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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$ 50.00
Receipt No. N044870
Received By NS
Date Received 7/31/24

IDWR / NORTH

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. 97-7567 Name of Permit Holder(s) Damon Bretthauer
Telephone No. 208-610-3718 Email Priestlaketree@yahoo.com
Mailing Address Po box 284 City Coolin State ID Zip 83821

2. Source of Water Well If Ground Water (well), Date Drilled mo. 05 / yr. 201
Drilling Permit/Tag No. 881226/D0072369 Drilling Company's Name Bob pitts & sons

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

Domestic (No. households) 3 Irrigation (No. acres) 0 Stockwater (No. and stock type) _____
Other _____

4. Total diversion rate or volume (storage only) for which proof is submitted .10 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.)
Pump

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 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.

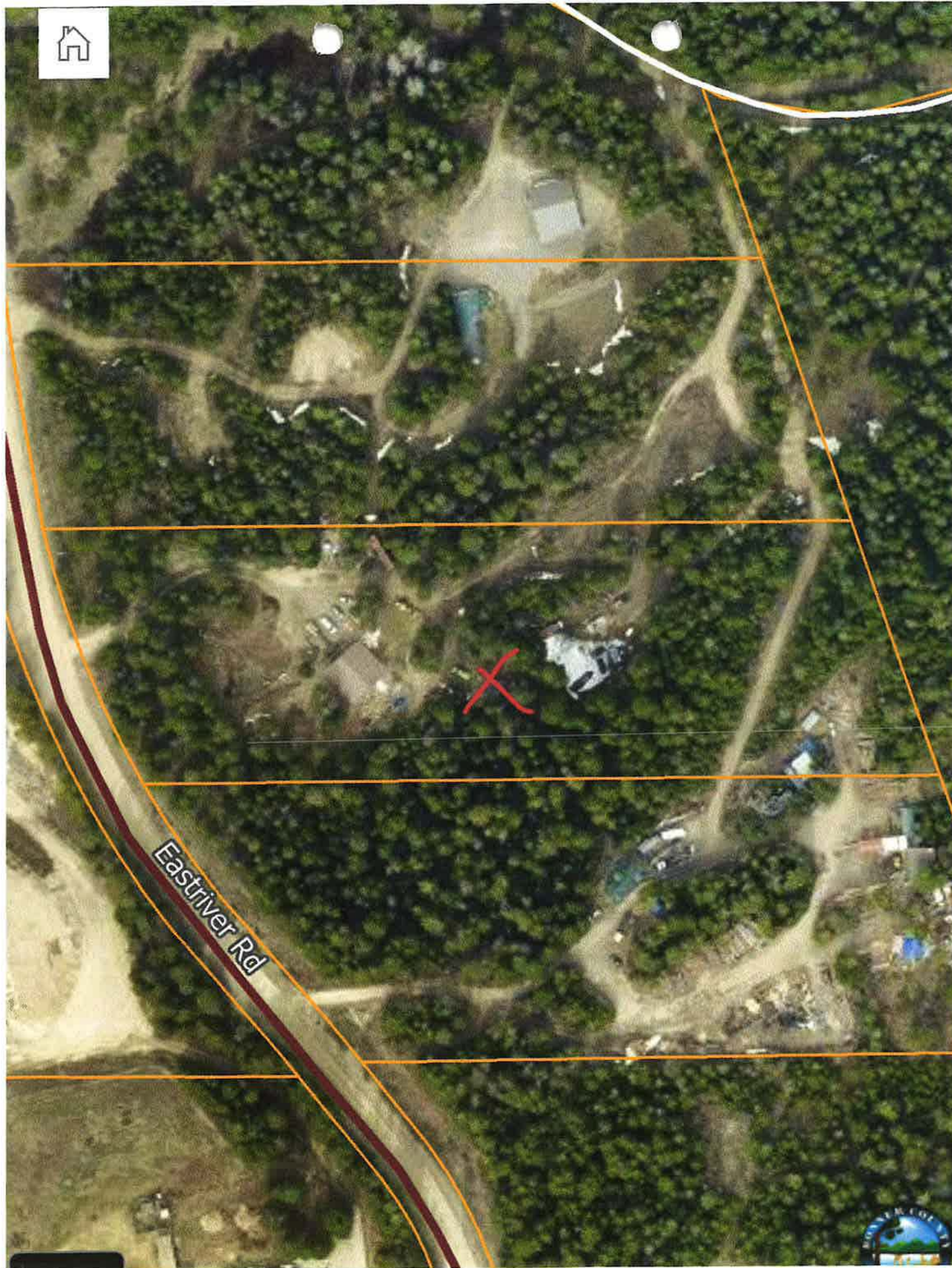
8. Person to contact to accompany a Department representative during the field examination of the water system:

Name: Damon Bretthauer Telephone No. 208-610-3718 Email Priestlaketree@yahoo.com
Mailing Address P.O. Box 284 City Coolin State ID Zip 83821

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.

 Damon Bretthauer/owner 7-30-24
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

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

November 07, 2024

DAMON BRETTHAUER
NERISSA BRETTHAUER
PO BOX 284
COOLIN ID 83821-0284

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 97-7567

Dear Permit Holder(s):

The Department acknowledges receipt of the proof of beneficial use form submitted for the above-mentioned 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 Northern Region Office of the Department located in Coeur d'Alene at (208) 762-2800.

Sincerely,

Jean Hersley
Technical Records Specialist II

Enclosure(s)



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WATER RESOURCES

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Governor Brad Little

Director Mathew Weaver

October 23, 2024

DAMON BRETTHAUER
NERISSA BRETTHAUER
PO BOX 284
COOLIN ID 83821-0284

RE: Water Permit No. 97-7567

Dear Permit Owner:

The Department of Water Resources (Department) is in the process of reviewing your permit for licensing. An email was sent on September 23, 2024 requesting additional information.

Permit 97-7567 was approved for 4 homes. The Statement of Completion you submitted states only three homes were connected to the well. The Department needs to know which homes are connected.

Enclosed is a map of the property. Please mark where the homes are located on the map and return to the Department within 10 days. You can return the map to the address above or email to file@idwr.idaho.gov. If the Department does not receive your map within 10 days, this permit will be placed in the queue for a field exam.

Please contact me at jean.hersley@idwr.idaho.gov or (208) 287-4942 if you have any questions. Thank you.

Sincerely,

Jean Hersley
Technical Records Specialist II

State of Idaho
Department of Water Resources
Attachment to Water Right
97-7567

This map depicts the DOMESTIC place of use boundary for this water right at the time of this approval and is attached to the approval document solely for illustrative purposes.



0 0.04 0.08 0.16 Miles

- Place Of Use Boundary
- Point of Diversion
- State Outline
- Townships
- PLS Sections
- Quarter Quarters



Hersley, Jean

From: Hersley, Jean
Sent: Monday, September 23, 2024 10:13 AM
To: 'priestlaketree@yahoo.com'
Subject: water permit 97-7567
Attachments: 97-7567_43_328186.pdf

The Department of Water Resources (Department) is in the process of reviewing your permit for licensing. Permit 97-7567 was approved for 4 homes. The Statement of Completion you submitted states only three homes were connected to the well. I have attached a map of the property. Please mark where the homes are located on the map and return to me as soon as possible so I can continue licensing your permit. You can provide the requested information by responding to this email.



*Jean Hersley
Technical Records Specialist II
Idaho Dept Water Resources
(208) 287-4942*

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Per County Records
Inspected by _____
Twp 59N Rge 4W Sec 22
1/4 SW 1/4 SE 1/4

1. WELL TAG NO. D 0072369
Drilling Permit No. 881226
Water right or injection well # _____

2. OWNER:
Name Damon Brett Thauer
Address PO Box 284 Coolin
City Coolin State ID Zip 83821

3. WELL LOCATION:
Twp 59 North ☒ or South ☐ Rge. 4 East ☐ or West ☒
Sec. 22 SW 1/4 SE 1/4 1/4

Gov't Lot 3 County Bonner
Lat. N48° 45' 25.3" (Deg. and Decimal minutes)
Long. 116° W 52' 17" (Deg. and Decimal minutes)
Address of Well Site East Side Road. River
17563 City Coolin
(Give at least name of road - Distance to Road or Landmark)
Lot. 3 Blk. _____ Sub. Name _____

4. 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)	Placement method/procedure
<u>Bitumite</u>	<u>0</u>	<u>38</u>	<u>22</u>	<u>Temp casing</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing/Liner	Threaded	Welded
<u>6</u>	<u>+1</u>	<u>193</u>	<u>2.50</u>	<u>Steel</u>	☒	☐	☒
<u>5</u>	<u>+2</u>	<u>233</u>	<u>2.50</u>	<u>Steel</u>	☒	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 193

9. PERFORATIONS/SCREENS:
Perforations ☐ Y ☐ N Method _____

Manufactured screen ☒ Y ☐ N Type Tilscoping
Method of installation Pull Back

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>223</u>	<u>233</u>	<u>15</u>		<u>5"</u>	<u>SS</u>	

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type K Pack

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	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) 203 Static water level (ft) 203
Water temp. (°F) _____ Bottom hole temp. (°F) _____
Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>220</u>	<u>6</u>	<u>2 1/2</u>

Test method:

Pump	Bailer	Air	Flowing artesian
☒	☐	☐	☐

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
<u>10</u>	<u>0</u>	<u>38</u>	<u>Sand Boiled</u>		☒
<u>6</u>	<u>38</u>	<u>65</u>	<u>Boilers</u>		☒
<u>6</u>	<u>65</u>	<u>150</u>	<u>Sand Grav</u>		☒
<u>6</u>	<u>150</u>	<u>195</u>	<u>Grav</u>		☒
<u>5</u>	<u>195</u>	<u>230</u>	<u>Sand</u>		☒
<u>5</u>	<u>220</u>	<u>333</u>	<u>Sand</u>		☒

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Completed Depth (Measurable): 233
Date Started: 11-30-16 Date Completed: 5-20-17

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 Bob Pitts! sons Co. No. 235
*Principal Driller Bob Pitts Date 6-1-17

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

59N 4W 22