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APR 02 2021

DEPARTMENT OF
WATER RESOURCES

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

FOR OFFICE USE ONLY	
Amt. of Fee \$	50
Receipt No.	C110153
Received By	Ku
Date Received	4.2.21

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.

1. Permit No. 63-34989 Telephone No. 208-869-6723

2. Name of Permit Holder(s) Robin & Diana Sanders

3. Mailing Address 1113 N. Black Cat Rd. City Kuna
State ID Zip 83634 Email rd.sanders@hotmail.com

4. Source of Water well If **GROUND WATER** (well), Date Drilled mo. / yr. 72
Well Driller Jesse Hill Drilling Permit Number unknown

5. Extent of use(s) completed **as authorized by the water right permit:**
Domestic (No. of households) 1 Stockwater (No. and type of stock) 5 cows
Irrigation (No. of acres) Other

6. Total rate of diversion or storage volume for which proof is submitted 0.06 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 \$ 50.00 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 Diana Sanders Telephone Number 208-869-6723
Mailing Address 1113 N. Black Cat Rd. City Kuna
State ID Zip 83634 Email rd.sanders@hotmail.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 Diana Sanders Date 4/1/2021
(Include your title, if on behalf of company or organization)

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MAR 22 2021

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

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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.

RECEIVED

1. Permit No. 63-34989 Telephone No. 208-869-67232. Name of Permit Holder(s) Robin Sanders, Diana Sanders3. Mailing Address 1113 N. Black Cat City KunaDEPARTMENT OF
WATER RESOURCESState Id Zip 83634 Email rd.sanders@hotmail.com4. Source of Water well If **GROUND WATER** (well), Date Drilled mo. _____ / yr. 1974Well Driller unknown Jesse Hill Drilling Permit Number unknown

5. Extent of use(s) completed as authorized by the water right permit:

Domestic (No. of households) 1 Stockwater (No. and type of stock) 5 cowsIrrigation (No. of acres) 4.99 Other _____6. Total rate of diversion or storage volume for which proof is submitted _____ cfs OR 2.7 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 Diana Sanders Telephone Number 208-869-6723Mailing Address 1113 N. Black Cat Rd. City KunaState ID Zip 83634 Email rd.sanders@hotmail.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 Diana Sanders Date 3/12/2021

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

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