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JUN 08 2017

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 \$ 50Receipt No. C031091Received By VCDate Received 6/8/17

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. 71-10944 Telephone No. _____
2. Name of Permit Holder(s) Niece Smiley Creek LLC
3. Mailing Address 344 W. Pleasant View Dr. City Ogden, UT
State UT Zip 84414 Email ljones75@yahoo.com
4. Source of Water _____ If GROUND WATER (well), Date Drilled mo. 11 / yr. 2012
Well Driller Bishop Well Drilling Drilling Permit Number 867274
5. Extent of use(s) completed as authorized by the water right permit:
Domestic (No. of households) _____ Stockwater (No. and type of stock) 0
Irrigation (No. of acres) 0.5 Other _____
6. Total rate of diversion or storage volume for which proof is submitted 0.12 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 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.

Completed? Yes ☐ No ☒

8. Fee Enclosed \$ 50 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 Rachel Zero Telephone Number 208-9181578
Mailing Address P.O. Box 253 City Stanley
State ID Zip 83278 Email Rachel@Stanleytownsquare.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 Leon L. Xoner Pres Date 6/05/17
(Include your title, if on behalf of company or organization)

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

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

RECEIVED

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

1. WELL TAG NO. D 0062192
DRILLING PERMIT NO. 867274
Water Right or Injection Well No 21-10947

FEB 15 2013

2. OWNER:

Name Nice Smiley Creek LLC
Address 344 W Pleasant View Dr.
City Osborn State UT Zip 84414

3. LOCATION OF WELL by legal description:

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

Twp. 10 North or South ☒
Rge. 13 East or West ☒
Sec. 9 14 NE 14 NE 1/4
Gov't 1 County 40

Lat: 44:12:926 Long: 114:56:338Address of Well Site 250 NICE AVECity STANLEYLt. Blk. Sub. Name

4. USE:

Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐
Thermal ☐ Injection ☐ Other Commercial

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
Grout	0	60	2850		Overburden/Pour

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 298/30Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Wedged	Treaded
8"	2	298	312	Steel	☒		☐	
12"	2	30	250	Steel	☒		☐	

Length of Heappipe Length of Tailpipe Packer ☒ Y ☐ N Type

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
196	257	5/16" x 40	400	8"	Steel	☒	

10. FILTER PACK

Filter Material	From	To	Weight	Volume	Placement Method
3/4" M.A.S. Gravel	60	258	4 Yards		Pour

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

20 ft. below ground Artesian pressure lb.Depth 20 ft. encountered Describe access port or control devices: Well Cap

Pump	Bailer	Air	Flowing Artesian
<u>92</u>	<u>192</u>	<u>237</u>	<u>19 Hours</u>

Water Temp. 40°Bottom hole temp. Water Quality test or comments: Clear & No odorDepth first Water Encounter 30

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12"	0	30	Decomposed Granite		
	30	140	Granite	☒	
	140	149	Granite (Hard)		☒
	149	158	Granite w/ white clay		☒
	158	179	Granite (Hard)		☒
	179	195	Granite (Med)	☒	
	195	200	Granite (Hard)		☒
	200	223	Granite (Med)	☒	
	223	232	Granite (Hard)		☒
	232	236	Clay		☒
	236	243	Granite (Hard)	☒	
	243	247	Granite w/ clay		☒
	247	250	Granite Hard	☒	
	250	251	Clay		☒
	251	256	Granite (Med)	☒	
	256	260	Granite (Hard)	☒	
	260	265	Granite (Med)	☒	
	265	270	Granite (Soft)	☒	
	270	274	Granite (Med)	☒	
	274	298	Granite w/ Quartz (Hard)	☒	

1 1/2 Gauge plate
welded to 8" drive
shoe

12" Casing would not pull

Completed Depth 298 (Measurable)
Date: Started 10/21/12 Completed 11/21/12

14. DRILLER'S CERTIFICATION

We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Bishop Well Drilling Firm No. 647Principal Driller [Signature] Date 12/15/12Driller or Operator II Date 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

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

June 20, 2017

NIECE SMILEY CREEK LLC
344 W PLEASANT VIEW DR
OGDEN UT 84414

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 71-10944

Dear Permit Holder(s):

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.

During my review of your proof and water right permit, I found that condition no. 4 of this permit states:
"Prior to diversion of water under this right, the right holder shall install a lockable device, subject to the approval of the Department, in a manner that will provide the watermaster suitable control of the diversion."

I recommend that this condition be complied with immediately and prior to the field examination. Enclosed is a copy of this permit for your information. If you feel this requirement is unnecessary you may request in writing to the Department that the requirement be waived. Additionally, you must contact the watermaster about his need for this requirement. If he agrees that the lockable device requirement is unnecessary, request that he/she provide the Department with written agreement that the requirement can be waived at this time. Upon receipt of your request and his acknowledgement the Department will issue an order waiving the requirement at this time.

Please be advised that Section 42-248, Idaho Code, 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 Southern Region Office of the Department located in Twin Falls at (208) 736-3033.

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

c: SAWTOOTH VALLEY BUILDERS