

FEB 22 2022

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Department of Water Resources **STATEMENT OF COMPLETION**
Eastern Region
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY	
Amt. of Fee \$	<u>\$50.00</u> (check)
Receipt No.	<u>E047834</u>
Received By	<u>CHH</u>
Date Received	<u>2/22/22</u>

The Idaho Department of Water Resources (Department) considers this form a statement that the permit holder(s) applied water to beneficial use and completed development of a water right 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 (CWRE).** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, complete an Assignment of Permit form. If you wish to relinquish your permit because you have not established the authorized water use and are not applying for an extension, please notify the Department in writing.

1. Permit No. 29-14355 Name of Permit Holder(s) William Meadows and Vicki Meadows
Telephone No. 208-221-2041 Email _____
Mailing Address 3015 Sunbeam Road City American Falls State Idaho Zip 83211

2. Source of Water groundwater If Ground Water (well), Date Drilled mo. 03 / yr. 2017
Drilling Permit/Tag No. D007138 Drilling Company's Name Vollmer Well Drilling

3. Extent of use(s) completed as authorized by the water right permit:
Domestic (No. households) 1 Irrigation (No. acres) 0.5 Stockwater (No. and stock type) _____
Other _____

4. Total diversion rate or volume (storage only) for which proof is submitted 0.04 cfs OR _____ af
If the total developed water use is 5 acres of irrigation or less, is stockwater storage of 14.6 acre-feet or less, or has a diversion rate of less than 0.24 cfs, attach a map of the place of use and point of diversion and photographs showing beneficial use.

5. Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)
Groundwater well with electric pump

6. Permit condition compliance. Refer to the permit approval conditions and check all the items required, then check "Yes" or "No" to indicate whether the required items were established, submitted, and/or installed:
Required? Yes No (If "Yes", attach required data, evidence of compliance, or evidence of installation)

☐	☒	Ground water level data, pumping information, or other diversion data
☐	☒	Mitigation plan
☐	☒	Lockable controlling works
☐	☒	Measuring device
☐	☒	Fish screen
☐	☒	Other requirements of the water right permit
☐	☒	Reasonably Anticipated Future Needs ("RAFN") Municipal use

If RAFN Municipal use, additional increment of beneficial use developed? ☐ Yes (attach CWRE report) ☐ No

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7. Fee Enclosed \$ 50.00 or ☐ CWRE field report attached or ☐ No fee required
See fee schedule on page 3 of the instructions. Proof statements filed without an appropriate fee are incomplete.

8. Person to contact to accompany a Department representative during the field examination of the water system:
Name: William Meadows Telephone No. 208-221-2041 Email _____
Mailing Address 3015 Sunbeam Road City American Falls State Idaho Zip 83211

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 beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

William Meadows William Meadows 02/17/2022
SIGNATURE OF PERMIT HOLDER* PRINTED NAME AND TITLE DATE

*Attach power of attorney if completing on behalf of permit holder.



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Department of Water Resources
Eastern Region

February 17, 2022

Idaho Department of Water Resources
Eastern Regional Office
900 N. Skyline Dr., Ste A
Idaho Falls, Idaho 83402-1718

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DEPARTMENT OF
WATER RESOURCES

Re: Permit Nos. 29-14355 and 29-14357

To whom it may concern:

Enclosed please find for filing the originals and extra copies of Statements of Completion on behalf of Jordan and Kacy Gehring, and William and Vicki Meadows, together with a check for the filing fees of \$100. Please file the originals and conform stamp and return to us the extra copies in the enclosed stamped and addressed return envelope.

If you have any questions, please contact me. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink that reads 'T. J. Budge'.

T. J. BUDGE