

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED ✓

APR 13 2022

**NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP**

DEPT OF WATER RESOURCES  
SOUTHERN REGION

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, see #7 of the instructions.

| Water Right/Claim No. | Split?                       | Leased to Water Supply Bank? | Water Right/Claim No. | Split?                       | Leased to Water Supply Bank? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 47-4335               | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

2. Previous Owner's Name: D.G. ENTERPRISES LLC / Pete Richards  
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): TANNER PARK LLC  
New owner(s) as listed on the conveyance document

P.O. Box 221  
Mailing address  
208-731-8669  
Telephone

Name connector ☐ and ☐ or  
Jerome ID 83338  
City State Zip  
deconstruction8@gmail.com  
Email

4. If the water rights and/or adjudication claims were split, how did the division occur?
- ☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
- ☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.

5. Date you acquired the water rights and/or claims listed above: 05-20-2014

6. Do you own the land identified as the water right place of use? Yes ☒ No ☐
- o If no, attach evidence that written notice of the change of water right ownership has been delivered to the landowner of record.

7. This form must be signed and submitted with the following **REQUIRED** items:

- ☒ A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
- ☒ Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
- ☒ Filing fee (see instructions for further explanation):
- o \$25 per *undivided* water right.
  - o \$100 per *split* water right.
  - o No fee is required for pending adjudication claims.
- ☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.
- ☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

8. Signature: [Signature] Owner 03-30-22  
Signature of new owner/claimant Title, if applicable Date  
Derrin Ellis

Signature: \_\_\_\_\_  
Signature of new owner/claimant Title, if applicable Date  
Print name

Received by DM Date 4-13-2022 For IDWR Office Use Only: Receipt No. 5039174 Receipt Amt. \$50-  
Active in the Water Supply Bank? Yes ☐ No ☐ If yes, forward to the State Office for processing W-9 received? Yes ☐ No ☐  
Name on W-9 \_\_\_\_\_ Approved by \_\_\_\_\_ Processed by DM Date 5-11-2022

**RECORDING REQUESTED BY**  
First American Title Company

**AND WHEN RECORDED MAIL TO:**  
First American Title Company  
260 Third Avenue North  
Twin Falls, ID 83301

**TWIN FALLS COUNTY**  
RECORDED FOR:  
FIRST AMERICAN TITLE - TWIN FA  
04:04:50 PM 05-30-2014  
**2014008875**  
NO. PAGES 2 FEE: \$13.00  
KRISTINA GLASCOCK  
COUNTY CLERK  
DEPUTY: DJW  
Electronically Recorded by Simplifile

Space Above This Line for Recorder's Use Only

## **WARRANTY DEED**

File No.: **504141-TF (sg)**

Date: **May 20, 2014**

For Value Received, **Peter J. Richards and Susan A. Richards, husband and wife**, hereinafter called the Grantor, hereby grants, bargains, sells and conveys unto **Tanner Park LLC, an Idaho limited liability company**, hereinafter called the Grantee, whose current address is **P.O. Box 221, Jerome, ID 83338**, the following described premises, situated in **Twin Falls County, Idaho**, to-wit:

**TOWNSHIP 10 SOUTH, RANGE 16 EAST OF THE BOISE MERIDIAN, TWIN FALLS COUNTY, IDAHO**

**SECTION 25: ALL THAT PORTION OF THE E $\frac{1}{2}$ SE $\frac{1}{4}$ , DESCRIBED AS:**

**BEGINNING AT A POINT ON THE EAST BOUNDARY LINE OF SAID SECTION, 542 FEET NORTH OF THE SOUTHEAST CORNER OF SAID SECTION, SAID POINT BEING DESIGNATED AND MARKED BY A 3/4 INCH GALVANIZED PIPE PEGGED INTO THE GROUND;  
THENCE WEST A DISTANCE OF 175 FEET;  
THENCE NORTH A DISTANCE OF 650.92 FEET;  
THENCE EAST A DISTANCE OF 175 FEET TO SAID EAST LINE OF SAID SECTION;  
THENCE SOUTH A DISTANCE OF 650 FEET TO THE POINT OF BEGINNING.**

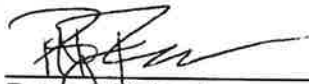
SUBJECT TO all easements, right of ways, covenants, restrictions, reservations, applicable building and zoning ordinances and use regulations and restrictions of record, and payment of accruing present year taxes and assessments as agreed to by parties above.

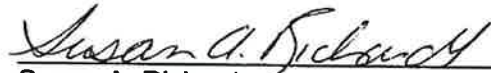
TO HAVE AND TO HOLD the said premises, with its appurtenances, unto the said Grantee, and to the Grantee's heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that the Grantor is the owner in fee simple of said premises; that said premises are free from all encumbrances except current years taxes, levies, and assessments, and except U.S. Patent reservations, restrictions, easements of record and easements visible upon the premises, and that Grantor will warrant and defend the same from all claims whatsoever.

Date: 05/20/2014

Warranty Deed  
- continued

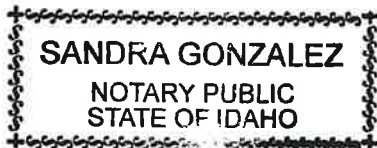
File No.: 504141-TF (sg)

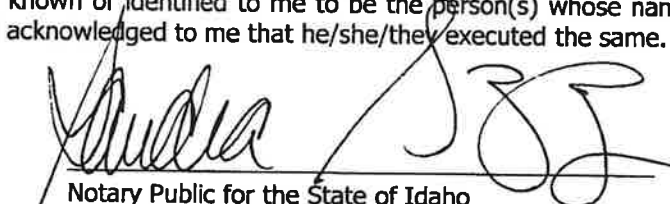
  
Peter J. Richards

  
Susan A. Richards

STATE OF Idaho )  
COUNTY OF Twin Falls )  
SS.

On this **Thirtieth day of May, 2014**, before me, a Notary Public in and for said State, personally appeared **Peter J. Richards and Susan A. Richards**, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same.



  
Notary Public for the State of Idaho  
Residing at: Twin Falls, ID  
My Commission Expires: 01/29/2015

COPY

30 June, 2021

Ireland Bank  
Attn: Kevin Coats  
649 Pole Line Road  
Twin Falls, Idaho 83301

Subj: Inspection Report of Country Village Mobile Home Park

- Attachments:
1. Report of Water Rights
  2. Well Driller's Report
  3. Pictures of both wells
  4. Pictures of the inside well houses
  5. Picture of Septic Tank and Leach Field area

An inspection was held on Country Village Mobile Home Park (aka Country Trailer Court) located at 3613 N 2700 E, Twin Falls ID 83301 per the request of Ireland Bank. The following is the result of that inspection.

A physical inspection revealed that the Trailer Park has 16 trailers connected to the water and septic systems.

✓ WATER RIGHT:

Water Right 47-4335 is held by D. G. Enterprises, LLC, P.O. Box 2334, Twin Falls, Idaho 83303 with a priority date of 12/30/1961. This Water Right has a total diversion rate of 0.08 cfs which breaks down as Irrigation use from 03/15 to 11/15 of 0.03 cfs for a total of 4 AFA and a Domestic use from 01/01 to 12/31 of 0.05 cfs for a total of 9.6 AFA. This is a total of 13.6 AF per year.

✓ WATER SYSTEM:

The water distribution system has two wells feeding it with valving to supply water from both wells with the capability to isolate either well for maintenance while the other well supplies water to the system. The well depth of one well is 150 feet with the water level at 81 feet when measured on 16 May 2014. With the two wells being in close proximity to each other, I am confident that the other well has the same static water level.

Operating pressure is above the minimum of 40 PSI required. During system operation it was observed at 49 PSI. The pressure switch installed in the distribution system typically turns on the pump at approximately 40 PSI and turns off the pumps at approximately 60 PSI. Water storage is provided by two pressure tanks located at each well house for a total of four tanks. Two pressure tanks located at one well house have a capacity of 82 gallons each. The two other pressure tanks located in the other well house, one has a capacity of 82 gallons and the other a capacity of approximately 60 gallons. The 82 gallon pressure tanks are fiberglass and the 60 gallon tank is a steel tank. These tanks give the

distribution system a total of 306 gallons of water storage. This is sufficient storage to ensure that the submersible well pumps do not short cycle or run constantly thus reducing pump wear and tear and extending their service life.

#### SEPTIC SYSTEM:

The septic system has approximately three large capacity holding tanks as evidenced by the vent pipes and cleanout hatches. This system is more than sufficient to provide service for the 16 trailers connected to the system.

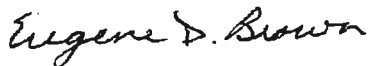
#### OCCUPANT INTERVIEW:

I talked to the occupant in Space #2 who has lived there for 8 years and he stated that in that time he has not experienced any water stoppages or sewage backups.

#### CONCLUSION:

The water and septic systems are well maintained and have been engineered to facilitate uninterrupted operation of the systems while performing maintenance or repair. Also, adequate water rights are held for the size of this trailer park.

Respectfully submitted,



Eugene D. Brown

DWD1-19103

401 Brooks Ave

Hazelton, Idaho 83335

(208) 731-9018

browneugene82@gmail.com



IDWR offices are open to the public and following the CDC guidelines for wearing masks and observing social distancing. For in-person visits, we encourage you to call ahead for an appointment.

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## WATER RIGHT REPORT

6/29/2021

IDAHO DEPARTMENT OF WATER RESOURCES

Water Right Report

WATER RIGHT NO. 47-4335

COPY

| <u>Owner Type</u> | <u>Name and Address</u>                                                 |
|-------------------|-------------------------------------------------------------------------|
| Current Owner     | DG ENTERPRISES LLC<br>PO BOX 2334<br>TWIN FALLS, ID 83303<br>2087358477 |

Priority Date: 12/31/1961

Basis: Decreed

Status: Active

| <u>Source</u> | <u>Tributary</u> |
|---------------|------------------|
| GROUND WATER  |                  |

| <u>Beneficial Use</u> | <u>From</u> | <u>To</u> | <u>Diversion Rate</u> | <u>Volume</u> |
|-----------------------|-------------|-----------|-----------------------|---------------|
| IRRIGATION            | 03/15       | 11/15     | 0.03 CFS              | 4 AFA         |
| DOMESTIC              | 01/01       | 12/31     | 0.05 CFS              | 9.6 AFA       |
| Total Diversion       |             |           | 0.08 CFS              | 13.6 AFA      |

Location of Point(s) of Diversion:

|              |        |         |              |           |                   |
|--------------|--------|---------|--------------|-----------|-------------------|
| GROUND WATER | NESESE | Sec. 25 | Township 10S | Range 16E | TWIN FALLS County |
| GROUND WATER | SESESE | Sec. 25 | Township 10S | Range 16E | TWIN FALLS County |

Place(s) of use:

Place of Use Legal Description: IRRIGATION TWIN FALLS County

| <u>Township</u> | <u>Range</u> | <u>Section</u> | <u>Lot</u> | <u>Tract</u> | <u>Acres</u> | <u>Lot</u> | <u>Tract</u> | <u>Acres</u> | <u>Lot</u> | <u>Tract</u> | <u>Acres</u> | <u>Lot</u> | <u>Tract</u> | <u>Acres</u> |
|-----------------|--------------|----------------|------------|--------------|--------------|------------|--------------|--------------|------------|--------------|--------------|------------|--------------|--------------|
| 10S             | 16E          | 25             |            | SESE         | 1            |            |              |              |            |              |              |            |              |              |

Place of Use Legal Description: DOMESTIC TWIN FALLS County



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COPY

## Water Rights

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### DOCUMENT SEARCH RESULTS

[New Search](#)

#### Water Right # 47-4335

To sort, click a column heading. To view a document, click the link in the Document Name column.

| DOCUMENT NAME                                 | FILE TYPE     | FILE SIZE | PROCESS                           | DOCUMENT DATE | DATE RECEIVED | SORT DATE |
|-----------------------------------------------|---------------|-----------|-----------------------------------|---------------|---------------|-----------|
| <a href="#">PARTIAL DECREE</a>                | Adobe Acrobat | 29 KB     | Partial Decree                    | 6/1/2010      | 6/2/2010      | 6/2/2010  |
| <a href="#">LAYOUT</a>                        | DOCS Imaging  | 134 KB    | Adjudication Claims Investigation | 4/27/2006     |               | 4/27/2006 |
| <a href="#">Water Right Back File 47-4335</a> | Adobe Acrobat | 896 KB    | Water Right Archives              |               |               |           |

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re SRBA  
Case No. 39576

PARTIAL DECREE PURSUANT TO  
I.R.C.P. 54(b) FOR  
Water Right 47-04335

RECEIVED

JUN 02 2010

DEPARTMENT OF  
WATER RESOURCES

NAME AND ADDRESS: DG ENTERPRISES LLC  
PO BOX 2334  
TWIN FALLS, ID 83303

SOURCE: GROUND WATER

QUANTITY: 0.08 CFS  
13.60 AFY

PRIORITY DATE: 12/31/1961

POINT OF DIVERSION: T10S R16E S25 NESESE Within Twin Falls County  
SESESE

PURPOSE AND  
PERIOD OF USE:

| PURPOSE OF USE | PERIOD OF USE  | QUANTITY             |
|----------------|----------------|----------------------|
| Irrigation     | 03-15 TO 11-15 | 0.03 CFS<br>4.00 AFY |
| Domestic       | 01-01 TO 12-31 | 0.05 CFS<br>9.60 AFY |

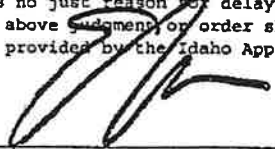
PLACE OF USE: Irrigation T10S R16E S25 SESE 1.0 Within Twin Falls County  
1.0 Acres Total  
Domestic T10S R16E S25 SESE Within Twin Falls County

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS  
NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT  
ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY  
DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE  
ENTRY OF A FINAL UNIFIED DECREE. I.C. SECTION 42-1412(6).

RULE 54(b) CERTIFICATE

With respect to the issues determined by the above judgment or order, it is hereby CERTIFIED, in accordance with Rule 54(b), I.R.C.P., that the court has determined that there is no just reason for delay of the entry of a final judgment and that the court has and does hereby direct that the above judgment or order shall be a final judgment upon which execution may issue and an appeal may be taken as provided by the Idaho Appellate Rules.

  
Eric J. Wildman  
Presiding Judge of the  
Snake River Basin Adjudication

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

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USE TYPEWRITER OR  
BALLPOINT PEN

## WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.

| <b>1. WELL OWNER</b><br>Name <u>Elwin Coates</u><br>Address <u>1264 Lewis &amp; Clark Rd. Buhl, ID</u><br>Drilling Permit No. <u>47-93-S-0083-000</u> 83316<br>Water Right Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | <b>7. WATER LEVEL</b><br>Static water level <u>59</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature _____ °F. Quality _____<br>Describe artesian or temperature zones below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |              |          |       |  |      |    |     |    |    |   |   |         |  |   |   |    |        |  |   |    |    |    |        |  |   |    |    |               |  |   |    |    |        |  |   |    |    |                |  |   |    |    |             |  |   |    |    |              |  |   |    |    |             |  |   |    |     |                            |   |  |  |     |     |                  |   |  |  |     |     |             |  |   |  |     |     |                         |   |  |  |     |     |               |   |  |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Well diameter increase <input type="checkbox"/> Modification<br><input type="checkbox"/> Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                            | Pumping Level | Hours Pumped |          |       |  |      |    |     |    |    |   |   |         |  |   |   |    |        |  |   |    |    |    |        |  |   |    |    |               |  |   |    |    |        |  |   |    |    |                |  |   |    |    |             |  |   |    |    |              |  |   |    |    |             |  |   |    |     |                            |   |  |  |     |     |                  |   |  |  |     |     |             |  |   |  |     |     |                         |   |  |  |     |     |               |   |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Pumping Level | Hours Pumped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |              |          |       |  |      |    |     |    |    |   |   |         |  |   |   |    |        |  |   |    |    |    |        |  |   |    |    |               |  |   |    |    |        |  |   |    |    |                |  |   |    |    |             |  |   |    |    |              |  |   |    |    |             |  |   |    |     |                            |   |  |  |     |     |                  |   |  |  |     |     |             |  |   |  |     |     |                         |   |  |  |     |     |               |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |              |          |       |  |      |    |     |    |    |   |   |         |  |   |   |    |        |  |   |    |    |    |        |  |   |    |    |               |  |   |    |    |        |  |   |    |    |                |  |   |    |    |             |  |   |    |    |              |  |   |    |    |             |  |   |    |     |                            |   |  |  |     |     |                  |   |  |  |     |     |             |  |   |  |     |     |                         |   |  |  |     |     |               |   |  |
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| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitor<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | <b>9. LITHOLOGIC LOG</b><br><table border="1"><thead><tr><th rowspan="2">Bore<br/>Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td rowspan="2">8"</td><td>0</td><td>2</td><td>Topsoil</td><td> </td><td>x</td></tr><tr><td>2</td><td>19</td><td>Basalt</td><td> </td><td>x</td></tr><tr><td rowspan="8">6"</td><td>19</td><td>21</td><td>Basalt</td><td> </td><td>x</td></tr><tr><td>21</td><td>24</td><td>Brown cinders</td><td> </td><td>x</td></tr><tr><td>24</td><td>64</td><td>Basalt</td><td> </td><td>x</td></tr><tr><td>64</td><td>67</td><td>Red sandy clay</td><td> </td><td>x</td></tr><tr><td>67</td><td>78</td><td>Gray basalt</td><td> </td><td>x</td></tr><tr><td>78</td><td>86</td><td>Brown basalt</td><td> </td><td>x</td></tr><tr><td>86</td><td>98</td><td>Gray basalt</td><td> </td><td>x</td></tr><tr><td>98</td><td>102</td><td>Broken basalt &amp; water talc</td><td>x</td><td> </td></tr><tr><td> </td><td>102</td><td>107</td><td>Fractured basalt</td><td>x</td><td> </td></tr><tr><td> </td><td>107</td><td>130</td><td>Gray basalt</td><td> </td><td>x</td></tr><tr><td> </td><td>130</td><td>145</td><td>Fractured basalt &amp; talc</td><td>x</td><td> </td></tr><tr><td> </td><td>145</td><td>150</td><td>Broken basalt</td><td>x</td><td> </td></tr></tbody></table> |                            | Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                               | Depth         |              | Material | Water |  | From | To | Yes | No | 8" | 0 | 2 | Topsoil |  | x | 2 | 19 | Basalt |  | x | 6" | 19 | 21 | Basalt |  | x | 21 | 24 | Brown cinders |  | x | 24 | 64 | Basalt |  | x | 64 | 67 | Red sandy clay |  | x | 67 | 78 | Gray basalt |  | x | 78 | 86 | Brown basalt |  | x | 86 | 98 | Gray basalt |  | x | 98 | 102 | Broken basalt & water talc | x |  |  | 102 | 107 | Fractured basalt | x |  |  | 107 | 130 | Gray basalt |  | x |  | 130 | 145 | Fractured basalt & talc | x |  |  | 145 | 150 | Broken basalt | x |  |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Depth         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Material                   |                                                                                                                                                                                                                                                                                                                                                                                                                                             | Water         |              |          |       |  |      |    |     |    |    |   |   |         |  |   |   |    |        |  |   |    |    |    |        |  |   |    |    |               |  |   |    |    |        |  |   |    |    |                |  |   |    |    |             |  |   |    |    |              |  |   |    |    |             |  |   |    |     |                            |   |  |  |     |     |                  |   |  |  |     |     |             |  |   |  |     |     |                         |   |  |  |     |     |               |   |  |
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| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Auger <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Mud <input type="checkbox"/> Other _____<br>(backhoe, hydraulic, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | <div style="text-align: center;">RECEIVED<br/>JUN 25 1993<br/>Department of Water Resources<br/>Southern Region Office<br/><br/>RECEIVED<br/>FEB 09 1994</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |              |          |       |  |      |    |     |    |    |   |   |         |  |   |   |    |        |  |   |    |    |    |        |  |   |    |    |               |  |   |    |    |        |  |   |    |    |                |  |   |    |    |             |  |   |    |    |              |  |   |    |    |             |  |   |    |     |                            |   |  |  |     |     |                  |   |  |  |     |     |             |  |   |  |     |     |                         |   |  |  |     |     |               |   |  |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br>Thickness <u>.250</u> inches Diameter <u>6-5/8</u> inches + <u>1</u> feet <u>19</u> feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun<br>Size of perforation? _____ inches by _____ inches<br>Number _____ From _____ To _____<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer _____ Type _____<br>Top Packer or Headpipe _____<br>Bottom of Tailpipe _____<br><br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br><br>Surface seal depth <u>19</u> feet Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Pudding clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit<br><input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded<br><input type="checkbox"/> Solvent Weld <input type="checkbox"/> Cemented between strata<br><br>Describe access port <u>Well cap</u> |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |              |          |       |  |      |    |     |    |    |   |   |         |  |   |   |    |        |  |   |    |    |    |        |  |   |    |    |               |  |   |    |    |        |  |   |    |    |                |  |   |    |    |             |  |   |    |    |              |  |   |    |    |             |  |   |    |     |                            |   |  |  |     |     |                  |   |  |  |     |     |             |  |   |  |     |     |                         |   |  |  |     |     |               |   |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>Twin Falls</u><br>Address of Well Site _____<br>(give at least name of road)<br>T. <u>10</u> N <input type="checkbox"/> or S <input checked="" type="checkbox"/><br>SE <u>1/4</u> SE <u>1/4</u> Sec. <u>25</u> , R. <u>16</u> E <input checked="" type="checkbox"/> or W <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |              |          |       |  |      |    |     |    |    |   |   |         |  |   |   |    |        |  |   |    |    |    |        |  |   |    |    |               |  |   |    |    |        |  |   |    |    |                |  |   |    |    |             |  |   |    |    |              |  |   |    |    |             |  |   |    |     |                            |   |  |  |     |     |                  |   |  |  |     |     |             |  |   |  |     |     |                         |   |  |  |     |     |               |   |  |
| <b>10.</b><br>Work started <u>6-16-93</u> finished <u>6-16-93</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            | <b>11. DRILLER'S CERTIFICATION</b><br>I/We certify that all minimum well construction standards were<br>compiled with at the time the rig was removed.<br>Firm Name <u>Elsing Drilling</u> Firm No. <u>31</u><br>Address <u>P.O. Box 919</u><br><u>Twin Falls, ID 83301</u> Date <u>6-21-93</u><br>Signed by Drilling Supervisor <u>Arnold Elsing</u><br>and<br>(Operator) <u>Craig Egan</u><br>(If different than the Drilling Supervisor) |               |              |          |       |  |      |    |     |    |    |   |   |         |  |   |   |    |        |  |   |    |    |    |        |  |   |    |    |               |  |   |    |    |        |  |   |    |    |                |  |   |    |    |             |  |   |    |    |              |  |   |    |    |             |  |   |    |     |                            |   |  |  |     |     |                  |   |  |  |     |     |             |  |   |  |     |     |                         |   |  |  |     |     |               |   |  |

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT



0004532982

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***ANNUAL REPORT**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$0.00

*For Office Use Only***-FILED-**

File #: 0004532982

Date Filed: 12/16/2021 8:05:49 AM

B0669-0737 12/16/2021 8:05 AM Received by ID Secretary of State Lawrence Denney

| Entity Name and Mailing Address:                                                                                                                                                                                                                                                                   |                                                                                                                                                   |                                 |      |       |                  |             |         |                                 |               |        |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------|-------|------------------|-------------|---------|---------------------------------|---------------|--------|---------------------------------|
| Entity Name:                                                                                                                                                                                                                                                                                       | TANNER PARK LLC                                                                                                                                   |                                 |      |       |                  |             |         |                                 |               |        |                                 |
| The file number of this entity on the records of the Idaho Secretary of State is:                                                                                                                                                                                                                  | 0000278122                                                                                                                                        |                                 |      |       |                  |             |         |                                 |               |        |                                 |
| Address                                                                                                                                                                                                                                                                                            | PO BOX 221<br>JEROME, ID 83338-0221                                                                                                               |                                 |      |       |                  |             |         |                                 |               |        |                                 |
| Entity Details:                                                                                                                                                                                                                                                                                    |                                                                                                                                                   |                                 |      |       |                  |             |         |                                 |               |        |                                 |
| Entity Status                                                                                                                                                                                                                                                                                      | Active-Existing                                                                                                                                   |                                 |      |       |                  |             |         |                                 |               |        |                                 |
| This entity is organized under the laws of:                                                                                                                                                                                                                                                        | IDAHO                                                                                                                                             |                                 |      |       |                  |             |         |                                 |               |        |                                 |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:                                                                                                                                                                                              | W89488                                                                                                                                            |                                 |      |       |                  |             |         |                                 |               |        |                                 |
| The registered agent on record is:                                                                                                                                                                                                                                                                 |                                                                                                                                                   |                                 |      |       |                  |             |         |                                 |               |        |                                 |
| Registered Agent                                                                                                                                                                                                                                                                                   | DAVID ELLIS<br>Registered Agent<br>Physical Address<br>240 E. AVE A<br>JEROME, ID 83338<br>Mailing Address<br>PO BOX 221<br>JEROME, ID 83338-0221 |                                 |      |       |                  |             |         |                                 |               |        |                                 |
| Agent or Address Change                                                                                                                                                                                                                                                                            |                                                                                                                                                   |                                 |      |       |                  |             |         |                                 |               |        |                                 |
| <input type="checkbox"/> Select if you are appointing a new agent.                                                                                                                                                                                                                                 |                                                                                                                                                   |                                 |      |       |                  |             |         |                                 |               |        |                                 |
| Limited Liability Company Managers and Members                                                                                                                                                                                                                                                     |                                                                                                                                                   |                                 |      |       |                  |             |         |                                 |               |        |                                 |
| <table border="1"><thead><tr><th>Name</th><th>Title</th><th>Business Address</th></tr></thead><tbody><tr><td>David Ellis</td><td>Manager</td><td>240 E AVE A<br/>JEROME, ID 83338</td></tr><tr><td>Derrick Ellis</td><td>Member</td><td>240 E AVE A<br/>JEROME, ID 83338</td></tr></tbody></table> |                                                                                                                                                   |                                 | Name | Title | Business Address | David Ellis | Manager | 240 E AVE A<br>JEROME, ID 83338 | Derrick Ellis | Member | 240 E AVE A<br>JEROME, ID 83338 |
| Name                                                                                                                                                                                                                                                                                               | Title                                                                                                                                             | Business Address                |      |       |                  |             |         |                                 |               |        |                                 |
| David Ellis                                                                                                                                                                                                                                                                                        | Manager                                                                                                                                           | 240 E AVE A<br>JEROME, ID 83338 |      |       |                  |             |         |                                 |               |        |                                 |
| Derrick Ellis                                                                                                                                                                                                                                                                                      | Member                                                                                                                                            | 240 E AVE A<br>JEROME, ID 83338 |      |       |                  |             |         |                                 |               |        |                                 |
| The annual report must be signed by an authorized signer of the entity.                                                                                                                                                                                                                            |                                                                                                                                                   |                                 |      |       |                  |             |         |                                 |               |        |                                 |
| Job Title: Partner                                                                                                                                                                                                                                                                                 |                                                                                                                                                   |                                 |      |       |                  |             |         |                                 |               |        |                                 |
| David Ellis                                                                                                                                                                                                                                                                                        |                                                                                                                                                   | 12/16/2021                      |      |       |                  |             |         |                                 |               |        |                                 |
| Sign Here                                                                                                                                                                                                                                                                                          |                                                                                                                                                   | Date                            |      |       |                  |             |         |                                 |               |        |                                 |



IDAHO DEPARTMENT OF  
**WATER RESOURCES**

Southern Region • 650 Addison Ave W, Suite 500 • Twin Falls, ID 83301-5858

Phone: 208-736-3033 • Fax: 208-736-3037 • Email: southerninfo@idwr.idaho.gov • Web: idwr.idaho.gov

**Governor Brad Little**

**Director Gary Spackman**

May 11, 2022

TANNER PARK LLC  
PO BOX 221  
JEROME ID 83338-0221

Re: Change in Ownership & Notice of Security Interest for Water Right No(s): 47-4335

Dear Water Right Holder(s):

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of the above referenced water right(s) to you. The Department also acknowledges receipt of correspondence adding security interest of the above referenced water right(s) to Ireland Bank. The Department has modified its records and has enclosed a computer-generated report for you.

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing a Notice of Change in Water Right Ownership, the Department does not review the history of water use to determine if the right has been forfeited or deliberately abandoned through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Idaho Code §§ 42-222 and 42-223.

Please note, water right owners are required to report any change of water right ownership and any change of mailing address to the Department within 120 days of the change. Reporting forms are available from any office of the Department, or from the Department's website.

If you have any questions concerning the enclosed information, please contact me at (208) 293-9908.

Sincerely,

Denise Maline  
Administrative Assistant 1

Enclosure(s)

c: Ireland Bank, Twin Falls, Idaho (Loan #1611000430)