

3. ☐ Delivery System Diagram Attached (required). Indicate all major components and distances between components. Indicate weir size/pipe as applicable.
- ☒ Map Attached Showing Location(s) of point(s) of diversion and place(s) of use (required). Scale must be 1:24,000 or greater.
- ☒ Aerial Photo Attached (required for irrigation of 10+ acres).
- ☒ Photo of Diversion and System Attached

4.

<u>Well or Diversion</u>	<u>Motor Make</u>	<u>Hp</u>	<u>Motor Serial No.</u>	<u>Pump Make</u>	<u>Pump Serial No. or Discharge Size</u>
<u>ID No.*</u>					
D0033189	General Electric	75	40212037		
D0033188/E008242		30			

D. FLOW MEASUREMENTS

1.

<u>Measurement Equipment</u>	<u>Type</u>	<u>Make</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Size</u>	<u>Calib. Date</u>
Flowmeter	Ultrasonic	Fuji				
Installed meter	Propeller	McCrometer				

2. Measurements:

E. FLOW CALCULATIONS

_____ Additional Computation Sheets Attached

Measured Method:

Observed rate of diversion from well # 2 = 313 gallons per minute. (Fuji flowmeter reading)

Observed rate of diversion from well #1 = 900 gallons per minute. (McCrometer reading)

Total capacity of the system = 1213 gallons per minute = 2.7 cfs.

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation: N/A

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = \text{N/A}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = \text{N/A}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = \text{N/A}$$

2. Volume Calculations for Other Uses:

59 homes (in-house) x 0.6 acre-feet = 35.4 acre-feet

G. NARRATIVE/REMARKS/COMMENTS

Water delivery system consists of two interconnected pumps (75 hp and 30 hp) diverting water through a common mainline to 64 homes and 1 meeting hall/pro shop. Rights 35-13611 and 35-13612 combined provide water for 64 homes and 1 meeting hall/ pro shop. Right 35-13612 is for 59 homes. Right 35-13611 was filed in 2007 to cover an additional 5 homes and 1 meeting hall/ pro shop. This right will be licensed for 59 of the 64 homes within the Journeys End Golf Course Community.

Have conditions of permit approval been met? ☒ Yes ☐ No**H. RECOMMENDATIONS****1. Recommended Amounts**

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
DOMESTIC	01/01 to 12/31	0.400 CFS	35.40 AF
	<u>Totals:</u>	0.400 CFS	35.40 AF

2. Recommended Amendments

☒ Change P.D. as reflected above ☐ Add P.D. as reflected above ☐ None

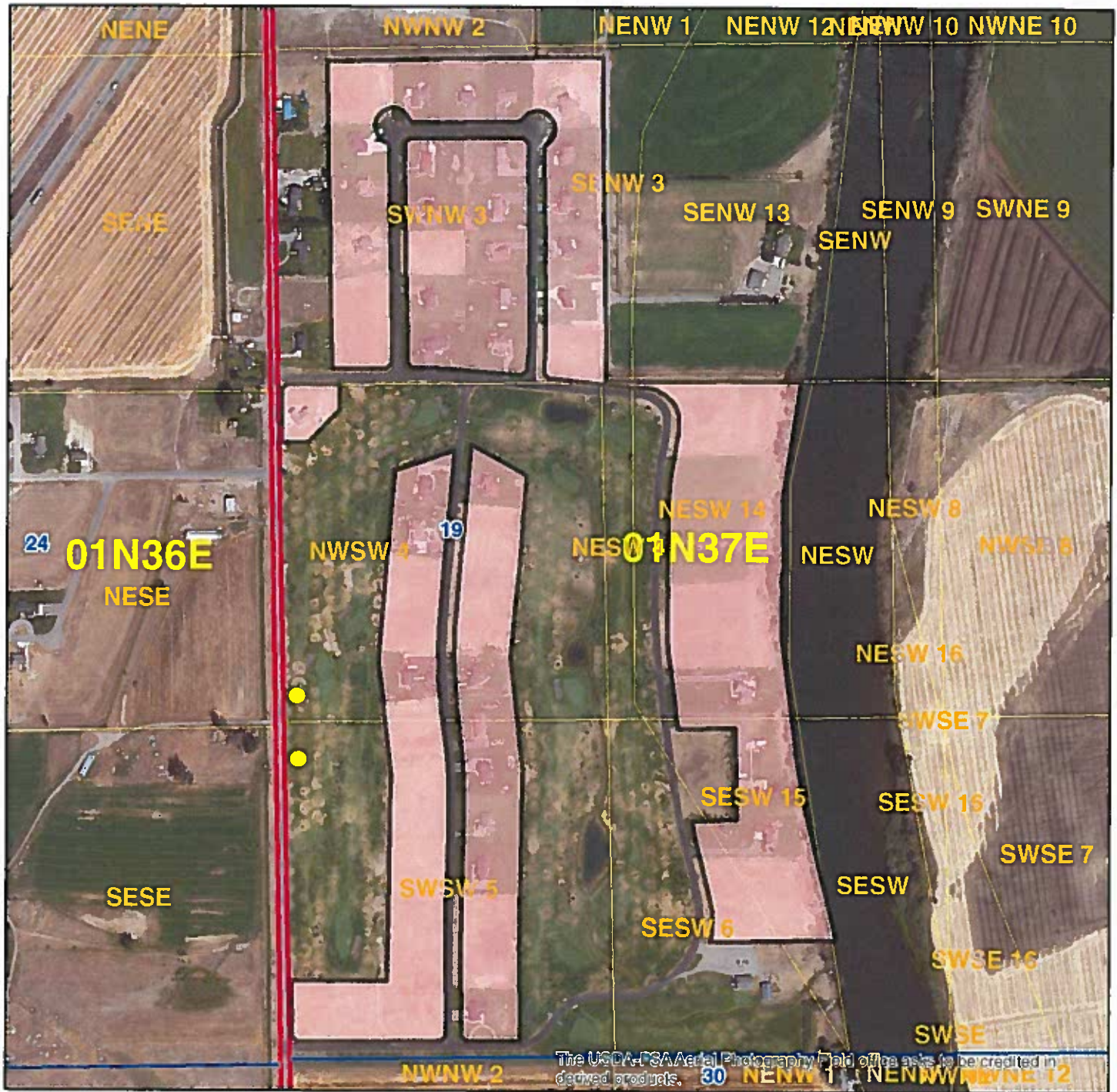
☐ Change P.U. as reflected above ☐ Add P.U. as reflected above ☐ Other

I. AUTHENTICATION

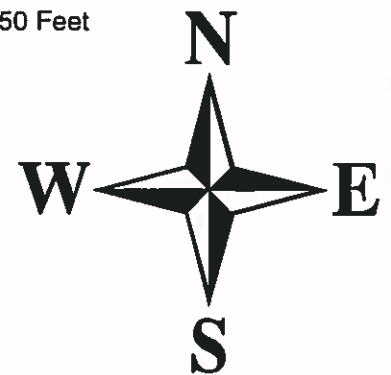
Field Examiner's Name Blake Sordani Date 9/9/2015

Reviewer _____ Date _____

35-13612



0 337.5 675 1,350 Feet
1 inch = 579 feet



- Points of Diversion
- Domestic_POU
- Township/Range
- Sections
- QQ

Well #1



Well # 2





IDAHO SECRETARY OF STATE

Viewing Business Entity

Lawrence Denney, Secretary of State

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JOURNEYS END HOMEOWNERS ASSOCIATION INC

PO BOX 184
 SHELLEY, ID 83274

Type of Business: CORPORATION, HOMEOWNERS ASSOCIATION

Status: GOODSTANDING

State of Origin: IDAHO

Date of 14 May 2007

Origination/Authorization:

Current Registered Agent: LAURALEE BREWERTON
 1465 N 610 E
 SHELLEY, ID 83274

Organizational ID / Filing C173106

Number:

Number of Authorized Stock

Shares:

Date of Last Annual Report: 10 Jun 2014

Annual Report Due: May 2015

Original Filing:

[[Help Me Print/View TIFF](#)]

Filed 14 May 2007 INCORPORATION [View Image \(PDF format\)](#) [View Image \(TIFF format\)](#)

Annual Reports:

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 RA/RO

Report for year 2013 ANNUAL REPORT [View Document Online](#)

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 REPORT

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Comments, questions or suggestions can be emailed to: sosinfo@sos.idaho.gov

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ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2023 FEB 23 PM 12:23

CONFIDENTIAL

1. The name of the limited liability company is:

Journey's End Water System, LLC.

2. The street address of the initial registered office is:

2107 East 4900 South Idaho Falls, ID. 83404

and the name of the initial registered agent at the above address is:

Shawn Allen

3. The mailing address for future correspondence is:

P.O. Box 436 Shelley, ID. 83274

- 4. Management of the limited liability company will be vested in:**

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name _____

Address

Shawn Allen

2107 E. 4900 S. Idaho Falls, ID. 83404

Eric Tarkalson

1115 E. 1200 N. Shelley, ID. 83274

James McMurtrey

P.O. Box 1467 Idaho Falls, ID. 83403

6. Signature of at least one person responsible for forming the limited liability company:

Signature:

Typed Name: Shawn Allen

Capacity: Member

Signature

Typed Name: Eric Tarkalson

Capacity: Member

Secretary of State use only

1. Accounting is the process of recording, summarizing, and explaining the transactions and events which are in part at least measurable in terms of money.

IDAHO SECRETARY OF STATE
 02/23/2004 05:00
 CK: 22323729937DNF CT: 172099 BN: 720067
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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