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MAY 20 2020

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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 \$ 0  
Receipt No. \_\_\_\_\_  
Received By JA  
Date Received 5-20-2020

IDWR / NORTH

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.

1. Permit No. 95-17931 Telephone No. 808 724 8668  
2. Name of Permit Holder(s) Andrew & Kathleen Knapp  
3. Mailing Address 19086 Trekker Woods Rd City Pseudalone  
State Id Zip 83814 Email Kathleen80850@yahoo.com  
4. Source of Water Ground If **GROUND WATER** (well), Date Drilled mo. \_\_\_\_\_ / yr. 2009  
Well Driller Worst Drilling Permit Number D0035233 2004

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 0.04 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 checked="" 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.

\_\_\_\_\_ Completed? Yes  No

8. Fee Enclosed \$ \_\_\_\_\_ 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 Same as above 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 [Signature] Date 05-20-2020  
(Include your title, if on behalf of company or organization)