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AUG 29 2023

Form 42-217 Rev. 6/22

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AUG 25 2023

WATER RESOURCES  
WESTERN REGIONDEPARTMENT OF  
WATER RESOURCES

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

## STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

## FOR OFFICE USE ONLY

Amt. of Fee \$ 50.00Receipt No. WOS1492Received By DMDate Received 8-25-23

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.

1. Permit No. 63-35217 Name of Permit Holder(s) RONALD WATSON / ELIZABETH KUCHNISKI  
Telephone No. (559) 250-6383 Email WATSON RON F @ AOL.COM  
Mailing Address 10105 GABICA ST City MIDDLETON State ID Zip 83644

2. Source of Water GROUND If Ground Water (well), Date Drilled mo. 8/25 / yr. 22  
Drilling Permit/Tag No. 0097248 Drilling Company's Name BEN'S WELL AND REPAIR

## 3. Extent of use(s) completed as authorized by the water right permit:

Domestic (No. households) \_\_\_\_\_ Irrigation (No. acres) \_\_\_\_\_ Stockwater (No. and stock type) \_\_\_\_\_  
Other TO FILL POND

4. Total diversion rate or volume (storage only) for which proof is submitted \_\_\_\_\_ cfs OR 8 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.

## 5. Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)

SOAR PUMP, LIFT, DELIVERY TO POND, IRRIGATION FROM POND AND RECREATION

## 6. 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

7. Fee Enclosed \$ 50.00 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.

## 8. Person to contact to accompany a Department representative during the field examination of the water system:

Name: RON WATSON Telephone No. 559 250 6383 Email WATSON RON F @ AOL.COM  
Mailing Address 10105 GABICA ST City MIDDLETON State ID Zip 83644

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.

SIGNATURE OF PERMIT HOLDER\*

PRINTED NAME AND TITLE

DATE

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

SCANNED

SEP 27 2023

# IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

## 1. WELL TAG NO. D 0097248

Drilling Permit No. \_\_\_\_\_  
Water right or injection well # 63-35217

## 2. OWNER:

Name Ronald Watson Elisabeth Kuchinski  
Address 10105 Gabica St  
City Middleton State ID Zip 83644

## 3. WELL LOCATION:

Twp. 04 North ☒ or South ☐ Rge. 02 East ☐ or West ☐  
Sec. 8 1/4 SE 1/4 SE 1/4  
10 acres 40 acres 160 acres

Gov't Lot \_\_\_\_\_ County Canyon  
Lat. 43 ° 41.5284 (Deg. and Decimal minutes)  
Long. -116 ° 35.7181 (Deg. and Decimal minutes)  
Address of Well Site 10105 Gabica St  
City Middleton

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

Lot. \_\_\_\_\_ Blk. \_\_\_\_\_ Sub. Name \_\_\_\_\_

## 4. USE:

☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection  
☒ Other fill pond

## 5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well  
☐ Abandonment ☐ Other \_\_\_\_\_

## 6. DRILL METHOD:

☐ Air Rotary ☐ Mud Rotary ☒ Cable ☐ Other \_\_\_\_\_

## 7. SEALING PROCEDURES:

| Seal material | From (ft) | To (ft) | Quantity (lbs or ft³) | Placement method/procedure |
|---------------|-----------|---------|-----------------------|----------------------------|
| Bentonitechip | 0         | 38      | 22sacks               | drilled seal mud           |

## 8. CASING/LINER:

| Diameter (nominal) | From (ft) | To (ft) | Gauge/Schedule | Material | Casing                              | Liner                    | Threaded                 | Welded                              |
|--------------------|-----------|---------|----------------|----------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 6                  | +1.5      | 111     | .250           | steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                    |           |         |                |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                    |           |         |                |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                    |           |         |                |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 111

## 9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☐ N Method \_\_\_\_\_

Manufactured screen ☒ Y ☐ N Type telescope

Method of installation pullback

| From (ft) | To (ft) | Slot size | Number/ft | Diameter (nominal) | Material | Gauge or Schedule |
|-----------|---------|-----------|-----------|--------------------|----------|-------------------|
| 112       | 117     | 15        |           | 5                  | ss       | .250              |
| 121       | 126     | 15        |           | 5                  | ss       | .250              |

Length of Headpipe 4.9 Length of Tailpipe 1/4 plate

Packer ☒ Y ☐ N Type 3lip

## 10. FILTER PACK:

| Filter Material | From (ft) | To (ft) | Quantity (lbs or ft³) | Placement method |
|-----------------|-----------|---------|-----------------------|------------------|
| No              |           |         |                       |                  |

## 11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) \_\_\_\_\_

Describe control device \_\_\_\_\_

## 12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 7 Static water level (ft) +1

Water temp. (°F) cold Bottom hole temp. (°F) cold

Describe access port well seal cap

### Well test:

| Drawdown (feet) | Discharge or yield (gpm) | Test duration (minutes) |
|-----------------|--------------------------|-------------------------|
| @ 18ft          | 60                       | 40                      |
| @ 9             | 35                       | 40                      |

### Test method:

| Pump                                | Bailer                   | Air                      | Flowing artesian         |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Water quality test or comments: \_\_\_\_\_

## 13. LITHOLOGIC LOG and/or repairs or abandonment:

| Bore Dia. (in) | From (ft) | To (ft) | Remarks, lithology or description of repairs or abandonment, water temp. | Water |   |
|----------------|-----------|---------|--------------------------------------------------------------------------|-------|---|
|                |           |         |                                                                          | Y     | N |
| 10             | 0         | 2       | soil                                                                     |       |   |
|                | 2         | 7       | dark clay sandy                                                          |       |   |
|                | 7         | 31      | gravel                                                                   | X     |   |
|                | 31        | 38      | tan clay                                                                 |       |   |
| 6              | 38        | 45      | tan clay                                                                 |       |   |
|                | 45        | 62      | sandy clay                                                               |       |   |
|                | 62        | 78      | sand with some clay and gravel                                           | X     |   |
|                | 78        | 93      | brown clay                                                               |       |   |
|                | 93        | 103     | sands                                                                    | X     |   |
|                | 103       | 108     | sandy clay                                                               |       |   |
|                | 108       | 114     | sand                                                                     | X     |   |
|                | 114       | 120     | sandy clay                                                               |       |   |
|                | 120       | 126     | sand                                                                     | X     |   |

Completed Depth (Measurable): 126

Date Started: 8-25-22

Date Completed: 9-1-22

## 14. DRILLER'S CERTIFICATION:

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

Company Name Bens Well Drilling and Repair Co. No. 753

\*Principal Driller \_\_\_\_\_ Date 9-8-22

\*Driller \_\_\_\_\_ Date \_\_\_\_\_

\*Operator II \_\_\_\_\_ Date 9-8-22

Operator I \_\_\_\_\_ Date \_\_\_\_\_

\* Signature of Principal Driller and rig operator are required.

SCANNED

SEP 27 2023



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](mailto:idwrinfo@idwr.idaho.gov) • Website: [idwr.idaho.gov](http://idwr.idaho.gov)

Governor Brad Little

Director Mathew Weaver

September 27, 2023

RONALD WATSON  
ELIZABETH KUCHINSKI-WATSON  
10105 GABICA ST  
MIDDLETON ID 83644-5754

**PROOF ACKNOWLEDGEMENT LETTER**

**RE: Permit No. 63-35217**

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](http://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,

Amanda Veibell  
Technical Records Specialist

Enclosure(s)

**SCANNED**

**SEP 27 2023**