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JUN 30 2021

Department of Water Resources
Eastern Region

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$ _____
Receipt No. _____
Received By _____
Date Received _____

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** and that water has been applied to beneficial use to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, contact any Department office or visit the Department's website at idwr.idaho.gov for an *Assignment of Permit* form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

1. Permit No. 22-7648 Telephone No. 208-313-6311
2. Name of Permit Holder(s) Juniper View LLC, Unit 2 LLC, Fromover 9 LLC, & RGC Farms LLC
3. Mailing Address 130 East Industrial Park Road City St. Anthony
State ID Zip 83445 Email juddcrapo@aol.com
4. Source of Water Ground water If **GROUND WATER** (well), Date Drilled mo. 1959 & / yr. 2014
Well Driller Walter Cope (2); Vollmer Drilling Permit Number 047624; 047625; & D0063598
5. Extent of use(s) completed **as authorized by the water right permit:**
Domestic (No. of households) _____ Stockwater (No. and type of stock) _____
Irrigation (No. of acres) 797.2 Other _____

6. Total rate of diversion or storage volume for which proof is submitted 2.61 cfs OR _____ acre-feet.
7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit:
Refer to the approval conditions on your permit and respond accordingly.

The Department will not issue a license if permit conditions are not met.

Measuring Device	Is a measuring device required?	Yes ☒	No ☐
	If yes, has the measuring device been installed?	Yes ☒	No ☐
Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes ☒	No ☐
	If yes, has the lockable device been installed?	Yes ☒	No ☐
Fish Screen	Is a fish screen required?	Yes ☐	No ☒
	If yes, has the fish screen been installed?	Yes ☐	No ☒

Other Conditions of Permit

Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

Completed? Yes ☐ No ☒

8. Fee Enclosed \$ _____ or not applicable ☒. See fee schedule on page 2 of the instructions.
Proof statements filed without an appropriate fee, will be considered incomplete.
9. Person to contact to accompany the Department representative during field examination of the water system.
Name N/A--See Beneficial Use Field Report Telephone Number _____
Mailing Address _____ City _____
State _____ Zip _____ Email _____

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of Permit Holder Robert L. Harris Attorney _____ Date June 30, 2021
(Include your title, if on behalf of company or organization)

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

WELL LOG AND REPORT TO THE STATE RECLAMATION ENGINEER OF IDAHO

RECEIVED
SEP 25 1959

Log No. _____
Rec. _____, 19____
Well No. _____
Permit No. 228650

(DO NOT FILL IN)

Owner BURDETTE REMINGTON Address ST. ANTHONY, IDAHO
Driller Walter Cope Address Terreton, Idaho Lic. No. _____
Location of Well: SW 1/4 NE 1/4 Sec. 24, T. 2N N/S, R. 41E E/W County, _____
and _____ feet N/S, and _____ feet E/W from _____ Corner of _____ 1/4 1/4 Sec. _____
Size of Drilled Hole 20" Total depth of Well 559
Give depth of standing water from surface _____ Water Temp. _____ °Fahrenheit
On pumping test delivery was _____ g.p.m. or _____ c.f.s. Drawdown was _____ feet.
Size of pump and motor used to make the test _____
Length of time pumped during check was _____ hr., _____ minutes.
If flowing well, give flow in c.f.s. _____ or g.p.m. _____ and shut in pressure _____
If flowing well, describe control works _____
(TYPE AND SIZE OF VALVE, ETC.)
Water will be used for Irrig. Weight of casing per linear foot _____
Thickness of casing _____ Casing material _____
E.G., PIPE, CONCRETE, WOOD.
Diameter, length and location of casing _____
(CASING 12" IN DIAMETER AND UNDER GIVE INSIDE DIAMETER;
CASING OVER 12" IN DIAMETER GIVE OUTSIDE DIAMETER.)
Number and size of perforations _____ located _____ feet to _____ feet
from surface of ground.
Other perforations _____
Date of commencement of well 1959 Date of completion of well _____
Type of well rig Bucyrus Erie

CASING RECORD

DIAM. CASING	FROM FEET	TO FEET	LENGTH	REMARKS -- SEALS, GROUTING, ETC.
20"	0	8	8	

GENERAL INFORMATION—Pumping Test, Quality of Water, Etc.

WELL LOG

From Foot	To Foot	Type of Material	Drilling Time		Water-bearing Formation Ant. Yes or No	Casing Perforated Ant. Yes or No
			Hrs.	Min.		
0	8	Soil and Clay				
8	70	Pink soft rock				
70	104	Gray lava ash				
104	215	Gray and brown lava				
215	230	Gray granite				
230	241	Brown sandstone				
241	275	Gray granite			yes	
275	370	Red mud with some gray rock			no	
370	410	Gray granite			no	
410	450	Red-gray-brown cement rock			yes	
450	460	Red and gray rock with some clay				
460	470	Black cinders			yes	
470	480	Black cinders and caly			yes	
480	505	Blackish brown clay			no	
505	535	Brown clay and some sort of pumice				
535	545	Same material-tools look oily				
545	550	Yellow clay				
550	559	Gray shale				
If more space is required use Sheet No. 2						

WELL DRILLERS STATEMENT

This well was drilled under my jurisdiction and the above information is true and correct to the best of my knowledge and belief.

Signed _____

By _____

License No. _____

Dated _____, 19____

047625

WELL LOG AND REPORT TO THE STATE RECLAMATION ENGINEER OF IDAHO

RECEIVED
SEP 25 1964

Log No. _____
Rec. _____, 19____
Well No. _____
Permit No. 2-250

(DO NOT FILL IN)

Owner BURDETTE REMINGTON Department State Reclamation Address ST. ANTHONY, IDAHO
Driller WALTER COPE Address TERRETON, IDAHO Lic. No. _____
Location of Well: SW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec. 24, T. 7N N/S, R. 41E E/W _____ County,
and _____ feet N/S, and _____ feet E/W from _____ Corner of _____ $\frac{1}{4}$ _____ $\frac{1}{4}$ Sec. _____
Size of Drilled Hole 20 Total depth of Well 600
Give depth of standing water from surface _____ Water Temp. _____ °Fahrenheit
On pumping test delivery was _____ g.p.m. or _____ c.f.s. Drawdown was _____ feet.
Size of pump and motor used to make the test _____
Length of time pumped during check was _____ hr., _____ minutes.
If flowing well, give flow in c.f.s. _____ or g.p.m. _____ and shut in pressure _____
If flowing well, describe control works _____
(TYPE AND SIZE OF VALVE, ETC.) _____
Water will be used for _____ Weight of casing per linear foot _____
Thickness of casing _____ Casing material _____
E.G., PIPE, CONCRETE, WOOD.
Diameter, length and location of casing 35 Ft. of 20"
(CASING 12" IN DIAMETER AND UNDER GIVE INSIDE DIAMETER;
CASING OVER 12" IN DIAMETER GIVE OUTSIDE DIAMETER.)
Number and size of perforations _____ located _____ feet to _____ feet
from surface of ground.
Other perforations _____
Date of commencement of well 1960 Date of completion of well _____
Type of well rig Bucyrus Erie

CASING RECORD

DIAM. CASING	FROM FEET	TO FEET	LENGTH	REMARKS -- SEALS, GROUTING, ETC.
20	0	35		

GENERAL INFORMATION—Pumping Test, Quality of Water, Etc.

7N - 41E - 24 SWSE

WELL LOG

From Feet	To Feet	Type of Material	Drilling Time		Water-bearing Formation Ans. Yes or No	Casing Perforated Ans. Yes or No
			Hrs.	Min.		
0	10	Top soil				
10	35	Pink Sandstone Installed starter casing				
35	310	Gray granite rock Some water at 235 ft.				
310	410	Lava ash				
410	435	Green looking mud--black-brown cuttings				
435	465	Brown lava				
465	475	Gray lava				
475	525	Brown clay				
525	545	Black obsidian and some chunks of slate rock				
545	565	Gray slate rock				
565	595	Red, gray and black particles of rock				
595	600	Gray lava ash				
If more space is required use Sheet No. 2						

WELL DRILLERS STATEMENT

This well was drilled under my jurisdiction and the above information is true and correct to the best of my knowledge and belief.

Signed _____

By _____

License No. _____

Dated _____, 19____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D D0063598

Drilling Permit No _____

Water right or injection well # 22-2294/7057

2. OWNER: RIVERSIDE FARMS

Name RIVERSIDE FARMS

Address 1908 EAST 500 NORTH

City ST. ANTHONY State IDAHO Zip 83445

3. WELL LOCATION:

Twp 7 North ☒ or South ☐ Rge. 42 East ☒ or West ☐

Sec 19 1/4 SW 1/4 SW 1/4

Gov't Lot _____ County FREMONT

Lat 43 54.933 (Deg and Decimal minutes)

Long 111 33.248 (Deg and Decimal minutes)

Address of Well Site _____

City ST. ANTHONY

Lot _____ Blk _____ Sub Name _____

4. USE:

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

☐ Other _____

5. TYPE OF WORK:

☐ New well ☒ Replacement well ☐ Modify existing well

☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
BENTONITE	0	63	3500LBS	OVERBORE

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner Threaded Welded
20"	+2	63	.250	STEEL	☒ ☐ ☐ ☒
18"	568	708	.250	STEEL	☒ ☒ ☐ ☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18" AND DOUBLER

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
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Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
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11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) _____ Static water level (ft) 365'

Water temp. (°F) _____ Bottom hole temp (°F) _____

Describe access port WELL HEAD

Well test:	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
Drawdown (feet)			☐	☐	☐	☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
24"	0	53	SOIL		X
24"	53	63	RHYOLITE		X
20"	63	120	RHYOLITE		X
20"	120	126	FRACTURED RHYOLITE		X
20"	126	140	RHYOLITE		X
20"	140	365	BROWN RHYOLITE		X
20"	365	467	BROWN RHYOLITE	X	
20"	467	480	FRACTURED RHYOLITE	X	
20"	480	565	RHYOLITE	X	
20"	565	578	FRACTURED RHYOLITE	X	
20"	578	636	RHYOLITE	X	
20"	636	708	SANDSTONE CAVEY	X	
20"	708	780	SANDSTONE	X	

RECEIVED

SEP 23 2014

Department of Water Resources
Eastern Region

Completed Depth (Measurable): 780

Date Started: 02/02/2014 Date Completed: 03/24/2014

14. DRILLER'S CERTIFICATION:

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

Company Name VOLLMER WELL DRILLING Co. No 383

*Principal Driller _____ Date 09/22/2014

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required