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IDWR / NORTH

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

DEPT. OF WATER RESOURCES

FOR OFFICE USE ONLY

Est. of Fee \$ —
Receipt No. —
Received By MB
Date Received 4/10/25

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. 98-8124 Name of Permit Holder(s) Dave & Susan Crandall
Telephone No. (208) 217-1704 Email crandall@yahoo.com
Mailing Address 377 Amber Ln City Bonner Ferry State ID Zip 83805
- Source of Water Well If Ground Water (well), Date Drilled mo. 9 / yr. 2015
Drilling Permit/Tag No. D0069520 Drilling Company's Name Universal Well Drilling
- Extent of use(s) completed as authorized by the water right permit: 225QE-10-190 Grundfos Pump 22 GPM
Domestic (No. households) 1 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.)
Well Pump to underground supply line to hose bibs - Using above ground hoses & mobile lawn sprinklers on tripod for irrigation.
- 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 <u>—</u>
☐	☒	Reasonably Anticipated Future Needs ("RAFN") Municipal use

If RAFN Municipal use, additional increment of beneficial use developed? ☐ Yes (attach CWRE report) ☐ No
- 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.
- Person to contact to accompany a Department representative during the field examination of the water system:
Name: Dave Crandall Telephone No. (208) 217-1704 Email crandall@yahoo.com
Mailing Address 377 Amber Ln City Bonner Ferry State ID Zip 83805

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.

Susan J. Crandall
SIGNATURE OF PERMIT HOLDER*

Dave Crandall
PRINTED NAME AND TITLE

4/7/2025
DATE

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

Susan J. Crandall Susan J. Crandall

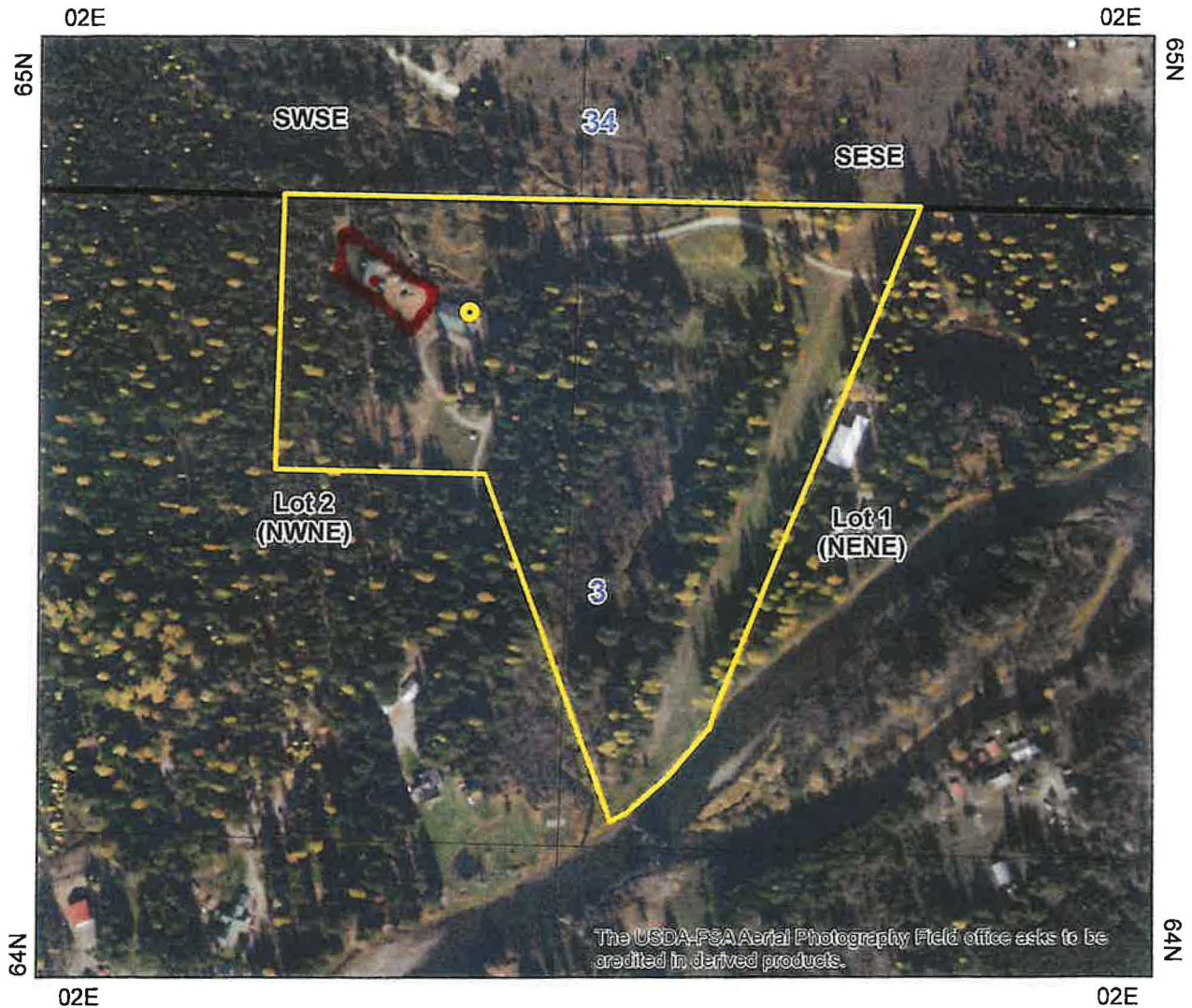
Apr. 14th, 2025

State of Idaho
Department of Water Resources

Attachment to Permit to Appropriate Water

98-8124

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.



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

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 00069520

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER: Dave Crandall

Name Dave Crandall

Address 377 Amber Lane

City Boonas Ferry State Id Zip 83805

3. WELL LOCATION:

Twp. 64 North ☒ or South ☐ Rge. 02 East ☒ or West ☐

Sec. 3 NW 1/4 NE 1/4 SE 1/4

Gov't Lot _____ County Boundary

Lat. 48:9341 (Deg. and Decimal minutes)

Long. -116:1836 (Deg. and Decimal minutes)

Address of Well Site 377 Amber Lane

City Boonas Ferry

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
Bentonite	0	20	10 bags	Pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6" - 2	74	25		Steel	☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 74

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule

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 Well cap

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 35 Static water level (ft) 28

Water temp. (°F) 75 Bottom hole temp. (°F) 45

Describe access port Well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
72	60	1 Hour

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐
☐	☐	☐	☐

Water quality test or comments: good

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	20	Seal pipe		
6	0	70	CoBBle, silt, gravel clay		X
6	40	55	gravel, clay, water	Y	
6	55	60	gravel sand water thick	Y	
6	60	74	gravel sand water 60 gpm		X

Completed Depth (Measurable): 74

Date Started: 7-14-15 Date Completed: 9-14-15

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 Universal Drilling Co. No. 650

*Principal Driller [Signature] Date 9-15-15

*Driller [Signature] Date 9-15-15

*Operator II Austin H. H. H. Date 9-15-15

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.