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Form 42-217 Rev. 6/22

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FEB 26 2026

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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 \$ 50.00
Receipt No. C 125291
Received By KW
Date Received 3-13-26

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. 86-12102/96-12064 Name of Permit Holder(s) Otto R Keyes, Barbara J Keyes
Telephone No. 208-662-8316 Email eh440@yahoo.com
Mailing Address 1043 Highway Rd City Moscow State ID Zip 83843

2. Source of Water Well (Groundwater) Ground Water (well), Date Drilled mo. Sept / yr. 2018
Drilling Permit/Tag No. 887654/D0078981 Drilling Company's Name Stuivenga Vessey

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

Domestic (No. households) 1 Irrigation (No. acres) 3.3 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.)

Please see notes on map which describe the system.

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 accompany a Department representative during the field examination of the water system:

Name: _____ Telephone No. _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

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.

Otto R Keyes
SIGNATURE OF PERMIT HOLDER*

Otto R Keyes
PRINTED NAME AND TITLE

2/20/26
DATE

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

Barbara J. Keyes

Barbara J. Keyes

2/20/26

* Signature of Principal Driller and rig operator are required.

Idaho Dept. of Water Resources

Write Tag Number Here

0008981

Start Card Permit - Single Family Domestic Well Only

(Cold Water less than 85°F)

1. Property Owner (please print): James L. Westberg
 2. Current Mailing Address: P.O. Box 9003
 City: Moscow State: ID Zip Code: 83843 Telephone (208) 892 3637
 3. Proposed Well Location: Twp. 39N Rge. 04W Sec. 31 1/4 NE 1/4 SE 1/4
 Gov't Lot No. _____ County Latah Lat. 46 40.702 Long. 116 52.656
 Street Address of Well Site Weston Leaville Rd on Hill Road City Moscow
Give at least name of road + Distance to Nearest Road or Landmark

Lot, block and subdivision _____
 4. Are all adjacent septic tanks and drain fields accurately located? By Property Owner: Yes ☒ No ☐ By Health District: Yes ☐ No ☒
 5. Well Construction Information: A. ☒ New well ☐ Replace ☐ Deepen ☐ Modify
 Previous well #: _____ B. Proposed Casing Dia. 8 C. Proposed Maximum Depth: 300
 6. Construction Start Date: 9/2/18 7. Well Drilling Co.: Stuivenga Vessey Driller's Lic. No. 545
 8. The Driller hereby accepts the terms and conditions of the Start Card Permit.

Principal Driller's Signature: G. J. J. J. Date: 6/14/18
 9. The Well Owner affirms to have read this Start Card Permit, validates its accuracy and accepts the conditions.
 Property Owner's Signature: James L. Westberg Date: 6/11/18

CONDITIONS FOR USE OF START CARD:

1. This permit authorizes the construction or modification of one domestic well for a single-family residence. No additional residences, businesses, or dwellings may be connected to this well without a valid water right. Limited to irrigation of 1/2 acre lawn/garden and 13,000 gpd.
2. This form must be complete, including the prepaid tag number and signature of the driller. The owner should sign the start card after reviewing these conditions. Start cards must be received by the Department at least two office hours prior to commencing construction of the well. The start construction date shall be no more than 10 days after the Department receives the permit. An incomplete form will not be considered a valid permit to drill.
3. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare. All wells must be drilled a minimum distance of 100' from a drain field. Domestic wells must be drilled a minimum of 50' from a septic tank.
4. Only Well Drillers licensed in Idaho may use a Start Card for construction of a well. The driller shall maintain a copy of the Start Card and the well I.D. tag at the drilling site during construction.
5. This drilling permit does not authorize trespass on the land of another party.
6. This drilling permit does not constitute other local, county, state, or federal approvals which may be required for construction of a well.
7. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
8. If a bottom hole temperature of 85°F or greater is encountered, well construction shall cease and the well driller shall contact the Department immediately.
9. Idaho Code, S 55-2201 - 55-2210 requires the applicant and/or his contractors to contact "Digline" (Digline is a one-call center for utility notification) not less than 2 working days prior to the start of any excavation for this project. The "Digline" Number for your area is 1-800-342-1585.
10. The stainless steel I. D. tag must be welded to the well casing by the driller upon completion of the well, and prior to removing the drill rig from the drill site and must remain permanently attached above ground level for the life of the well. The well tag shall be attached by welding at least 3 sides or using four (4) stainless steel, closed-end pop rivets.
11. A start card is not valid for drilling in Areas of Drilling Concern, Critical Groundwater Areas, Groundwater Management Areas, or other Areas as Identified by the Department.
12. The possession of a well tag does not authorize construction of a well.
13. Any well being replaced by a new well shall be properly abandoned by the well driller prior to removing the drilling equipment unless otherwise authorized by the department.

Your Start Card Application and/or Tag purchase may be submitted to one of the following offices:

IDWR Western Region
 2735 Airport Way
 Boise, ID 83705-5082
 Phone: (208) 334-2190 Fax: (208) 334-2348

IDWR Northern Region
 7600 North Mineral Drive, STE 100
 Coeur d'Alene, ID 83815
 Phone: (208) 762-2800 Fax: (208) 762-2819

IDWR Eastern Region
 900 North Skyline Drive STE A
 Idaho Falls, ID 83402-1718
 Phone: (208) 525-7161 Fax: (208) 525-7177

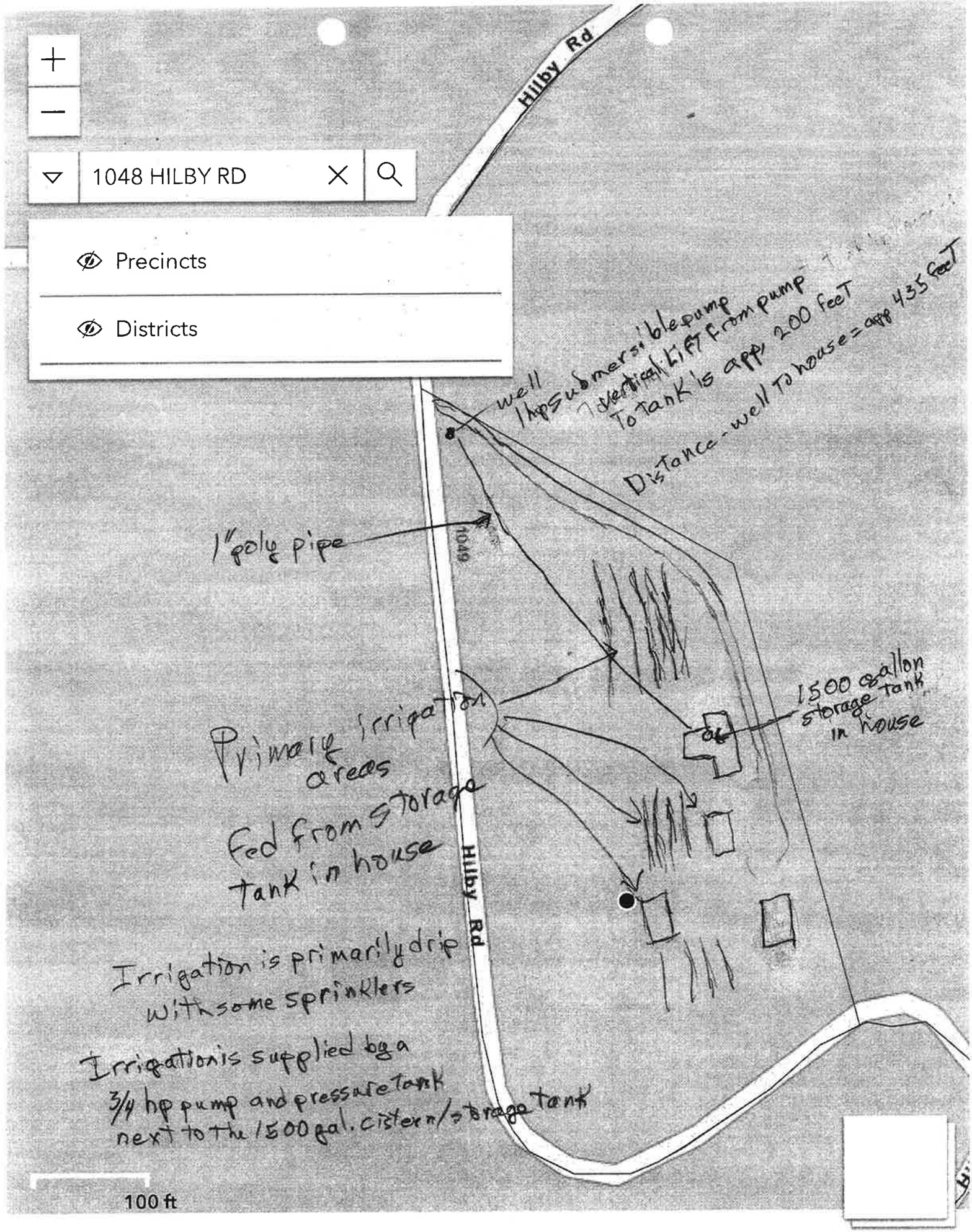
IDWR Southern Region
 650 Addison Ave W, Ste 500
 Twin Falls, ID 83301-5858
 Phone: (208) 736-3033 Fax: (208) 736-3037

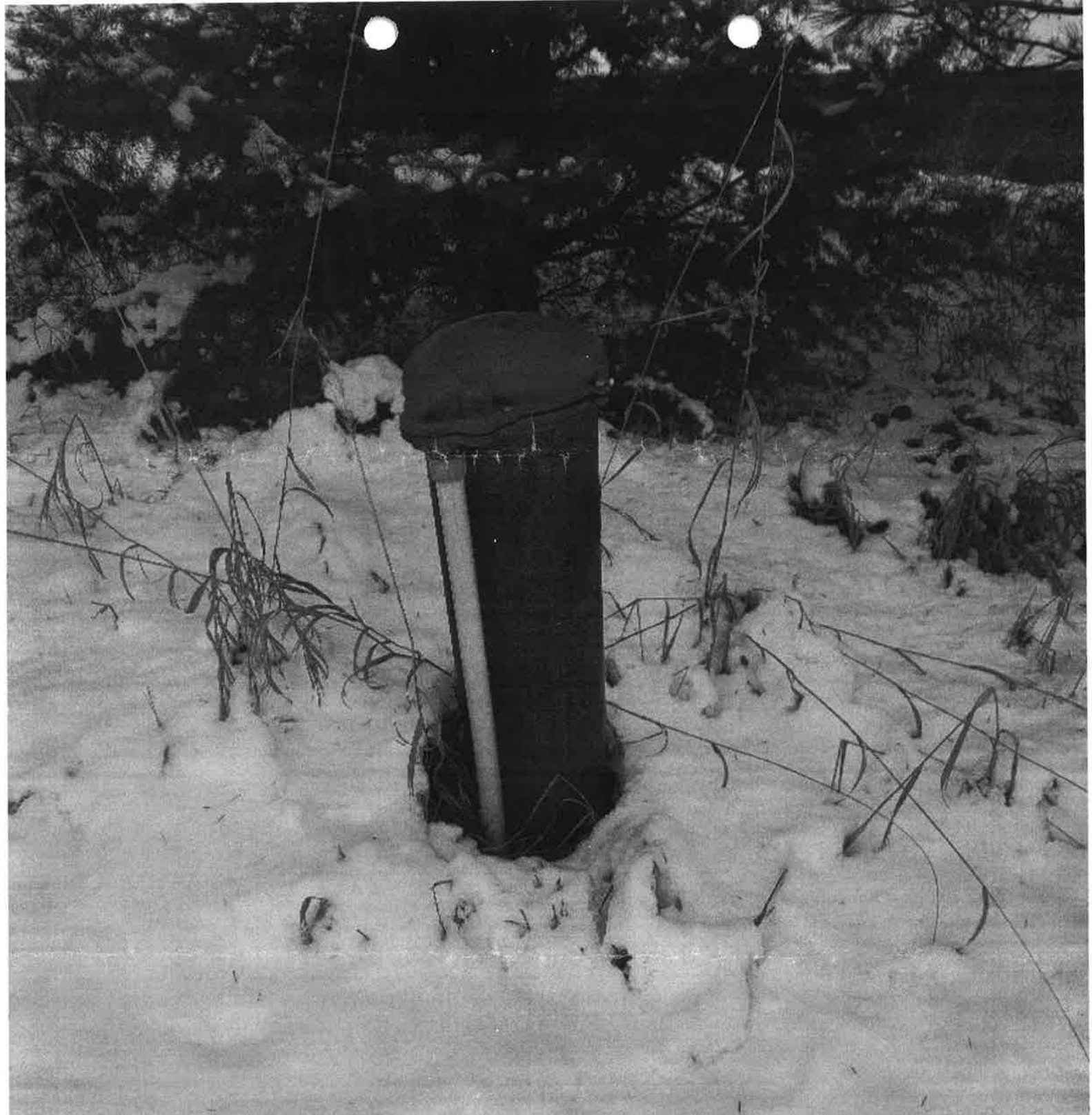
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1048 HILBY RD

- Precincts
- Districts





Well Head - 1048 Hilby Rd
Moscow, ID 83843

1 hp submersible pump

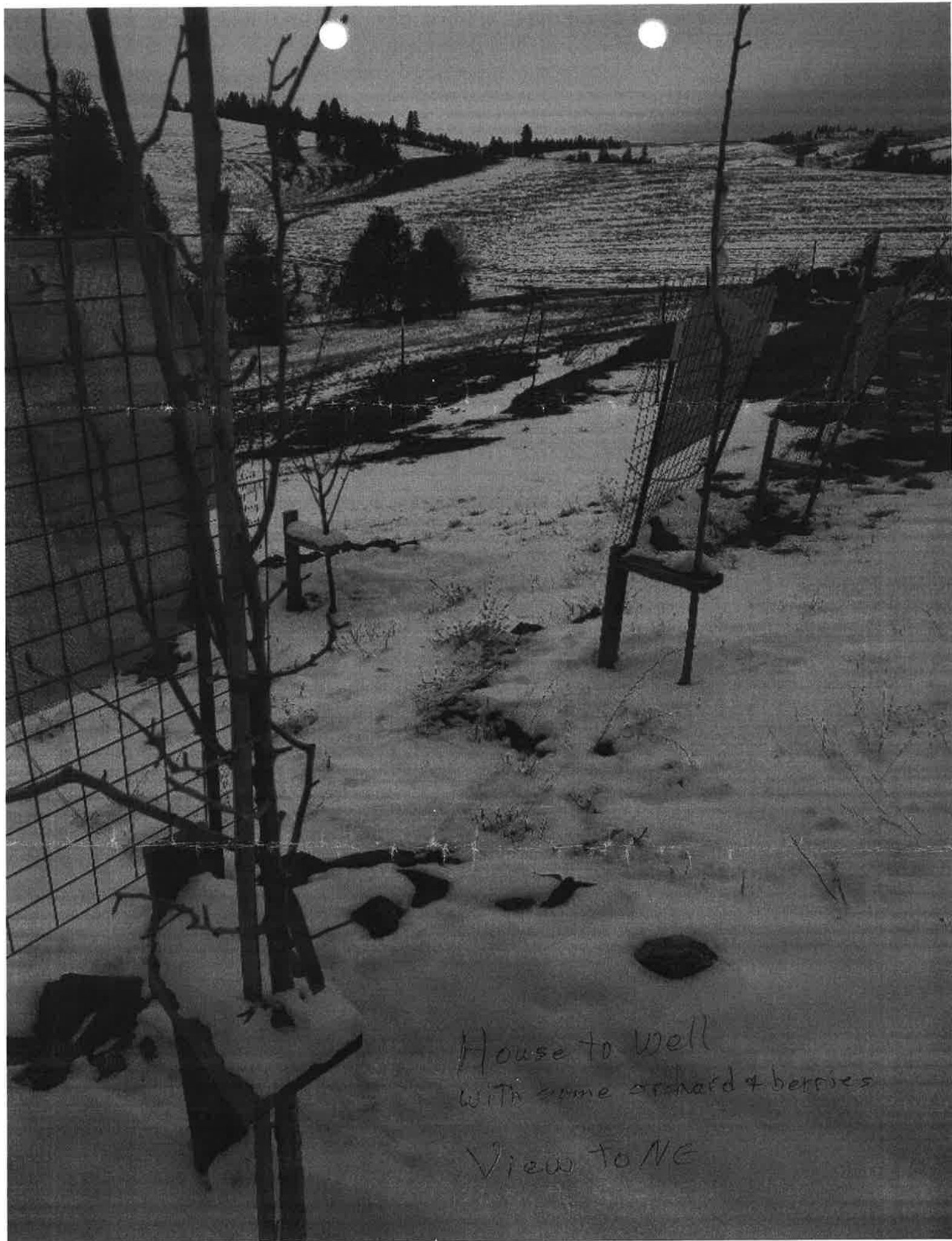
Total well depth app 180'



Well to house = app 435'

Lift from submersible pump
to house = app 200'

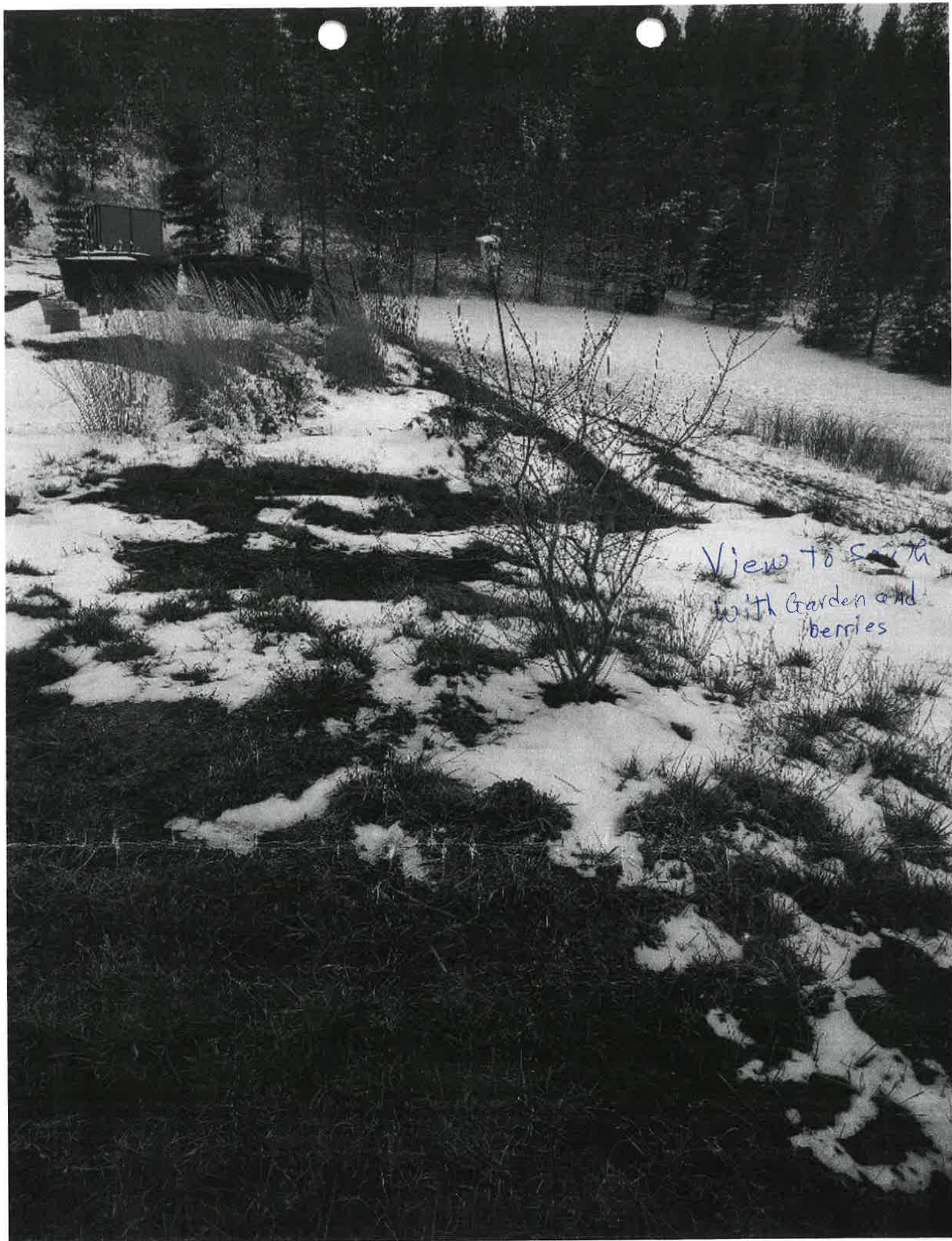
View to SE



House to Well
with some orchard & berries
View to NE



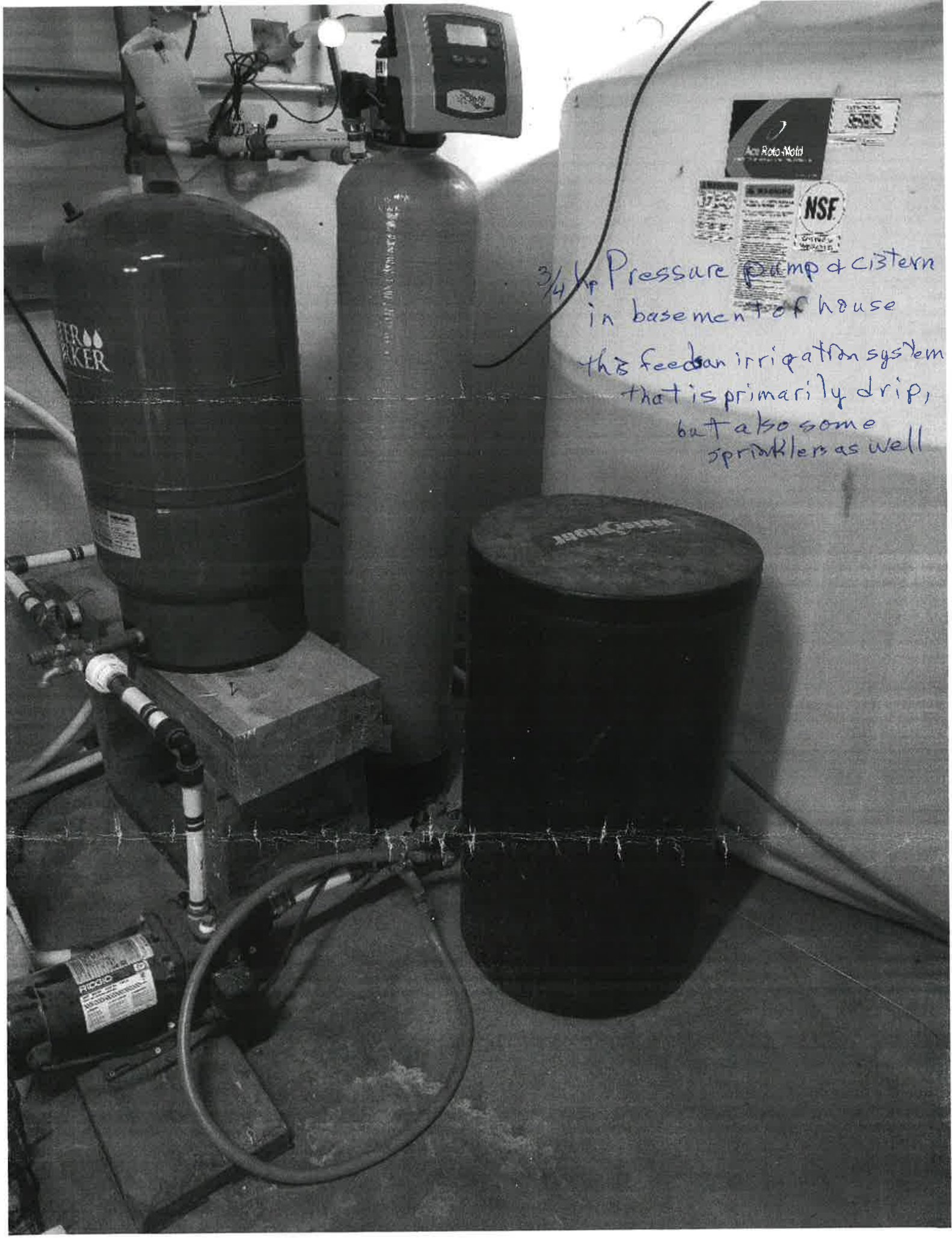
View to north with orchard & berries



View to South
with Garden and
berries



View to south
with Garden & berries



3/4 hp Pressure pump & cistern
in basement of house
this feeds an irrigation system
that is primarily drip,
but also some
sprinklers as well