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JAN 17 2022

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Department of Water Resources
Eastern RegionSTATE OF IDAHO DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY	
Amt. of Fee \$	100.00
Receipt No.	E047707
Received By	C. J. J.
Date Received	1/18/21

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.

- Permit No. 29-14489 Telephone No. 208-317-6084
- Name of Permit Holder(s) Patricia Tiede
- Mailing Address 2761 Moonlight Lane City American Falls
State Idaho Zip 83211 Email ptiede@yahoo.com
- Source of Water Groundwater If **GROUND WATER** (well), Date Drilled mo. 03 / yr. 2000
Well Driller Couch Well Drilling Drilling Permit Number 763732
- Extent of use(s) completed as authorized by the water right permit:
Domestic (No. of households) 1 Stockwater (No. and type of stock) _____
Irrigation (No. of acres) _____ Other _____
- Total rate of diversion or storage volume for which proof is submitted 0.04 cfs OR _____ acre-feet.
- 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.

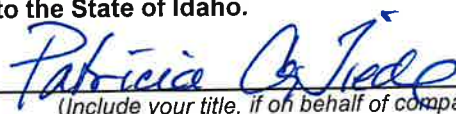
Completed? Yes ☐ No ☒

- Fee Enclosed \$ 100.00 or not applicable ☒. See fee schedule on page 2 of the instructions.
Proof statements filed without an appropriate fee, will be considered incomplete.
- Person to contact to accompany the Department representative during field examination of the water system.

Name Patricia Tiede Telephone Number 208-317-6084
Mailing Address 2761 Moonlight Lane City American Falls
State ID Zip 83211 Email ptiede@yahoo.com

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



(Include your title, if on behalf of company or organization)

Date

1/14/2022

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



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DEPARTMENT OF
WATER RESOURCES

RANDALL C. BUDGE
randy@racineolson.com

January 14, 2022

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Department of Water Resources
Eastern Region

Idaho Department of Water Resources
900 North Skyline Drive, Suite A
Idaho Falls, Idaho 83402-1718

Re: Permit No. 29-14409 – Patricia Tiede

To whom it may concern:

Enclosed please find the original and two copies of a Statement of Completion, together with a check in the amount of \$100.00 for the filing fee. Please file the original and conform stamp and return one copy to me, and one copy to Pat Tiede in the enclosed stamped and addressed return envelopes.

Thank you for your assistance. Please contact me with any questions.

Sincerely,


RANDALL C. BUDGE

RCB:ts
Enclosures
c: Patricia Tiede