

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.

- Permit No. 63-35264 Name of Permit Holder(s) Jeff Johnson
Telephone No. 208 866 9224 Email jeff@artisanoptics.com
Mailing Address 152 N Al Fresco Pl City Boise State ID Zip 83712
- Source of Water well If Ground Water (well), Date Drilled mo. 11 / yr. 2022
Drilling Permit/Tag No. 0097556 Drilling Company's Name McLeran Well Drilling LLC
- Extent of use(s) completed as authorized by the water right permit:
Domestic (No. households) _____ Irrigation (No. acres) 0.5 Stockwater (No. and stock type) _____
Other _____
- Total diversion rate or volume (storage only) for which proof is submitted 0.04 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.
- 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 \$ _____ 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: Jeff Johnson Telephone No. 208 866 9224 Email jeff@artisanoptics.com
Mailing Address 152 N Al Fresco Pl City Boise State ID Zip 83712

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*

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

Jeff Johnson owner
PRINTED NAME AND TITLE

7-16-24
DATE

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTCopy
original sent to:
IDWR

1. WELL TAG NO. D 0097556

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER: Jeff Johnson

Name _____

Address 152 N Alfresco Pl

City Boise State Id Zip 83712

3. WELL LOCATION:

Twp. 03 North ☒ or South ☐ Rge. 02 East ☒ or West ☐

Sec. 12 1/4 SE 1/4 SE 1/4

Gov't Lot _____ County Ada

Lat. 43° 36.2639 (Deg. and Decimal minutes)

Long. 116° 09.2517 (Deg. and Decimal minutes)

Address of Well Site

152 N Alfresco Pl City Boise

Lot 2 Blk. 1 Sub. Name Hilltop 11*

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
Bent. 3/4 Chip 0	96	2050	Pour	

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Unl.	Threaded	Welded
6"	+2	98	.250	Steel	☒	☐	☐	☒
4.5	75	135	SDR 17	SDR 17	☐	☒	☒	☐
4.5	255	335	SDR 17	SDR 17	☐	☒	☒	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 98

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☐ N Method _____Manufactured screen ☒ Y ☐ N Type SDR 17

Method of installation _____

From (ft)	To (ft)	Slot size	Number/R	Diameter (nominal)	Material	Gauge or Schedule
135	255	.025		4.5	SDR 17	
335	355	0.025		4.5	SDR 17	

Length of Headpipe N/A Length of Tailpipe N/A

Packer ☒ Y ☐ N Type K-Packer

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) 120 Static water level (ft) 120

Water temp. (°F) 67° Bottom hole temp. (°F) _____

Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
350	25	60

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	9	Brown Sand		X
10"	9	35	Hard Brown Clay		X
10"	35	70	Orange Clay		X
10"	70	97	Blue Shale		X
10"	97	98	Sand Stone		X
6"	98	120	Sand Stone		X
6"	120	165	Fractured Sandstone (5) GPM	X	
6"	165	187	Basalt		X
6"	187	198	Blue Shale	X	
6"	198	230	Brown Shale	X	
6"	230	270	Blue shale w/brown streaks		X
6"	280	320	Cemented Sand		X
6"	320	365	Blue Clay		X

Completed Depth (Measurable): 355

Date Started: 11/1/22

Date Completed: 11/7/2022

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 McLeran Well Drilling, LLC Co. No. 641

Principal Driller *[Signature]* Date 11/7/2022

Driller _____ Date _____

Operator II *[Signature]* Date 11/7/2022

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.