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FEB 03 2020

DEPARTMENT OF
WATER RESOURCES

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

RECEIVED

JAN 28 2020

FOR OFFICE USE ONLY

Amt. of Fee \$200.00

Receipt No. E045596

Received By C. H.

Date Received 1/28/2020

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.

- Permit No. 23-11391 Telephone No. (208) 523-0620
- Name of Permit Holder(s) Snake River Associates, L.L.C.
- Mailing Address One Rockefeller Plaza Room 2500 City New York
State NY Zip 10020 Email _____
- Source of Water Ground water If **GROUND WATER** (well), Date Drilled mo. 08 / yr. 2007
Well Driller Jody Denning Drilling Drilling Permit Number 0048681
- Extent of use(s) completed **as authorized by the water right permit:**
Domestic (No. of households) _____ Stockwater (No. and type of stock) _____
Irrigation (No. of acres) _____ Other _____
- Total rate of diversion or storage volume for which proof is submitted 5.0 cfs OR 33 acre-feet.
- 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 required?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	If yes, has the measuring device been installed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	If yes, has the lockable device been installed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Fish Screen	Is a fish screen required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If yes, has the fish screen been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other Conditions of Permit

Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

N/A Completed? Yes ☐ No ☐

- Fee Enclosed \$ 200 or not applicable ☐. See fee schedule on page 2 of the instructions.
Proof statements filed without an appropriate fee, will be considered incomplete.
- Person to contact to accompany the Department representative during field examination of the water system.
Name Bob Eckhardt Telephone Number (208) 339-3959
Mailing Address 433 W. 49th S. City Idaho Falls
State ID Zip 83404 Email eckhardt.bob@gmail.com

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 a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of Permit Holder Robert C. Jamieson, Attorney Date January 28, 2020
(Include your title, if on behalf of company or organization)

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

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0048681
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name Mark Rockefeller
Address 30 Rockefeller Plaza RM 5600
City New York State NY Zip 10112

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 3 North ☒ or South ☐
Rge. 43 East ☒ or West ☐
Sec. 30 1/4 SW 1/4 SE 1/4
Gov't Lot _____
County Bonneville
Lat: 43 : 33 : 201 Long: 111 : 26 : 342
Address of Well Site 220 Antelope Flats Rd Swan
Valley Hwy City Idaho Falls
(Give as East name of road - Distance to Road or Lateral)
Lt. _____ Blk. _____ Sub. Name mile post 364

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>50</u>	<u>400 #</u>	<u>Overbore</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 700'

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>8"</u>	<u>12</u>	<u>52</u>	<u>.250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>6"</u>	<u>20</u>	<u>700</u>	<u>.250</u>	<u>Steel</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Torch

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>600</u>	<u>690</u>	<u>1/8"x4"</u>	<u>46</u>	<u>6"</u>	<u>steel</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

460 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

Office Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: : : Long: : :

12. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"	0	12	overburden		
	12	45	Brown Clay		
	45	52	Basalt		
8"	52	57	Basalt		
	57	90	Fractured Basalt		
	90	122	Light Brown clay + Gravel		
	122	297	clay + Gravel w/ Clay layers		
	297	344	Compacted Gravel		
	344	588	Clay + Gravel		
	588	685	compacted Gravel / Rock		
	685	695	Clay + Gravel		
	695	700	Clay		

RECEIVED

OCT 03 2007

Department of Water Resources
Eastern Region

Completed Depth 690' (Measurable)

Date: Started 8-28-07 Completed 9-5-07

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 Jody Denning Drilling Firm No. 519

Principal Driller Jody Denning Date _____

and Driller or Operator II Jody Denning Date 9-6-07

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

State of Idaho
Department of Water Resources
Permit to Appropriate Water

NO. 23-11391

Priority: July 16, 2008

Maximum Diversion Rate: 5.00 CFS

This is to certify, that SNAKE RIVER ASSOCIATES LLC
ROCKEFELLER AND CO
30 ROCKEFELLER PLAZA
NEW YORK NY 10112

has applied for a permit to appropriate water from:

Source: GROUND WATER **Tributary:** SNAKE RIVER

and a permit is APPROVED for development of water as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
DIVERSION TO STORAGE	04/15 to 12/01	5.00 CFS	33.0 AF
AESTHETIC STORAGE	01/01 to 12/31		30.0 AF
RECREATION STORAGE	01/01 to 12/31		30.0 AF
FIRE PROTECTION STORAGE	01/01 to 12/31		30.0 AF

LOCATION OF POINT(S) OF DIVERSION:

GROUND WATER NW¼NW¼NE¼ Sec. 31 Twp 03N Rge 43E, B.M. BONNEVILLE County

PLACE OF USE: AESTHETIC STORAGE, RECREATION STORAGE, FIRE PROTECTION STORAGE

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
03N	43E	31				X													

CONDITIONS OF APPROVAL

1. Proof of application of water to beneficial use shall be submitted on or before **February 01, 2015**.
2. Subject to all prior water rights.
3. Right holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code and applicable Well Construction Rules of the Department.
4. Project construction shall commence within one year from the date of permit issuance and shall proceed diligently to completion unless it can be shown to the satisfaction of the Director of the Department of Water Resources that delays were due to circumstances over which the permit holder had no control.
5. Use of water under this right will be regulated by a watermaster with responsibility for the distribution of water among appropriators within a water district. At the time of this approval, this water right is within State Water District No. 01.
6. The right holder shall maintain a measuring device and lockable controlling works of a type approved by the Department in a manner that will provide the watermaster suitable control of the diversion(s).
7. Water shall not be diverted from fire protection storage except to fight or repel an existing fire.
8. The pond established by the storage of water under this right shall not exceed a total capacity of 30 acre-feet or a total surface area of 2.5 acre(s).


State of Idaho
Department of Water Resources
Permit to Appropriate Water

NO. 23-11391

CONDITIONS OF APPROVAL

9. When water is not available to fill this right through Palisades Water Users Shares, the right holder shall cease diversion or shall rent water from the Upper Snake River Basin Rental Pool.

This permit is issued pursuant to the provisions of Section 42-204, Idaho Code. Witness the signature of the Director, affixed at Boise, this 14 day of January, 2010.


Ernest Carlson
for GARY SPACKMAN, Interim Director



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

BRAD LITTLE
Governor

GARY SPACKMAN
Director

February 4, 2020

SNAKE RIVER ASSOC LLC
1 ROCKEFELLER PLZ RM 2500
NEW YORK NY 10020-2003

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 23-11391

Dear Permit Holder:

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. 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.idwr.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*



Holden Kidwell
Hahn & Crapo P.L.L.C.
L A W O F F I C E S

1000 Riverwalk Drive, Suite 200
PO Box 50130
Idaho Falls, Idaho 83405

Tel: (208) 523-0620
Fax: (208) 523-9518
www.holdenlegal.com

Email: rharris@holdenlegal.com

January 28, 2020

Idaho Department of Water Resources
Eastern Region Office
900 N. Skyline Dr., Ste. A
Idaho Falls, ID 83402

RECEIVED
JAN 28 2020
Department of Water Resources
Eastern Region

Re: *Statement of Completion for Submitting Proof of Beneficial Use for Permit No. 23-11391.*

Dear IDWR Agent:

Enclosed for processing is a *Statement of Completion for Submitting Proof of Beneficial Use* we are submitting on behalf of Snake River Associates, L.L.C. Based upon the license examination fee schedule, where this water right permit is for the diversion of 5.0 cfs and 33 acre-feet, we have included the greater fee amount in the amount of \$200.00. If our determination of the fee is incorrect for any reason, please let me know, and we will correct it immediately.

In addition, we have submitted a *Notice of Change in Address* for the enclosed permit. If you have any questions regarding the contents of this letter, please let me know. We appreciate your attention to this matter.

Best regards,

Robert L. Harris
HOLDEN, KIDWELL, HAHN & CRAPO, P.L.L.C.

Enclosures

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