RECEIVED

FEB 2 4 2020

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 \$ \OO
Receipt No. FOUS 640
Receipted By County
Date Receipted Z 100 7020

Receipt # C108 442

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been completed and that water has been applied to beneficial use 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. Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, contact any Department office or visit the Department's website at idwr.idaho.gov for an Assignment of Permit form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

1.	Permit No. 25 14199	25 14236	Telephone No.	208	745-002	9							
2.	Name of Permit Holder(s) Morning View Water Co												
3.	Mailing Address P.O. Box 598 City Rigbig												
	State <u>1D</u> Zip <u>83442</u>	Email <u>mor</u>	ning Vlew w	112	0.00								
4.	State 1D Zip 83972 Email morning View water a mail Com Source of Water If GROUND WATER (well), Date Drilled mo 1yr. 2014 Well Driller Drilling Permit Number O06297												
	Well Driller Denning		_ Drilling Permit I	Number	see repo	rt oc	062972						
	Extent of use(s) completed as authorized by the water right permit:												
	Domestic (No. of households) 118 Stockwater (No. and type of stock)												
	Irrigation (No. of acres) Other												
6.	Total rate of diversion or storage	volume for which proof i	s submitted	5 cfs OR	acre-	feet.							
7,,	Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit: Refer to the approval conditions on your permit and respond accordingly. The Department will not issue a license if permit conditions are not met.												
	Measuring Device	Is a measuring device	•		Yes 🗖	No □							
	Laskabla Castallias Baria	If yes, has the measuring			Yes™	No 🗆	but con						
	Lockable Controlling Device	Is a lockable device re If yes, has the lockable	1.7		1? Yes □ Yes □	No ⊠ No □	in well						
	Fish Screen	Is a fish screen requir			Yes □	No 🗹	hous						
		If yes, has the fish scre	en been installed?		Yes □	No 🗵							
	Other Conditions of Permit												
	Do the approval conditions on you beneficial use? If yes, list the con					ı your pi	roof of						
	·			•	leted? Yes □	No □	none						
В.	Fee Enclosed \$ or no Proof statements filed without an	ot applicable . See fee appropriate fee, will be	schedule on page	e 2 of the instru	uctions.								
9.	Person to contact to accompany				of the water syste	em.							
	Name Down Gneiting	σΤ	elephone Number		241-5254								
	Mailing Address P.o. Box	598	City Righ	9.1									
	State Zip _ 83 442_		wdawn 6	20 gm	ail, com								
de	e information given on this forn veloped and water has been div e permit is relinquished to the S	erted and applied to a l	of the extent to w peneficial use. I ur	hich the abov	ve numbered pe at any undevelo _l	rmit has ped port	been ion of						
Się	gnature of Permit Holder	Me ting	of company or orga	inization)	Date Fcb J	8,2020	2						

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098

Form No. 217 12/15



New Well

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Depth First water encountered (in) Compared (in) Compare	1, WELLITAG NO. D. 0062972	12. ST	ATIC W	ATER I	EVEL and WELL TESTS:	,	,	
Water tamp (F) Bottom hole tamp (F)	Drilling Permit No.	Depth first water encountered (ft) 20' Static water level (ft) 20'						
Downstree access port. West Luca Treat method: Address D. Dox 27.50 Street Luca ATON: West Cashing In Ton (I) Luca ATON: West Cas	Water right or injection well#							
Address Down Composed Compo	2. OWNER:							
Substitution County Right Companies County Co	Name Magning View Water Co. To Keed H.	Well to	est:					
New year Republic		Draw	down (feet)					
West North Or South Right Ri	City Idaho Falls State ID Zip 834/C13							
Sec 30 14 15 15 15 15 15 15 15	3.WELL LOCATION:							
Several Several County	Twp North ☑ or South □ Rge 37 East ☑ or West □						_	
Sovi Lot			1			T Water		
Correct County		Din.				-		
Comparing Comp	Gov'l Lot County _ Hersen	1/ "		31	Curl -A.	+		
Address of Well Size 399 C TYN Introduction But Sub Name City City Introduction State Tunesary A USE: Other	Lat 43° 39.158 (Deg and Decimal minutes)	160_						
City Rights Sub Name Continued During Sub Na	Long (peg and Decimal m-nules)	12"			Granel & Sedinent			
St. Sub Name Carrier Sub Name								
St. Sub Name Carrier Sub Name	E al least reme chood + Osteres to Road or Landman) City Right							
4. USE: Domestic Municipal Monitor Irrigation Thermal Injection Other						-		
Other	4. USE:			-		-	-	
S. TYPE OF WORK: New well Replacement Well Modify existing well Abandoment Other	☐ Domestic Municipal ☐ Monitor ☐ Imigation ☐ Thermal ☐ Injection	-	+	-		-	-	
New well Replacement well Modify existing well Abandomment Other		-	-	-		+		
Abandoment Other	and the first terms of the first		1			+	_	
G. DRILL METHOD: EAR rotary Mud Rotary Cable Other 7. SEALING PROCEDURES: Sea material Fron (ft) To (ft) Custoffy (tea or ft) Piscement method/procedure Casard	New well Replacement well Modify existing well Abandonment Other							
SEALING PROCEDURES: Seal material From (ft) To (ft) Quantity (lbs or ft) Placement methodiprocedure			1					
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Was drive shoe used?			1					
Was drive shoe used?					DECEIV	HU		
Was drive shoe used?					ALUL!			
9. PERFORATION SCREENS: Perforations Y N Method Department of Water Resources Manufactured screen RY N Type SOURCES Method of installation Dimeter Completed Depth (Measurable) From (1) To (1) Stot size Number in Comman Material Gauge or Schedule From (1) To (1) Stot size Number in Completed Completed Depth (Measurable) Date Started 7 2 1 4 Date Completed S / 1 4 1 4 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	!				ADD 15	1_		
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10.FILTER PACK: Fidier Material From (ft) To (8) Quantity (tbs or ft²) Placement method Operator fi				١,		510		
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11. FLOWING ARTESIAN: Operator I Operator I Operator I Signature of Principal Driller and rig operator are required	Filter Material From (ft) To (ft) Quantity (lbs or ft ²) Placement method		1	77		1151	14	
11. FLOWING ARTESIAN: Operator I		ווחטי	er		Date 2	, ()		
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	Describe control device	• Sig	mature o	of Princi	pal Oriller and rig operator are required			



State of Idaho DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Website: www.idwr.idaho.gov

GARY SPACKMAN Director

May 11, 2020

MORNINGVIEW WATER CO INC 3980 E 180 N RIGBY ID 83442

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit Nos. 25-14199 & 25-14236

Dear Permit Holder:

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permits. The next step in the process of developing a water right is for the Department to conduct a field examination to determine and confirm the use being made of the water.

Please be advised that Idaho Code § 42-248, requires you or the owner of this water right to maintain current ownership and address records on file with the Department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any Department office or at the Department's website at www.idaho.gov.

If you have any questions concerning the field examination, please contact the Eastern Region Office of the Department located in Idaho Falls at (208) 525-7161.

Sincerely,

Debbi Judd

Technical Records Specialist

Enclosures

c: ROBERT L HARRIS - via email