	RECEIVED FEB 2 4 2020 DEPARTMENT OF WATER RESOURCES	DEPARTMENT OF WATER RESOURCES	FOR OFFICE USE ONLY Amt. of Fee \$ 50.00 Receipt No. 6/08 3/18 Receipted By 16 14 Date Receipted 2-24-2020	
h au w a y	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 <u>idwr.idaho.gov</u> for an <i>Assignment of Permit</i> form. If you wish to relinquish your permit because you have not established the authorized use of the water and are <u>not</u> applying for an extension, please notify the Department in writing.			
1	Permit No. <u>63-33993</u> Telephone No. <u>208-455-9449</u>			
	Name of Permit Holder(s) PATRICK E CRAIG ANDIAR. JUDITH A. CRAIG			
	Mailing Address 16332 FROST ROAD City CALDWELL			
J	State <u>TD</u> Zip <u>83607</u> Email <u>Inhimic Caol. Com</u>			
4	A. Source of Water <u>GROUND WATER</u> If GROUND WATER (well), Date Drilled mo / yr. <u>1997</u>			
4				
	Well Driller KENNE MATZER DRILLING Drilling Permit Number 63-91-W-0015-000			
5	Extent of use(s) completed as authorized by the water right permit:			
	Domestic (No. of households) Stockwater (No. and type of stock) NONE AT THIS TIME			
	Irrigation (No. of acres) 3.00	2 Other		
6	Total rate of diversion or storage	volume for which proof is submitted 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 🗋 🛛 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 🔀	
	<b>F</b> : 1 0	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 🗋 🛛 No 🕱 Yes 🔲 No 🕱	
	Other Conditions of Permit	n yes, has the lish screen been listalieu?		
	Do the approval conditions on y beneficial use? If yes, list the cor	o the approval conditions on your permit require you to submit additional information in connection with your proof of eneficial use? If yes, list the conditions below and attach documents with the required information.		
	NONE REQUIRED Completed? Yes No			
8.	ee Enclosed \$ <u>50, 00</u> or not applicable []. See fee schedule on page 2 of the instructions. roof statements filed without an appropriate fee, will be considered incomplete.			
9.	Person to contact to accompany	Person to contact to accompany the Department representative during field examination of the water system.		
	Name SEE ABOVE Telephone Number			
	Mailing Address	City		
		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 Market of Variante and applied to a beneficial use of or behalf of company or organization)				
-	Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098			

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