

RECEIVED

MAY 29 2020

DEPARTMENT OF  
WATER RESOURCES

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

RECEIVED  
MAY 29 2020  
FOR OFFICE USE ONLY  
Amt. of Fee \$  
Receipt No.  
Received By  
Date Received

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](http://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. 63-34330 Telephone No. 208-246-8909
- Name of Permit Holder(s) Gardner Mace Ranch LC
- Mailing Address 101 S. Capitol Blvd, Ste 1700 City Boise  
State ID Zip 83702 Email \_\_\_\_\_
- Source of Water Ground Water If **GROUND WATER** (well), Date Drilled mo. \_\_\_\_ / yr. \_\_\_\_  
Well Driller \_\_\_\_\_ Drilling Permit Number \_\_\_\_\_
- Extent of use(s) completed **as authorized by the water right permit**:  
Domestic (No. of households) \_\_\_\_\_ Stockwater (No. and type of stock) \_\_\_\_\_  
Irrigation (No. of acres) \_\_\_\_\_ Other 12 pond recirculation system
- Total rate of diversion or storage volume for which proof is submitted 1.6 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            | <b>Is a measuring device required?</b>                         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | <b>If yes, has the measuring device been installed?</b>        | Yes <input type="checkbox"/> | No <input type="checkbox"/>            |
| Lockable Controlling Device | <b>Is a lockable device required to control the diversion?</b> | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | <b>If yes, has the lockable device been installed?</b>         | Yes <input type="checkbox"/> | No <input type="checkbox"/>            |
| Fish Screen                 | <b>Is a fish screen required?</b>                              | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | <b>If yes, has the fish screen been installed?</b>             | Yes <input type="checkbox"/> | No <input type="checkbox"/>            |

**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 \$ n/a 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 n/a - exam by SPF Telephone Number \_\_\_\_\_  
Mailing Address \_\_\_\_\_ 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 Walter Cull Project Manager Date 9/19/19  
(Include your title, if on behalf of company or organization)

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