

Ident. No. 27-12149

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of Applicant Journey's End Water System LLC Phone 208 529-3234
Mailing address P.O. Box 436, Shelley Id 83274
2. Source of water supply Groundwater which is a tributary of _____
3. Location of point of diversion is Township 1N Range 37E Sec. 19, in the SW 1/4, NW 1/4, SW 1/4, Govt. Lot 4, B.M., Bingham County;
additional points of diversion if any: 1N 37E NW SW SW Lot 5
4. Water will be used for the following purposes:

Amount <u>0.11</u> for <u>Domestic</u> purposes from <u>1-1</u> to <u>12-31</u> (both dates inclusive)	(cfs or acre-feet per annum)
Amount <u>0.04</u> for <u>Commercial</u> purposes from <u>1-1</u> to <u>12-31</u> (both dates inclusive)	(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)	(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)	(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)	(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)	(cfs or acre-feet per annum)
5. Total quantity to be appropriated is (a) 0.11 and/or (b) _____
cubic feet per second acre feet per annum
6. Proposed diverting works:
 - a. Describe type and size of devices used to divert water from the source 2 wells pump to 64 Homes
 - b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total reservoir capacity _____ acre-feet
 - c. Proposed well diameter is _____ inches; proposed depth of well is _____ feet
 - d. Is ground water with a temperature of greater than 85°F being sought? _____
 - e. If well is already drilled, when? 2004; Drilling firm Cushman Drilling;
Well was drilled for (well owner) Journey's End Sub-division; Drilling Permit No D0033189/O0033188
7. Time required for completion of works and application of water to proposed beneficial use is 1 years (minimum 1 year)
8. Description of proposed uses (if irrigation only, go to item 9):
 - a. Hydropower; show total feet of head and proposed capacity in kW.
 - b. Stockwatering; list number and kind of livestock.
 - c. Municipal; show name of municipality.
 - ☒ d. Domestic; show number of households. 5 homes, 1 Meeting Hall
 - e. Other; describe fully. _____

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of the use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
1N	37E	19							X		X	X	X	X					
									L3		L14	L4	L5	L6 L5 C/D					

Total number of acres to be irrigated _____

10. Describe any other water rights used for the same purposes as described above. Permit 27-11979
Shares with woodville canal

11. a. Who owns the property at the point of diversion? Journey's End Golf Course LLC

b. Who owns the land to be irrigated or place of use? Various

c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: _____

12. Remarks: Use will be for in house use only no irrigation will take place from the use.

POU located within lots 1-14, Blk 1; lots 1-12 Blk 2; lots 3-5, 7-18
21-35 Blk 3; lots 1-10 Blk 4;

Meeting house located Blk 3 lot 2 for Golf Course

13. MAP OF PROPOSED PROJECT REQUIRED - Attach an 8½"x11" map clearly identifying the proposed point of diversion, place of use, section #, township & range. (A photocopy of a USGS 7.5 minute topographic quadrangle map is preferred.)

BE IT KNOWN that the undersigned hereby makes this application for permit to appropriate the public waters of the State of Idaho as herein set forth.

Member.
[Signature]
Signature of Applicant (and title, if applicable)

Received by TG Date 1-9-2007 Time 11:00 am Preliminary check by _____

Fee \$ 100 Receipted by TG # E032528 Date 1-9-2007

Publication prepared by SC Date 1/18 & 1/25/07 Published in Morning News
Publication approved _____ Date _____

Form 238-7
11/97 JGEIDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. **D 0033189**DRILLING PERMIT NO. **D0033189**Other IDWR No **27-11979**

2. OWNER:

Name **JOURNEY'S END SUB-DIVISION WELL #1**Address **1428 N. 600 E.**City **SHELLEY** State **ID** Zip **83274**

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N W E S		Twp. 1	North ☒ or South ☐
		Rgs. 37	East ☒ or West ☐
		Sec. 19	1/4 SE 1/4 SW 1/4
		Gov't Lot	County BINGHAM
Lat.		Long.	

Address of Well Site **SAME**City **SHELLEY**

(Give at least base of road - Distance to Road or Landmark)

U. **BLK** Sub. Name **JOURNEY'S END**

4. USE:

☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☒ Other **FIRE-PROTECTION**

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/Filter Pack		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
CEMENT	0	150	11-YARDS	POURED

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) **165**Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
24	0	103	375	STEEL	☒	☐	☒	☐
16	+2	165	375	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

☐ Perforations ☐ Method
☐ Screens ☐ Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

97 ft. below ground Artesian pressure _____ lb.

Depth flow encountered **267-290** ft. Describe access port or control devices: **WELL CAP**

Office Use Only			
Inspected by _____			
Twp. _____	Range _____	Sec. _____	
1/4 _____	1/4 _____	1/4 _____	
Lat: _____	Long: _____		

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
1800	6 INCHES	180	3.5 HOURS

Water Temp. **52** Bottom hole temp. **52**Water Quality test or comments: **SEE ATTACHED RESULTS**Depth first Water Encounter **120**

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
24	0	1	CLAY	
	1	64	SANDY GRAVEL	
	64	80	CLAY	
	80	94	BASALT	
	94	103	CLAY	
	103	118	FIRM BASALT	
	118	120	BROKEN BASALT	
	120	139	FIRM BASALT	
	139	142	BROKEN BASALT & CINDERS	X
	142	157	FIRM BASALT	
	157	159	BROKEN BASALT	X
	159	165	FIRM BASALT	
16	165	173	SAND & GRAVEL	X
	173	230	FIRM BASALT	
	230	233	CINDERS	X
	233	267	FAIRLEY HARD BASALT	
	267	270	BROKEN BASALT & CINDERS	X
	270	277	FIRM BASALT	
	277	279	BROKEN BASALT	X
	279	287	FIRM BASALT	
	287	290	BROKEN BASALT	X
	290	292	FIRM BASALT	

Completed Depth **292**

(Measurable)

Date: Started **8/6/2004**Completed **10/26/2004**

13. DRILLER'S CERTIFICATION:

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

Company Name **JACK CUSHMAN DRILLING, INC.** Firm No. **94**Firm Official **Bob Cushman** Date **10/26/2004**and **Nyle Bailey** Date **10/26/2004**Driller or Operator **Nyle Bailey** (Sign once if Firm Official & Driller)

Form 238-7

11/97 JGE

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only			
Inspected by _____			
Twsp _____	Rge _____	Sec _____	
_____ 1/4	_____ 1/4	_____ 1/4	
Lat: _____		Long: _____	

1. WELL TAG NO. D 0033188

DRILLING PERMIT NO. D0033188

Other IDWR No 27-11979

2. OWNER:

Name JOURNEY'S END SUB-DIVISION #2

Address 1428 N. 600 E.

City SHELLEY State ID Zip 83274

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

	Twsp. 1	North ☒ or South ☐
	Rge. 37	East ☒ or West ☐
	Sec. 19	1/4 SE 1/4 SW 1/4
	Gov't Lot _____	County BINGHAM
	Lat: _____	Long: _____

Address of Well Site SAME

(Give at least name of road - Distance to Road or Landmark)

City SHELLEY

U. _____ Blk. _____ Sub. Name JOURNEY'S END

4. USE:

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

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/Filter Pack			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
CEMENT	5	160	7-YARDS	TREMIE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 59 & 104 & 181Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
16	+1	59	.375	STEEL	☒	☐	☒	☐
12	+1	104	.250	STEEL	☒	☐	☒	☐
8	+3	181	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

 100 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 185-210 ft. Describe access port or control devices: WELL CAP

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
440	1.25'	140'	6-HOURS

Water Temp. 50

Bottom hole temp. 50

Water Quality test or comments SEE ATTACHED RESULTS

Depth first Water Encounter 102-106

12. LITHOLOGIC LOG:

(Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
16	0	1	CLAY	
	1	19	SANDY GRAVEL	
	19	46	SANDY GRAVEL	
	46	55	GRAVEL	
	55	58	BROWN SANDY CLAY	
	58	78	FIRM BASALT	
	78	79	BROKEN BASALT	
	79	93	FIRM BASALT	
	93	99	RED CLAY	
	99	102	FIRM BASALT	
12	102	106	BROKEN BASALT	X
	106	138	FAIRLY FIRM BASALT	
	138	140	RED CINDERS	X
	140	156	FIRM BASALT	
8	156	166	SAND & GRAVEL	X
	166	179	BROWN CLAY	
	179	181	BROKEN BASALT & CLAY	
	181	185	GRAY BASALT	
	185	195	CINDERS & SOME BASALT	X
	195	204	BASALT	
	204	211	CINDERS & BROKEN ROCK	X
	211	230	SOFT & BROKEN BASALT	X

Completed Depth 230

(Measurable)

Date: Started 8/6/2004

Completed 8/30/2004

13. DRILLER'S CERTIFICATION:

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

Company Name JACK CUSHMAN DRILLING, INC. Firm No. 94

Firm Official Bob Cushman Date 9/15/2004

and

Driller or Operator Nyle Bailey Date 9/15/2004

(Sign once if Firm Official & Operator)

No. W 28803	Due no later than February 28, 2007		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable JOURNEY'S END WATER SYSTEM, LLC P O BOX 436 SHELLEY, ID 83274		SHAWN ALLEN ~~200702006240~~ ~~1000 E. LINCOLN~~ 965 E. LINCOLN Idaho Falls, ID 83401 3. New Registered Agent Signature																			
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>member</td> <td>Shawn Allen</td> <td>P.O. Box 436</td> <td>Shelley</td> <td>ID.</td> <td>83274</td> </tr> <tr> <td>member</td> <td>Eric Tarkenton</td> <td>618 E. 1450 N.</td> <td>Shelley</td> <td>ID.</td> <td>83274</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	member	Shawn Allen	P.O. Box 436	Shelley	ID.	83274	member	Eric Tarkenton	618 E. 1450 N.	Shelley	ID.	83274
Office held	Name	Street or P.O. Address	City	State	Zip																	
member	Shawn Allen	P.O. Box 436	Shelley	ID.	83274																	
member	Eric Tarkenton	618 E. 1450 N.	Shelley	ID.	83274																	
5. Organized Under the Laws of: IDAHO W 28803		6. Signature <u>Shawn Allen</u> Date <u>8 Dec. 06</u> Name (Typed or Printed) <u>Shawn Allen</u> Title <u>member</u>																				

Issued 12/01/2006

Do Not Tape or Staple

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