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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	C4
Date Receipted _	9-8-2020

Date September 3, 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

De	partment in writing.						
	Permit No. <u>95-17961</u>	Telepho	one No.	(907) 321-7744			
2.	Name of Permit Holder(s) Katherine Campbell and/or Kent Durand						
3. Mailing Address 2376 S Kindred Trail City Coeur D Alene							
	State ID Zip 83814-7173 Email kddurand@gci.net						
4.	Source of Water Ground Water (	Well) If GROUND W	ATER (	vell), Date Drilled r	no. <u>05</u>	_/ yr1992	
	Well Driller United Drilling Inc Drilling Permit Number 95-92-N-65						
5.	extent of use(s) completed as authorized by the water right permit:						
	Domestic (No. of households) one Stockwater (No. and type of stock)						
	Irrigation (No. of acres)	Other not to exceed 1/2	acre				
6.	Total rate of diversion or storage	volume for which proof is submitte	ed0.	04 cfs <b>OR</b>	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 If yes, has the measuring device		stalled?	Yes □ Yes □	No ☑ No □	
	Lockable Controlling Device	Is a lockable device required to If yes, has the lockable device be			Yes □ Yes □	No ☑ No □	
	Fish Screen	Is a fish screen required?  If yes, has the fish screen been i	installed	?	Yes □ Yes □	No ☑ No □	
	Other Conditions of Permit  Oo the approval conditions on your permit require you to submit additional information in connection with your proof of peneficial use? If yes, list the conditions below and attach documents with the required information.  Completed? Yes   No   No						
	Fee Enclosed \$ or not applicable \( \textstyle \). 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				water system	em.	
		Telephone	e Numbe	er (907) 321-7744		<del></del>	
	Mailing Address 2376 S. Kindre	d Trail					
	State ID Zip 83814-7173	Email kddurand@gci.r	net				
de	ne information given on this for eveloped and water has been div e permit is relinquished to the S	verted and applied to a beneficia	al use. I i	which the above no understand that an	y undevelo	ermit has been oped portion of	

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

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

Signature of Permit Holder