



IDAHO DEPARTMENT OF
WATER RESOURCES

322 E Front Street, Suite 648, Boise ID 83702 • PO Box 83720, Boise ID 83720-0098
Phone: 208-287-4800 • Fax: 208-287-6700 • Email: idwrinfo@idwr.idaho.gov • Website: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

February 06, 2025

FRYSLAN DAIRY LLC
8222 DESERT DR
MARSING ID 83639-8264

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 63-34924 & 63-34746

Dear Permit Holder(s):

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.

Please be advised that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the Department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any Department office or at the Department's website at www.idwr.idaho.gov.

If you have any questions concerning the field examination, please contact the Western Region Office of the Department located in Boise at (208) 334-2190.

Sincerely,

Julie Adams
Technical Records Specialist

Enclosure(s)

c: HDR INC

RECEIVED**JAN 29 2025**

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION

DEPT. OF WATER RESOURCES

FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY	
Amt. of Fee \$	100 -
Receipt No.	C119987
Received By	ICW
Date Received	1.29.25

The Idaho Department of Water Resources (Department) considers this form a statement that the permit holder(s) applied water to beneficial use and completed development of a water right to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner (CWRE).** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, complete a Notice of Change in Water Right Ownership form. If you wish to relinquish your permit because you have not established the authorized water use and are not applying for an extension, please notify the Department in writing.

- Permit No. 63-34924 Name of Permit Holder(s) Fryslan Dairy LLC
Telephone No. 208-250-0478 Email dalevanes@aol.com
Mailing Address 8222 Desert Rd City Marsing State ID Zip 83639
- Source of Water Ground Water If Ground Water (well), Date Drilled mo. ____ / yr. ____
Drilling Permit/Tag No. ____ Drilling Company's Name See attached logs - no log found for S25 well
- Extent of use(s) completed as authorized by the water right permit:
Domestic (No. households) ____ Irrigation (No. acres) ____ Stockwater (No. and stock type) ____
Other Commercial - 1000 milking cows, 200 dry cows, 4000 replacements (used with permit 63-34746)
- Total diversion rate or volume (storage only) for which proof is submitted 0.27 cfs OR ____ af
If the total developed water use is 5 acres of irrigation or less, is stockwater storage of 14.6 acre-feet or less, or has a diversion rate of less than 0.24 cfs, attach a map of the place of use and point of diversion and photographs showing beneficial use.
- Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)
5 wells, pumps, pressurized system

- Permit condition compliance. Refer to the permit approval conditions and check all the items required, then check "Yes" or "No" to indicate whether the required items were established, submitted, and/or installed:

Required? Yes No (If "Yes", attach required data, evidence of compliance, or evidence of installation)

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| ☐ | ☐ | ☐ | Ground water level data, pumping information, or other diversion data |
| ☐ | ☐ | ☐ | Mitigation plan |
| ☐ | ☐ | ☐ | Lockable controlling works |
| ☐ | ☐ | ☐ | Measuring device |
| ☐ | ☐ | ☐ | Fish screen |
| ☐ | ☐ | ☐ | Other requirements of the water right permit |
| ☐ | ☐ | ☐ | Reasonably Anticipated Future Needs ("RAFN") Municipal use |

If RAFN Municipal use, additional increment of beneficial use developed? ☐ Yes (attach CWRE report) ☐ No

- Fee Enclosed \$ 100 or ☐ CWRE field report attached or ☐ No fee required

See fee schedule on page 3 of the instructions. Proof statements filed without an appropriate fee are incomplete.

- Person to contact to accompany a Department representative during the field examination of the water system:

Name: Dale Van Es Telephone No. above Email above
Mailing Address above City _____ State _____ Zip _____

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

 Dale Van Es owner 1-26-25
SIGNATURE OF PERMIT HOLDER* PRINTED NAME AND TITLE DATE

*Attach power of attorney if completing on behalf of permit holder.

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.

1. WELL OWNER Name <u>Mike Thiel</u> Address <u>Happy valley Rd - Nampa</u> Owner's Permit No. <u>63-89-W-154-000</u>	7. WATER LEVEL Static water level <u>112</u> feet below land surface. Flowing? ☐ Yes ☐ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ Describe artesian or temperature zones below.																																																																																		
2. NATURE OF WORK ☒ New well ☐ Deepened ☒ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailer ☐ Air ☐ Other _____ <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 style="text-align: center;">30</td><td style="text-align: center;">165'</td><td style="text-align: center;">1</td></tr></tbody></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	30	165'	1																																																																												
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. N W 30 E X S CANYON County <u>CANYON</u> Subdivision Name _____ Lot No. _____ Block No. _____ SW 1/4 SW 1/4 Sec. 30, T. 7, N. 14, R. 1, W.	10. Work started <u>8-25-89</u> finished <u>8-26-89</u>																																																																																		
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>SCOTT DRILLING CO.</u> Firm No. <u>327</u> Address <u>5412 LAKE AVE</u> <u>CALDWELL, ID 83605</u> <u>(208) 459-6696</u> Date <u>8-27-89</u> Signed by (Firm Official) <u>[Signature]</u> and <u>[Signature]</u> (Operator)																																																																																			

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT 59447

1. WELL TAG NO. D 63-99-W-0743-000
DRILLING PERMIT NO. 12041
Other IDWR No. _____

2. OWNER:

Name Mike Thiel
Address 7122 Happy Valley Rd.
City Kuna State Id. Zip 83634

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
W E S
Twp. 2 North ☒ or South ☐
Rge. 2 East ☐ or West ☒
Sec. 30 1/4 SW 1/4 SW 1/4
Gov't Lot _____ County Canyon
Lat: _____ Long: _____
Address of Well Site 7122 Happy Valley Rd.
City Kuna
(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

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

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

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	18	17	Overbore

Was drive shoe used? ☒ N Shoe Depth(s) _____

Was drive shoe seal tested? ☒ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	1	128'	250	Steel	☒	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

101 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Sanitary Well Cap

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
70	21	122	4

Water Temp. 59 Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"	0	6	Dirt	No	
10"	6	18	Black Lava Rock	No	
8"	18	40	Black Lava Rock	No	
8"	40	121	Cracked Lava/ lost circulat	No	
8"	121	128	Hard Lava	No	
8"	128	132	Soft lava/little water	Yes	
8"	132	159	Hard Lava	No	
8"	159	185	Soft cracked lava/little	Yes	
8"	185	203	Very hard lava	No	
8"	203	210	Hard Cracked lava/water	Yes	

RECEIVED

NOV 17 1999

Department of Water Resources

RECEIVED

NOV 10 1999

WATER RESOURCES
WESTERN REGION

Completed Depth 210' (Measurable)
Date: Started 9/8/99 Completed 9/14/99

13. DRILLER'S CERTIFICATION

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

Company Name Can-Ada Well & Pump Firm No. 304

Firm Official Earl Skinner Date 10/27/99

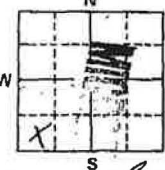
and Earl Skinner Date 10/27/99

Driller or Operator Earl Skinner Date 10/27/99
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState 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.

90.

1. WELL OWNER Name <u>Mike Thiel</u> Address <u>Happy Valley Rd. Pampa, Id.</u> Owner's Permit No. _____	7. WATER LEVEL Static water level <u>120</u> feet below land surface. Flowing? ☐ Yes ☐ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____																																														
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Canyon</u> <u>SW</u> 1/4 <u>SW</u> 1/4 Sec. <u>30</u> , T. <u>2</u> N., R. <u>1</u> W.	10. Work started <u>Feb. 20, 1981</u> finished <u>Feb. 20, 1981</u> 11. DRILLERS CERTIFICATION <u>DL</u> I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Centra Well</u> Firm No. <u>304</u> Address <u>Box 328 Pampa, Id.</u> Date <u>6/5/82</u> Signed by (Firm Official) <u>Earl Skinner</u> and (Operator) _____																																														