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IDWR/NORTH

DEPARTMENT 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 \$ 50.00Receipt No. N045710Received By NSDate Received 11-21-25

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. 87-10082 Name of Permit Holder(s) Jill Maria Wagner
Telephone No. 208 582 1347 Email jmwagner66@gmail.com
Mailing Address PO Box 163 City Plummer State ID Zip 83851
- Source of Water well If Ground Water (well), Date Drilled mo. Aug / yr. 2015
Drilling Permit/Tag No. 69571 Drilling Company's Name Interstate Drilling LLC
- Extent of use(s) completed as authorized by the water right permit:
Domestic (No. households) 1 Irrigation (No. acres) _____ Stockwater (No. and stock type) 25 mixed
Other _____
- Total diversion rate or volume (storage only) for which proof is submitted 0.06 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.)
See Attached response

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 \$ 50.00 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: Jill Wagner Telephone No. 208-582-1347 Email jmwagner66@gmail.com
Mailing Address PO Box 163 City Plummer State ID Zip 83851

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.

Jill M Wagner
SIGNATURE OF PERMIT HOLDER*

Jill M Wagner
PRINTED NAME AND TITLE

11-21-2025
DATE

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

Permit 87-10082

Jill Maria Wagner property location: 6225 highway 95, Potlatch, Idaho

Mailing address: PO BOX 163, Plummer Idaho 83851

Phone number: 208-582-1347 Email jmwagner66@gmail.com

5.

A well with pump installed August 2015. Well tag number 69571 (see photo), copy of driller report included. Pump, cistern for passive pressure, and hydrant installed at the same time, copy of invoice and payment included. See photos.

I installed 2 solar panels and a 4 battery storage system with 4000watt inverter to power the pump (and charge power tools and cell phone) in fall 2015. Upgraded to 8 battery system in 2017. Batteries replaced with new in 2024. Solar batteries and panels shown in photos. The inverter is inside the cabin which is shown in the photos of the hydrant and battery bank.

I irrigate with hoses and sprinklers 2 inground beds and 2 raised beds including one with an 8'x3' green house topper for plant starting in spring. See photos.

I have had a maximum of 2 beef cattle at a time on the property, 4 honey bee colonies, and 25 chickens maximum. Water provided to all by hose and hand watering as needed. Chicken coop shown in photo.

PHOTOS ON REVERSE

Permit 87-10082

Jill Maria Wagner property location: 6225 highway 95, Potlatch, Idaho

Mailing address: PO BOX 163, Plummer Idaho 83851

Phone number: 208-582-1347 Email jmwagner66@gmail.com

Photos in support of beneficial use for the above named permit:

Well head with tag



Hydrant and well pump electrical outside the cabin



Pump starter with capacity info



Solar batteries and panels that power the pump



Messy but productive
Large garden, berry garden
20yards to the east

Full cistern



Raised bed 1



Raised bed 2



Chicken coop



QUESTION 5 RESPONSE ON REVERSE

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 69571

Drilling Permit No. 8710430
Water right or injection well # _____

2. OWNER:

Name Jill Wagner
Address P.O. Box 163
City Plummer State ID Zip 83851

3. WELL LOCATION:

Twp. 43 North ☒ or South ☐ Rge. 4 East ☐ or West ☒
Sec. 29 1/4 NW 1/4 SW 1/4

Gov't Lot _____ County Latah
Lat. 47 02:197N (Deg. and Decimal minutes)
Long. 116 52:537W (Deg. and Decimal minutes)

Address of Well Site 6225 NS Hwy 95
City Potlatch

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	-38ft	1050lbs	pour around pipe

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Unr	Threaded	Welded
6"	+2	-38	2.50	STEEL	☒	☐	☐	☒
4"	-15	-185	Sch40	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) -38ft georoc for shoe

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skill Saw

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
-75	-175	1/4x8	60	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
NONE				

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) 55FT Static water level (ft) -15FT

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

Describe access port Well Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Baker	Air	Flowing artesian
20 gpm airlift at 187ft for	2 hrs		☐	☐	☒	☐

Water quality test or comments: Cold and Cloudy/No Odor

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	3	clay		X
	3	10	clay w/gravel		X
	10	16	granite broken		X
	16	32	granite hard		X
	32	42	granite w/little clay		X
8"	42	50	shale-soft		X
	50	55	shale-medium hard 2 gpm cloudy	x	
	55	130	granite broken 8 gpm total at 120 ft	x	
	130	187	granite hard 20 gpm total at 187 ft	x	
			shale trap at 65 ft		

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Completed Depth (Measurable): 185 Ft

Date Started: 8-25-15

Date Completed: 8-26-15

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 Interstate Drilling LLC Co. No. 8-26-15

*Principal Driller [Signature] Date 8-26-15

*Driller [Signature] Date 8-26-15

*Operator II [Signature] Date 8-26-15

Operator I [Signature] Date 8-26-15

* Signature of Principal Driller and rig operator are required.

Permit 87-1008 Property 6225 Highway 95, Potlatch ID



The West 1/2 of the Southwest 1/4
of Section 29
Township 43N, Range 4W

Parcel RP43N04W295829