

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

**Notice of Change in Water Right Ownership**

RECEIVED  
SEP 22 2015

DEPT OF WATER RESOURCES  
SOUTHERN REGION

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, see #6 of the instructions.

| Water Right/Claim No. | Split?                       | Leased to Water Supply Bank? | Water Right/Claim No. | Split?                       | Leased to Water Supply Bank? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 47-12976              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

2. Previous Owner's Name: GEORGE SEMBA/BOB KAWAMURA  
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): THE AMALGAMATED SUGAR COMPANY LLC  
New owner(s) as listed on the conveyance document      Name connector ☐ and ☐ or ☐ and/or
- 1951 S. SATURN WAY      BOISE      ID      83709  
Mailing address      City      State      ZIP
- 208-383-6500      \_\_\_\_\_  
Telephone      Email
4. If the water rights and/or adjudication claims were split, how did the division occur?  
☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.  
☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.
5. Date you acquired the water rights and/or claims listed above: DEC 1 1992
6. If the water right is leased to the Water Supply Bank changing ownership of a water right will reassign to the new owner any Water Supply Bank leases associated with the water right. Payment of revenue generated from any rental of a leased water right requires a completed IRS Form W-9 for payment to be issued to an owner. A new owner for a water right under lease shall supply a W-9. Water rights with multiple owners must specify a designated lessor, using a completed Lessor Designation form. Beginning in the calendar year following an acknowledged change in water right ownership, compensation for any rental will go to the new owner(s).
7. This form must be signed and submitted with the following **REQUIRED** items:  
☒ A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.  
☒ Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).  
☒ Filing fee (see instructions for further explanation):  
     o \$25 per *undivided* water right.  
     o \$100 per *split* water right.  
     o No fee is required for pending adjudication claims.  
☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.  
☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.
8. Signature: George de Varona      Plant Manager      9/17/15  
Signature of new owner/claimant      Title, if applicable      Date
- Signature: \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Signature of new owner/claimant      Title, if applicable      Date

**For IDWR Office Use Only:**

Received by DM      Date 9-22-2015      Receipt No. 8035026      Receipt Amt. \$25-  
 Active in the Water Supply Bank? Yes ☐ No ☐      If yes, forward to the State Office for processing      W-9 received? Yes ☐ No ☐  
 Name on W-9 \_\_\_\_\_      Approved by \_\_\_\_\_      Processed by \_\_\_\_\_      Date \_\_\_\_\_

*Semba Property*

Recorded at the request of  
Benoit, Alexander, Sinclair, Doerr,  
Harwood & High  
126 2nd Avenue North, P.O. Box 366  
Twin Falls, Idaho 83303-0366

Mail original to Benoit, Alexander,  
Sinclair, Doerr, Harwood & High

Mail tax notices to:

Amalgamated Sugar Co.  
P.O. Box 1520  
Ogden, UT 84402

TWIN FALLS COUNTY, IDAHO

RECORDED FOR:

TITLEFACT, Inc.

1992 DEC -1 P 3:48

19920173161

ROBERT S. FORT  
EX-OFFICIO RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

FEE: 9.00 DEPUTY: SL

WARRANTY DEED

FOR VALUE RECEIVED, GEORGE SEMBA AND KIM SEMBA, husband and wife, and BOB Y. KAWAMURA AND TOMIYE KAWAMURA, husband and wife, hereinafter called "Grantors," hereby grant, bargain, sell and convey unto the AMALGAMATED SUGAR COMPANY, whose mailing address is P.O. Box 1520, Ogden, Utah, 84402, hereinafter called "Grantee," the following described premises, in County, Idaho, to wit:

Township 10 South, Range 17 E., B.M., Twin Falls County, Idaho  
Section 35: N $\frac{1}{2}$ NW $\frac{1}{4}$

SUBJET TO: Twin Falls County Highway Right of Way

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee and to the Grantee's successors and assigns forever. And the said Grantors do hereby covenant to and with the said Grantee, that the Grantors are the owners in fee simple of said premises; that they are free from encumbrances except as described above and that Grantors will warrant and defend the same from all lawful claims whatsoever.

DATED this 1st day of December, 1992.

George Semba  
GEORGE SEMBA

Kim Semba  
KIM SEMBA

Bob Y. Kawamura  
BOB Y. KAWAMURA

Tomiye Kawamura  
TOMIYE KAWAMURA

STATE OF IDAHO )  
County of Twin Falls ) ss.

On this 15<sup>th</sup> day of December, 1992, before me, the undersigned, a Notary Public in and for said State, personally appeared GEORGE SEMBA, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Marta R. LeMay  
NOTARY PUBLIC  
Residence: Buhl  
My Commission Expires: 12-8-93

STATE OF IDAHO )  
County of Twin Falls ) ss.

On this 15<sup>th</sup> day of December, 1992, before me, the undersigned, a Notary Public in and for said State, personally appeared KIM SEMBA, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

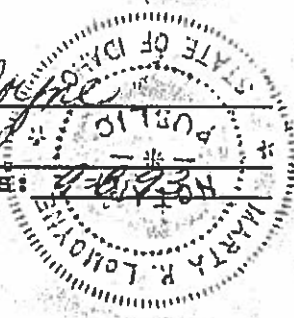
Marta R. LeMay  
NOTARY PUBLIC  
Residence: Buhl  
My Commission Expires: 12-8-93

STATE OF IDAHO )  
 ) ss.  
County of Twin Falls )

On this 15<sup>th</sup> day of December, 1992, before me, the undersigned, a Notary Public in and for said State, personally appeared BOB Y. KAWAMURA, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

*Marta L. Lomoyne*  
NOTARY PUBLIC  
Residence: Buhl  
My Commission Expires: 7-19-93

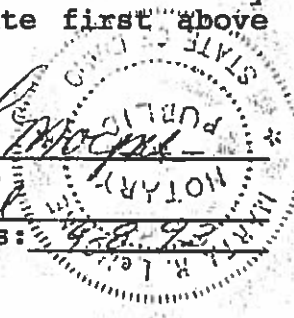


STATE OF IDAHO )  
 ) ss.  
County of Twin Falls )

On this 15<sup>th</sup> day of December, 1992, before me, the undersigned, a Notary Public in and for said State, personally appeared TOMIYE KAWAMURA, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

*Marta L. Lomoyne*  
NOTARY PUBLIC  
Residence: Buhl  
My Commission Expires: 7-19-93

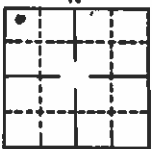


(A-5\WDEED)

WARRANTY DEED - 3

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**USE TYPEWRITER OR  
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.

736-3033

| <b>1. WELL OWNER</b><br>Name <u>Chargedamha</u><br>Address <u>2515 9th Ave East T.F.</u><br>Owner's Permit No. <u>47-89-S-006</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | <b>7. WATER LEVEL</b><br>Static water level <u>63</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature _____ OF. Quality _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------|-------|----------|-------|--|---------|--|--------|--|-----|----------|--|--|------|---------------|--|--|-------|------------|--|--|-------|---------------|--|--|-------|--------------|--|--|-------|-------------|--|--|-------|-------------|--|--|-------|-------------|--|--|-------|------------|--|--|-------|-----------------|--|--|--------|----------|--|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input checked="" type="checkbox"/> Baller <input type="checkbox"/> Air <input type="checkbox"/> Other _____<br>Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         | <b>9. LITHOLOGIC LOG</b> <u>081555</u><br>Hole Diam. _____ Depth _____ Material _____ Water Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
| <b>4. METHOD DRILLED</b><br><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         | <table border="1"><thead><tr><th>Hole Diam.</th><th>Depth</th><th>Material</th><th>Water</th></tr><tr><th></th><th>From To</th><th></th><th>Yes No</th></tr></thead><tbody><tr><td></td><td>0 9</td><td>Top soil</td><td></td></tr><tr><td></td><td>9 34</td><td>Layer of loam</td><td></td></tr><tr><td></td><td>34 37</td><td>Black loam</td><td></td></tr><tr><td></td><td>37 57</td><td>Gravelly loam</td><td></td></tr><tr><td></td><td>57 63</td><td>Shale + loam</td><td></td></tr><tr><td></td><td>63 72</td><td>Loam + loam</td><td></td></tr><tr><td></td><td>72 78</td><td>Clay + loam</td><td></td></tr><tr><td></td><td>78 85</td><td>Loam + loam</td><td></td></tr><tr><td></td><td>85 91</td><td>Black loam</td><td></td></tr><tr><td></td><td>91 94</td><td>Red clay + loam</td><td></td></tr><tr><td></td><td>94 100</td><td>Red loam</td><td></td></tr></tbody></table> |        | Hole Diam. | Depth | Material | Water |  | From To |  | Yes No |  | 0 9 | Top soil |  |  | 9 34 | Layer of loam |  |  | 34 37 | Black loam |  |  | 37 57 | Gravelly loam |  |  | 57 63 | Shale + loam |  |  | 63 72 | Loam + loam |  |  | 72 78 | Clay + loam |  |  | 78 85 | Loam + loam |  |  | 85 91 | Black loam |  |  | 91 94 | Red clay + loam |  |  | 94 100 | Red loam |  |
| Hole Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Depth   | Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Water  |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | From To |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes No |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 9     | Top soil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9 34    | Layer of loam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 34 37   | Black loam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 37 57   | Gravelly loam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 57 63   | Shale + loam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 63 72   | Loam + loam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 72 78   | Clay + loam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 78 85   | Loam + loam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 85 91   | Black loam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 91 94   | Red clay + loam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 94 100  | Red loam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br>Thickness <u>250</u> inches Diameter <u>6.5</u> inches + <u>1</u> feet <u>33</u> feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br>Number _____ From _____ To _____<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>33</u> feet Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Puddling clay <input checked="" type="checkbox"/> Well cuttings<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld _____<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ |         | <div>RECEIVED<br/>AUG 10 1989<br/>Department of Water Resources</div> <div>RECEIVED<br/>AUG - 7 1989<br/>Department of Water Resources<br/>Southern Region Office</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location:<br><br>County <u>Twin Falls</u><br>Subdivision Name <u>AUG 13 1990</u><br>Lot No. _____ Block No. _____<br>NW 1/4 NW 1/4 Sec. <u>35</u> , T. <u>10</u> N. R. <u>17</u> W.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         | <b>10.</b> Work started <u>April 5</u> finished <u>April 14</u><br><b>11. DRILLERS CERTIFICATION</b> <u>DL</u><br>I/We certify that all minimum well construction standards were<br>complied with at the time the rig was removed.<br>Firm Name <u>Dave Austin &amp; Son</u> Firm No. <u>186</u><br>Address <u>RT 2 Kimberly</u> Date <u>4/12/89</u><br>Signed by (Firm Official) _____<br>and _____<br>(Operator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |            |       |          |       |  |         |  |        |  |     |          |  |  |      |               |  |  |       |            |  |  |       |               |  |  |       |              |  |  |       |             |  |  |       |             |  |  |       |             |  |  |       |            |  |  |       |                 |  |  |        |          |  |



# Amalgamated Sugar Farm Grounds

Lincoln Farm  
~40 Ac

Hand Line Farms  
~4.5 Ac & 5Ac

East Farm  
~70.1 Ac

Rocky Farm (~18 Ac)

Kimpton Farm  
~141.3 Ac

combined  
Moore Farm

Semba Farm  
~73.1 Ac

Google earth

42°32'06.97" N 114°26'00.36" W, elev 5815 ft, exp alt 13572 ft

No 32237

Incorporated Under the Laws of the State of Idaho

# Twin Falls Canal Company

Principal Place of Business: Twin Falls, Idaho

80/00 Shares

This is to Certify That Amalgamated Sugar Company May 20, 1913 is the owner of Eighty No

Shares of the Capital Stock of the Twin Falls Canal Company.

This Certificate entitles the owner thereof to receive one-eightieth of a cubic foot of water per second of time per acre for the following described land: N 1/2 NW 4 35-10-17

in accordance with the terms of the contract between the State of Idaho and the Twin Falls Land and Water Company.

And this Certificate also entitles the owner to a proportionate interest in the dam, canal, water rights and all other rights and franchises of the Twin Falls Land and Water Company, based upon the number of shares finally sold, in accordance with the said contract between the said Company and the State of Idaho.

In Witness Whereof, the said Corporation has caused its corporate name and seal to be hereto affixed.

## Twin Falls Canal Company

By Robert W. Adcock

President

ATTEST

Don Y. Finney

Asst. Secretary

Semba Property

FOR VALUE RECEIVED, \_\_\_\_\_ hereby sell, assign and transfer  
unto \_\_\_\_\_ shares  
of the capital stock represented by the within certificate, and do hereby irrevocably constitute and appoint  
\_\_\_\_\_ to transfer the said stock on the books of the  
within named corporation with full power of substitution in the premises.

Dated \_\_\_\_\_, 19\_\_\_\_\_.

In the presence of \_\_\_\_\_  
\_\_\_\_\_

# CERTIFICATE

FOR 50/00 SHARES

OF THE

Capital Stock

OF

Quinn Falls Canal Co.

LIMITED

ISSUED TO

Chas. G. Gannett

Shugart Company

Dated May 20, 1922.

*Semba Property*

LAW OFFICES

**BENOIT, ALEXANDER, SINCLAIR,  
DOERR, HARWOOD & HIGH**

HARRY BENOIT 1893-1966

EDWARD L. BENOIT  
OF COUNSEL

J. ROBERT ALEXANDER

J. WALTER SINCLAIR

JOHN A. DOERR

ROBERT M. HARWOOD

THOMAS B. HIGH

FRITZ A. WONDERLICH

JACQUELINE WAKEFIELD

ROGER B. HARRIS

126 SECOND AVENUE NORTH

POST OFFICE BOX 366

TWIN FALLS, IDAHO 83303-0366

TELEPHONE (208) 733-5463

FACSIMILE No. (208) 734-1438

KETCHUM OFFICE

160 SECOND ST. E., SUITE 209

POST OFFICE BOX 2246

KETCHUM, ID 83340-2246

TELEPHONE (208) 726-4900

FACSIMILE (208) 726-3101

April 30, 1993

Twin Falls Canal Company  
Attn: Doris  
163 Second Avenue West  
Twin Falls, ID 83301

RE: Semba/Kawamura/Amalgamated Water Stock Transfer

Dear Doris:

Enclosed please find an additional \$720.00 which is the Amalgamated Sugar Company's payment for ~~the Semba~~ Water Stock Certificate transferred at this time. It is my understanding that previously you thought that the Semba stock had been paid for and the Kawamura not and that is the check we sent you the other day. Now you advise me that Semba was not paid either and accordingly I have enclosed an additional \$720.00.

Please forward the certificates to me at your earliest opportunity.

Very truly yours,

*J. Walter Sinclair*

J. Walter Sinclair

JWS/kc  
Enclosure  
pc: John Lemke  
(a-5\canal2.1tr)

RECEIVED  
MAY 3 1993

THE AMALGAMATED  
SUGAR COMPANY



State of Idaho

## DEPARTMENT OF WATER RESOURCES

Southern Region • 650 Addison Ave W, Suite 500 • Twin Falls, Idaho 83301-5858  
Phone: (208) 736-3033 • Fax: (208) 736-3037 • Website: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

C.L. "BUTCH" OTTER  
Governor

GARY SPACKMAN  
Director

September 23, 2015

AMALGAMATED SUGAR CO LLC  
1951 S SATURN WAY STE 100  
BOISE ID 83709

RE: Change of Ownership for Water Right Nos. 47-12976

Dear Water Right Holder(s):

The department acknowledges receipt of correspondence changing ownership of the above referenced water right(s). The department has modified its records to reflect the change in ownership and has enclosed computer-generated reports for your records.

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing an ownership change notice, the department does not review the history of water use to determine if the right has been forfeited through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Sections 42-222 and 42-223, Idaho Code.

Also, please note 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](http://www.idwr.idaho.gov).

Please feel free to contact this office if you have any questions regarding this matter.

Sincerely,

A handwritten signature in cursive script, reading "Trish Fawcett".

Trish Fawcett  
Technical Records Specialist

Enclosure(s)