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Form 42-217 Rev. 6/22

APR 29 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. 65-23826 Name of Permit Holder(s) UNITED STATES OF AMERICA - USDA FOREST SERVICE
Telephone No. 986-200-8256 Email matthew.robinson@usda.gov
Mailing Address 1249 S. VINNELL WAY STE 200 City BOISE State ID Zip 83709
2. Source of Water GROUNDWATER If Ground Water (well), Date Drilled mo. MAY / yr. 2021
Drilling Permit/Tag No. DO085215 Drilling Company's Name COONSE WELL DRILLING & PUMP CO INC. 208-454-0190
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 .04 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 PIPED TO PRESSURE TANK AND THEN TO RECREATION RESIDENCE
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: MATT ROBINSON Telephone No. 986-200-8256 Email matthew.robinson@usda.gov
Mailing Address 1249 S. VINNELL WAY STE 200 City BOISE State ID Zip 83709

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.

Kathryn Conant, Director of Lands and Minerals

4-2-24

APR 29 2024

DEPT. OF WATER RESOURCES

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0085215

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER:

Name Larry FaulknerAddress 5020 N. Parkwood St.City Boise State ID Zip 83704

3. WELL LOCATION:

Twp. 10 North ☒ or South ☐ Rge. 11 East ☒ or West ☐Sec. 28 1/4 SW 1/4 SW 1/4Gov't Lot _____ County BoiseLat. 44 9.917 (Deg. and Decimal minutes)Long. 115 11.504 (Deg. and Decimal minutes)Address of Well Site 1 Bear CreekCity Grand Jean

Lot _____ 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 ³)	Placement method/procedure
3/4 bentonite	0	38	1100lbs	dry pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6"	+2	40	.250	steel	☒	☐	☒
4.5"	20	340	sdr-17	pvc	☐	☒	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 40

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☐ N Method _____Manufactured screen ☒ Y ☐ N Type pvcMethod of installation placed

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
340	400	.02	---	4.5"	pvc	sdr-17

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
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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) 110 Static water level (ft) 90Water temp. (°F) 56degF Bottom hole temp. (°F) _____

Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>.5</u>	<u>60</u>	<u>60</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
10"	0	1	top soil		X
"	1	34	boulders gravel and sand		X
"	34	38	white granite		X
6"	38	110	white granite		X
"	110	116	light tan granite	X	
"	116	278	white granite		X
"	278	312	light gray granite		X
"	312	334	light tan granite	X	
"	334	400	white granite		X

Completed Depth (Measurable): 400Date Started: May 14, 2020Date Completed: May 18, 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 Coonse Well DrillingCo. No. 409*Principal Driller [Signature] Date May 19, 2020*Driller [Signature] Date May 19, 2020

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.