STATE OF IDAHO DEPARTMENT OF WATER RESOURCES

STATEMENT OF COMPLETION

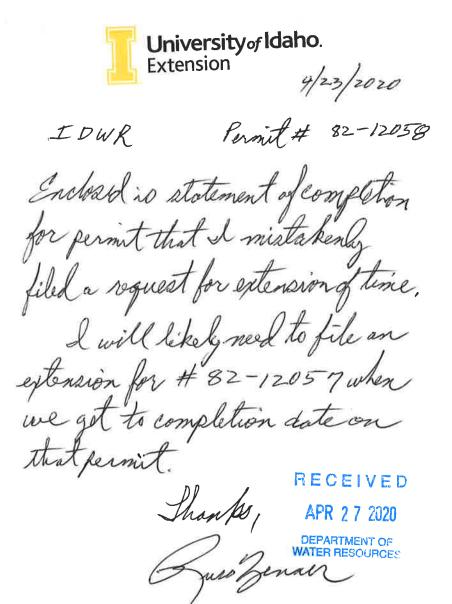
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE	USE ONLY
Amt. of Fee \$	
Receipt No	
Receipted By	Ku
Date Receipted	4-27-2020

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 iotahon.gov applying for an extension, please notify the Department in writing.

1.	Permit No 86 - 120	58	Telephone No. 6.50	9 336 30	57			
2.	Name of Permit Holder(s)	USSELL H	ZENNER					
3.	Mailing Address 2496	SENESEE	JULIATING City	6ENT	ESEZ	=		
	Mailing Address 2496 C State 10 Zip 93932	Email rus	schizennere a	maileen	7			
4.	Source of Water West	If G	ROUND WATER (well),	Date Drilled mo	Max	/yr. 1977		
	Well Driller DETRAY DRUMPS Co Drilling Permit Number 146097							
5.	Extent of use(s) completed as authorized by the water right permit:							
	Domestic (No. of households) Stockwater (No. and type of stock)							
	Irrigation (No. of acres)	Other						
6.	Total rate of diversion or storage	volume for which proo	f is submitted	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	•		Yes 🗌	No 🖳		
	Lookable Controlling Device		ring device been installed		Yes □	No □		
	Lockable Controlling Device		required to control the deletion deletion to control the deletion deletion to control the deletion del	liversion?	Yes □ Yes □	No □		
	Fish Screen	Is a fish screen requ			Yes 🗌	No 🖭		
	Other Conditions of Bound	If yes, has the fish so	reen been installed?		Yes 🗌	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.							
				_ Completed?	Yes 🗌	No 🗌		
8.	Fee Enclosed \$ or no Proof statements filed without an			the instructions				
9.	Person to contact to accompany	the Department repres	entative during field exam	nination of the w	ater syste	em.		
	Name KUSS LENNER		Telephone Number	509 376	3057			
	Mailing Address 2496 6EN	ESEE JULIAETT	ARD City	GENESE	E, T	<i>P</i>		
	State Zip 9383	2 Email <u>rk</u>	ssell zenner (a	gmaile	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. Lunderstand that any undeveloped portion of the permit is relinquished to the State of Idaho.								
Sic	nature of Permit Holder	as Dennis	APR 2 7 202	Doto	4/2	horo		
ح ا ر	(In	clude your title, if on beh	alf of company or organizat	gn)	1100	12000		

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



www.uidaho.edu/extension