

RECEIVED

JUN 24 2020

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES**STATEMENT OF COMPLETION**
FOR SUBMITTING PROOF OF BENEFICIAL USE**FOR OFFICE USE ONLY**
 Amt. of Fee \$ 50.00
 Receipt No. C108750
 Received By 104
 Date Received 6-24-2020

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. 96-09399 Telephone No. 208 255 9718
2. Name of Permit Holder(s) ANDREW WALKER
3. Mailing Address PO BOX 441 City HOPE
 State ID Zip 83836 Email walkersonthehill@gmail.com
4. Source of Water Riser Creek If **GROUND WATER** (well), Date Drilled mo. _____ / yr. _____
 Well Driller _____ Drilling Permit Number _____
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 .02 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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If yes, has the measuring device been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If yes, has the lockable device been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fish Screen	Is a fish screen required?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	If yes, has the fish screen been installed?	Yes <input checked="" 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.

total water use of .02 cfs for permits 96-09399 and 96-09400. Completed? Yes ☒ No ☐

8. Fee Enclosed \$ 50 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 Andrew Walker Telephone Number 208 255 9718
 Mailing Address PO BOX 441 City Hope
 State ID Zip 83836 Email walkersonthehill@gmail.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 [Signature] Date 6-17-2020
 (Include your title, if on behalf of company or organization)

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