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NOV 17 2020

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 $
Receipt No.
Receipted By KW
Date Receipted 11.17.2020

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. 98-08010 Telephone No. 208-267-5415
2. Name of Permit Holder(s) VICTOR CHERVEN & LINDA TANAKA
3. Mailing Address 255 BUSSARD LAKE RD City BONNERS FERRY
   State ID Zip 83805 Email rockdoc.VBC@gmail.com
4. Source of Water WELL If **GROUND WATER** (well), Date Drilled mo. Sep / yr. 2002
   Well Driller MINDEN WATER WELLS Drilling Permit Number 0022413
5. 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 _____
6. Total rate of diversion or storage volume for which proof is submitted 0.04 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 VICTOR CHERVEN Telephone Number 208-267-5726
   Mailing Address AS ABOVE 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 [signature] Date 11/11/20
(Include your title, if on behalf of company or organization)

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

Form No. 217 12/15