Resources  
2148 4th Ave East  
Twin Falls ID

83301



The Times-News

P.O. Box 548 • Twin Falls, Id. 83303-0548

December 14, 1988

RECEIVED

DEC 14 1988

Idaho Water Resources

2148 4th Ave East

Twin Falls ID 83301

Des. Idaho Water Resources  
Southern Region Office

CLAIM #47-7741

Two Times

Nov. 24, 1988, 55 lines @ .36- - \$19.80

Dec. 1, 1988, 55 lines @ .28- - \$15.40

TOTAL DUE \$35.20

MICROFILMED

MAR 1 1990

INVOICE

19259

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
REQUEST FOR EXTENSION OF TIME

To provide additional time in which to submit  
proof of beneficial use on a water right permit

RECEIVED  
OCT 14 1986

Department of Water Resources

David R. Millard dba Crystal Springs of P. O. Box 109, Buhl, Idaho 83316  
(Name) Ranch (Address)

State of IDAHO, deposes and says:

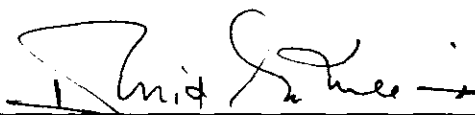
That he is the holder, or the duly authorized agent of the holder\*, of Permit to Appropriate the Public  
Waters of the State of Idaho No. 47-7741.

That under the terms and conditions of said permit, work thereunder was required to be completed on or  
before October 1, 1986.

That he has heretofore performed the following work described under said permit: Diversion  
facilities, including well, valving, piping, and irrigation system, have been  
completed and piping to one residence and shop for heating has been installed.  
Restoration work, i.e., cleanout and casing, on well has been initiated to  
stabilize flow. Costing \$40,000

That he is unable to complete the remainder of the work within the required time for the following  
reasons, to-wit: Original flow of well has decreased due to caving and method of restoring  
flow to that required for proposed project has not been determined. Discharge is  
to be incorporated into expanded project requiring additional facilities now under  
construction.

Wherefore, he asks that the Department of Water Resources extend the time for the completion of  
obligations under said permit to October 1, 1988.

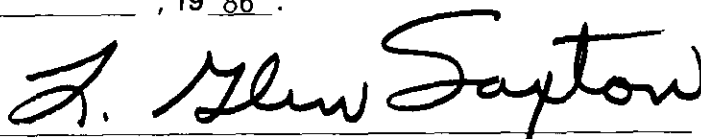
  
(Signature)\*

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

IT IS HEREBY ORDERED that the above application for extension of time be APPROVED and the time  
within which to submit proof of beneficial use is extended to October 1, 1988.

IT IS FURTHER ORDERED that the permit be REINSTATED and the priority date advanced to  
June 12, 1981, pursuant to Sec. 42-218a, Idaho Code.

Signed this 31<sup>st</sup> day of October, 1986.

  
Chief, Operations Bureau

\* IF OTHER THAN HOLDER, Power of Attorney must be supplied.

10-16-86 Accept No. 39320

RECEIVED

STATE OF IDAHO

AUG 29 1988

APPLICATION FOR AMENDMENT OF PERMIT

To change the point of diversion and/or the place of use

Comes now David R. Millard d/b/a Crystal Springs Ranch Ltd. Department of Water Resources  
Phone 326-3378

of (address) Route #1, Box 119, Filer, Idaho 83328, and represents to the  
Director of the Idaho Department of Water Resources:

That he is the owner and holder of Permit to appropriate the Public Waters of the State of Idaho  
No. 47-7741, and requests that the permit and permit map be changed as follows:

1. Point of diversion: 1/4 1/4, Section         , Township         , Range         , B.M.,  
County of         . Other points of diversion:           
No change.

2. Period and nature of use: (irrigation, domestic, stockwatering, industrial, etc.)  
heating and cooling and fish  
Amount .2 cfs for propagation purposes from Jan. 1 to Dec. 31 (both dates inclusive)  
(cfs or acre feet per annum) fish  
Amount .9 cfs for propagation purposes from Jan. 1 to Dec. 31 (both dates inclusive)  
(cfs or acre feet per annum)  
Amount 1.1 cfs for from purposes from Mar. 15 to Nov. 15 (both dates inclusive)  
(cfs or acre feet per annum) Irrigation  
Amount          for          purposes from          to          (both dates inclusive)  
(cfs or acre feet per annum)  
Total diversion to be 1.1 cfs, combined. Heating and  
cooling water, after use, will be used for fish propagation.  
3. Place of use or land to be irrigated: Waste water from fish propagation ponds shall  
be diverted for irrigation of the following:

| TWP | RGE | SEC | NE¼ |     |     |     | NW¼ |     |     |     | SW¼ |     |     |     | SE¼ |     |     |     | TOTALS |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
|     |     |     | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ |        |
| 9S  | 15E | 12  |     |     |     |     |     |     |     |     | 20  | 10  |     |     |     |     |     |     | 30     |
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |

Total number of acres to be irrigated = 30

4. a. Who owns the property at the point of diversion? Crystal Springs Ranch Ltd.  
b. Who owns the land to be irrigated or the place of use? Crystal Springs Ranch Ltd.  
c. If the property is owned by a person other than the applicant, describe the arrangement enabling the  
applicant to make this filing: N/A

MICROFILMED

MAR 12 1990

See attached map showing location of four residences and shop to be heated

[illegible]

Signed at Rupert, Idaho, this 29th day of August, 19 88

d/b/a Crystal Springs Ranch Ltd.

Received by TJ Date 8/29/88

Published in Times News

Publication dates 11/24 + 12/1/88

**MICROFILMED**

~~MAR 12 1950~~

I, L. GLEN SAXTON, of the Department of Water Resources hereby

Approve the above Amendment provided the conditions as set forth in Permit

No. 47-7741 are met. The total maximum rate of diversion under this right shall not

exceed 0.84 cfs. The maximum rate of diversion for irrigation shall not exceed

0.60 cfs & the maximum rate of diversion for fish propagation shall not exceed 0.24 cfs.

Witness my hand this 22<sup>nd</sup> day of August, 19 89

Chief, Water Alloc. Bureau

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR PERMIT

Idempt. No. 47-7741

**APPROVED**

To appropriate the public waters of the State of Idaho

1. Name of applicant Dave Millard and/or Roy Bylund Phone 326-4170  
d/b/a Crystal Springs Ranch

Post office address P. O. Box 109, Buhl, Idaho 83316

2. Source of water supply Groundwater which is a tributary of Snake River

3. Location of point of diversion is (NE 1/4 of SW 1/4) 1/4 of Section 12 Township 9 S.

Range 15 E. B.M. Twin Falls County, additional points of diversion if any:

SE 1/4 SW 1/4 Sec. 12 T. 9S R. 15E (exact location unknown)

4. Water will be used for the following purposes:

Amount 1.5 cfs for irrigation purposes from Mar. 15 to Nov. 15 (both dates inclusive)  
(cfs or acre-feet per annum)

Amount .5 cfs for domestic (heating & cooling) purposes from Jan. 1 to Dec. 31 (both dates inclusive)  
(cfs or acre-feet per annum)

Amount  for  purposes from  to  (both dates inclusive)  
(cfs or acre-feet per annum)

Amount  for  purposes from  to  (both dates inclusive)  
(cfs or acre-feet per annum)

5. Total quantity to be appropriated:

a. 2.0 cfs cubic feet per second and/or b.  acre-feet per annum.

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. Well - pipes to two residences for heating and cooling - existing ditch provide conveyance for irrigation purpose.

b. Height of storage dam  feet, active reservoir capacity  acre-feet; total reservoir capacity  acre-feet, materials used in storage dam:

Period of year when water will be diverted to storage  to  inclusive.  
(Month/Day) (Month/Day)

c. Proposed well diameter is  inches; proposed depth of well is  feet.

7. Time required for the completion of the works and application of the water to the proposed beneficial

Allow 5 years RC 10/22/81  
use is  years (minimum 1 year - maximum 5 years).

8. Description of proposed uses:

a. If water is not for irrigation: Domestic - heating and cooling

(1) Give the place of use of water: NW 1/4 of SW 1/4 1/4 of Section 12 Township 9 S.

Range 15 E. B.M. Also NE SW, SW SW, and SE SW of Sec. 12, T.9 S., R. 15 E.B.M.

(2) Amount of power to be generated:  horsepower under  feet of head.

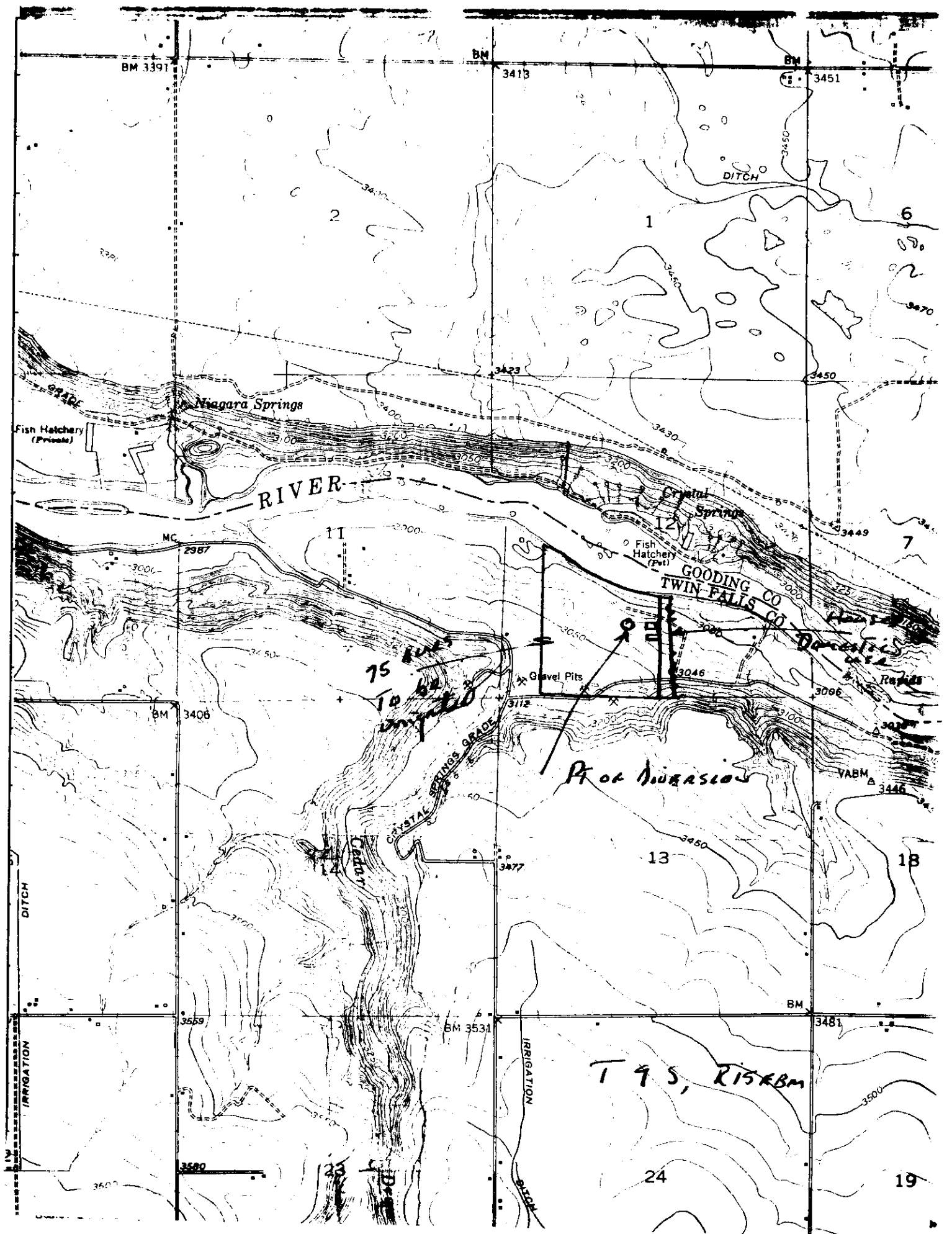
(3) List number of each kind of livestock to be watered

(4) Name of municipality to be served , or number of families to be supplied with domestic water 3.

(5) If water is to be used for other purposes describe: Anticipate 120° water for heating and cooling.



11. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



BE IT KNOWN that the undersigned hereby makes application for permit to appropriate the public waters of the State of Idaho as herein set forth.

*L. R. Ryland*  
(Applicant)

Proposed Priority 6/3/1981

Received by mayra Date 6/3/81 Time 2:30 p  
Preliminary check by J Fee \$ 150.00 + 18654  
Receipted by mayra Date 6/10/81  
Publication prepared by mayra Date 6/12/81  
Published in Times News  
Publication dates 6/18 + 6/25/81  
Publication approved mayra Date 7/1/81  
Protests filed by: None

Copies of protests forwarded by \_\_\_\_\_

Hearing held by \_\_\_\_\_ Date: \_\_\_\_\_

Recommended for approval denial by ADM RC

#### ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

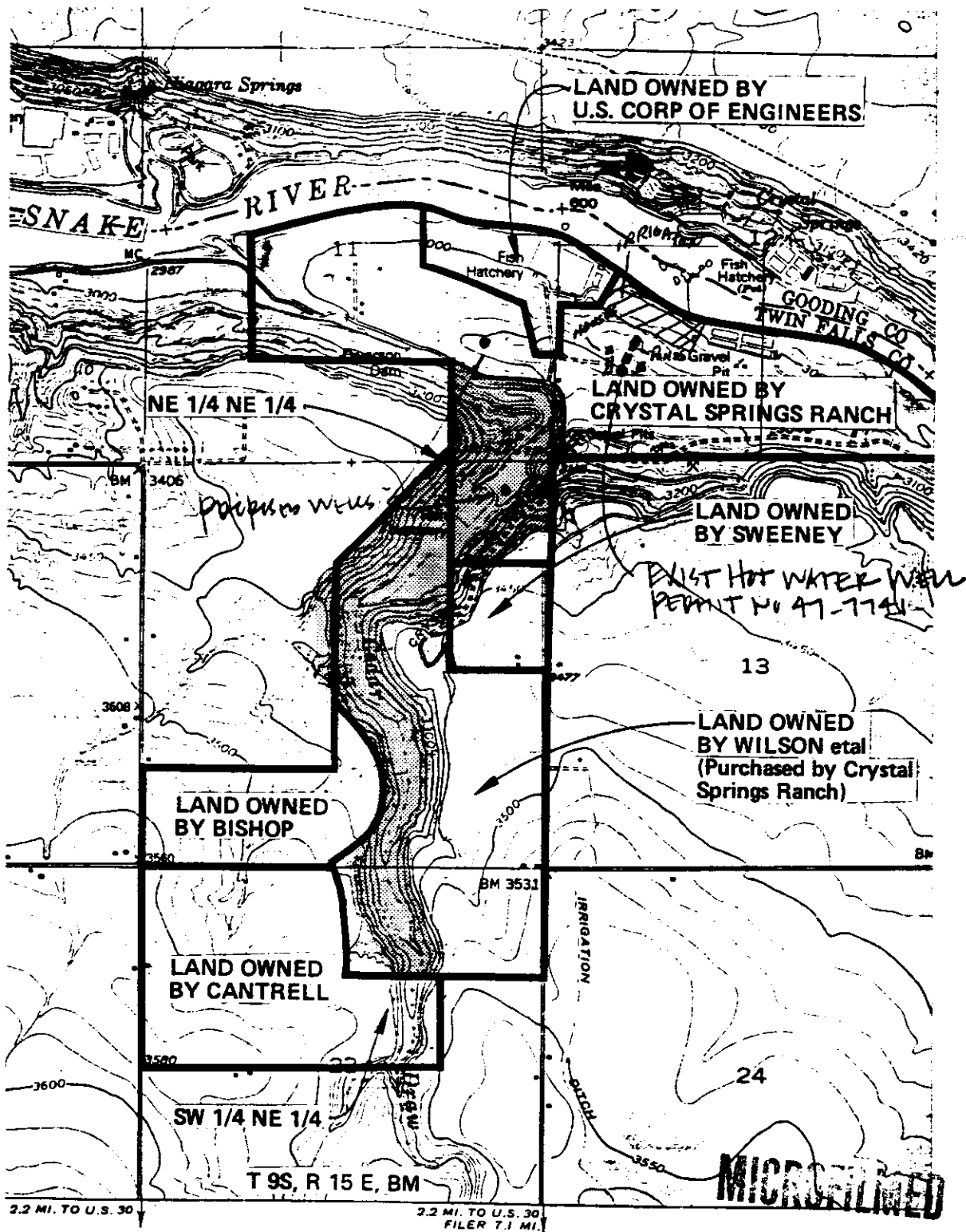
This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No. 47-7741, and said application is hereby APPROVED.

1. Approval of said application is subject to the following limitations and conditions:

- a. SUBJECT TO ALL PRIOR WATER RIGHTS.
- b. Proof of construction of works and application of water to beneficial use shall be submitted on or before October 1, 19 86.
- c. The rate of diversion, if water is to be used for irrigation under this permit, when combined with all other water rights for the same land shall not exceed 0.02 cubic feet per second for each acre of land.
- d. Other: An access port or other device as specified by the Department shall be installed by the permit holder to provide for the installation of measuring equipment and the determination of the rate of diversion by the Department.  
Return flow if discharged to a subsurface system must be authorized by a separate injection well permit, and return flow if discharged to a surface water system shall meet Idaho Water Quality Standards.

Witness my hand this 23<sup>rd</sup> day of October, 19 81.

J. Glen Saxton  
Chief, Operations Bureau



Contour Interval = 10 ft.



OWNERSHIP/VICINITY MAP

Crystal Springs Hunting/Fishing Reserve Ranch  
Twin Falls County, Idaho

MAR 1 1990

MILLARD, DAVE  
BYLUND, ROY  
DBA CRYSTAL SPRINGS  
RANCH  
P.O. BOX 109, BUHL, ID  
83318

S o u r c e :  
GROUNDWATER

Date Filed: 06/03/1981  
Amount: 2.00 CFS  
Diversion Point: LOT 06  
(NESW) SESW Sec 12 T  
09S R 15E, TWIN FALLS  
Co.

Use: IRRIGATION (1.50  
CFS) from 03/15 to 11/15  
HEATING (0.50 CFS)  
from 01/01 to 12/31  
COOLING (0.50 CFS)  
from 01/01 to 12/31

Place of Use: LOT 06  
(NESW) LOT 05 (NWSW)  
SWSW SESW Sec 12 T  
09S R 15E FOR 75 ACRES  
Diversion Means: WELL,  
PIPES, DITCH

If issued, the permit(s)  
will be subject to all prior  
water rights. Protests  
against the granting of  
any permit must be filed  
with the Director of the  
Idaho Department of  
Water Resources, 1041  
Blue Lakes Blvd. North,  
Twin Falls, Idaho 83301,  
and received on or  
before JULY 6, 1981.  
A. KENNETH DUNN  
Director

PUBLISH: Thursday,  
June 18, and 25, 1981.

## Affidavit of Publication

Nº 10185

STATE OF IDAHO,  
COUNTY OF TWIN FALLS ) ss.

I, Rinda Capps McSwine being first duly sworn upo-  
oath, depose and say that I am Princ Clerk of the TIMES-NEWS,  
published daily, at Twin Falls, Idaho, and do solemnly swear that a copy of  
the notice of advertisement, as per clipping attached, was published in the regular and  
entire issue of said newspaper, and not in any supplement thereof, for Two  
consecutive Weeks, commencing with the issue dated

June 18, 1981, and ending with the issue dated  
June 25, 1981.

And I do further certify that said newspaper is a consolidation, effective February 16,  
1942, of the Idaho Evening Times, published theretofore daily except Sunday, and the Twin  
Falls News, published theretofore daily except Monday, both of which newspapers prior to  
consolidation had been published under said names in said city and county continuously and  
uninterruptedly during a period of more than twelve consecutive months, and said TIMES-  
NEWS, since such consolidation, has been published as a daily newspaper except Saturday,  
from July 31, 1978, at which time said newspaper began daily publication under said name  
in said city and county continuously and uninterruptedly.

And I further certify that pursuant to Section 60-108 Idaho Code, Thursday of each week  
has been designated as the day on which legal notice by law or by order of any court of com-  
petent jurisdiction within the state of Idaho, to be published weekly, will be published; a-  
that at the head of the editorial column of said combined newspapers, and in each issue the-  
of, Thursday is announced as the day on which said legal notices will be published.

Subscribed and sworn to before me on this 25 day of  
June, 1981.

Rinda Capps McSwine  
Melba Rowlett-Smith  
Notary Public in and for the County of Twin Falls,  
State of Idaho, residing at Twin Falls, Idaho

April 3, 1992

ROY BYLUND  
DBA CRYSTAL SPRINGS RANCH  
DAVE MILLARD  
23317 SE 253RD PL  
MAPLE VALLEY WA 98038

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 47-07741

Dear Permit Holder:

The department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the department to conduct a field examination to determine and confirm the use being made of the water.

If you have questions concerning this matter, please feel free to contact the SOUTHERN Regional Office in Twin Falls at (208)736-3033.

Sincerely,

Karen L. Gustafson  
Secretary/Records Manager

c: IDWR - Region

MAIL ROOM  
APR 08 1992

**RECEIVED**  
MAR 27 1992

OFFICE USE ONLY

Amt. of Fee \$ 100.00

Date 3-27-92

Receipt No. 0023028

Receipt by *[Signature]*

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

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 a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

1. Permit No. 47-07741 Telephone No. (206) 432-4597
2. Name(s) of Permit Holder(s): DAVID R. MILLARD dba CRYSTAL SPRINGS PANCA
3. Mailing Address: 23317 SE 253RD PL, MAPLE VALLEY, WA 98138
4. Source of Water: GROUNDWATER - ARTESIAN  
 If GROUNDWATER, Well Driller's Name: FRED HENNER, HICKMAN Date Drilled: 1985  
ELSING DRILLING, TW FALLS EARLY 1980?

## OPTIONAL:

Pump horsepower: \_\_\_\_\_ Pressure (psi): \_\_\_\_\_ Dynamic pumping level (ft.): \_\_\_\_\_

## 5. Extent of Use (as authorized by the permit):

Domestic 3+5 (No. of households) Stockwater OTHER (No. and type of stock)

Irrigation 10/12 (No. of acres)

Other FISH PROPAGATION / RECEPTION  
heating & cooling

6. Total rate and/or volume for which proof is submitted 0.84 cfs OR \_\_\_\_\_ acre/feet

## 7. Refer to the approval conditions on your permit and respond accordingly:

Measuring device: Required? ☐ Yes ☐ No Installed? ☐ Yes ☐ No

OR

Flow Measurement Port: Required? ☒ Yes ☐ No Installed? ☒ Yes ☐ No

8. Fee Enclosed: \$ 100.00 (See License Fee Schedule on back of Instruction Sheet)

## 9. Person to contact to accompany the Department representative during field examination of the water system.

JIM KNIGHT (206) 326-3310  
 Name Box 110 Telephone No.

ROUTE 1, FILER- IDAHO 83328  
 Address

**RECORDED**  
**APR 08 1992**

10. The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho.

3/25/92  
 Date

[Signature] CRYSTAL SPRINGS PANCA  
 DAVID R. MILLARD  
 Signature (and title, if on behalf of a company or organization)

January 31, 1992

ROY BYLUND  
DBA CRYSTAL SPRINGS RANCH  
DAVE MILLARD  
RT. 1 BOX 119  
FILER ID 83328

PROOF DUE NOTICE

RE: PERMIT NO. 47-07741

Dear Permit Holder:

One of the conditions of approval of the above referenced water permit was that proof of the extent of your beneficial use must be submitted to this office on or before April 1, 1992. (See last page of your approved permit or your last approved extension request.) Enclosed is a form which when accompanied by the license examination fee or a complete field examination report prepared by a certified water right examiner may be used to submit the required proof.

If you have not fully completed your project, and you or a previous owner of this permit have not received a prior extension of time, you may request an extension of time if the delay is for reasonable cause as provided in Section 42-204, Idaho Code. If you have been prevented from proceeding by a governmental agency or by litigation which might bring title to the water in question, more than one extension of time can be granted. An extension of time request form is enclosed for your convenience.

Either an acceptable proof of beneficial use submittal or an acceptable request for an extension of time must be received by this department on or before the above described proof due date. If neither is received, the department will send you a lapse notice. Within sixty (60) days of the mailing of the lapse notice, the permit will no longer be of any force nor effect.

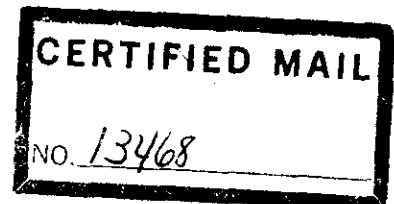
SINCERELY,

Karen L. Gustafson  
Secretary/Records Manager

Enclosures

RECORDED

APR 08 1992



May 24, 1991

DAVID R. MILLARD  
CRYSTAL SPRINGS RANCH LTD.  
ROUTE 1 BOX 119  
FILER ID 83328

Dear Mr. Millard:

Re: Permit No. 47-7741

Enclosed is a copy of the approved request for extension of time. The time within which to submit proof of beneficial use is extended to April 1, 1992.

Sincerely,

RITA I. FLECK  
Secretary/Records Manager

Enclosure

*Data Entry Entered  
LB 6/3/91  
Proof extended  
4/1/92*

**MICROFILMED**

**JUL 21 1991**



Hepworth, Nungester & Lezamiz

A Professional Corporation

**Twin Falls Office**

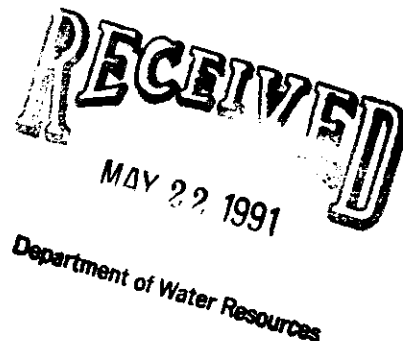
John C. Hepworth  
Wm. L. Nungester  
John T. Lezamiz  
Jeffrey E. Rolig  
John C. Hohnhorst  
Jeffrey J. Hepworth  
Penelope Parker-Kimbert

**Boise Office**

J. Charles Hepworth\*  
John J. Janis

\*Member CA Bar  
†Member UT Bar

May 21, 1991



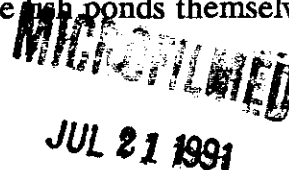
Rita Fleck  
DEPARTMENT OF WATER RESOURCES  
1301 North Orchard Street  
Statehouse Mail  
Boise, ID 83720-9000

Re: Permit No. 47-7741  
Our File No. 87-1-054

Dear Rita:

I was asked by Dave Millard from the Crystal Springs Ranch partnership to provide you with some information about the litigation pending in the appeals court that affects the ranch's water right permit.

The ranch partnership contracted to build catfish ponds on the ranch property in 1986. The ranch intended to use the water from Permit No. 47-7741 to grow catfish. A dispute arose over the quality of the ponds built and the price to be paid the contractor. On December 3, 1986, the contractor filed a mechanic's lien against the property, including the well. On December 15, 1986, the contractor filed a complaint to foreclose the lien. The trial was held in January of 1988. Part of the action involved a dissolution of the Crystal Springs Ranch partnership. An appeal was filed from the trial court's decision. The primary issues concerned defective construction of the fish ponds. The Idaho Court of Appeals heard oral argument on September 10, 1990. No decision has yet been made by the Idaho Court of Appeals. The Crystal Springs Ranch partnership has been dissolved, but not wound up. No formal dissolution and winding up can be concluded until the decision is received from the Idaho Court of Appeals. I don't expect the fish ponds themselves can be put into use until this litigation is finally concluded.



**Twin Falls Office**

Blick Building  
133 Shoshone St. N.  
P.O. Box 389  
Twin Falls, ID  
83303-0389  
(208) 734-7510  
FAX: (208) 734-4115

**Boise Office**

537 West Bannock  
P.O. Box 2582  
Boise, ID 83701-2582  
(208) 343-7510  
FAX: (208) 342-2927



Rita Fleck  
Page 2  
May 21, 1991

If you have any questions, please feel free to contact me. If you need further information, please let me know.

Very truly yours,

HEPWORTH, NUNGESTER & LEZAMIZ,  
CHARTERED

By: Jeffrey J. Hepworth  
Jeffrey J. Hepworth

JJH:sdm

cc: Dave Millard

(521FLCK.SDM)

JUL 21 1991

**RECEIVED**

MAY 20 1991

May 13, 1991

Department of Water Resources

Rita I Fleck, Secretary/Records Manager  
Idaho Department of Water Resources  
Statehouse Mail  
1301 North Orchard Street  
Boise, ID 83720-9000

RE: Extension Of Time Water-Right Permit No 47-7741

Dear Rita:

We just received your letter which was finally rerouted to us in Seattle from the ranch. We have asked our attorney, Jeff Hepworth of Hepworth, Nungester and Lezamiz, to give you a detailed account of the type and extent of the litigation over the construction of the rearing ponds. This litigation continues through the appeal process in the higher courts.

We authorized construction of the ponds in 198\_ to a local contractor, Dan Weaver, who quoted what we understood to be lump sum cost. After he had doubled his quote without finishing the work, we stopped the project. Weaver sued us for non-payment ... The court ruled that he was not due his billings or attorney costs! Our appeal is against a partner, Lupiter, who appeared to be in collusion with Weaver to the detriment of our partnership. This part of the litigation is still pending in the Appeals Court.

One of the key factors in our prevailing against the contractor, was his extremely poor workmanship in constructing the ponds. These deficiencies could not be corrected until the legal action was finalized. Consequently, we were forced to delay these corrective measures, until recently, to make the ponds usable. We have requested an extension of time to optimize the use of our hot water.

Best Regards,

Crystal Springs Ranch

*Dave*

David R. Millard  
Owner

cc: Jeff Hepworth, Attorney at Law

DRM/mj

**RECEIVED**

JUL 21 1991

April 18, 1991

DAVID M MILLARD  
DBA CRYSTAL SPRINGS RANCH LTD  
ROUTE 1 BOX 119  
FILER ID 83328

Dear Mr. Millard:

Re: Permit No. 47-7741

The request for extension of time states that the delay in completion of this project is litigation. Before the department takes final action, more information about the litigation is needed.

Please provide documentation regarding the litigation which demonstrates how the litigation brings the title of water into question, when the litigation began and when, if completed, it was resolved. The department will then review this information and if possible, grant an extension for period of delay caused by the litigation.

Please return this documentation within thirty (30) days.

If you have any questions, contact this office.

Sincerely,

RITA I. FLECK  
Secretary/Records Manager

MAILED  
JUL 21 1991



# Land Planning & Management

Suite 101, Building A, 4508 Auburn Way No., Auburn, WA 98002 (206) 854-8844  
Route 1, Box 119, Filer ID 83328 (208) 326-5953 • 245 Lancaster Drive, Reno, NV 89506 (702) 786-4474

AX (206) 852-8844  
NV (702) 786-4474

## FAX TRANSMITTAL

To Fax No. (208) 327-7866

Attention: Tim Luke

Company: Idaho Dept. of Water Resources

Date: 3/29/91

Permit # 47-7741

We are sending 8 pages, including this cover page.

Message: As per our telephone conversation, we are transmitting a request  
for extension of time for one (1) year to April 1, 1992 for Permit #  
47-7741. We will pay the \$15.00 Filing Fee at the Southern Region Office  
on Monday, April 1, 1991.

From:

David R. Millard  
Crystal Springs Ranch

**MICROFILMED**  
**JUL 21 1991**

Property Investigations  
Feasibility Studies  
Financial Proformas

Land Planning  
Environmental Studies  
Market Studies

Land Reclassification  
PUD Subdivision Processing  
Public Agency Interface

Public Relations  
Project Management  
Construction Management

Fax 327-7866  
Tim Luke

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

For Office Use Only  
\$15 FEE Received by \_\_\_\_\_  
Date \_\_\_\_\_  
Receipt # \_\_\_\_\_

**REQUEST FOR EXTENSION OF TIME  
TO PROVIDE ADDITIONAL TIME IN WHICH TO SUBMIT PROOF OF  
BENEFICIAL USE FOR A WATER RIGHT PERMIT**

The Idaho Department of Water Resources will consider this form as a request that the permit holder(s) be granted an additional period of time in which to complete development of a water right under the provisions of Section 42-204, Idaho Code.

Permit No. 47-7741

Name(s) of Permit Holder: David R Millard dba Crystal Springs Ranch Ltd.

Post Office Address: Route 1 Box 119 Filer, Idaho 83328

Telephone No. (208)326-3378 Filer

Date Proof is Due: April 1, 1991 (206)854-1138 Seattle

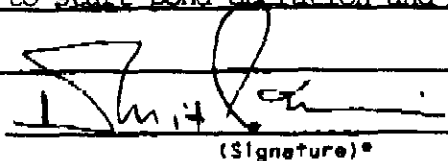
Describe what work has been completed toward the development of this water right: Diversion Facilities  
(This must be filled out! If no work has been completed, show "none".)

Hot water well w/4" liner, valving, piping and fourteen (14) concrete  
raceways... Hot water has been diverted to two (2) residents, shop and  
outdoor spa. Repair to ponds is currently underway and tenant farmer is  
preparing to plant lower 10 acres for irrigation Costing \$ 100,000.00  
with pond effluent. Siltation ponds are complete.

The permit holder(s) has been unable to complete the remainder of the work for the following reasons:

A lawsuit with former partner/builder (presently in appeal) stopped  
construction of ponds. Applicant is working to start pond operation and  
field irrigation this season (1991)...

Permit holder(s) request an extension to April 1, 19 92.  
(1 yr. minimum)

  
(Signature)\*

FEE: \$15.00

\*IF OTHER THAN PERMIT HOLDER,  
POWER OF ATTORNEY MUST BE SUPPLIED.

ACTION OF THE DEPARTMENT OF WATER RESOURCES

IT IS HEREBY ORDERED that the above request for extension of time be

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

**MICROFILMED**  
**JUL 21 1991**



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 -(208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

January 31, 1991

ROY BYLUND  
DBA CRYSTAL SPRINGS RANCH  
DAVE MILLARD  
RT. 1 BOX 119  
FILER, ID 83328

PROOF DUE NOTICE

RE: PERMIT NO. 47-07741

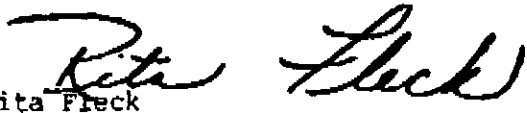
Dear Permit Holder:

One of the conditions of approval of the above referenced water permit was that proof of the extent of your beneficial use must be submitted to this office on or before April 1, 1991. (See last page of your approved permit or your last approved extension request.) Enclosed is a form which when accompanied by the license examination fee or a complete field examination report prepared by a certified water right examiner may be used to submit the required proof.

If you have not fully completed your project, and you or a previous owner of this permit have not received a prior extension of time, you may request an extension of time if the delay is for reasonable cause as provided in Section 42-204, Idaho Code. If you have been prevented from proceeding by a governmental agency or by litigation which might bring title to the water in question, more than one extension of time can be granted. An extension of time request form is enclosed for your convenience.

Either an acceptable proof of beneficial use submittal or an acceptable request for an extension of time must be received by this department on or before the above described proof due date. If neither is received, the department will send you a lapse notice. Within sixty (60) days of the mailing of the lapse notice, the permit will no longer be of any force nor effect.

SINCERELY,

  
Rita Fleck  
Secretary/Records Manager

Enclosures

MICROFILMED  
JUL 21 1991



BEFORE THE DEPARTMENT OF WATER RESOURCES

OF THE

STATE OF IDAHO

IN THE MATTER OF PERMIT )

NO. 47-7741 IN THE NAME OF )

DAVID R. MILLARD )

CONTINUATION ORDER

This matter having come before the Idaho Department of Water Resources (IDWR) as a requirement of Section 42-203D, Idaho Code, the Department Finds, Concludes and Orders as follows:

FINDINGS OF FACT

1. Section 42-203D, Idaho Code, directs IDWR to review all permits issued prior to July 1, 1985, located within the Swan Falls Trust Water Area, to determine if water was beneficially used prior to said date.

2. If water was not beneficially used until after July 1, 1985, Section 42-203D further directs IDWR to review the permit under the provisions of Section 42-203C, Idaho Code.

3. Section 42-203C requires IDWR to determine whether diversion of water under a permit issued prior to July 1, 1985, causes a significant reduction of trust water available for power production and, if there is a significant reduction, to determine whether the reduction is in the public interest.

4. Permit No. 47-7741 (permit) was issued to David R. Millard, dba Crystal Springs Ranch (permit holder) authorizing the diversion of 2.0 cfs of groundwater for irrigation of 30 acres.

5. IDWR records show that 16 acres authorized to be irrigated under Permit No. 47-7741, are irrigated with other water rights ~~registered~~ prior to July 1, 1985.

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JUL 21 1991

6. Water diverted and used on or after July 1, 1985 for the irrigation of land under the terms of this permit is trust water.

7. The development and use of groundwater authorized under this permit does not cause a significant reduction of trust water

#### CONCLUSIONS OF LAW

1. The water authorized for diversion under Permit No. 47-7741 is trust water.

2. The use of water under the permit satisfies the provisions of Sections 42-203C and 42-203D, Idaho Code.

3. An order continuing the permit should be issued.

#### ORDER

IT IS HEREBY ORDERED that Permit No. 47-7741 is valid and may CONTINUE as provided in Section 42-203D, Idaho Code, subject to the following additional conditions and limitation

1. Proof of construction of works and application of water to beneficial use shall be submitted to IDWR on or before April 1, 1991.

2. The use of trust water authorized by this right is subject to review 20 years after the date of this order to determine availability of trust water and to reevaluate the public interest.

3. The construction of diversion works must be commenced within one (1) year of the date of this order and shall proceed diligently and uninterruptedly to completion unless temporarily interrupted by circumstances over which the permit holder has no control.

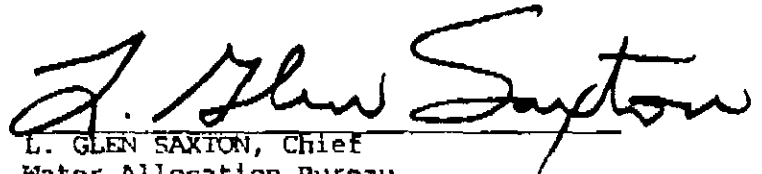
4. Diversion and use of trust water under this right is subject to an annual use fee if rules are subsequently promulgated which provide for the submittal of the fee.

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**JUL 21 1991**

5. The Director retains jurisdiction of this right to change, add or remove any requirement as determined to be appropriate.

6. All conditions of approval contained in Permit No. 47-7741 are incorporated into and made a part of this order.

Dated this 1<sup>st</sup> day of March, 1990.

  
L. GLEN SAXTON, Chief  
Water Allocation Bureau

MICROFILMED

JUL 21 1991

4/86

For Office Use Only

\$15 FEE Received by T.J.Date 8/29/88Receipt # 5001862STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

## REQUEST FOR EXTENSION OF TIME

RECEIVED

AUG 29 1988

Department of Water Resources

To provide additional time in which to submit proof  
of beneficial use for a water right permit

Department of Water Resources

The Idaho Department of Water Resources will consider this form as a request that the permit holder(s) be granted an additional period of time in which to complete development of a water right under the provisions of Section 42-204, Idaho Code.

Permit No. 47-7741Name(s) of Permit Holder: David R. Millard d/b/a Crystal Springs Ranch Ltd.Post Office Address: Route #1, Box 119, Filer, Idaho 83328Telephone No. 326-3378Date Proof is Due: October 1, 1988

Describe what work has been completed toward the development of this water right: Diversion facilities,  
(This must be filled out if no work has been completed, show "none".)

including well, valving, piping and irrigation system have been completed.

Piping to one residence and shop for heating has been installed. Restoration work on the well, including cleanout and casing to stabilize the flow has been completed. In contemplation of amendment, fish ponds have been constructed.

Costing \$50,000.00

The permit holder(s) has been unable to complete the remainder of the work for the following reasons:

A change in the nature of the use of the water has been requested by amendment of the permit. This will allow utilization of the water for a higher and better use under the policy of the State of Idaho. This permit has been a part of the Swan Falls suit commenced by Idaho Power Company in Ada County, Civil Case No. 81375, and has never been dismissed from that suit and said suit has not been dismissed. Uncertainty as to any water rights obtained under the cloud of that legal action has prevented prompt development of this permit.

Permit holder(s) request an extension to October 1, 1990

(1 yr. minimum)

(Signature)\*

FEE: \$15.00

\*IF OTHER THAN PERMIT HOLDER,  
POWER OF ATTORNEY MUST BE SUPPLIED.

## ACTION OF THE DEPARTMENT OF WATER RESOURCES

IT IS HEREBY ORDERED that the above request for extension of time be APPROVED and the time within which to submit proof of beneficial use is extended to April 1, 1991.

Signed this 1<sup>st</sup> day of March, 19 90

J. Glen Saxton  
Chief, Water Allocations Bureau

138017  
January 31, 1991

ROY BYLUND  
DBA CRYSTAL SPRINGS RANCH  
DAVE MILLARD  
RT. 1 BOX 119  
FILER, ID 83328

PROOF DUE NOTICE

RE: PERMIT NO. 47-07741

Dear Permit Holder:

One of the conditions of approval of the above referenced water permit was that proof of the extent of your beneficial use must be submitted to this office on or before April 1, 1991. (See last page of your approved permit or your last approved extension request.) Enclosed is a form which when accompanied by the license examination fee or a complete field examination report prepared by a certified water right examiner may be used to submit the required proof.

If you have not fully completed your project, and you or a previous owner of this permit have not received a prior extension of time, you may request an extension of time if the delay is for reasonable cause as provided in Section 42-204, Idaho Code. If you have been prevented from proceeding by a governmental agency or by litigation which might bring title to the water in question, more than one extension of time can be granted. An extension of time request form is enclosed for your convenience.

Either an acceptable proof of beneficial use submittal or an acceptable request for an extension of time must be received by this department on or before the above described proof due date. If neither is received, the department will send you a lapse notice. Within sixty (60) days of the mailing of the lapse notice, the permit will no longer be of any force nor effect.

SINCERELY,

Rita Fleck  
Secretary/Records Manager

Enclosures

**MICROFILMED**

**JUL 21 1991**



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 -(208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

March 5, 1990

RE: Permit No. 47-7741

David R. Millard  
dba Crytal Springs Ranch Ltd.  
Rt. 1, Box 119  
Filer, ID 83328

Dear Mr. Millard:

Enclosed is an order that authorizes you to continue development under Permit to Appropriate Water No. 47-7741. Please note in condition #1., page two of the order that you must develop your system and beneficially use the water prior to April 1, 1991. Failure to beneficially use the water before April 1, 1991, could result in a loss of your water right permit.

Also enclosed is a copy of the approved extension of time request. Please be advised that the department has granted this extension of time based on due diligence. It is important that you work diligently toward the completion of this project during the construction period allowed. The department may not be able to grant additional requests.

Please note the conditions of approval contained in your permit and the continuation order. You must comply with the conditions to fully complete beneficial use.

Sincerely,

TIM LUKE  
Sr. Water Resource Agent

TL:sc

Enclosures

**MICROFILMED**

MAR 12 1990



State of Idaho

## DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 -(208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

February 21, 1990

David R. Millard  
dba Crystal Springs Ranch  
Route 1, Box 119  
Filer, ID 83328

Re: Permit NO. 47-7741

Dear Mr. Millard:

I am finally writing in response to your letter of November 1, 1989 concerning the above referenced permit. You may recall that my involvement with this permit concerned reprocessing under the Swan Falls rules and regulations. After sending my last correspondence, the file somehow fell through the cracks and I have not been able to review your last correspondence until very recently. I apologize for the delay in response time.

As I review your last letter and attached information along with aerial photo data here at the department, I concur with your claim that approximately 16 acres of land under the application had been irrigated prior to July of 1985. Water which will be used for completing the irrigation of the remaining 14 acres must be considered trust water. The undeveloped portion of the permit therefore is subject to the reprocessing requirements of Section 42-203D, Idaho Code.

Since the amendment of this permit was advertised recently (i.e.; in the past 12 to 14 months), and because the department contributed to the delay in reprocessing of this permit, I am waiving the readvertisement requirement. I have recommended that the department proceed with issuing a continuation order which will allow completion of the projects proposed by the amended permit. The department will simultaneously process your last extension request and assign a new proof due date. The continuation order should reflect this new proof due date. You should receive a copy of the order in the next several weeks.

Please feel free to contact me if you have questions concerning this matter. Again, I apologize for the delays in responding to your last correspondence and in reprocessing the permit.

Sincerely

Tim Luke

Sr. Water Resource Agent

**MICROFILMED**

MAR 12 1990



# CRYSTAL SPRINGS RANCH, INC.

Route 1, Box 119  
Filer, Idaho 83328  
(208) 326-3378



November 1, 1989

Mr. Tim Luke  
Senior Water Resource Agent  
Department of Water Resources  
State of Idaho  
1301 North Orchard Street  
Statehouse Mail  
Boise, ID 83720

**RECEIVED**

NOV 07 1989

Department of Water Resources

Re: Permit No. 47-7741 (Geothermal Well)

Dear Tim:

In response to your letter dated September 7, 1989, wherein you asked for evidence that our hot water was used for irrigation prior to July 1985, we state the water was, in fact, used for irrigation prior to 1985. We attached hereto a print of our 100 scale topographic map whereon we have shown the areas of the ranch which were sprinkled and/of surface irrigated with the hot water. Due to the temperature of the water, it had to be cooled by sprinkling, or run on the surface a distance, before crops could be raised!

Area A was sprinkled with the hot water, which 4" aluminum main-line still is connected from the well across our existing access road to the point where the handlines were connected. The area sprinkled was approximately four acres. At the time of sprinkling, the field was in grass hay.

Area B was surface-irrigated with the hot water. The area so irrigated comprised approximately twelve acres of pasture land. Due to the number of surface boulders, the only practical use for this land is pasture.

It has always been our objective to divert the hot water into the existing concrete rearing ponds shown on the attached plan, in order to cool the water, utilizing the heat to raise fish, and the warm water exiting the most northerly ponds to irrigate the northerly fringe of Area B and Area C. Area C is relatively flat with excellent soil, ideal for a crop like grapes. The size of these two areas proposed to be irrigated by said warm water is approximately ten to twelve acres.

The amendment approved for the hot water well dated August 30, 1989, changed the place of use from Areas A and B to Areas B and

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MAR 12 1990

C. The question I have, assuming your aerial photos and a field trip will verify this use, is "Do the four acres of grass hay land and twelve acres of pasture off-set the proposed ten to twelve acres of grapes or similar crop?" Please advise whether or not the department must advertise the new agricultural use.

Best regards,  
Crystal Springs Ranch

DAVE

David R. Millard, P.E., P.L.S.  
Owner

Attachment - Plan

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MAR 12 1990



State of Idaho  
**DEPARTMENT OF WATER RESOURCES**

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 - (208) 327-7900

October 30, 1989

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

David R. Millard  
dba Crystal Springs Ranch Ltd.  
Route 1 Box 119  
Filer, ID 83328

Re: Permit No. 47-7741

Dear Mr. Millard:

**NOTICE OF PENDING ORDER CANCELLING PERMIT**

On October 23, 1981, the Department of Water Resources (department) issued Permit No. 47-7741 which authorized the diversion of 2.0 cfs of water from a groundwater source for the irrigation of 75 acres.

The department mailed a letter and questionnaire to you on May 24, 1989, in connection with the permit. The letter provided notice that the department was reviewing the permit in connection with development which was not complete prior to July 1, 1985.

This letter also requested that you return the department's questionnaire concerning any prior development under the permit and/or your plans for pursuing completion of the proposed project. The correspondence further requested that you submit with the questionnaire either a readvertisement fee in the amount of twenty (\$20) dollars and/or evidence showing that development under the permit was complete prior to July 1, 1985. Finally, the letter notified you that failure to submit the required fee or information within 30 days of the date of the letter was cause for the department to cancel the permit.

The purpose of this letter is to provide a second and final opportunity for you to submit the requested information. If you fail to respond to this inquiry within fifteen (15) days of the date of this letter, the Department will issue an order cancelling the permit pursuant to Water Appropriation Rule 4,2,3,4.

If no development has been completed as authorized by the permit, and you are no longer interested in pursuing the development, please complete and return the enclosed relinquishment form.

**MICROFILMED**

MAR 12 1990

Please feel free to contact me if you have any questions concerning this matter.

Sincerely,

Tim Luke  
Sr. Water Resource Agent

Enclosure:1

c: Region

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MAR 12 1990



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 - (208) 327-7900

September 7, 1989

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

RE: Permit No. 47-7741

David R. Millard  
dba Crystal Springs Ranch Ltd.  
Rt. 1, Box 119  
Filer, ID 83328

Dear Mr. Millard:

I have again reviewed the file for the above referenced permit. This latest review shows that the department has officially approved the application for amendment.

You may recall our last conversation in which we discussed the fact that this particular permit had been identified or named in the Swan Falls suit. Our records indicate that the irrigation component of the permit was undeveloped prior to July of 1985. New statutes and rules resulting from the settlement of the suit require that such permits be re-advertised. You may further recall correspondence sent to you by the department earlier this summer which notified you that we were reviewing the permit as required by the Swan Falls settlement. This notice asked that you submit a \$20.00 re-advertisement fee or evidence to show that the lands under the permit had been irrigated prior to July of 1985.

Since the approval of the amendment was still pending during our last correspondence, I believe that we agreed to put the Swan Falls re-advertisement matter on hold. Now that the amendment has been approved, I would like to proceed with getting the permit through the Swan Falls processing requirements. I cannot recall if you had evidence showing that a portion of the irrigation component under this permit was developed prior to July of 1985. Review of your latest extension request (filed in August, 1988) indicates that the irrigation use was not developed.

Please respond to this letter by providing either the \$20.00 re-advertisement fee or evidence of irrigation development prior to July of 1985. Please feel free to call me directly if you have have questions concerning this matter.

Sincerely,

TIM LUKE  
Sr. Water Resource Agent

TL:sc

**MICROFILMED**

MAR 12 1990



**State of Idaho**  
**DEPARTMENT OF WATER RESOURCES**

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 - (208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

September 1, 1989

RE: Permit No. 47-7741

David R. Millard  
dba Crystal Springs Ranch Ltd.  
Rt. 1, Box 119  
Filer, ID 83328

Dear Mr. Millard:

Enclosed is a copy of the approved Application for Amendment submitted in connection with the above referenced permit.

If you have any questions concerning this matter, please feel free to contact our office.

Sincerely,

JIM JOHNSON  
Water Rights Supervisor

JJ:sc

Enclosure

**MICROFILMED**

MAR 12 1990

**MEMORANDUM**

**TO:** FILE 47-7741  
**FROM:** JIM JOHNSON  
**RE:** CHANGE IN NATURE OF USE REVIEW  
**DATE:** August 29, 1989

-----  
The following review was made on the application for amendment of permit received December 29, 1989. Action was withheld until recently because the water use is located in the Swan Falls Impact Area.

**ORIGINAL USE ON THE PERMIT**

|                   | RATE | ACRES | ANNUAL<br>VOLUME | CONSUMPTIVE<br>USE |
|-------------------|------|-------|------------------|--------------------|
| Irrigation        | 1.5  | 75    | 300              | 105                |
| Heating & Cooling | 0.5  | n/a   | *                | *                  |
| Total             | 2.0  | 75    | 300              | 105                |

**PROPOSED AMENDED USES**

|                    | RATE   | ACRES | ANNUAL<br>VOLUME | CONSUMPTIVE<br>USE |
|--------------------|--------|-------|------------------|--------------------|
| Irrigation         | 1.1    | 30    | 120              | 42                 |
| Heating & Cooling* | 0.2    | n/a   | n/a              | n/a                |
| Fish Propagation   | 0.9    | n/a   | 659**            | none               |
| Total              | 1.1*** | 30    | 924              | 42                 |

\* No change requested for this use, the reduction is based on a more accurate estimate of rate of flow required.

\*\* No information provided on annual volume required.

\*\*\* Total as listed on the Application for amendment.

**CONCLUSION**

**RECEIVED**

MAR 12 1990

The amendment as submitted to the department would result in an expansion of the volume allowed under the right from 300 acre feet to 924 acre feet. Therefore adjustment to the rate of flow is required to prevent more than an annual diversion of 300 acre feet.

#### ADJUSTMENT

The annual volume under this right should not exceed 300 acre feet for all uses identified on the right. The water used for irrigation was reduced from 300 acre feet to 120 acre feet leaving 180 acre feet available for fish propagation. Normally the rate of diversion is based upon the maximum rate needed at peak demand. However in this evaluation the rate of flow adjustment is made by dividing the annual volume available by the period of diversion. This produces a rate of flow of 0.24 cfs.

#### ALLOWED AMENDED USES

|                    | RATE | ACRES | ANNUAL<br>VOLUME | CONSUMPTIVE<br>USE |
|--------------------|------|-------|------------------|--------------------|
| Irrigation         | 0.60 | 30    | 120              | 42                 |
| Heating & Cooling* | 0.20 | n/a   | n/a              | n/a                |
| Fish Propagation   | 0.24 | n/a   | 180              | 42                 |
|                    | ---- | ----  | -----            | -----              |
| Total              | 0.84 | 30    | 300              | 42                 |

#### CONDITIONS OF APPROVAL

1. The maximum rate of diversion under this right shall not exceed 0.84 cfs.
2. The maximum rate of diversion for irrigation shall not exceed 0.60 cfs; the maximum rate of diversion for fish propagation shall not exceed 0.24 cfs nor shall the annual volume exceed 180 acre feet.

**MICROFILMED**

MAR 12 1990



State of Idaho

## DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 - (208) 327-7900

July 13, 1989

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

David R. Millard  
dba Crystal Springs Ranch Ltd.  
Route 1 Box 119  
Filer, ID 83328

Re: Permit No. 47-7741

Dear Mr. Millard:

### NOTICE OF PENDING ORDER CANCELLING PERMIT

On October 23, 1981, the Department of Water Resources (department) issued Permit No. 47-7741 which authorized the diversion of 2.0 cfs of water from a groundwater source for the irrigation of 75 acres.

The department mailed a letter and questionnaire to you on May 24, 1989 in connection with the permit. The letter provided notice that the department was reviewing the permit in connection with development which was not complete prior to July 1, 1985.

This letter also requested that you return the department's questionnaire concerning any prior development under the permit and/or your plans for pursuing completion of the proposed project. The correspondence further requested that you submit with the questionnaire either a readvertisement fee in the amount of twenty (\$20) dollars and/or evidence showing that development under the permit was complete prior to July 1, 1985. Finally, the letter notified you that failure to submit the required fee or information within 30 days of the date of the letter was cause for the department to cancel the permit.

The purpose of this letter is to provide a second and final opportunity for you to submit the requested information. If you fail to respond to this inquiry within fifteen (15) days of the date of this letter, the Department will issue an order cancelling the permit pursuant to Water Appropriation Rule 4,2,3,4.

If no development has been completed as authorized by the permit, and you are no longer interested in pursuing the development, please complete and return the enclosed relinquishment form.

Please feel free to contact me if you have any questions concerning this matter.

Sincerely,

TIM LUKE

Sr. Water Resource Agent

**MICROFILMED**

MAR 12 1990

Enclosure  
c: Region



State of Idaho  
DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 - (208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

~~May 24, 1989~~

*Letter Resent 6/9/89*

*TL 6/6*

RE: PERMIT NO. 47-7741

Dear PERMIT HOLDER:

Due to the Swan Falls litigation, development proposed by the enclosed permit may have been delayed. The Department is presently reviewing the permit and may authorize completion of development proposed under the permit.

The purpose of this letter is to determine: (1) the extent of development under the permit, and (2) your continued interest in developing or completing development under the permit.

Enclosed are two forms which will help the Department expedite the reprocessing of the permit.

Please complete and return the enclosed questionnaire if you wish to continue with your plans of development or have completed all or a portion of your development before July 1, 1985.

Please complete the enclosed relinquishment form and return it to the Department if you have abandoned or have no interest in continuing with your plans for development of the project.

If the entire project was not completed prior to July 1, 1985, and you still wish to proceed with your plans of development, then you must submit a \$20.00 re-advertisement fee to the Department as required by Water Appropriation Rule 4,2,3. and Section 42-221F, Idaho Code.

Failure to return the questionnaire and pay any required re-advertisement fee within thirty (30) days of the date of this letter is cause for the Department to cancel the permit.

**MICROFILMED**

MAR 12 1990

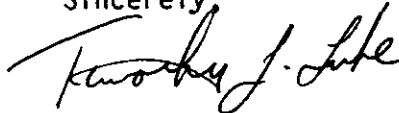
Page 2

If you have questions concerning the content of this letter or about completing the forms, please contact Tim Luke at the address below or by calling directly at 327-7864. The enclosed forms and all other relative information must be returned within thirty (30) days to:

Idaho Department of Water Resources  
Statehouse Mail  
Boise, Idaho 83720  
Attn: Tim Luke - Water Allocation/Trust Water

Please note that a copy of your permit is enclosed. The permit number is shown on the enclosed questionnaire.

Sincerely,



TIM LUKE  
Sr. Water Resource Agent

Enclosures

**MICROFILMED**

MAR 12 1990

State of Idaho  
Department of Water Resources

**RECEIVED**  
DEC 29 1988

AMENDMENT ANALYSIS SHEET

INITIAL REVIEW BY: *DD*

Department of Water Resources

Right Number 47 7741 Applicant Crystal Springs Ranch Htd

Purpose of Amendment: ☒ Change point of diversion. ☐ Add diversion point(s).

☐ Increase amount. ☒ Change place of use. ☐ Other chg Nature of use.

CHECK:

- ☒ Description of amended point(s) of diversion.
- ☒ Amount, nature and period of use. If increased, delay date of priority. New pri - 8-29-1988
- ☒ Description of amended places of use. If expanded, delay date of priority.
- ☒ Ownership of point of diversion and place of use.
- ☒ Map.
- ☒ Signature (must be permit holder).
- ☒ Fee.
- ☒ Existing water rights from the same source, amended place of use.
- ☒ Right number(s) 47-8040
- ☒ Yes ☐ No Should amendment be advertised?
- ☒ Yes ☐ No Should date of priority be delayed? If yes, to what date? 8-29-1988

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received.
- ☒ Amendment published correctly.
- ☐ Protests processed. None
- ☒ Approve.
- ☐ Deny.

Conditions Per Original Permit. + Heat value of water must be used prior to use for irrigation.

By *[Signature]* Date 12/27/88

STATE OFFICE PROCESSING:

- ☐ Amendment correct and complete. By \_\_\_\_\_ Date \_\_\_\_\_
- ☐ Approved copy sent to applicant and to Region. By \_\_\_\_\_ Date \_\_\_\_\_

LING, NIELSEN & ROBINSON

ROGER D. LING  
ROBERT M. NIELSEN  
BRENT T. ROBINSON

ATTORNEYS AT LAW  
615 "H" STREET  
P. O. BOX 396  
RUPERT, IDAHO 83350

AREA CODE 208  
TELEPHONE 436-4717  
436-5682

DAVID W. HALEY  
MARK A. INGRAM  
RICK BOLLAR  
ASSOCIATES

August 29, 1988

RECEIVED

AUG 29 1988

Department of Water Resources  
Southern Region Office

Loren Holmes  
Southern Region Supervisor  
Idaho Department of Water Resources  
2148 4th Avenue East  
Twin Falls, Idaho 83301

RE: Permit No. 47-7741  
Request for Extension of Time  
Application for Amendment

Dear Loren:

The existing Permit No. 47-7741 is for 1.5 cfs for the irrigation of 75 acres and .5 cfs for heating and cooling of two residences. Dave Millard, d/b/a Crystal Springs Ranch, has, as you know, expended substantial sums in developing the hot water well under this permit. Under recently established policy of the State of Idaho, the contemplated use of this water is not the highest use recognized by the State of Idaho. This has also been recognized by Mr. Millard and he therefore is submitting herewith his Application for Amendment of that permit. Concurrently, he is also submitting herewith his Request for Extension of Time for Completion of the Works and Application to Beneficial Use.

We recognize that there has been one previous extension of time on this permit. However, this permit was included in the Swan Falls suit commenced by Idaho Power Company in Ada County, Civil Case No. 81375, and to this date has not been dismissed from that action. It has therefore been impossible to promptly proceed in the completion of the works and application of this water to beneficial use in view of the uncertainties caused by the above referred to civil action of Idaho Power Company. In view of these legal proceedings, we respectfully request that a second extension of time be granted for the full development of this water right under Permit No. 47-7741. Although a formal dismissal of Civil Case No. 81375 has not been entered of record, it is our understanding that the Swan Falls Agreement has been fully implemented at this time and that said action has been dismissed in the very near future. It was not until

MICROFILMED

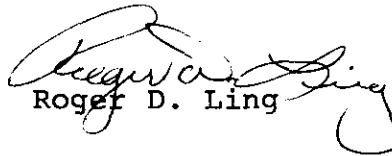
MAR 12 1990

Loren Holmes  
Idaho Department of Water Resources  
August 29, 1988  
Page 2

most recent events that the permit holder could be assured that if he properly proceeded to develop his water right under the permit that a further cloud on the permit would not exist as a result of the civil action.

If you need any further information to consider these matters, please feel free to contact this office at any time. I should also point out to you that the Application for Amendment is conditioned upon receiving an extension of time for completion of the works. If the extension of time is not granted, it will be necessary for the permit holder to proceed to file proof of completion of works and application for beneficial use under the original permit, which includes substantial irrigation with the hot water involved.

Very truly yours,

  
Roger D. Ling

RDL:nk  
Enclosures

MICROFILMED

MAR 12 1990

NOTICE OF AMENDMENT TO A WATER PERMIT

NO. 47-7741

Notice is hereby given that David Millard, d/b/a Crystal Springs Ranch Ltd. is the holder of Approved Permit No. 47-7741 authorizing the diversion of 2.0 cubic feet per second of water from Groundwater sources in the Lot 6 (NE1/4SW1/4), SE1/4SW1/4, Sec. 12, T9S, R15E, Twin Falls County, to be used for irrigation of 75 acres, heating and cooling of two residences.

The permit holder has applied to the Department of Water Resources for an Amendment to the Permit, to change the nature of use and reduction of irrigated acreage as follows:

Amount: .2 cfs heating, cooling, fish propagation from 01/01 to 12/31

Amount: .9 cfs fish propagation from 01/01 to 12/31

Amount: 1.1 cfs irrigation from 3/15 to 11/15

Total Amount to be appropriated: 1.1 cfs

Point of Diversion: No change

Place of Use: 30 acres within N1/2SW1/4, Sec. 12, T9S, R15E.

Any protest against approval of the amending of Permit No. 47-7741 as set forth above must be filed with the Idaho Department of Water Resources, 2148 4th Avenue East, Twin Falls, ID 83301 on or before December 12, 1988.

R. Keith Higginson, Director

Published in the Times News on 11/24 & 12/1/88

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MAR 12 1990

181-2761

~4~NOTICE OF AMEND~  
~MENT TO A WATER~  
~PERMIT~  
NO. 47-7741~

OK  
MB  
11/25/88

Notice is hereby given that David Millard, dba Crystal Springs Ranch Ltd. is the holder of Approved Permit No. 47-7741 authorizing the diversion of 2.0 cubic feet per second of water from Groundwater sources in the Lot 6 (NE1/4SW1/4), SE1/4SW1/4, Sec. 12, T9S, R15E, Twin Falls County, to be used for irrigation of 75 acres, heating and cooling of two residences.~

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R. Keith Higginson,  
Director~

PUBLISH: Thursday,  
November 24, and  
December 1, 1988.~

MICROFILMED  
MAR 12 1990

18-Nov-1988

David Millard  
d/b/a Crystal Springs Ranch  
Rt. 1 Box 119  
Filer, ID 83328

Re: Application for Amendment, 47-7741

Dear Mr. Millard:

The Department of Water Resources acknowledges receipt of your application for amendment of a permit.

This office will be advertising the application in the Times News on 11/24 & 12/1/88. A period of ten days following the second publication will be allowed for the submittal of protests.

If the application is protested you will be sent a copy of the protest. The protest must be resolved before the application is approved or denied. If the protest is not resolved voluntarily, this Department will conduct a conference and/or hearing on the matter.

If the application is not protested, it will be forwarded to our State Office in about five weeks. State office personnel will conduct a complete review prior to final processing of the application and will notify you of the outcome of this review. A typical processing time for an unprotested application is about eight weeks.

Please feel free to contact this office if you have any questions regarding this procedure.

Very truly yours,

Loren O. Holmes, P.E.  
Southern Region Manager

**MICROFILMED**

MAR 12 1990

15-Nov-1988

Times News  
P.O. Box 548  
Twin Falls, ID 83301

Re: Application for Permit No. 47-7741

Gentlemen:

Enclosed you will find a legal notice which we wish to have published once a week for two consecutive weekly issues of your newspaper. We have inserted the publication dates allowing ample time for you to submit us a galley proof for review before publication.

After sending us a galley proof, proceed with the publication on the dates we have inserted, assuming the notice is correct. If we have any corrections, we will notify you before the first publication. If you cannot publish the notice on the proposed dates, please contact us immediately.

In order to receive payment, an affidavit of publication must be submitted to the Department along with the publication bill.

Very truly yours,

Mary Baldwin  
Secretary/Office Coordinator

Enclosure

**MICROFILMED**

MAR 12 1990

December 1, 1988

David R. Millard  
dba Crystal Springs Ranch ltd.  
Rt. 1, Box 119  
Filer, ID 83328

RE: PERMIT NO. 47-7741 - REQUEST FOR EXTENSION OF TIME

Dear Mr. Millard:

The department has reviewed the request for extension of time submitted in connection with the above referenced permit. Since the permit is within the Swan Falls trust water area and has been named in Ada County Civil Case No. 81375 and not dismissed, the department will hold the request without action until the permit is reprocessed in compliance with the provisions of section 42-203D, Idaho Code.

The issuance of an order on March 25, 1988 by the Federal Energy Regulatory Commission (order effective May 24, 1988) made the Swan Falls Agreement effective. As a result of the order, the department is determining which permits can be reprocessed in a given year up to the 20,000 acres per year limitation.

When additional development under the permit can be authorized, the department will consider the request for extension of time and will advise you accordingly of our action.

Sincerely,

L. GLEN SAXTON, Chief  
Water Allocations Bureau

Encl: receipt

c: Region

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MAR 12 1990

## STAFF REVIEW SHEET - EXTENSION OF TIME

Permit No. 47-7741Reviewed by [Signature]Date 11-28-1988

## BASIC INFORMATION

- Y Date stamp received  
Y Extension received timely  
 (not prior to 6 month before proof due date or after reinstatement period)  
Y Fee received and receipted  
Y Name and signature same as permit  
Y Address change (indicate on coding sheet)

## BASIS FOR EXTENSION REQUEST

- ✓ Has adequate work been completed to demonstrate due diligence?  
✓ Has the cost incurred been adequate to demonstrate an intent to complete the project?  
Y Has the permit been involved in litigation?  
 a. Swan Falls YES Dismissed from Swan Falls NO  
 Other \_\_\_\_\_ Identify \_\_\_\_\_  
 b. Is supporting documentation needed to complete the file? \_\_\_\_\_  
 Requested \_\_\_\_\_  
 c. Calculate the period of delay

Date litigation completed \_\_\_\_\_

Date litigation began \_\_\_\_\_

Total period of delay = \_\_\_\_\_

Present proof due date + \_\_\_\_\_

NEW PROOF DUE DATE = \_\_\_\_\_

Is delay by a government agency?

Is supporting documentation needed to complete the file? \_\_\_\_\_

Requested? \_\_\_\_\_

## ACTION TAKEN

*Recommend holding action on extension until permit is reviewed under 42-2030 process.*  
*2-26-90 - Recommend approval for one year*

Special conditions or remarks:

Y Reinstated

Date extension received \_\_\_\_\_ = \_\_\_\_\_

Proof due date \_\_\_\_\_ = \_\_\_\_\_

No. of days late \_\_\_\_\_ = \_\_\_\_\_

Priority date \_\_\_\_\_ = + \_\_\_\_\_

ADJUSTED PRIORITY DATE \_\_\_\_\_ = \_\_\_\_\_

Prepare coding sheet

Change rolodex card

*No advance  
in priority  
ext. received  
timely*

FROM Jodi

DATE 10/26/88

TO file # 47-7741

SUBJECT Called Twin Falls Cnty. Assessor.  
Requested new address for:

David R. Millard  
c/o Crystal Springs Ranch  
7175 Light house Ln.  
Reno, NV

89511

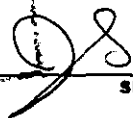
**MICROFILMED**

MAR 12 1990

Re-mailed  
Lapse  
Notice

Roy Bylund

No address as property  
owner.

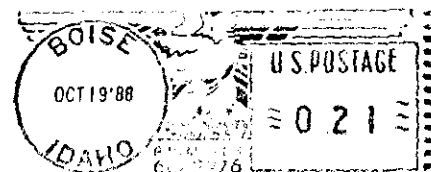


SIGNATURE

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
S  
ouse  
Boise, Idaho 83720

*Celebrate*  
**IDAHO**  
1990-CENTENNIAL-1990™

PRESORTED  
FIRST CLASS



NOT DELIVERABLE  
AS ADDRESS UNKNOWN  
UNABLE TO FORWARD

**RECEIVED**

OCT 21 1988

**MICROFILMED**

MAR 12 1990

Department of Water Resources

October 19, 1988

ROY BYLUND  
DBA CRYSTAL SPRINGS RANCH  
DAVE MILLARD  
P. O. BOX 109  
BUHL, ID 83316

LAPSE NOTICE

RE: PERMIT NO. 47-07741

Dear Permit Holder:

You are hereby notified that under the provisions of Section 42-218A, Idaho Code, the above referenced water permit has lapsed. This office did not receive either an acceptable proof of beneficial use submittal or an acceptable request for an extension of time. You were provided the proper form in our proof due notice to you dated July 31, 1988.

Your permit cannot be reinstated unless you submit proof of beneficial use or submit an extension of time request showing reasonable cause for delay. Either the completed proof of beneficial use submittal (including the examination fee or a completed field examination report) or the extension request form together with the \$15 fee must be received by this department within sixty days of the date of mailing of this lapse notice or the permit will no longer be of any force or effect.

A proof of beneficial use form and a request for extension of time form are again enclosed for your use. Please note that only one extension of time can be granted unless the project has not been completed because of lack of a necessary approval by a governmental agency or by litigation which might bring title to the water in question.

L. Glen Saxton  
Chief, Operations

Enclosures

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MAR 12 1990

CERTIFICATION OF MAILING

I hereby certify that on Oct. 19, 1988  
a copy/an original of this document was  
deposited in the United States mail,  
postage prepaid addressed to the  
individual(s) named above.

Jodi L. Schultz

S T A T E   O F   I D A H O  
D E P A R T M E N T   O F   W A T E R   R E S O U R C E S

-----

Statehouse  
Boise, Idaho 83720  
(208) 334-7900  
Certified Mail  
July 31, 1988

138186

ROY BYLUND  
DBA CRYSTAL SPRINGS RANCH  
DAVE MILLARD  
P. O. BOX 109  
BUHL, ID 83316

P R O O F   D U E   N O T I C E

RE: PERMIT NO.        47-07741

Dear Permit Holder:

One of the conditions of approval of the above referenced water permit was that proof of the extent of your beneficial use must be submitted to this office on or before October 1, 1988. (See last page of your approved permit or your last approved extension request.) Enclosed is a form which when accompanied by the license examination fee or a complete field examination report prepared by a certified water right examiner may be used to submit the required proof.

If you have not fully completed your project, and you or a previous owner of this permit have not received a prior extension of time, you may request an extension of time if the delay is for reasonable cause as provided in Section 42-204, Idaho Code. If you have been prevented from proceeding by a governmental agency or by litigation which might bring title to the water in question, more than one extension of time can be granted. An extension of time request form is enclosed for your convenience.

Either an acceptable proof of beneficial use submittal or an acceptable request for an extension of time must be received by this department on or before the above described proof due date. If neither is received, the department will send you a lapse notice. Within sixty (60) days of the mailing of the lapse notice, the permit will no longer be of any force nor effect.

SINCERELY,

Rita Fleck  
Secretary/Records Manager

Enclosures

**MICROFILMED**

MAR 12 1990

MEMORANDUM

TO: Gary Funderburg  
FROM: John Beal *JB*  
DATE: April 5, 1988  
SUBJ: Fred Henry, Crystal Springs Well

I agree that I should have requested more information and perhaps a drilling permit for this well repair. Since I did give Mr. Henry the go ahead in 1987 and since the term modification is not currently defined and since he did not remove or alter the existing casing, I am not requesting a drilling permit.

**MICROFILMED**

MAR 12 1990



State of Idaho  
DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 - (208) 334-7900

April 5, 1988

CECIL D. ANDRUS  
GOVERNOR  
R. KEITH HIGGINSON  
DIRECTOR

Fred Henry  
Boley & Henry Drilling  
Murtaugh, ID 83344

RE: Crystal Springs Ranch Well

Dear Mr. Henry:

Subsequent to your discussing this well with Gary Funderburg in our Twin Falls Office, I have reviewed your well log, Idaho Code, and rules and regulations.

Based upon this review, I believe the work you performed could require a drilling permit but I believe it may also be excluded from the permit requirement. In accordance with our discussion in October of 1987, no drilling permit or fee is required.

You and the well owner are advised that this allowance or approval does not constitute approval of well construction.

I suspect the well is in better condition from a waste standpoint than it was, but additional requirements of the Department are not being waived.

If you have not already done so, please send the original well log and a sketch of the construction back to the Department.

If you have any requests like this in the future, please submit a written proposal so that we both know what is occurring. Thank you for your consideration.

Sincerely,

JOHN E. BEAL, Manager  
Groundwater Protection Section

JEB:ldt(GP9-1.30)

CC: Gary Funderburg  
David Millard

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MAR 12 1990

MEMORANDUM

TO: File 47-7741  
 FROM: John Beal  
 DATE: March 30, 1988  
 SUBJ: Well Repair -  
 Does not require drilling permit & bond per 42-233

- On October 16, 1987, driller Fred Henry (No. 86) called to ask - If he runs a liner inside existing well and "cleans-out" well, will drilling permit be needed. He told me it was the Crystal Springs well. No deepening or cement work was anticipated.

I told him no drilling permit required.

- I told Loren Holmes and Leah, but I apparently failed to inform Gary Funderburg of this approval. See letter dated March 15, 1988.

- Does job require drilling permit?

- To say well was deepened is not a good argument. Originally drilled to 1420'. Henry says 1430'. This is not enough to dispute.

- What was done?

1. Hole was cleaned out.

2. Liner? Casing?

4" placed from 505' to 1419'

6 5/8" placed from 82' to land surface.

- What was not done?

1. Existing casing was not changed.

2. Existing seal was not changed.

- Idaho Code requires a drilling permit prior to constructing or drilling a well.

Drilling is defined as constructing a new well or deepening or modifying an existing well.

Modifying is not defined by Idaho Code.

Our proposed rules state modifying is change in the construction of the well which deepens the well, enlarges the

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 MAR 12 1990

well or may cause the well to not meet minimum standards.

I do not think that Henry modified the well by this definition.

In the future this will require a drilling prospectus before any approvals are given. I should have done this here.

**MICROFILMED**

MAR 12 1990



State of Idaho

## DEPARTMENT OF WATER RESOURCES

Southern Region, 2148 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3578

CECIL D. ANDRUS  
Governor

R. KEITH HIGGINSON  
Director

March 15, 1988

Fred Henry  
Boley & Henry Drilling  
Murtaugh, ID 83344

Re: Well log on Crystal Springs Ranch

Dear Mr. Henry:

Per our conversation, enclosed is the well log on the above referenced job that you submitted to our office. *any*

Any modification of the drilling hole requires a drilling permit. Enclosed please find the necessary form. The fee for a domestic well is \$10.00, ~~and~~ other purpose is \$100.00. Please return the drilling permit application to our office at your earliest convenience prior to returning the corrected well log.

If you have any questions or if this office can be of further assistance, please feel free to contact us.

Very truly yours,

Gary Funderburg  
Sr. Water Resource Agent

GF:MB

Enclosures

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MAR 12 1990

BLAINE BOLEY JR.  
TELEPHONE 543-6664

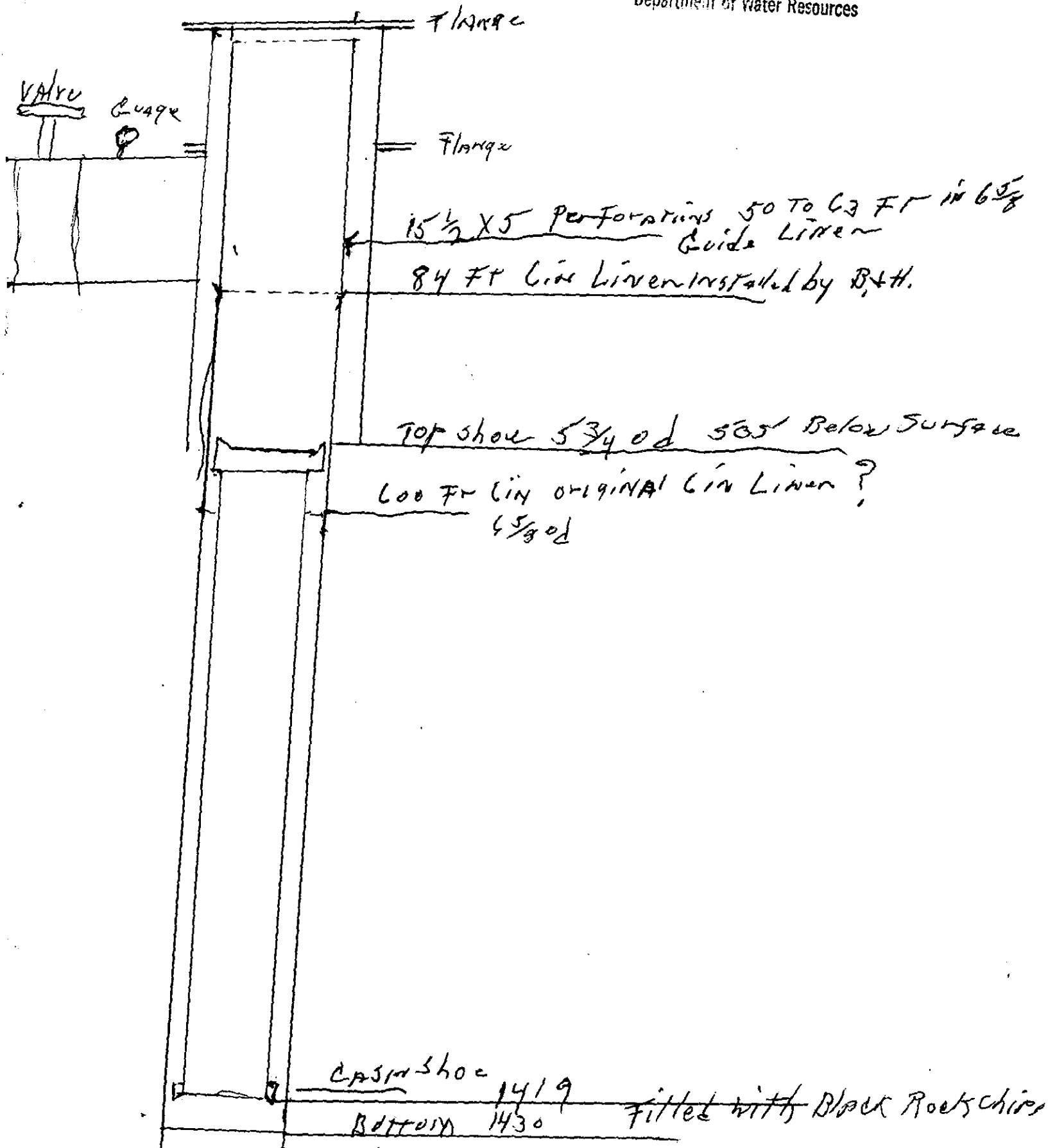
BOLEY & HENRY  
WELL DRILLING  
MURTAUGH, IDAHO 83344

RECEIVED

FRED HENRY  
TELEPHONE 432-5581

MAR 31 1988

Department of Water Resources



MICROFILMED

MAR 12 1990

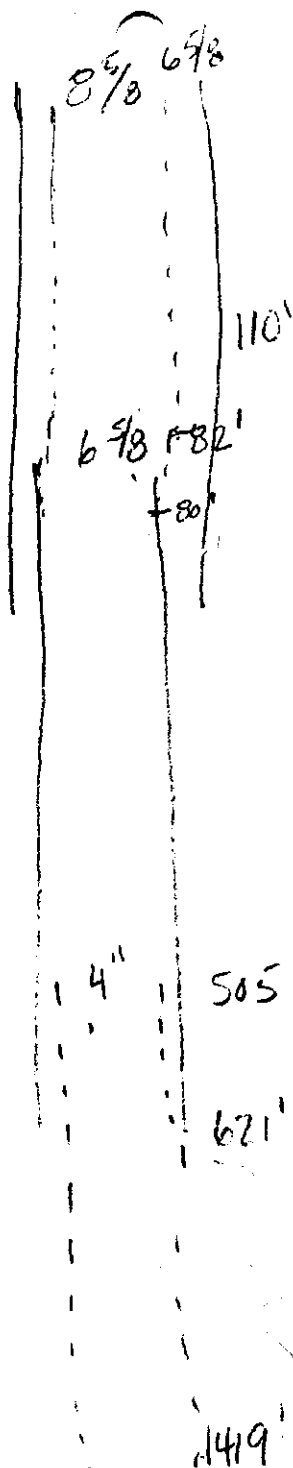
## WELL DRILLER'S REPORT

FEB 23 1983  
State law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.

MAR 31 1980

[illegible]

**USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT**



Cleaned / redrilled /

T.D. 1420'

Notes by J. R. 3/28

New 6 5/8" is just sitting snugly on existing 6 5/8" at 80'

There is shoe on top of 4" but no packer.

Well now - shut in at 1825 psi at  
 - 10 gpm flow  
 - 50°C.

**MICROFILMED**

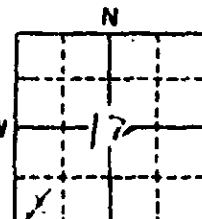
MAR 12 1990

STATE OF ID. DEPT. OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

USE TYPEWRITER OR BALLPOINT PEN

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

Department of Water Resources  
JUN 3 1981  
Southern District Office

| <p><b>1. WELL OWNER</b></p> <p>Name <u>Roy Bylund</u></p> <p>Address <u>File, Idaho</u></p> <p>Owner's Permit No. <u>47-7741</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>7. WATER LEVEL</b></p> <p>Static water level _____ feet below land surface.</p> <p>Flowing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ OF. Quality _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                           |              |                   |                     |               |                 |                   |                     |                |                 |   |   |          |  |  |  |   |    |                   |      |    |  |    |     |           |  |  |  |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |     |     |           |  |  |  |     |     |                  |  |  |  |     |     |          |  |  |  |     |     |            |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |                      |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |                  |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |      |                |  |  |  |      |      |           |  |  |  |      |      |             |  |  |  |      |      |      |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |      |      |                           |  |  |
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| <p><b>2. NATURE OF WORK</b></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning) _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>8. WELL TEST DATA</b></p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Discharge G.P.M. | Pumping Level             | Hours Pumped |                   |                     |               |                 |                   |                     |                |                 |   |   |          |  |  |  |   |    |                   |      |    |  |    |     |           |  |  |  |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |     |     |           |  |  |  |     |     |                  |  |  |  |     |     |          |  |  |  |     |     |            |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |                      |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |                  |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |      |                |  |  |  |      |      |           |  |  |  |      |      |             |  |  |  |      |      |      |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |      |      |                           |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <p><b>3. PROPOSED USE</b></p> <p><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>9. LITHOLOGIC LOG</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td> </td><td>0</td><td>3</td><td>Top soil</td><td> </td><td> </td></tr> <tr><td> </td><td>3</td><td>10</td><td>Boulders &amp; gravel</td><td> </td><td> </td></tr> <tr><td> </td><td>90</td><td>133</td><td>Gray lava</td><td> </td><td> </td></tr> <tr><td> </td><td>133</td><td>141</td><td>Brown clay</td><td> </td><td> </td></tr> <tr><td> </td><td>141</td><td>160</td><td>Blue clay</td><td> </td><td> </td></tr> <tr><td> </td><td>160</td><td>204</td><td>Brown sand stone</td><td> </td><td> </td></tr> <tr><td> </td><td>204</td><td>208</td><td>Red lava</td><td> </td><td> </td></tr> <tr><td> </td><td>208</td><td>268</td><td>Black lava</td><td> </td><td> </td></tr> <tr><td> </td><td>268</td><td>279</td><td>Brown lava, red ash</td><td> </td><td> </td></tr> <tr><td> </td><td>279</td><td>328</td><td>Black lava</td><td> </td><td> </td></tr> <tr><td> </td><td>328</td><td>367</td><td>Gray sand, blue clay</td><td> </td><td> </td></tr> <tr><td> </td><td>367</td><td>406</td><td>Black lava</td><td> </td><td> </td></tr> <tr><td> </td><td>406</td><td>420</td><td>Reddish brown lava ash</td><td> </td><td> </td></tr> <tr><td> </td><td>420</td><td>470</td><td>Black lava</td><td> </td><td> </td></tr> <tr><td> </td><td>470</td><td>600</td><td>Brown lava</td><td> </td><td> </td></tr> <tr><td> </td><td>600</td><td>650</td><td>Reddish brown lava ash</td><td> </td><td> </td></tr> <tr><td> </td><td>650</td><td>700</td><td>Sandstone &amp; clay</td><td> </td><td> </td></tr> <tr><td> </td><td>700</td><td>750</td><td>Hard gray lava</td><td> </td><td> </td></tr> <tr><td> </td><td>750</td><td>760</td><td>Blue clay</td><td> </td><td> </td></tr> <tr><td> </td><td>760</td><td>835</td><td>Gray lava</td><td> </td><td> </td></tr> <tr><td> </td><td>835</td><td>1038</td><td>Soft blue clay</td><td> </td><td> </td></tr> <tr><td> </td><td>1038</td><td>1075</td><td>Hard rock</td><td> </td><td> </td></tr> <tr><td> </td><td>1075</td><td>1120</td><td>Broken rock</td><td> </td><td> </td></tr> <tr><td> </td><td>1120</td><td>1275</td><td>Clay</td><td> </td><td> </td></tr> <tr><td> </td><td>1275</td><td>1314</td><td>Clay</td><td> </td><td> </td></tr> <tr><td> </td><td>1314</td><td>1350</td><td>Dark black rock</td><td> </td><td> </td></tr> <tr><td> </td><td>1350</td><td>1400</td><td>Black rock - layers black</td><td> </td><td> </td></tr> </tbody> </table> | Hole Diam.       | Depth                     |              | Material          | Water               |               | From            | To                | Yes                 | No             |                 | 0 | 3 | Top soil |  |  |  | 3 | 10 | Boulders & gravel |      |    |  | 90 | 133 | Gray lava |  |  |  | 133 | 141 | Brown clay                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  | 141 | 160 | Blue clay |  |  |  | 160 | 204 | Brown sand stone |  |  |  | 204 | 208 | Red lava |  |  |  | 208 | 268 | Black lava |  |  |  | 268 | 279 | Brown lava, red ash |  |  |  | 279 | 328 | Black lava |  |  |  | 328 | 367 | Gray sand, blue clay |  |  |  | 367 | 406 | Black lava |  |  |  | 406 | 420 | Reddish brown lava ash |  |  |  | 420 | 470 | Black lava |  |  |  | 470 | 600 | Brown lava |  |  |  | 600 | 650 | Reddish brown lava ash |  |  |  | 650 | 700 | Sandstone & clay |  |  |  | 700 | 750 | Hard gray lava |  |  |  | 750 | 760 | Blue clay |  |  |  | 760 | 835 | Gray lava |  |  |  | 835 | 1038 | Soft blue clay |  |  |  | 1038 | 1075 | Hard rock |  |  |  | 1075 | 1120 | Broken rock |  |  |  | 1120 | 1275 | Clay |  |  |  | 1275 | 1314 | Clay |  |  |  | 1314 | 1350 | Dark black rock |  |  |  | 1350 | 1400 | Black rock - layers black |  |  |
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| <p><b>4. METHOD DRILLED</b></p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <p><b>5. WELL CONSTRUCTION</b></p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>250</u> inches</td> <td><u>8 1/2</u> inches</td> <td><u>2</u> feet</td> <td><u>110</u> feet</td> </tr> <tr> <td><u>250</u> inches</td> <td><u>6 1/2</u> inches</td> <td><u>30</u> feet</td> <td><u>621</u> feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>110</u> Material used in seal: <input checked="" type="checkbox"/> Cement grout</p> <p><input type="checkbox"/> Pudding clay <input type="checkbox"/> Well cuttings</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing</p> <p><input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port _____</p> | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Diameter         | From                      | To           | <u>250</u> inches | <u>8 1/2</u> inches | <u>2</u> feet | <u>110</u> feet | <u>250</u> inches | <u>6 1/2</u> inches | <u>30</u> feet | <u>621</u> feet |   |   |          |  |  |  |   |    | Number            | From | To |  |    |     |           |  |  |  |     |     | <p><b>11. DRILLERS CERTIFICATION</b></p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Elving Well Drilling</u> Firm No. <u>31</u></p> <p>P.O. Box <u>919</u></p> <p>Address <u>Twin Falls, Idaho</u> Date <u>June 5, 81</u></p> <p>Signed by (Firm Official) <u>Arnold Elving</u></p> <p>and</p> <p>(Operator) <u>Lloyd Noyola</u></p> |  |  |  |     |     |           |  |  |  |     |     |                  |  |  |  |     |     |          |  |  |  |     |     |            |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |                      |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |                  |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |      |                |  |  |  |      |      |           |  |  |  |      |      |             |  |  |  |      |      |      |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |      |      |                           |  |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <p><b>6. LOCATION OF WELL</b></p> <p>Sketch map location must agree with written description</p> <div style="text-align: center;">  </div> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County <u>Twin Falls</u></p> <p><u>S.W. 1/4 Sec. 12, T. 9 N. R. 15 E. W.</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                           |              |                   |                     |               |                 |                   |                     |                |                 |   |   |          |  |  |  |   |    |                   |      |    |  |    |     |           |  |  |  |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |     |     |           |  |  |  |     |     |                  |  |  |  |     |     |          |  |  |  |     |     |            |  |  |  |     |     |                     |  |  |  |     |     |            |  |  |  |     |     |                      |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |            |  |  |  |     |     |                        |  |  |  |     |     |                  |  |  |  |     |     |                |  |  |  |     |     |           |  |  |  |     |     |           |  |  |  |     |      |                |  |  |  |      |      |           |  |  |  |      |      |             |  |  |  |      |      |      |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |      |      |                           |  |  |

MICROFILMED

MAR 12 1990

**FEB 23 1969** requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

[illegible]

November 6, 1986

David R. Millard  
dba Crystal Springs  
P. O. Box 109  
Buhl, ID 83316

Dear Mr. Millard:

Re: Permit No. 47-7741

Enclosed is a copy of the approved request for extension of time. The time within which to submit proof of beneficial use is extended to October 1, 1988.

If you have any questions concerning your water right permit, please feel free to contact this office.

Sincerely,

RITA I. FLECK  
Secretary/Records Manager

Enclosure

11/10/86



State of Idaho  
**DEPARTMENT OF WATER RESOURCES**  
STATE OFFICE, 450 W. State Street, Boise, Idaho

JOHN V. EVANS  
Governor

A. KENNETH DUNN  
Director

Mailing address:  
Statehouse  
Boise, Idaho 83720  
(208) 334-4440

October 29, 1986

David R. Millard  
Crystal Springs Ranch, Inc.  
22627-152nd SE  
Kent, WA 98042

RE: Well Modification

Dear Mr. Millard:

The Department has reviewed your well modification proposal. As you may be aware, there is substantial concern for the hot water resource in the Twin Falls and Buhl area. The well driller report for your well indicates that the well bore has not been sealed from 110 feet to total depth. It is probable that several distinct zones are present rather than a continuous aquifer and that your well is causing mixing of the zones.

While the Department does not object to your proposal of adding a liner and drilling deeper, staff personnel do not believe, however, that this well will produce at the stated temperature and flow at the depth and diameter proposed.

The well construction should be modified to case and seal out the upper, cold water zones. Based upon the well driller's report submitted by Elsing and well reports for nearby wells, the well should be sealed at least to the 620 foot depth.

Please notify the Department when you begin work. Your driller must provide a detailed report on well construction to show that the upper zone was adequately sealed.

If you have any questions or comments, please contact me.

Sincerely,

JOHN E. BEAL, Manager  
Groundwater Protection Section

JEB:ldt

CC: IDWR - Southern Region

RECEIVED  
OCT 31 1986  
IDWR



State of Idaho

## DEPARTMENT OF WATER RESOURCES

STATE OFFICE, 450 W. State Street, Boise, Idaho

JOHN V. EVANS

Governor

A. KENNETH DUNN

Director

Mailing address:

Statehouse

Boise, Idaho 83720

(208) 334-4440

### EXTENSION OF TIME

October 28, 1986

David R. Millard  
dba Crystal Springs  
P. O. Box 109  
Buhl, ID 83316

PERMIT NO. 47-7741

We are in receipt of the \$15 extension fee for Extension(s) of Time to provide additional time in which to submit proof of beneficial use on a water right permit.

Your request for extension(s) of time is being reviewed by staff. You will be informed of our decision when review has been completed.

Enclosed is our receipt No. 39320.

Roberta Garrett  
Records Supervisor

Enclosure

RECEIVED



State of Idaho

## DEPARTMENT OF WATER RESOURCES

STATE OFFICE, 450 W. State Street, Boise, Idaho

JOHN V. EVANS  
Governor

A. KENNETH DUNN  
Director

Mailing address:  
Statehouse  
Boise, Idaho 83720  
(208) 334-4440

September 25, 1986

C. E. Brockway, P. E.  
706 Sunrise Blvd. N.  
Twin Falls, ID 83301

Dear Mr. Brockway:

RE: 47-7741

Enclosed is the Request for Extension of Time on Permit No. 47-7741 with Check No. 1665, 92-1/1241, submitted to the Department September 17, 1986.

However, before we can accept the extension for review, we need to have a copy of the power of attorney authorizing you to act on behalf of the owners of Permit No. 47-7741 or the signature of Dave Millard or Roy Bylund, owners of the permit.

Please return the extension form signed by one of the owners or copy of power attorney along with the check on or before October 9, 1986.

If you have any questions, please do not hesitate to contact us.

Sincerely,

ROBERTA GARRETT  
Records Supervisor

Enclosure: Check, Request for Extension of Time

RECEIVED



STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
SOUTHERN REGION

John V. Evans  
Governor

A. Kenneth Dunn  
Director

1041 Blue Lakes Blvd. North  
Twin Falls, Idaho 83301  
(208) 734-3578

September 23, 1986

RECEIVED

SEP 24 1986

M E M O R A N D U M

Department of Water Resources

TO: John Beal and Loren Holmes *LH*

FROM: Leah Street *LS*

RE: Crystal Springs Ranch Well Restoration Project

My initial reaction to this project - why spend the money? - has not changed. I don't see how the perforated casing is going to buy them more flow. The perforations will eventually fill in with the clay that they're having problems with now. Where are they going to encounter 130°F water? That is too hot for that area. Also, since they drilled the well, the pressures have been declining in all of the geothermal wells. Based upon all of the other geothermal developments, I doubt if the well will again produce 1000 to 1500 gpm. Finally, I don't think that they will gain much by drilling deeper. I doubt if the flow or temperature will increase substantially.

If they want to rehabilitate the well, I would recommend only using perforated casing at the producing zones. Unfortunately, based upon the driller's log that could be anywhere! I think that the well could be rehabilitated, but more information is needed. They would be money ahead to consider other alternatives to their present plan.

In a related matter, The USGS test well north of Filer is back to where it was before this well was cleaned out. Also, it appears that this well is getting clogged up again because the shut-in pressure is back to 12 psi.

If you have any questions, please give me a call.

RECEIVED

**C. E. BROCKWAY P. E.**  
**ENGINEERING CONSULTANT**

Groundwater, Hydrology,  
and Hydraulic Engineering

**RECEIVED**

SEP 22 1986

706 Sunrise Blvd. N.  
Twin Falls, Idaho 83301 733-0938

September 11, 1986

**RECEIVED**

SEP 17 1986

Mr. Loren Holmes  
Southern District Department of Water Resources  
Idaho Department of Water Resources  
1041 Blue Lakes Blvd. North  
Twin Falls, Idaho 83301

Department of Water Resources  
Twin Falls, Idaho 83301

Subject: Permit No. 47-7741 Application for Time Extension

Dear Loren:

The proof of beneficial use for Permit No 47-7741 issued to Dave Millard and/or Roy Bylund d/b/a Crystal Springs Ranch is due October 1, 1986. This permit is for hot water for heating and cooling and irrigation.

The well for this permit was drilled in April 1981 and water has been used for domestic heating and irrigation. Recent problems with the well resulting in decreased flow indicate that sloughing has occurred in the lower portions of the open hole. As we had discussed, Elsing Well Drilling has attempted to open the hole, however, they were unable to do so without jeopardizing the drilling tools due to caving.. Work has suspended pending decisions on the best approach to opening the hole and sustaining the flow which existed prior to the problem. Some alternatives are to extent casing past the caving area or redrill the hole.

As you know, Crystal Springs Ranch is planning a large development which will incorporate water from this source and additional sources to support heating, irrigation and aquaculture. Applications for permits and amendments to support this development have been submitted to your office within the last six months.

Because of the inability at this time to recover the previous flow rate and the incorporation of this well into the larger project, we are requesting an extension of time to submit proof of beneficial use. It is estimated that it will require at least two years to evaluate the well, make necessary repairs or redrill, and incorporate into the new proposed project. The request for extension is for two years until October 1, 1988. The completed request for extension of time and check for the \$15.00 fee is enclosed.

Thank you for your consideration of this request.

Sincerely,

*C.E. Brockway*  
C.E. Brockway P.E.

cc. D. Millard, Crystal Springs Ranch

**RECEIVED**

MEMORANDUM

TO: Glen & Norm  
FROM: John Beal  
DATE: September 11, 1986  
SUBJ: Modification of Well

I do not believe that this change is going to effect the well one way or another. I doubt they will get the increase in flow they want.

Original Well Construction

I do not believe the well is properly constructed.

Several cold water wells within one mile are 200 feet deep.

Not having information on temperature and pressures between 140 and 1400 feet, I do not know where the well should have been cased and sealed to.

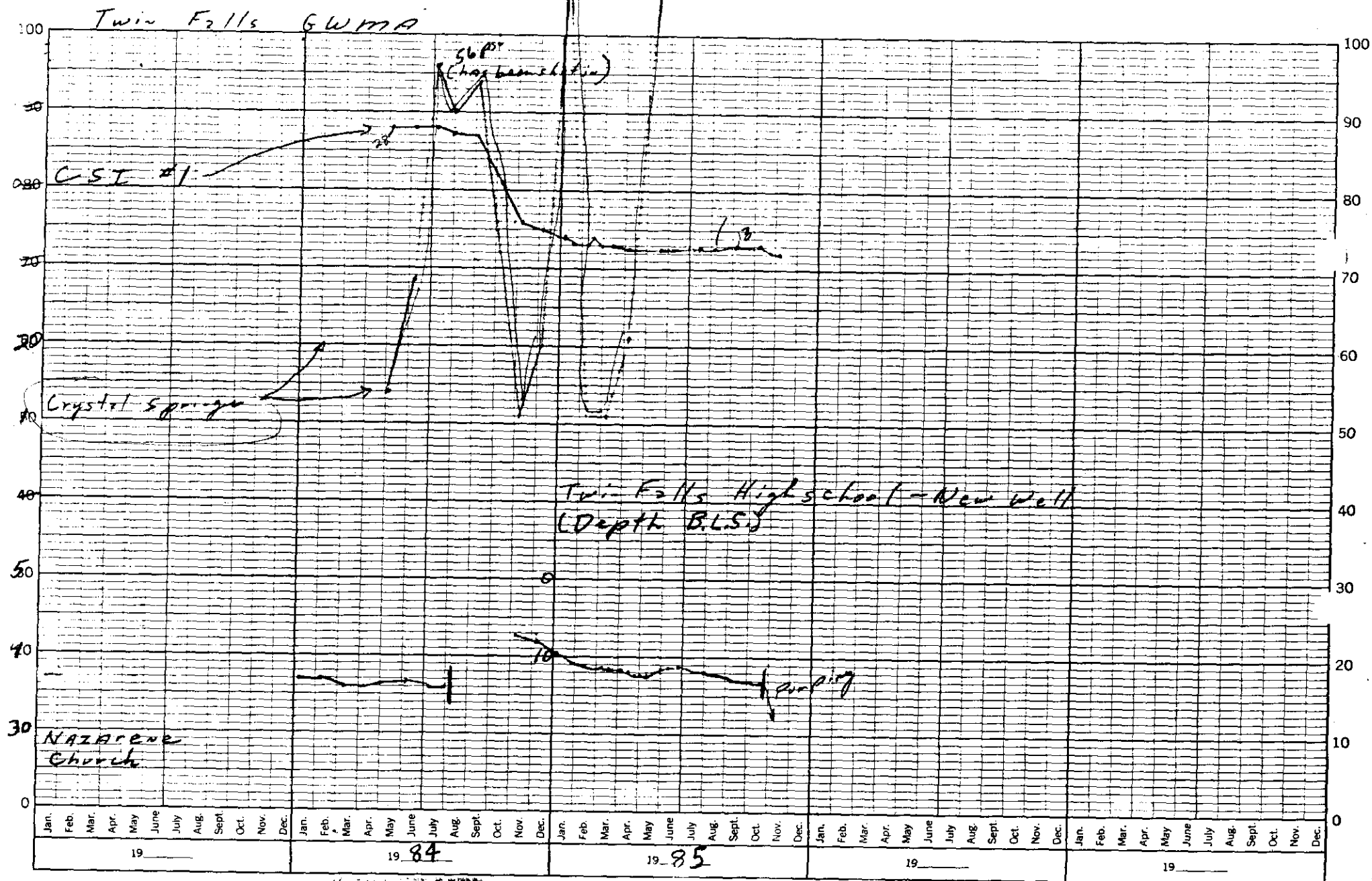
I propose the attached approval.

I do not expect anything <sup>important</sup> back from Elsing Well Drilling.

Well is in the T.F.G.W.M.A.

Their plan is to deepen the well  
from 1420' to 1620' and add perf. casing  
in the open hole from 620' to 1300'

RECEIVED  
SEP 11 1986



RECORDED



State of Idaho

## DEPARTMENT OF WATER RESOURCES

STATE OFFICE, 450 W. State Street, Boise, Idaho

JOHN V. EVANS  
Governor

A. KENNETH DUNN  
Director

Mailing address:  
Statehouse  
Boise, Idaho 83720  
(208) 334-4440

September 10, 1986

Arnold Elsing  
Elsing Drilling & Pump Co., Inc.  
P.O. Box 919  
Twin Falls, ID 83303-0919

RE: Crystal Springs Ranch Well -  
Sec. 12, T9S, R15E

Dear Mr. Elsing:

As you may know, Crystal Springs Ranch is proposing to deepen their well. Enclosed is a copy of the log you submitted for the well drilled in 1981. Please provide the following information at your earliest convenience.

- o What was the well bore diameter?
- o Your log reports water from 141 feet to total depth. Were there any dry zones?
- o How did the temperature and pressure change with depth?

Thank you for your time. A quick response would be appreciated.

Sincerely,

JOHN E. BEAL, Manager  
Groundwater Protection Section

JEB:ldt

Enclosure

CC: Loren Holmes  
Leah Street



STATE OF ID 40  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

USE TYPEWRITER OR  
BALLPOINT PEN

State law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.

| <p><b>1. WELL OWNER</b></p> <p>Name <u>Ray Ryland</u></p> <p>Address <u>File, Idaho</u></p> <p>Owner's Permit No. _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>7. WATER LEVEL</b></p> <p>Static water level _____ feet below land surface.</p> <p>Flowing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ OF. Quality _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                        |                 |            |                 |        |          |            |              |         |          |  |  |   |    |                      |  |  |    |        |           |    |  |    |    |            |  |  |    |    |            |                                                                                                                                                                                                                                                                                                                   |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                       |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |     |            |  |
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| <p><b>2. NATURE OF WORK</b></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning) _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>8. WELL TEST DATA</b></p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Sucker <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <p><b>3. PROPOSED USE</b></p> <p><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>9. LITHOLOGIC LOG</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole<br/>Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th rowspan="2">Water<br/>Yes/No</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td> </td><td>0</td><td>3</td><td>Top soil</td><td> </td></tr> <tr><td> </td><td>3</td><td>10</td><td>Reddish-brown gravel</td><td> </td></tr> <tr><td> </td><td>10</td><td>13</td><td>Gray loam</td><td> </td></tr> <tr><td> </td><td>13</td><td>14</td><td>Black clay</td><td> </td></tr> <tr><td> </td><td>14</td><td>16</td><td>Black clay</td><td> </td></tr> <tr><td> </td><td>16</td><td>20</td><td>Black sand stone</td><td> </td></tr> <tr><td> </td><td>20</td><td>22</td><td>Red loam</td><td> </td></tr> <tr><td> </td><td>22</td><td>24</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>24</td><td>27</td><td>Black loam, red ash</td><td> </td></tr> <tr><td> </td><td>27</td><td>30</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>30</td><td>32</td><td>Gray sand, black clay</td><td> </td></tr> <tr><td> </td><td>32</td><td>34</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>34</td><td>36</td><td>Reddish brown loam ash</td><td> </td></tr> <tr><td> </td><td>36</td><td>38</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>38</td><td>40</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>40</td><td>42</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>42</td><td>44</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>44</td><td>46</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>46</td><td>48</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>48</td><td>50</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>50</td><td>52</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>52</td><td>54</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>54</td><td>56</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>56</td><td>58</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>58</td><td>60</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>60</td><td>62</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>62</td><td>64</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>64</td><td>66</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>66</td><td>68</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>68</td><td>70</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>70</td><td>72</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>72</td><td>74</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>74</td><td>76</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>76</td><td>78</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>78</td><td>80</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>80</td><td>82</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>82</td><td>84</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>84</td><td>86</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>86</td><td>88</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>88</td><td>90</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>90</td><td>92</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>92</td><td>94</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>94</td><td>96</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>96</td><td>98</td><td>Black loam</td><td> </td></tr> <tr><td> </td><td>98</td><td>100</td><td>Black loam</td><td> </td></tr> </tbody> </table> | Hole<br>Diam.    | Depth                  |                 | Material   | Water<br>Yes/No | From   | To       |            | 0            | 3       | Top soil |  |  | 3 | 10 | Reddish-brown gravel |  |  | 10 | 13     | Gray loam |    |  | 13 | 14 | Black clay |  |  | 14 | 16 | Black clay |                                                                                                                                                                                                                                                                                                                   |  | 16 | 20 | Black sand stone |  |  | 20 | 22 | Red loam |  |  | 22 | 24 | Black loam |  |  | 24 | 27 | Black loam, red ash |  |  | 27 | 30 | Black loam |  |  | 30 | 32 | Gray sand, black clay |  |  | 32 | 34 | Black loam |  |  | 34 | 36 | Reddish brown loam ash |  |  | 36 | 38 | Black loam |  |  | 38 | 40 | Black loam |  |  | 40 | 42 | Black loam |  |  | 42 | 44 | Black loam |  |  | 44 | 46 | Black loam |  |  | 46 | 48 | Black loam |  |  | 48 | 50 | Black loam |  |  | 50 | 52 | Black loam |  |  | 52 | 54 | Black loam |  |  | 54 | 56 | Black loam |  |  | 56 | 58 | Black loam |  |  | 58 | 60 | Black loam |  |  | 60 | 62 | Black loam |  |  | 62 | 64 | Black loam |  |  | 64 | 66 | Black loam |  |  | 66 | 68 | Black loam |  |  | 68 | 70 | Black loam |  |  | 70 | 72 | Black loam |  |  | 72 | 74 | Black loam |  |  | 74 | 76 | Black loam |  |  | 76 | 78 | Black loam |  |  | 78 | 80 | Black loam |  |  | 80 | 82 | Black loam |  |  | 82 | 84 | Black loam |  |  | 84 | 86 | Black loam |  |  | 86 | 88 | Black loam |  |  | 88 | 90 | Black loam |  |  | 90 | 92 | Black loam |  |  | 92 | 94 | Black loam |  |  | 94 | 96 | Black loam |  |  | 96 | 98 | Black loam |  |  | 98 | 100 | Black loam |  |
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                                                                                   | 88               | Black loam             |                 |            |                 |        |          |            |              |         |          |  |  |   |    |                      |  |  |    |        |           |    |  |    |    |            |  |  |    |    |            |                                                                                                                                                                                                                                                                                                                   |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                       |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |            |  |  |    |    |       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                                                                                   | 92               | Black loam             |                 |            |                 |        |          |            |              |         |          |  |  |   |    |                      |  |  |    |        |           |    |  |    |    |            |  |  |    |    |            |                                                                                                                                                                                                                                                                                                                   |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                       |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |            |  |  |    |    |       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                                                                                   | 94               | Black loam             |                 |            |                 |        |          |            |              |         |          |  |  |   |    |                      |  |  |    |        |           |    |  |    |    |            |  |  |    |    |            |                                                                                                                                                                                                                                                                                                                   |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                       |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |            |  |  |    |    |       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| <p><b>4. METHOD DRILLED</b></p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>10. RECEIVED</b></p> <p>RECEIVED</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <p><b>5. WELL CONSTRUCTION</b></p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>250 inches</td> <td>8 1/2 inches</td> <td>2 feet</td> <td>110 feet</td> </tr> <tr> <td>250 inches</td> <td>6 1/2 inches</td> <td>80 feet</td> <td>121 feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>110</u> Material used in seal: <input checked="" type="checkbox"/> Cement grout</p> <p><input type="checkbox"/> Filling clay <input type="checkbox"/> Well casing</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing</p> <p><input checked="" type="checkbox"/> Overhaul to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent</p> <p><input type="checkbox"/> Weld</p> <p><input type="checkbox"/> Cemented between string</p> <p>Describe casing part _____</p> | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Diameter         | From                   | To              | 250 inches | 8 1/2 inches    | 2 feet | 110 feet | 250 inches | 6 1/2 inches | 80 feet | 121 feet |  |  |   |    |                      |  |  |    | Number | From      | To |  |    |    |            |  |  |    |    |            | <p><b>11. DRILLER'S CERTIFICATION</b></p> <p>I hereby certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Permit No. <u>31</u></p> <p>Address <u>File, Idaho</u></p> <p>Signed by (Print Name) <u>Donald E. King</u></p> <p>and <u>Ray Ryland</u></p> |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                       |  |  |    |    |            |  |  |    |    |                        |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |     |            |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 250 inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <p><b>6. LOCATION OF WELL</b></p> <p>Sketch map location must agree with written location.</p> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County <u>Twin Falls</u></p> <p><u>SW 1/4 Sec 12, T. 9 N. R. 15 E.</u></p> <p>NE</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>12. DEPARTMENT OF WATER RESOURCES</b></p> <p>Work started <u>11/11/78</u> Status <u>Complete</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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State of Idaho  
**DEPARTMENT OF WATER RESOURCES**  
STATE OFFICE, 450 W. State Street, Boise, Idaho

**JOHN V. EVANS**  
Governor

**A. KENNETH DUNN**  
Director

Mailing address:  
Statehouse  
Boise, Idaho 83720  
(208) 334-4440

M E M O

TO: John Beal DATE: September 15, 1986

FROM: Paul Castelin *PMC*

SUBJECT: Restoration of Crystal Springs Ranch Well,  
SW1/4SW1/4, Sec. 12, T.9S, R.15E.

The proposed restoration involves placing a perforated 4-5/8 inch diameter casing to a depth of 1300 feet, and drilling the hole an additional 200 feet in depth. My first question is why the yield of the well has declined from 1000-1500 gpm to 600 gpm? Is this a case similar to Royal Catfish (Professional Investors)? The driller indicates encountering water in each and every zone from 141 feet to total depth, which I seriously question. I have no idea what temperature or quality of water is found at shallower depth, but do know the shallower system is used for domestic purposes. With the 6-inch casing not cemented in place, once again we have free communication of waters from bottom to top in the hole, and therefore some potential for contamination of shallower groundwater supplies and waste of the geothermal resources.

## Memo

To: John B.

From: John C.

Crystal Springs Ranch T9N R15E Sec. 12 NE SW #47-7741

casing 8  $\frac{5}{8}$ " cemented to 110'

casing 6  $\frac{5}{8}$ " hung from 80' to 621' a packer or seal was used between casings

T.D. of well 1420'

Well bore dia.? unknown

Well producing from 141' to T.D. I doubt it.

Pressure, Flow or Temp. changes at what depths?

Contact Elsing for answers to these questions.

Is there fluid movement from some depth up around the 6  $\frac{5}{8}$ " casing and out into another unit.

Shutting in the well (surface valving) may not be an indication the well static.

Running logs increases the certainty \$ \$

As the location is close to the Royal Catfish well (mileage wise) and the oil industry is still slack, cost of Temperature, audio + maybe spinner would be \$3 to \$5000.

I sat copies to the  
following persons to review  
Frank Sherrill  
Paul Cass.  
Leah Street  
Lora Holmes.



# CRYSTAL SPRINGS RANCH, INC.

22627-152nd SE  
KENT, WASHINGTON ~~98030~~ 98042  
(206) ~~882-2290~~ 631-1407



August 27, 1986

RECEIVED  
SEP 3 1986

Mr. John Beal  
Department of Water Resources  
State of Idaho  
Statehouse  
Boise, Idaho 83720

Department of Water Resources

Regarding: Well Restoration Program - Crystal Springs Ranch

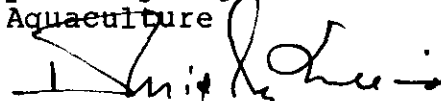
Dear Mr. Beal:

In accordance with a request from Mr. Loren Holmes of the southern region office, we are transmitting, herewith, our program for restoration of our existing geothermal well located on our ranch adjacent to the Snake River between Filer and Buhl, Idaho. For your information, we have attached hereto a copy of a graphical representation of the drillers log. The well is cased down 620 feet with 8" and 6" diameter casing and presently flows approximately 600 GPM. (The well flowed 1,000 to 1,500 GPM when first drilled!)

We first propose to utilize the services of Elsing Drilling Co. to insert a 4-5/8" diameter perforated casing in the existing hole to a depth of 1,300 feet. We then propose to drill down another 200 feet with a 4" bit which we will not case. It is our objective to yield at least 1,000 GPM of hot water 130° F for use in fish propagation.

If you have any questions or want us to revise the program, please contact the undersigned at (206) 631-1407.

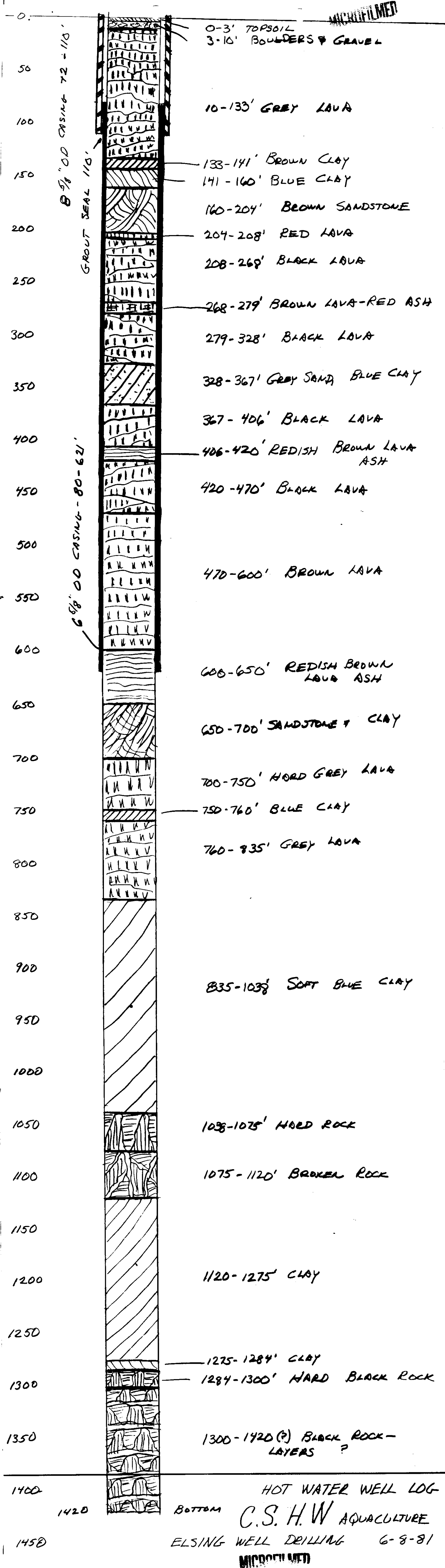
Sincerely yours,  
Crystal Springs Warm-Water  
Aquaculture



David R. Millard, P.E., P.L.S.  
Owner

Attachment

MICROFILMED



CRYSTAL SPRINGS RANCH, INC.  
22627-152nd SE  
KENT, WASHINGTON 98031

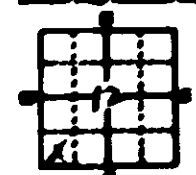


Mr. John Beal  
Department of Water Resources  
State of Idaho  
Statehouse  
Boise, Idaho 83720

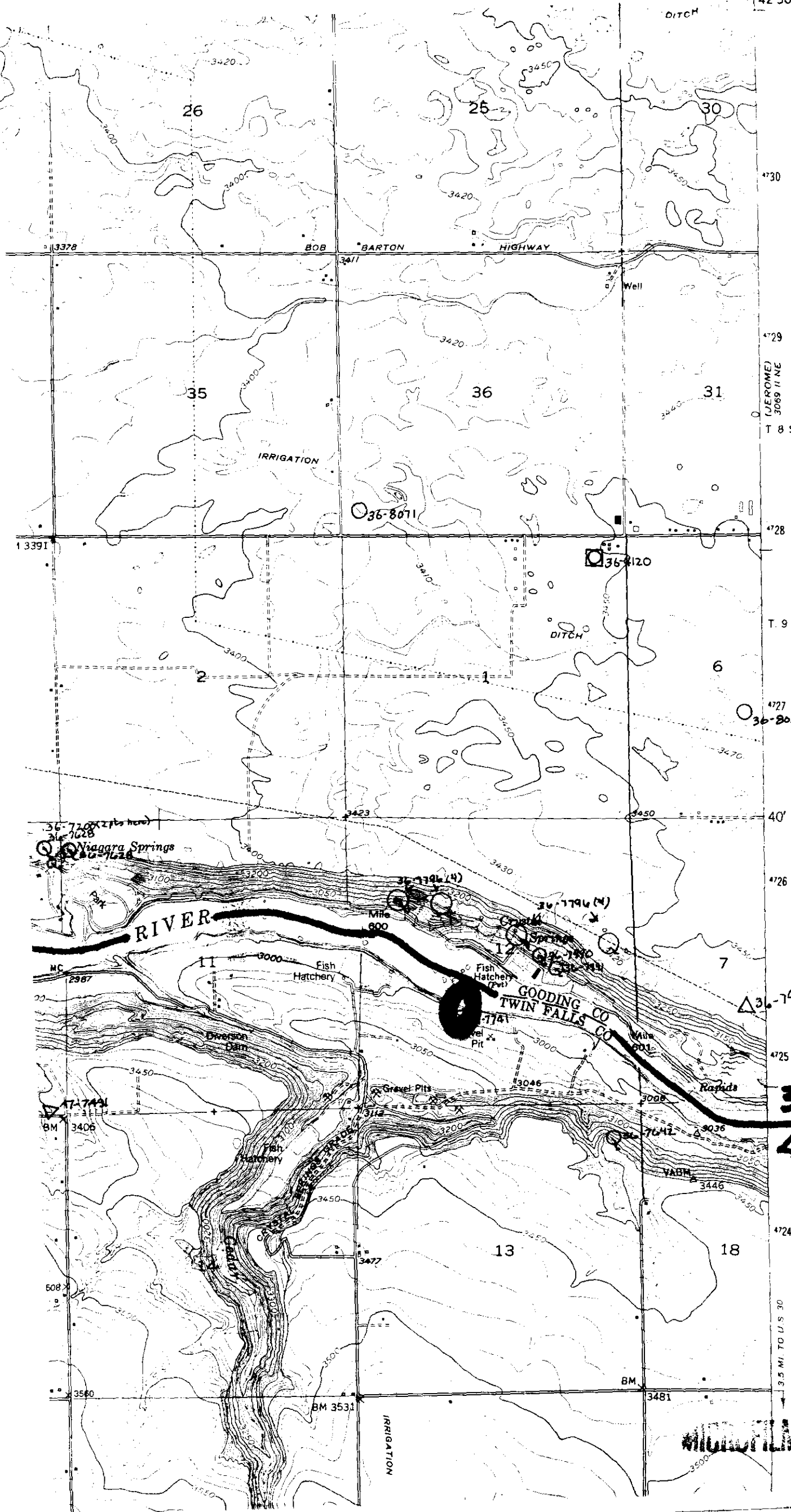
STATE OF ID 40  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

USE TYPEWRITER OR  
BALLPOINT PEN

| <p><b>1. WELL OWNER</b></p> <p>Name <u>Boag, Raymond</u></p> <p>Address <u>Filev, Idaho</u></p> <p>Owner's Permit No. _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>7. WATER LEVEL</b></p> <p>Static water level _____ feet below land surface.</p> <p>Flowing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ °F. Quality _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <p><b>2. NATURE OF WORK</b></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning) _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>8. WELL TEST DATA</b></p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Sailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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 |    |    |      |  |    |    |    |      |  |                                                                                                                                                                                                                                                                                                                                              |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |   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| <p><b>3. PROPOSED USE</b></p> <p><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>9. LITHOLOGIC LOG</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Feet</th> <th>From</th> <th>To</th> <th>Material</th> <th>Notes</th> </tr> </thead> <tbody> <tr><td>0</td><td>0</td><td>2</td><td>Top soil</td><td></td></tr> <tr><td>2</td><td>2</td><td>10</td><td>Yellow-brown sand</td><td></td></tr> <tr><td>10</td><td>10</td><td>15</td><td>Clay</td><td></td></tr> <tr><td>15</td><td>15</td><td>20</td><td>Clay</td><td></td></tr> <tr><td>20</td><td>20</td><td>25</td><td>Clay</td><td></td></tr> <tr><td>25</td><td>25</td><td>30</td><td>Clay</td><td></td></tr> <tr><td>30</td><td>30</td><td>35</td><td>Clay</td><td></td></tr> <tr><td>35</td><td>35</td><td>40</td><td>Clay</td><td></td></tr> <tr><td>40</td><td>40</td><td>45</td><td>Clay</td><td></td></tr> <tr><td>45</td><td>45</td><td>50</td><td>Clay</td><td></td></tr> <tr><td>50</td><td>50</td><td>55</td><td>Clay</td><td></td></tr> <tr><td>55</td><td>55</td><td>60</td><td>Clay</td><td></td></tr> 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|  | 35 | 35 | 40 | Clay |  | 40 | 40 | 45 | Clay |  | 45 | 45 | 50 | Clay |  | 50 | 50 | 55 | Clay |  | 55 | 55 | 60 | Clay |  | 60 | 60 | 65 | Clay |  | 65 | 65 | 70 | Clay |  | 70 | 70 | 75 | Clay |  | 75 | 75 | 80 | Clay |  | 80 | 80 | 85 | Clay |  | 85 | 85 | 90 | Clay |  | 90 | 90 | 95 | Clay |  | 95 | 95 | 100 | Clay |  | 100 | 100 | 105 | Clay |  | 105 | 105 | 110 | Clay |  | 110 | 110 | 115 | Clay |  | 115 | 115 | 120 | Clay |  | 120 | 120 | 125 | Clay |  | 125 | 125 | 130 | Clay |  | 130 | 130 | 135 | Clay |  | 135 | 135 | 140 | Clay |  | 140 | 140 | 145 | Clay |  | 145 | 145 | 150 | Clay |  | 150 | 150 | 155 | Clay |  | 155 | 155 | 160 | Clay |  | 160 | 160 | 165 | Clay |  | 165 | 165 | 170 | Clay |  | 170 | 170 | 175 | Clay |  | 175 | 175 | 180 | Clay |  | 180 | 180 | 185 | Clay |  | 185 | 185 | 190 | Clay |  | 190 | 190 | 195 | Clay |  | 195 | 195 | 200 | Clay |  | 200 | 200 | 205 | Clay |  | 205 | 205 | 210 | Clay |  | 210 | 210 | 215 | Clay |  | 215 | 215 | 220 | Clay |  | 220 | 220 | 225 | Clay |  | 225 | 225 | 230 | Clay |  | 230 | 230 | 235 | Clay |  | 235 | 235 | 240 | Clay |  | 240 | 240 | 245 | Clay |  | 245 | 245 | 250 | Clay |  | 250 | 250 | 255 | Clay |  | 255 | 255 | 260 | Clay |  | 260 | 260 | 265 | Clay |  | 265 | 265 | 270 | Clay |  | 270 | 270 | 275 | Clay |  | 275 | 275 | 280 | Clay |  | 280 | 280 | 285 | Clay |  | 285 | 285 | 290 | Clay |  | 290 | 290 | 295 | Clay |  | 295 | 295 | 300 | Clay |  | 300 | 300 | 305 | Clay |  | 305 | 305 | 310 | Clay |  | 310 | 310 | 315 | Clay |  | 315 | 315 | 320 | Clay |  | 320 | 320 | 325 | Clay |  | 325 | 325 | 330 | Clay |  | 330 | 330 | 335 | Clay |  | 335 | 335 | 340 | Clay |  | 340 | 340 | 345 | Clay |  | 345 | 345 | 350 | Clay |  | 350 | 350 | 355 | Clay |  | 355 | 355 | 360 | Clay |  | 360 | 360 | 365 | Clay |  | 365 | 365 | 370 | Clay |  | 370 | 370 | 375 | Clay |  | 375 | 375 | 380 | Clay |  | 380 | 380 | 385 | Clay |  | 385 | 385 | 390 | Clay |  | 390 | 390 | 395 | Clay |  | 395 | 395 | 400 | Clay |  | 400 | 400 | 405 | Clay |  | 405 | 405 | 410 | Clay |  | 410 | 410 | 415 | Clay |  | 415 | 415 | 420 | Clay |  | 420 | 420 | 425 | Clay |  | 425 | 425 | 430 | Clay |  | 430 | 430 | 435 | Clay |  | 435 | 435 | 440 | Clay |  | 440 | 440 | 445 | Clay |  | 445 | 445 | 450 | Clay |  | 450 | 450 | 455 | Clay |  | 455 | 455 | 460 | Clay |  | 460 | 460 | 465 | Clay |  | 465 | 465 | 470 | Clay |  | 470 | 470 | 475 | Clay |  | 475 | 475 | 480 | Clay |  | 480 | 480 | 485 | Clay |  | 485 | 485 | 490 | Clay |  | 490 | 490 | 495 | Clay |  | 495 | 495 | 500 | Clay |  | 500 | 500 | 505 | Clay |  | 505 | 505 | 510 | Clay |  | 510 | 510 | 515 | Clay |  | 515 | 515 | 520 | Clay |  | 520 | 520 | 525 | Clay |  | 525 | 525 | 530 | Clay |  | 530 | 530 | 535 | Clay |  | 535 | 535 | 540 | Clay |  | 540 | 540 | 545 | Clay |  | 545 | 545 | 550 | Clay |  | 550 | 550 | 555 | Clay |  | 555 | 555 | 560 | Clay |  | 560 | 560 | 565 | Clay |  | 565 | 565 | 570 | Clay |  | 570 | 570 | 575 | Clay |  | 575 | 575 | 580 | Clay |  | 580 | 580 | 585 | Clay |  | 585 | 585 | 590 | Clay |  | 590 | 590 | 595 | Clay |  | 595 | 595 | 600 | Clay |  | 600 | 600 | 605 | Clay |  | 605 | 605 | 610 | Clay |  | 610 | 610 | 615 | Clay |  | 615 | 615 | 620 | Clay |  | 620 | 620 | 625 | Clay |  | 625 | 625 | 630 | Clay |  | 630 | 630 | 635 | Clay |  | 635 | 635 | 640 | Clay |  | 640 | 640 | 645 | Clay |  | 645 | 645 | 650 | Clay |  | 650 | 650 | 655 | Clay |  | 655 | 655 | 660 | Clay |  | 660 | 660 | 665 | Clay |  | 665 | 665 | 670 | Clay |  | 670 | 670 | 675 | Clay |  | 675 | 675 | 680 | Clay |  | 680 | 680 | 685 | Clay |  | 685 | 685 | 690 | Clay |  | 690 | 690 | 695 | Clay |  | 695 | 695 | 700 | Clay |  | 700 | 700 | 705 | Clay |  | 705 | 705 | 710 | Clay |  | 710 | 710 | 715 | Clay |  | 715 | 715 | 720 | Clay |  | 720 | 720 | 725 | Clay |  | 725 | 725 | 730 | Clay |  | 730 | 730 | 735 | Clay |  | 735 | 735 | 740 | Clay |  | 740 | 740 | 745 | Clay |  | 745 | 745 | 750 | Clay |  | 750 | 750 | 755 | Clay |  | 755 | 755 | 760 | Clay |  | 760 | 760 | 765 | Clay |  | 765 | 765 | 770 | Clay |  | 770 | 770 | 775 | Clay |  | 775 | 775 | 780 | Clay |  | 780 | 780 | 785 | Clay |  | 785 | 785 | 790 | Clay |  | 790 | 790 | 795 | Clay |  | 795 | 795 | 800 | Clay |  | 800 | 800 | 805 | Clay |  | 805 | 805 | 810 | Clay |  | 810 | 810 | 815 | Clay |  | 815 | 815 | 820 | Clay |  | 820 | 820 | 825 | Clay |  | 825 | 825 | 830 | Clay |  | 830 | 830 | 835 | Clay |  | 835 | 835 | 840 | Clay |  | 840 | 840 | 845 | Clay |  | 845 | 845 | 850 | Clay |  | 850 | 850 | 855 | Clay |  | 855 | 855 | 860 | Clay |  | 860 | 860 | 865 | Clay |  | 865 | 865 | 870 | Clay |  | 870 | 870 | 875 | Clay |  | 875 | 875 | 880 | Clay |  | 880 | 880 | 885 | Clay |  | 885 | 885 | 890 | Clay |  | 890 | 890 | 895 | Clay |  | 895 | 895 | 900 | Clay |  | 900 | 900 | 905 | Clay |  | 905 | 905 | 910 | Clay |  | 910 | 910 | 915 | Clay |  | 915 | 915 | 920 | Clay |  | 920 | 920 | 925 | Clay |  | 925 | 925 | 930 | Clay |  | 930 | 930 | 935 | Clay |  | 935 | 935 | 940 | Clay |  | 940 | 940 | 945 | Clay |  | 945 | 945 | 950 | Clay |  | 950 | 950 | 955 | Clay |  | 955 | 955 | 960 | Clay |  | 960 | 960 | 965 | Clay |  | 965 | 965 | 970 | Clay |  | 970 | 970 | 975 | Clay |  | 975 | 975 | 980 | Clay |  | 980 | 980 | 985 | Clay |  | 985 | 985 | 990 | Clay |  | 990 | 990 | 995 | Clay |  | 995 | 995 | 1000 | Clay |  |
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| <p><b>4. METHOD DRILLED</b></p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Aug <input type="checkbox"/> Other _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>10. RECEIVED</b></p> <p>Department of Water Resources</p> <p>Work order <u>1234</u> Date <u>12-15-70</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <p><b>5. WELL CONSTRUCTION</b></p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>250 inches</td> <td>4 1/2 inches</td> <td>0 feet</td> <td>110 feet</td> </tr> <tr> <td>250 inches</td> <td>4 1/2 inches</td> <td>110 feet</td> <td>631 feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Size dia _____ Set from _____ feet to _____ feet</p> <p>Screen dia _____ Set from _____ feet to _____ feet</p> <p>Ground packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface and depth <u>110</u> Material used in test: <input checked="" type="checkbox"/> Cement grout</p> <p><input type="checkbox"/> Fudling clay <input type="checkbox"/> Well casing</p> <p>Casing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing</p> <p><input type="checkbox"/> Grout to seal depth</p> <p>Method of jacking casing: <input type="checkbox"/> Pressed <input checked="" type="checkbox"/> Wedged <input type="checkbox"/> Submer</p> <p><input type="checkbox"/> Cemented between drive</p> <p>Describe screen part _____</p> | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Diameter         | From              | To           | 250 inches | 4 1/2 inches | 0 feet | 110 feet | 250 inches | 4 1/2 inches | 110 feet | 631 feet |   |    |                   |  |    |    |    |      |  |    |    |    | Number | From | To |    |    |      |  |    |    |    |      |  | <p><b>11. CHALLENGE CERTIFICATION</b></p> <p>I hereby certify that all information and construction standards were complied with as the time the report was prepared.</p> <p>Print Name <u>Raymond Boag</u> <u>31</u></p> <p>Address <u>Filev, Idaho</u></p> <p>Signed by (Print Name) <u>Raymond Boag</u></p> <p>and <u>Alfred Boag</u></p> |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |    |      |  |    |    |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |      |  |     |     |     |     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| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <p><b>6. LOCATION OF WELL</b></p> <p>Sketch map location must agree with written location.</p>  <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>Owner <u>Lois Boag</u></p> <p>Drill Date <u>12-15-70</u> <u>9:00 AM</u></p> <p>NE</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>7. RECEIVED</b></p> <p>Department of Water Resources</p> <p>Work order <u>1234</u> Date <u>12-15-70</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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RECEIVED



36-8071  
36-4120  
36-7200  
36-7628(2)  
36-7796(4)  
36-7630  
36-7990  
36-7991  
36-7963  
36-7963  
47-7141  
47-7146  
47-7055  
47-7053(2)  
47-7491  
47-4154

MICROFILMED





# CRYSTAL SPRINGS RANCH, INC.

22627-152nd SE  
KENT, WASHINGTON 98030-98042  
(206) ~~882-2280~~ 631-1407



August 27, 1986

RECEIVED  
SEP 3 1986

Mr. John Beal  
Department of Water Resources  
State of Idaho  
Statehouse  
Boise, Idaho 83720

Department of Water Resources

Regarding: Well Restoration Program - Crystal Springs Ranch

Dear Mr. Beal:

In accordance with a request from Mr. Loren Holmes of the southern region office, we are transmitting, herewith, our program for restoration of our existing geothermal well located on our ranch adjacent to the Snake River between Filer and Buhl, Idaho. For your information, we have attached hereto a copy of a graphical representation of the drillers log. The well is cased down 620 feet with 8" and 6" diameter casing and presently flows approximately 600 GPM. (The well flowed 1,000 to 1,500 GPM when first drilled!)

We first propose to utilize the services of Elsing Drilling Co. to insert a 4-5/8" diameter perforated casing in the existing hole to a depth of 1,300 feet. We then propose to drill down another 200 feet with a 4" bit which we will not case. It is our objective to yield at least 1,000 GPM of hot water 130° F for use in fish propagation.

If you have any questions or want us to revise the program, please contact the undersigned at (206) 631-1407.

Sincerely yours,  
Crystal Springs Warm-Water  
Aquaculture

David R. Millard, P.E., P.L.S.  
Owner

Attachment



8 7/8" OD CASING 72-110'

GROUT SEAL 110'

CASING - 80-621'

0-3' TOPSOIL  
3-10' BOULDERS & GRAVEL

10-133' GREY LAVA

133-141' BROWN CLAY

141-160' BLUE CLAY

160-204' BROWN SANDSTONE

204-208' RED LAVA

208-268' BLACK LAVA

268-279' BROWN LAVA-RED ASH

279-328' BLACK LAVA

328-367' GREY SAND BLUE CLAY

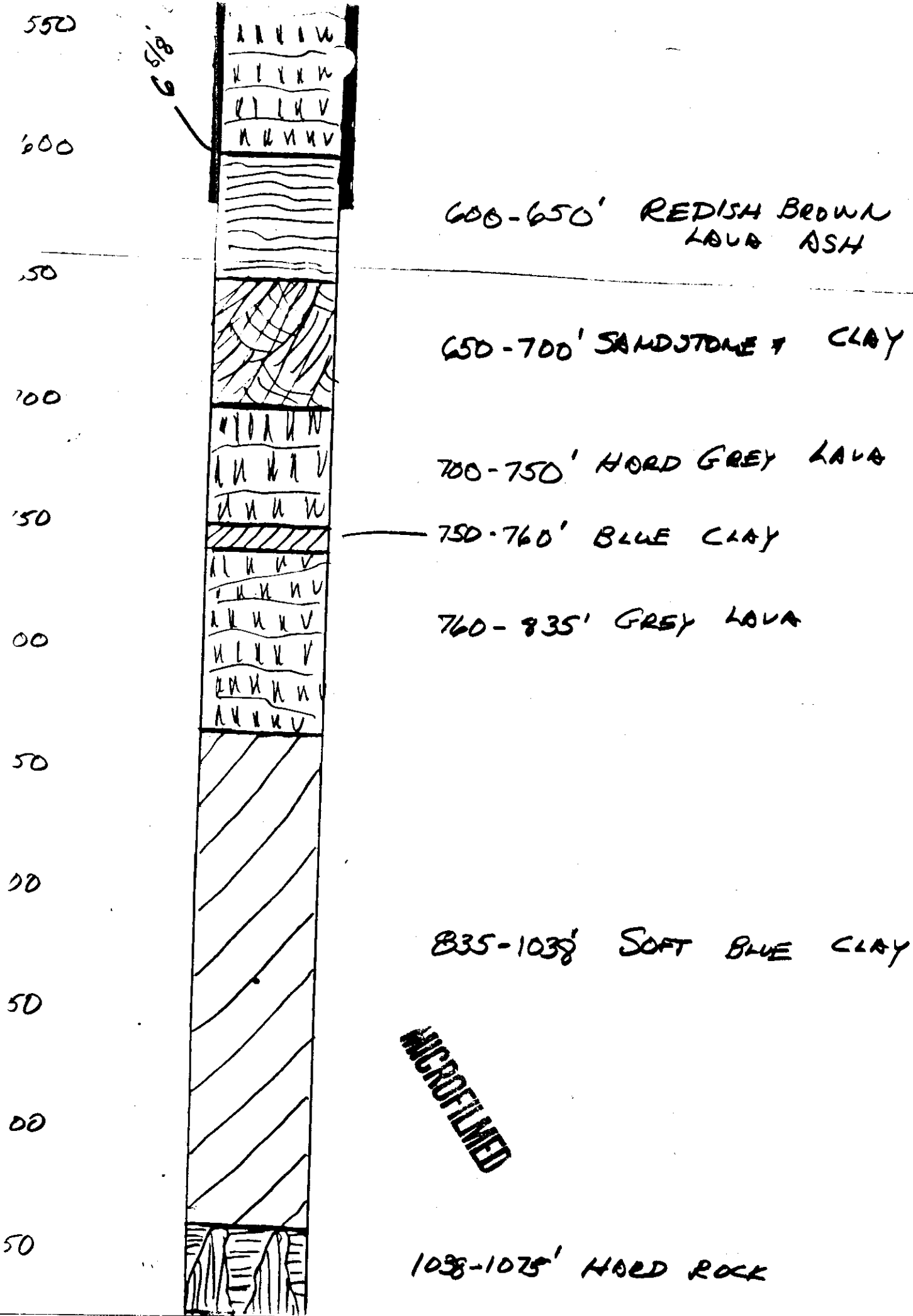
367-406' BLACK LAVA

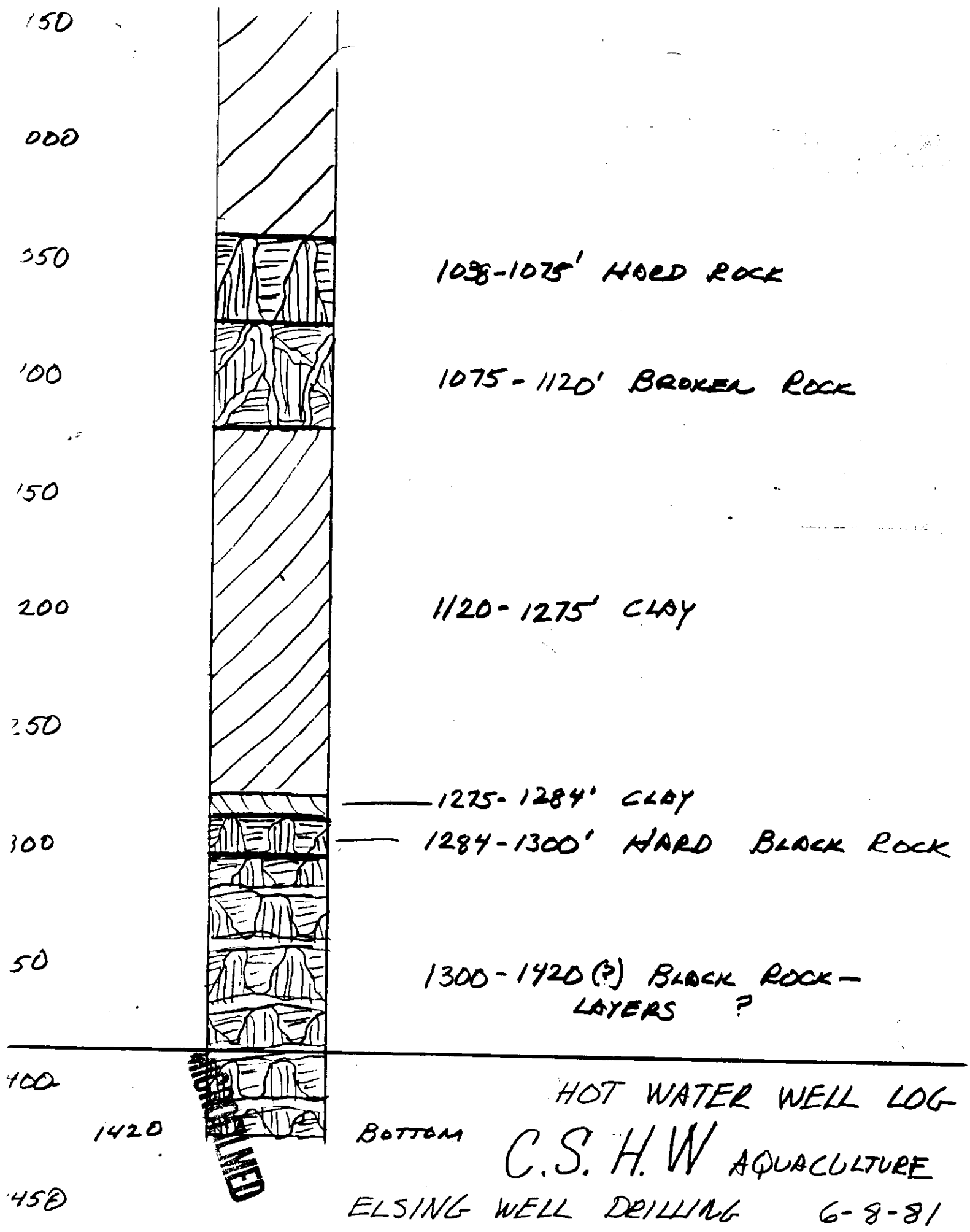
406-420' REDISH BROWN LAVA  
ASH

420-470' BLACK LAVA

UNCORRECTED

470-500' BROWN LAVA

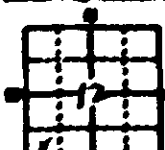




STATE OF ID. 40  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

USE TYPEWRITER OR  
BALLPOINT PEN

| <p><b>1. WELL OWNER</b></p> <p>Name <u>Ray, Richard</u></p> <p>Address <u>File, Idaho</u></p> <p>Owner's Permit No. _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>7. WATER LEVEL</b></p> <p>Static water level _____ feet <small>measured from surface.</small></p> <p>Flowing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ °F. Quality _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <p><b>2. NATURE OF WORK</b></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning) _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>8. WELL TEST DATA</b></p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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PROPOSED USE</b></p> <p><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>9. LITHOLOGIC LOG</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Well<br/>Cm.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th rowspan="2">Notes</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td> </td><td>0</td><td>2</td><td>Top soil</td><td> </td></tr> <tr><td> </td><td>2</td><td>10</td><td>Yellow &amp; gravel</td><td> </td></tr> <tr><td> </td><td>10</td><td>15</td><td>Gray sand</td><td> </td></tr> <tr><td> </td><td>15</td><td>16</td><td>Brown clay</td><td> </td></tr> <tr><td> </td><td>16</td><td>18</td><td>Black clay</td><td> </td></tr> <tr><td> </td><td>18</td><td>20</td><td>Brown sand stone</td><td> </td></tr> <tr><td> </td><td>20</td><td>22</td><td>Red sand</td><td> </td></tr> <tr><td> </td><td>22</td><td>24</td><td>Black sand</td><td> </td></tr> <tr><td> </td><td>24</td><td>26</td><td>Brown sand, red ash</td><td> </td></tr> <tr><td> </td><td>26</td><td>28</td><td>Black sand</td><td> </td></tr> <tr><td> </td><td>28</td><td>30</td><td>Gray sand, black clay</td><td> </td></tr> <tr><td> </td><td>30</td><td>32</td><td>Black sand</td><td> </td></tr> <tr><td> </td><td>32</td><td>34</td><td>Black sand</td><td> </td></tr> <tr><td> </td><td>34</td><td>36</td><td>Black sand</td><td> </td></tr> <tr><td> </td><td>36</td><td>38</td><td>Black sand</td><td> </td></tr> <tr><td> </td><td>38</td><td>40</td><td>Black sand</td><td> </td></tr> <tr><td> </td><td>40</td><td>42</td><td>Black sand</td><td> </td></tr> <tr><td> </td><td>42</td><td>44</td><td>Black sand</td><td> </td></tr> <tr><td> </td><td>44</td><td>46</td><td>Black sand</td><td> </td></tr> <tr><td> </td><td>46</td><td>48</td><td>Black sand</td><td> </td></tr> <tr><td> </td><td>48</td><td>50</td><td>Black sand</td><td> </td></tr> <tr><td> </td><td>50</td><td>52</td><td>Black sand</td><td> </td></tr> <tr><td> </td><td>52</td><td>54</td><td>Black sand</td><td> </td></tr> 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|  | 66 | 68 | Black sand |  |  | 68 | 70 | Black sand |  |  | 70 | 72 | Black sand |  |  | 72 | 74 | Black sand |  |  | 74 | 76 | Black sand |  |  | 76 | 78 | Black sand |  |  | 78 | 80 | Black sand |  |  | 80 | 82 | Black sand |  |  | 82 | 84 | Black sand |  |  | 84 | 86 | Black sand |  |  | 86 | 88 | Black sand |  |  | 88 | 90 | Black sand |  |  | 90 | 92 | Black sand |  |  | 92 | 94 | Black sand |  |  | 94 | 96 | Black sand |  |  | 96 | 98 | Black sand |  |  | 98 | 100 | Black sand |  |
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           | Black sand            |              |          |            |              |          |          |          |            |              |          |          |          |    |                 |  |  |    |    |           |  |  |    |    |            |  |  |    |                                                                                                                                                                                                                                                                                                                                    |            |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                       |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    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           | Black sand            |              |          |            |              |          |          |          |            |              |          |          |          |    |                 |  |  |    |    |           |  |  |    |    |            |  |  |    |                                                                                                                                                                                                                                                                                                                                    |            |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                       |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    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           | Black sand            |              |          |            |              |          |          |          |            |              |          |          |          |    |                 |  |  |    |    |           |  |  |    |    |            |  |  |    |                                                                                                                                                                                                                                                                                                                                    |            |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                       |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    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           | Black sand            |              |          |            |              |          |          |          |            |              |          |          |          |    |                 |  |  |    |    |           |  |  |    |    |            |  |  |    |                                                                                                                                                                                                                                                                                                                                    |            |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                       |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    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| <p><b>4. METHOD DRILLED</b></p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Dig <input type="checkbox"/> Other _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>10. RECEIVED</b></p> <p>RECEIVED</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <p><b>5. WELL CONSTRUCTION</b></p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Outer</th> <th>Inner</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>250 inches</td> <td>4 1/2 inches</td> <td>2 inches</td> <td>110 feet</td> <td>110 feet</td> </tr> <tr> <td>250 inches</td> <td>4 1/2 inches</td> <td>2 inches</td> <td>110 feet</td> <td>110 feet</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <p>Number _____ From _____ To _____</p> <p>perforations _____ feet _____ feet</p> <p>perforations _____ feet _____ feet</p> <p>perforations _____ feet _____ feet</p> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Slot from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Slot from _____ feet to _____ feet</p> <p>Ground pack? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface and depth <u>110</u> Material used in seal: <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Wall casing</p> <p>Sealing procedure used: <input type="checkbox"/> Puddling clay <input type="checkbox"/> Tamping surface casing</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Sutured</p> <p> </p> <p><input type="checkbox"/> Cemented between strings</p> <p>Describe casing part _____</p> | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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Outer            | Inner                 | From         | To       | 250 inches | 4 1/2 inches | 2 inches | 110 feet | 110 feet | 250 inches | 4 1/2 inches | 2 inches | 110 feet | 110 feet |    |                 |  |  |    |    |           |  |  |    |    |            |  |  |    | <p><b>11. DRILLER'S CERTIFICATION</b></p> <p>I/We certify that all minimum well construction standards were complied with at the time the report was prepared.</p> <p>Print Name <u>Richard Ray</u> <u>31</u></p> <p>Address <u>File, Idaho</u></p> <p>Signed by (Print Name) <u>Richard Ray</u></p> <p>and <u>Richard Ray</u></p> |            |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                       |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |     |            |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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           | From                  | To           |          |            |              |          |          |          |            |              |          |          |          |    |                 |  |  |    |    |           |  |  |    |    |            |  |  |    |                                                                                                                                                                                                                                                                                                                                    |            |  |  |    |    |                  |  |  |    |    |          |  |  |    |    |            |  |  |    |    |                     |  |  |    |    |            |  |  |    |    |                       |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    |            |  |  |    |    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| 250 inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 250 inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <p><b>6. LOCATION OF WELL</b></p> <p>Sketch map location must agree with surface location.</p>  <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County <u>Trila Falls</u></p> <p>SW 1/4 Sec 12, T. 9 N., R. 15 E.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>12. RECEIVED</b></p> <p>RECEIVED</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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NE

STATE OF ID. 40  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

State law requires that this report be filed with the Director, Department of Water Resources, within 30 days after the completion or abandonment of the well.

| <p><b>1. WELL OWNER</b></p> <p>Name <u>Reg. Ryland</u></p> <p>Address <u>File, Idaho</u></p> <p>Owner's Permit No. _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>7. WATER LEVEL</b></p> <p>Static water level _____ feet below land surface</p> <p>Flowing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ °F. Quality _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <p><b>2. NATURE OF WORK</b></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning) _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>8. WELL TEST DATA</b></p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Sucker <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pressure (ft)</th> <th>Flow (ft)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <p><b>3. PROPOSED USE</b></p> <p><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>                                                                                                                                                                                                                                                                                                         | <p><b>9. LITHOLOGIC LOG</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Depth (feet)</th> <th>From</th> <th>To</th> <th>Material</th> </tr> </thead> <tbody> <tr><td>0</td><td>0</td><td>3</td><td>Top soil</td></tr> <tr><td>3</td><td>3</td><td>10</td><td>Dark brown &amp; gravel</td></tr> <tr><td>10</td><td>10</td><td>15</td><td>Dark brown clay</td></tr> <tr><td>15</td><td>15</td><td>20</td><td>Dark brown clay</td></tr> <tr><td>20</td><td>20</td><td>25</td><td>Dark brown sand &amp; clay</td></tr> <tr><td>25</td><td>25</td><td>30</td><td>Dark brown sand</td></tr> <tr><td>30</td><td>30</td><td>35</td><td>Dark brown sand</td></tr> <tr><td>35</td><td>35</td><td>40</td><td>Dark brown sand &amp; clay</td></tr> <tr><td>40</td><td>40</td><td>45</td><td>Dark brown sand</td></tr> <tr><td>45</td><td>45</td><td>50</td><td>Dark brown sand &amp; clay</td></tr> <tr><td>50</td><td>50</td><td>55</td><td>Dark brown sand</td></tr> <tr><td>55</td><td>55</td><td>60</td><td>Dark brown sand &amp; 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clay</td></tr> <tr><td>130</td><td>130</td><td>135</td><td>Dark brown sand</td></tr> <tr><td>135</td><td>135</td><td>140</td><td>Dark brown sand &amp; clay</td></tr> <tr><td>140</td><td>140</td><td>145</td><td>Dark brown sand</td></tr> <tr><td>145</td><td>145</td><td>150</td><td>Dark brown sand &amp; clay</td></tr> <tr><td>150</td><td>150</td><td>155</td><td>Dark brown sand</td></tr> <tr><td>155</td><td>155</td><td>160</td><td>Dark brown sand &amp; clay</td></tr> <tr><td>160</td><td>160</td><td>165</td><td>Dark brown sand</td></tr> <tr><td>165</td><td>165</td><td>170</td><td>Dark brown sand &amp; clay</td></tr> <tr><td>170</td><td>170</td><td>175</td><td>Dark brown sand</td></tr> <tr><td>175</td><td>175</td><td>180</td><td>Dark brown sand &amp; clay</td></tr> <tr><td>180</td><td>180</td><td>185</td><td>Dark brown sand</td></tr> <tr><td>185</td><td>185</td><td>190</td><td>Dark brown sand &amp; clay</td></tr> <tr><td>190</td><td>190</td><td>195</td><td>Dark brown sand</td></tr> <tr><td>195</td><td>195</td><td>200</td><td>Dark brown sand &amp; 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| <p><b>4. METHOD DRILLED</b></p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Dig <input type="checkbox"/> Other _____</p>                                                                                                                                                                                                                                                                                                                                                                  | <p><b>5. WELL CONSTRUCTION</b></p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>250 inches</td> <td>8 1/2 inches</td> <td>0 feet</td> <td>110 feet</td> </tr> <tr> <td>261 inches</td> <td>6 3/4 inches</td> <td>80 feet</td> <td>121 feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a pecker or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>110</u> Material used in seal: <input checked="" type="checkbox"/> Cement grout</p> <p><input type="checkbox"/> Pudding clay <input type="checkbox"/> Well cuttings</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing</p> <p><input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld</p> <p><input type="checkbox"/> Cemented between struts</p> <p>Describe access port _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <p><b>6. LOCATION OF WELL</b></p> <p>Sketch map location must agree with written location.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">N</td> <td colspan="2"></td> <td style="text-align: center;">E</td> </tr> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">12</td> <td style="text-align: center;">E</td> <td></td> </tr> <tr> <td style="text-align: center;">X</td> <td colspan="2"></td> <td></td> </tr> </table> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County <u>Twin Falls</u></p> <p><u>SW 1/4 SW 1/4 Sec 12 T. 9 N. R. 15 E.</u></p> | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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Department of Water Resources</b></p> <p>Work started <u>1-24-78</u> Finished <u>1-24-78</u></p> <p><b>11. DRILLER'S CERTIFICATION</b></p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Reg. Ryland</u></p> <p>Address <u>File, Idaho</u></p> <p>Signed by (Firm Official) <u>Reg. Ryland</u></p> <p>and (Representative) <u>Reg. Ryland</u></p> |    |    |    |                 |    |    |    |                 |    |    |    |                        |        |      |    |                 |    |    |    |                 |    |    |    |                        |    |    |    |                 |    |    |    |                        |    |    |    |                 |    |    |    |                        |    |    |    |                 |    |    |    |                        |    |    |    |                 |    |    |    |                        |    |    |    |                 |    |    |    |                        |    |    |    |                 |    |    |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |     |     |     |                 |     |     |     |                        |
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RECEIVED

S T A T E   O F   I D A H O

DEPARTMENT OF WATER RESOURCES

STATEHOUSE  
BOISE, IDAHO 83720  
(208) 334-4440  
CERTIFIED MAIL  
JULY 31, 1986

CRYSTAL SPRINGS RANCH  
MILLARD, DAVE &/or BYLUND, ROY  
P. O. BOX 109  
BOHL, ID 83316

138964

PROOF DUE NOTICE

RE: PERMIT NO. 47-7741

DEAR PERMIT HOLDER:

ONE OF THE CONDITIONS OF APPROVAL OF THE ABOVE REFERENCED WATER PERMIT WAS THAT PROOF OF THE EXTENT OF YOUR BENEFICIAL USE MUST BE SUBMITTED TO THIS OFFICE ON OR BEFORE OCTOBER 1, 1986. (SEE LAST PAGE OF YOUR APPROVED PERMIT OR YOUR LAST APPROVED EXTENSION REQUEST.) ENCLOSED IS A FORM WHICH WHEN ACCOMPANIED BY THE LICENSE EXAMINATION FEE OR A COMPLETED FIELD EXAMINATION REPORT PREPARED BY A CERTIFIED WATER RIGHT EXAMINER MAY BE USED TO SUBMIT THE REQUIRED PROOF.

IF YOU HAVE NOT FULLY COMPLETED YOUR PROJECT, AND YOU OR A PREVIOUS OWNER OF THIS PERMIT HAVE NOT RECEIVED A PRIOR EXTENSION OF TIME, YOU MAY REQUEST AN EXTENSION OF TIME IF THE DELAY IS FOR REASONABLE CAUSE AS PROVIDED IN SECTION 42-204, IDAHO CODE. IF YOU HAVE BEEN PREVENTED FROM PROCEEDING BY A GOVERNMENTAL AGENCY OR BY LITIGATION WHICH MIGHT BRING TITLE TO THE WATER IN QUESTION, MORE THAN ONE EXTENSION OF TIME CAN BE GRANTED. AN EXTENSION OF TIME REQUEST FORM IS ENCLOSED FOR YOUR CONVENIENCE.

EITHER AN ACCEPTABLE PROOF OF BENEFICIAL USE SUBMITTAL OR AN ACCEPTABLE REQUEST FOR AN EXTENSION OF TIME MUST BE RECEIVED BY THIS DEPARTMENT ON OR BEFORE THE ABOVE DESCRIBED PROOF DUE DATE. IF NEITHER IS RECEIVED, THE DEPARTMENT WILL SEND YOU A LAPSE NOTICE. WITHIN SIXTY (60) DAYS OF THE MAILING OF THE LAPSE NOTICE, THE PERMIT WILL NO LONGER BE OF ANY FORCE NOR EFFECT.

SINCERELY,

RITA FLECK  
SECRETARY/RECORDS MANAGER

ENCLOSURES



State of Idaho  
**DEPARTMENT OF WATER RESOURCES**  
STATE OFFICE, 450 W. State Street, Boise, Idaho

JOHN V. EVANS  
Governor

A. KENNETH DUNN  
Director

Mailing address:  
Statehouse  
Boise, Idaho 83720  
(208) 334-4440

SEPTEMBER 1, 1985

DEAR PERMIT HOLDER:

ACCORDING TO OUR RECORDS, YOU ARE THE HOLDER OF A WATER PERMIT ON WHICH PROOF OF BENEFICIAL USE OF WATER WAS NOT SUBMITTED BEFORE JULY 1, 1985, WHICH INDICATES YOUR PROJECT IS NOT COMPLETE. THEREFORE, YOU NEED TO BE AWARE OF CHANGES IN IDAHO LAW, EFFECTIVE JULY 1, 1985, WHICH IMPACT ALL WATER PERMITS ISSUED BY THIS DEPARTMENT.

SPECIFICALLY, PURSUANT TO SECTION 42-203D, IDAHO CODE, THE DEPARTMENT MUST REVIEW ALL PERMITS FOR WHICH DEVELOPMENT OF WATER USE WAS NO COMPLETED ON OR BEFORE JULY 1, 1985, TO DETERMINE IF THEY MEET THE NEW REQUIREMENTS OF CHAPTER 2, TITLE 42, IDAHO CODE. RULES AND REGULATIONS GOVERNING THE RE-EVALUATION OF PERMITS ARE NOT YET FINALIZED. HOWEVER, IF YOU COMPLETED THE DEVELOPMENT UNDER YOUR PERMIT BEFORE JULY 1, 1985, YOU SHOULD SUBMIT A PROOF OF BENEFICIAL USE STATEMENT, STATING THAT THE PROJECT WAS COMPLETED BEFORE JULY 1, 1985 SO THAT YOUR PERMIT WILL NOT BE SUBJECT TO THE REVIEW REQUIREMENTS OF SECTION 42-203D, WHICH READS AS FOLLOWS:

42-203D. REVIEW OF PERMITS - OPPORTUNITY FOR HEARING. - (1)THE DEPARTMENT SHALL REVIEW ALL PERMITS ISSUED PRIOR TO THE EFFECTIVE DATE [JULY 1, 1985] OF THIS SECTION, EXCEPT TO THE EXTENT A PERMIT HAS BEEN PUT TO BENEFICIAL USE PRIOR TO JULY 1, 1985, TO DETERMINE WHETHER THEY COMPLY WITH THE PROVISIONS OF CHAPTER 2, TITLE 42, IDAHO CODE. IF THE DEPARTMENT FINDS THAT THE PROPOSED USE DOES NOT SATISFY THE CRITERIA OF CHAPTER 2, TITLE 42, IDAHO CODE, THEN THE DEPARTMENT SHALL EITHER CANCEL THE PERMIT OR IMPOSE THE CONDITIONS REQUIRED TO BRING THE PERMIT INTO COMPLIANCE WITH CHAPTER 2, TITLE 42, IDAHO CODE. IF THE DEPARTMENT FINDS THAT THE PERMIT SATISFIES THE CRITERIA ESTABLISHED IN CHAPTER 2, TITLE 42, IDAHO CODE, THEN THE DEPARTMENT SHALL ENTER AN ORDER CONTINUING THE PERMIT. (2)THE DEPARTMENT SHALL PROVIDE AN OPPORTUNITY FOR HEARING IN ACCORDANCE WITH SECTION 42-1701A, IDAHO CODE, AND SECTIONS 67-5209 THROUGH 67-5215, IDAHO CODE, FOR EACH HOLDER OF A PERMIT THAT IS PROPOSED EITHER TO BE CANCELLED OR MADE SUBJECT TO NEW CONDITIONS.

YOU MAY OBTAIN PROOF OF BENEFICIAL USE FORMS FROM THE DEPARTMENT. IF YOU HAVE ANY QUESTIONS, PLEASE LET US KNOW.

SINCERELY,

L. GLEN SAXTON  
CHIEF, OPERATIONS BUREAU

MAILED  
SEP 11 1985

S T A T E O F I D A H O  
DEPARTMENT OF WATER RESOURCES

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STATEHOUSE  
BOISE, IDAHO 83720  
(208) 334-4440

MILLARD, DAVE  
P. O. BOX 109  
BUHL, ID 83316

NOVEMBER 04, 1981

RE: PERMIT NO. 47-7741

DEAR PERMIT HOLDER:

ENCLOSED IS A COPY OF YOUR APPROVED APPLICATION FOR PERMIT. WE DIRECT YOUR ATTENTION TO THE CONDITIONS OF APPROVAL ON THE FOURTH PAGE.

BE SURE TO NOTE THE SPECIAL CONDITION REQUIRING YOU TO INSTALL A MEASURING DEVICE, OR AN ACCESS PORT TO PROVIDE FOR THE INSTALLATION OF MEASURING EQUIPMENT BY THE DEPARTMENT. ENCLOSED PLEASE FIND A LIST OF MEASURING DEVICE OPTIONS, AND SPECIFICATIONS FOR THE INSTALLATION OF THE ACCESS PORT.

WE HAVE ENCLOSED A FORM ENTITLED "MAKING PROOF OF BENEFICIAL USE". PLEASE READ THE INSTRUCTIONS CAREFULLY SINCE YOU MUST TAKE FURTHER ACTION TO DEVELOP THIS PERMIT INTO A LICENSE.

SINCERELY,

DAVID R. TUTHILL, JR., P.E.  
SUPERVISOR, WATER ALLOCATION SECTION

ENCLOSURE

RECEIVED  
NOV 11 1981  
WATER ALLOCATION SECTION

## INTER-DEPARTMENT MEMO — 1

FROM Allen Merritt

DATE 10/7/81

TO File 47-7741

SUBJECT Rate of Diversion for Heating Use.

Applicant has submitted requested info. which estimates Heating to be 0.09 cfs. However, applicants estimate utilizes 125°F temp. source which has not generally been found in the area. Since Department's Admin. Memo of June 4, 1980 can only be used for temp. sources more than 116°F and there is a possibility that temp. source might be less than 116°F I recommend that application be approved with amt. requested on applic. Heating = 0.50 cfs.

ADM

SIGNATURE



# Land Planning & Management

22627 - 152nd S.E., Kent, Washington 98031 206/682-2296

September 15, 1981

## MEMORANDUM

TO: Mr. John Rosholt

FROM: Dave *Dave 9/15/81*

Regarding: State of Idaho Department of Water Resources' Letter Dated  
July 14, 1981 - Application No. 47-7741

We are transmitting, herewith, a computation sheet determining the rate of flow required for heating purposes per dwelling unit, as requested by the Department of Water Resources. If you need additional information, please do not hesitate to call us.

|                         |                       |                            |                         |
|-------------------------|-----------------------|----------------------------|-------------------------|
| Property Investigations | Land Planning         | Land Reclassification      | Public Relations        |
| Feasibility Studies     | Environmental Studies | PUD/Subdivision Processing | Project Management      |
| Financial Proformas     | Market Studies        | Public Agency Interface    | Construction Management |

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FROM IDAHO DEPT OF WATER RESOURCES  
GEOHERMAL WATER REQUIREMENTS FOR  
RESIDENTIAL HEATING

$e$  Values - Better Energy Efficiency = 0.44

$t_i$  - inside temperature = 70°F

$t_o$  - outside temperature = 0°F

$A$  - livable floor space of house = 1700 sf

$T$  = Design temp diff ( $t_i - t_o$ )

$E$  = BTU/hr per house =  $eTA$

=  $0.44(70 - 0) 1700 = 52,360$  BTU/hr per house

$S$  = source temp = 125°F

$\Delta t$  - temperature drop for system =  $(.6 \times \text{Source temp}) - 70^\circ$

=  $.6 \times 125 - 70 = 5^\circ \text{F}$

$W$  = thermal source flow =  $\frac{E}{(500 \Delta t)}$

=  $\frac{52,360}{500 \times 5} = 20.94$  gpm/house

NELSON, ROSHOLT, ROBERTSON, TOLMAN & TUCKER  
ATTORNEYS AT LAW  
IDAHO FIRST NATIONAL BANK BUILDING  
P.O. BOX 1906  
TWIN FALLS, IDAHO 83301  
(208) 734-0700

RECEIVED

DATE:

8/5/81

AUG 6 1981

TO:

Allen Merrill  
Durr

DOCKETED  
JULY 29 1981  
FEDERAL BUREAU OF INVESTIGATION

RE:

36-7990 - 35-7991

- 47-7741

Allen,

I was on vacation the last  
two weeks. Need more time  
to respond to questions regarding  
above Apts. I'll get you the  
info as soon as I can.

Thanks

NELSON, ROSHOLT, ROBERTSON, TOLMAN & TUCKER

BY

John Rosholt

cc: Bylund



**STATE OF IDAHO**  
**DEPARTMENT OF WATER RESOURCES**  
SOUTHERN REGION

John V. Evans  
Governor

C. Stephen Allred  
Director

1041 Blue Lakes Blvd. North  
Twin Falls, Idaho 83301  
(208) 734-3578

July 14, 1981

Crystal Springs Ranch  
P. O. Box 109  
Buhl, Idaho 83316

Re: Application for Permit No. 47-7741

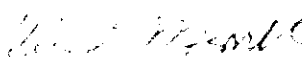
Gentlemen:

Our office has completed processing your Application for Permit No. 47-7741, however, before we forward it to the department's state office for final approval we request that you submit to us the following information. Pursuant to the September 8, 1980 Administrator's Memorandum regarding the rate of flow for heating purposes (please find copy enclosed for your reference), our office requests that you submit sufficient information to justify the requested 0.5 cfs rate requested on your application. This information might include E, e, A, T, and  $\Delta t$  as described in the memorandum.

We request that you compile this data and submit it to our office within 15 days.

If you have any questions please do not hesitate to contact this office.

Sincerely,

  
Allen D. Merritt  
Senior Water Resource Analyst

ADM:marya

NOTICE OF APPLICATION FOR WATER RIGHT

Notice is hereby given that the following application(s) have been submitted for permit to appropriate the public waters of the State of Idaho:

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47-7741-

MILLARD, DAVE  
BYLUND, ROY  
DBA CRYSTAL SPRINGS RANCH

P. O. BOX 109, BUHL, ID 83316

Source: GROUNDWATER

Date Filed: 06/03/1981

Amount: 2.00 CFS

Diversion Point: LOT 06 (NESW) SESW Sec 12 T 09S R 15E, TWIN FALLS Co.

|                 |            |                     |
|-----------------|------------|---------------------|
| Use: IRRIGATION | (1.50 CFS) | from 03/15 to 11/15 |
| HEATING         | (0.50 CFS) | from 01/01 to 12/31 |
| COOLING         | (0.50 CFS) | from 01/01 to 12/31 |

Place of Use: LOT 06 (NESW) LOT 05 (NWSW) SWSW SESW Sec 12 T 09S R 15E  
FOR 75 ACRES

Diversion Means: WELL, PIPES, DITCH

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If issued, the permit(s) will be subject to all prior water rights. Protests against the granting of any permit must be filed with the Director of the Idaho Department of Water Resources, 1041 Blue Lakes Blvd. North, Twin Falls, Idaho 83301 and received on or before JULY 6, 1981.

A. KENNETH DUNN

Director

Published 6/18 & 6/25/81.

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
Southern Region

---

1041 Blue Lakes Blvd N.  
Twin Falls, Idaho 83301  
(208) 734-3578

JUNE 12, 1981

Times News  
P. O. Box 548  
Twin Falls, Idaho 83301

Gentlemen:

Enclosed you will find a legal notice which we wish to have published on the dates indicated (once a week for two consecutive weekly issues) in your newspaper. We have allowed ample time for you to submit a galley proof to this office for review before the first publication date. If you cannot publish the notice on the proposed dates, please contact us immediately.

An affidavit of publication must be submitted to the Department along with the publication bill. Your cooperation is appreciated.

Please send the affidavit of publication and publication billing to this office before JULY 6, 1981.

Yours truly,

Mary A. Hill  
Secretary

Encl.

RECEIVED  
JUN 15 1981  
TWIN FALLS, IDAHO

INTER-DEPARTMENT MEMO — 1

FROM Jim Stanton

DATE 6-9-1981

TO File

SUBJECT 3 Applications For Permit, Dave Millard & Roy Bylund

As originally filed, several errors on legal descriptions were found on these applications. These errors were corrected this date per conversation with John Rosholt, attorney for the applicants.

  
SIGNATURE

RECORDED