## RECEIVED

MAY 2 8 2020

## 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	KM
Date Receipted_	5-28-2020

**DEPARTMENT OF** 

The Mater 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 <a href="idwr.idaho.gov">idwr.idaho.gov</a> 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 <a href="not">not</a> applying for an extension, please notify the Department in writing.

1.	Permit No. <u>55-13967</u>	Telephone No. (20%)を67 - 7	1299/8	367-5995	
2.	Name of Permit Holder(s) Tal	ame of Permit Holder(s) TAL R. and Jennifer TRANTMAN			
3.	Mailing Address 2170 Ol	ailing Address 2170 Old Hury 95 City Jordan Valley			
	State <u>OR</u> Zip <u>97910</u>	Email jenni fer@ trautmanlawn.	com	O.	
4.		urce of Water Ground Water If GROUND WATER (well), Date Drilled mo. 6 / yr. 2			
	Well Driller	Drilling Permit Number 1650	96		
5.	Extent of use(s) completed as authorized by the water right permit:				
	Domestic (No. of households)	Stockwater (No. and type of stock)			
		Other			
6.	Total rate of diversion or storage	volume for which proof is submitted 0,04 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 🗌	No 🗹	
		If yes, has the measuring device been installed?	Yes □	No 🗌	
	Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes □	No 🛮	
		If yes, has the lockable device been installed?	Yes 🗌	No 🗆	
	Fish Screen	Is a fish screen required?  If yes, has the fish screen been installed?	Yes □ Yes □	No ☑ No □	
	Other Conditions of Permit	ary se, ride the new series as a mediane.			
	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	d? Yes □	No 🗌	
8.		ot applicable 🕱 See fee schedule on page 2 of the instruction appropriate fee, will be considered incomplete.	ıs.		
9.	Person to contact to accompany the Department representative during field examination of the water system.				
	Name Tal Trawman	Telephone Number (208) 867	-729	9	
Mailing Address 2170 Old Huy 95 City Lordan Valley					
	State OR Zip 9791				
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  (Include your title, if on behalf of tompany or organization)					
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