RECEIVED JUL 2 4 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	
Date Receipted	0

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. 85-15812		Telephone No.	208-836-	5549			
2.	Name of Permit Holder(s) Lo	ren and Marcia	Butler					
3.	Mailing Address 33752	Berriman Ro	L	City Lenon	e			
	State ID Zip 8354							
4.	Source of Water Spring	If GRO	OUND WATER (v	vell), Date Drilled	mo	/ yr		
	Well Driller							
5.		ent of use(s) completed as authorized by the water right permit:						
	Domestic (No. of households) _	Domestic (No. of households) Stockwater (No. and type of stock) 25 head callle						
	Irrigation (No. of acres)							
6.	Total rate of diversion or storage	e volume for which proof is	submitted 0.0	2 cfs OR	acre-	feet.		
7.	Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of p 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	•	N 574 24995	Yes 🗌	No 🖄		
		If yes, has the measurin	-		Yes 🗌	No 🗌		
	Lockable Controlling Device	Is a lockable device red			Yes 🗌	No 🗹		
	Fish Concern	If yes, has the lockable of			Yes 🗌			
	Fish Screen	Is a fish screen require If yes, has the fish scree		,	Yes □ 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.							
	benencial use? If yes, list the co			Completed		No 🖻		
8.	Fee Enclosed \$ 50 or n							
	Proof statements filed without a	n appropriate fee, will be c	onsidered incomp	olete.				
9.	Person to contact to accompany	/ the Department represen	tative during field	examination of the	water syste	em.		
	Name	Τε	elephone Numbe	r				
	Mailing Address		City					
	State Zip	Email						
Th	e information given on this for	rm is my true statement c	of the extent to w	which the above n	imbered ne	rmit has been		
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	diven Butler	Maria Buther	Date	7-20-20
	(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