

AUG 27 2018

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

FOR OFFICE USE ONLY

Amt. of Fee \$ _____
Receipt No. _____
Received By _____
Date Received _____

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. 21-13209 Telephone No. 208-360-5200
- Name of Permit Holder(s) YRROW ON LLC C/O AMBER BOYCE
- Mailing Address P.O. BOX 371 City ISLAND PARK
State IDAHO Zip 83429 Email LANCE@MONOSLABEZFORM.COM
- Source of Water GROUND WATER If GROUND WATER (well), Date Drilled mo. 08 / yr. 2017
Well Driller INDEPENDENT DRILLING, INC. Drilling Permit Number 343
- 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 13 - COMMERCIAL RENTAL CABINS
- Total rate of diversion or storage volume for which proof is submitted 0.17 cfs OR _____ 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 ☐	No ☒
	If yes, has the measuring device been installed?	Yes ☐	No ☐
Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes ☐	No ☒
	If yes, has the lockable device been installed?	Yes ☐	No ☐
Fish Screen	Is a fish screen required?	Yes ☐	No ☒
	If yes, has the fish screen been installed?	Yes ☐	No ☐

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.

DEQ Approval Letters Dated: May 08, 2017 & June 4, 2018 Completed? Yes ☒ No ☐

- Fee Enclosed \$ _____ 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 _____ Telephone Number _____
Mailing Address _____ City _____
State _____ Zip _____ Email _____

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  Date July 30 2018
(Include your title, if on behalf of company or organization)



STATE OF IDAHO
DEPARTMENT OF
ENVIRONMENTAL QUALITY

900 North Skyline Drive, Suite B • Idaho Falls, ID 83402 • (208) 528-2650

C. L. "Butch" Otter, Governor
John H. Tippetts, Director

May 8, 2017

Lance Boyce
Lucky Boy Inv. LLC
PO Box 371
Island Park, ID 83429

Re: Yellowstone Preserve Cabin Rental Development, Drinking Water, Fremont County, DEQ# 17-02-22

Dear Mr. Boyce,

We have reviewed the plans for the **Yellowstone Preserve Cabin Rental Development**. The plans appear to meet state standards and are hereby approved. This approval is for the design only. We will give final project approval after it is established that the system is operating properly. Please keep this office informed of the scheduling of all construction phases so that we can make spot inspections as necessary. This approval will expire on **May 8, 2018**. If construction is not initiated by the expiration date, plans must be resubmitted for approval before construction is initiated. Upon completion of the well, and prior to use as a drinking water source the following must be completed and submitted to the Department:

- A well completion report containing; well log; test pumping results; as constructed plans showing annular seal, including depth and sealant material used and method of application; casing perforations; and pump depth.
- Nitrate, Nitrite and coliform bacteria analysis of the well water.
- Operation and Maintenance Manual for the water system.

A copy of the approved plans and specifications will be kept on file at this office. Please reference **DEQ No. 17-02-22** when submitting any future correspondence related to this project. If you have any questions regarding this letter or if we can be of further assistance, please call me at (208) 528-2650.

Sincerely,

Carlin Feisthamel, P.E.
Water Quality Engineer
Idaho Falls Regional Office

C: Greg Eager, P.E. Engineering Manager, DEQ-IF
Merrill Hemming, Eastern Idaho Public Health District
Paul Scoresby, Schiess & Associates

2017AGD6745



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C. L. "Butch" Otter, Governor
John H. Tippetts, Director

June 4, 2018

Lance Boyce
Lucky Boy Inv. LLC PO
Box 371
Island Park, ID 83429

Re: Yellowstone Preserve Cabin Rental Development Well Inspection and Authorization to Serve the Public DEQ# 17-02-22

Dear Mr. Boyce,

On May 21, 2018 we conducted a well inspection on the newly constructed drinking water well for the Yellowstone Preserve Cabin Rental Development. The well and well house contains all of the necessary appurtenances and is in substantial compliance with the approved plans. The well appears to be working as intended and is hereby authorized to serve the public. In order to fulfill plan and specifications review requirements the following documents must be completed and submitted to the DEQ:

- A well completion report containing; well log; test pumping results; as constructed plans showing annular seal, including depth and sealant material used and method of application; casing perforations; and pump depth.
- Operation and Maintenance Manual for the water system.

The Yellowstone Preserve water system will be referred to the Health Department for regulatory oversight. The Health Department will be in contact with you regarding routine monitoring schedules for total coliform and nitrate. Merrill Hemming will be your main contact at the Health District and he can be reached at 208-522-5382.

Please reference **DEQ No. 17-02-22** when submitting any future correspondence related to this project. If you have any questions regarding this letter or if we can be of further assistance, please call me at (208) 528-2650.

2018 AGD 3710

Sincerely,

A handwritten signature in dark ink, appearing to read 'Carlin Feisthamel', written in a cursive style.

Carlin Feisthamel, P.E.
Water Quality Engineer
Idaho Falls Regional Office

Enclosures: Photographic Documentation
Monitoring Results

C: Greg Eager, P.E. Engineering Manager, DEQ-IF
Merrill Hemming, Eastern Idaho Public Health District
Paul Scoresby, Schiess & Associates