

RECEIVED

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

FOR OFFICE USE ONLY	
Amt. of Fee \$	150
Receipt No.	C102894
Received By	IC
Date Received	6-15-2020

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](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. 17-07181 Telephone No. 208-670-5316
- Name of Permit Holder(s) Bryce P. Campbell
- Mailing Address 2450 S. Juniper RD. City Malta  
State ID Zip 83342 Email bjc@atcnet.net
- Source of Water Groundwater If **GROUND WATER** (well), Date Drilled mo. Sep<sup>9</sup> / yr. 2019  
Well Driller High Plains Drilling Drilling Permit Number 890324
- Extent of use(s) completed **as authorized by the water right permit:**  
Domestic (No. of households) \_\_\_\_\_ Stockwater (No. and type of stock) 500  
Irrigation (No. of acres) 252 Other \_\_\_\_\_

- Total rate of diversion or storage volume for which proof is submitted 2.23 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	Is a measuring device required?	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
	If yes, has the measuring device been installed?	Yes <input checked="" 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 checked="" type="checkbox"/>
Fish Screen	Is a fish screen required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If yes, has the fish screen been installed?	Yes <input type="checkbox"/>	No <input checked="" 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.

Provide a water table measuring location in a well - this has been done Completed? Yes ☒ No ☐  
Also further flow meter or flow records - flow meter is installed

- Fee Enclosed \$ 150 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 Bryce P. Campbell Telephone Number 208-670-5316  
Mailing Address 2450 S. Juniper RD. City Malta  
State ID Zip 83342 Email bjc@atcnet.net

**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 Bryce P. Campbell Date 6/8/2020  
(Include your title, if on behalf of company or organization)

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



BRAD LITTLE  
Governor

State of Idaho

**DEPARTMENT OF WATER RESOURCES**

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Website: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

GARY SPACKMAN  
Director

July 9, 2020

BRYCE CAMPBELL  
2450 S JUNIPER RD  
MALTA ID 83342

**PROOF ACKNOWLEDGEMENT LETTER**

**RE: Permit No. 17-7181**

Dear Permit Holder:

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the Department to conduct a field examination to determine and confirm the use being made of the water.

**Please be advised that Idaho Code § 42-248, requires you or the owner of this water right to maintain current ownership and address records on file with the Department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any Department office or at the Department's website at [www.idwr.idaho.gov](http://www.idwr.idaho.gov).**

If you have any questions concerning the field examination, please contact the Eastern Region Office of the Department located in Idaho Falls at (208) 525-7161.

Sincerely,

Debbi Judd  
Technical Records Specialist

Enclosures