

RECEIVED

MAY 23 2024

DEPT. 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 \$ _____

Receipt No. _____

Received By _____

Date Received _____

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. 96-11103 Name of Permit Holder(s) JARAE SWANSTROM, THEODORE SWANSTROM
 Telephone No. 208-290-1569 Email tswanstrom164@gmail.com

Mailing Address 120 E. SUNNYSIDE RD City SANDPOINT State ID Zip 83864

2. Source of Water Ground water If Ground Water (well), Date Drilled mo. 11 / yr. 2020

Drilling Permit/Tag No. 896859 / D0086629 Drilling Company's Name H2O well SERVICE INC

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

Domestic (No. households) 1 Irrigation (No. acres) _____ Stockwater (No. and stock type) _____

Other _____

4. Total diversion rate or volume (storage only) for which proof is submitted _____ 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.

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

well pump to structure

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 \$ _____ 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: TED SWANSTROM Telephone No. 208-290-1569 Email tswanstrom164@gmail.com

Mailing Address 120 E. SUNNYSIDE RD City SANDPOINT State ID Zip 83864

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.

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D D0086629

Drilling Permit No. 6410859

Water right or injection well # _____

2. OWNER: Ted & Jarae Swanstrom

Name _____

Address 539 S. Ella Ave.

City Sandpoint State ID Zip 83864

3. WELL LOCATION:

Twp. 57N North ☒ or South ☐ Rge. 01W East ☐ or West ☒

Sec. 03 10 acres 1/4 NE 1/4 NE 1/4 160 acres

Gov't Lot _____ County Bonner

Lat. 48 19 430 (Deg and Decimal minutes)

Long. 116 25 259 (Deg and Decimal minutes)

Address of Well Site 120 E. Sunnyside Rd.

City Sandpoint

Lot 2 Blk. 1 Sub. Name Whisper Ridge

(Drive at least name of road + distance to road or landmark)

Use: ☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection

☐ Other _____

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 ft ³)	Placement method/procedure
Bentonite	0	38	1250 lbs.	Temp. Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner Threaded Welded
6"	+2	46	250	Steel	☒ ☐ ☐ ☒
4"	-10	390	40	PVC	☐ ☒ ☐ ☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 46'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skil saw

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
370	390	1/4x4	20	4"	PVC	Sch. 40

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
-----------------	-----------	---------	------------------------------------	------------------

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) 160' Static water level (ft) 50'

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

Describe access port Welded steel cap

Well test:	Test method:
Drawdown (feet)	Pump ☐ Bailor ☐ Air ☒ Flowing artesian ☐
Discharge or yield (gpm)	
Test duration (minutes)	
5	60

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	Top Soil		X
10	2	38	Soft Broken Shale		X
8	38	46	Gray Shale		X
6	46	160	Gray Shale w/ 2 gpm @ 160'	X	
6	160	310	Gray Shale w/ 3 gpm @ 310'	X	
6	310	400	Gray Shale		X

RECEIVED

DEC 07 2020

!DWR/NORTH

Completed Depth (Measurable): 390'
Date Started: Nov 23, 2020 Date Completed: Nov 24, 2020

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 H2O Well Service Inc. Co. No. 448

*Principal Driller [Signature] Date 11-25-2020

*Driller [Signature] Date 11-25-2020

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.