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

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

July 31, 2018

SPF WATER ENGINEERING LLC
C/O ROXANNE BROWN
300 E MALLARD DR STE 350
BOISE ID 83706

PROOF DEFICIENCY LETTER

RE: Permit No. 98-7925

Dear Water Right Consultant:

The Department received the proof of beneficial use (proof) form submitted for the above referenced permit along with a completed Beneficial Use Field Report.

I am returning the proof form to you because information provided on the form is not sufficient or incomplete. The Department is not able to accept the proof form in any other name other than the current permit holder of record without an Assignment of Permit form changing the ownership of the record. Enclosed is an Assignment of Permit form for your use. Please note there is $25 filing fee associated with the filing of an Assignment of Permit.

In addition, the signature on the proof form does not match the signature of the permit holder of record with the Department, and does not include their title on behalf of the company or organization.

Please resubmit the completed proof form along with a completed Assignment of Permit form and any additional fees requested at your earliest convenience. If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

c: YOUNG LIVING FARMS
ESSENTIAL OIL RESEARCH FARM LLC

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY
Amt. of Fee $
Receipt No.
Receipted By
Date Receipted

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, 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.

RECEIVED
JUL 30 2018
DEPARTMENT OF WATER RESOURCES

1. Permit No. 98-7925 Telephone No. _____
2. Name of Permit Holder(s) Essential Oil Research Farm, LLC
3. Mailing Address 3125 W. Executive Parkway City Lehi
   State UT Zip 84043 Email _____
4. Source of Water unnamed stream If **GROUND WATER** (well), Date Drilled mo. _____ / yr. _____
   Well Driller _____ Drilling Permit Number _____
5. 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 storage (0.11 cfs); cooling storage (11 ac-ft); cooling from storage (6.7 ac-ft); fire protection storage (4.3 ac-ft)
6. Total rate of diversion or storage volume for which proof is submitted 0.11 cfs **OR** 11.0 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 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.
See attached letter concerning jurisdiction of the dam safety program. Completed? Yes ☑ No ☐

8. 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.
9. 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 7-24-18
(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 No. 217 12/15