## STATE OF IDAHO DEPARTMENT OF WATER RESOURCES

## STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE Amt. of Fee \$	USE ONLY
Receipt No.	
Receipted By	Ru
Date Receipted _	9-3-2020

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** <u>and</u> that water has been applied to beneficial use to the extent described below. **This form must be accompanied by an examination fee, when necessary,** <u>or</u> **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 <u>idwr.idaho.gov</u> 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 <u>not</u> applying for an extension, please notify the Department in writing.

	sparament in mang	A 33	DEPARTMENT OF			
1.	Permit No. <u>65 - 238</u>	704 Telephone No. 208-462-32	WATER RESOURCES			
2.	Name of Permit Holder(s)		·			
3.	Mailing Address PO Box	765 city Garden	Valley	2		
	State 1 Zip 8362	2 Email Shauna Fry 5240 gmail Com	_ /			
4.	Source of Water around U	Vater if GROUND WATER (well), Date Drilled mo		-		
	Well Driller allstate W	lell Drilling Drilling Permit Number - ?				
5.	Extent of use(s) completed as au	uthorized by the water right permit:				
	Domestic (No. of households)	Stockwater (No. and type of stock)				
	Irrigation (No. of acres) $\frac{\sqrt{2}}{2}$	ere Other				
6.		volume for which proof is submitted Food 9cfs 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?  If yes, has the lockable device been installed?	Yes □ No 【X Yes □ No □			
	Fish Screen	Is a fish screen required?	Yes □ No 🛣			
		If yes, has the fish screen been installed?	Yes No 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?				
8.		ot applicable See fee schedule on page 2 of the instructions.	,			
_		appropriate fee, will be considered incomplete.				
	Name Dan Fry Telephone Number 208 462 3 219					
	Mailing Address PO 60K		Valley			
	State Zip \( \frac{36}{36} \).	22 Email Shauna Fry 524 a) & mail	Licom			
de the	veloped and water has been div e permit is relinquished to the S		bered permit has been undeveloped portion of			
Sig	gnature of Permit Holder <u>Dar</u> ( <i>In</i>	Date clude your title, if of behalf of company or organization)	aug - 30 200	C		