

RECEIVED

FEB 10 2020

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

## FOR OFFICE USE ONLY

Amt. of Fee \$ 50.00  
Receipt No. C08292  
Received By KM  
Date Received 2-10-2020

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. 74-16206 Telephone No. 208-756-3217
- Name of Permit Holder(s) John W and Ruby Miller
- Mailing Address 176 Red Rock Stage Rd City Salmon  
State ID Zip 83467 Email \_\_\_\_\_
- Source of Water waste water If **GROUND WATER** (well), Date Drilled mo. \_\_\_\_\_ / yr. \_\_\_\_\_  
Well Driller \_\_\_\_\_ Drilling Permit Number \_\_\_\_\_
- 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) 10 Other \_\_\_\_\_
- Total rate of diversion or storage volume for which proof is submitted 0.20 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	<b>Is a measuring device required?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	<b>If yes, has the measuring device been installed?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lockable Controlling Device	<b>Is a lockable device required to control the diversion?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	<b>If yes, has the lockable device been installed?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Fish Screen	<b>Is a fish screen required?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	<b>If yes, has the fish screen been installed?</b>	Yes <input type="checkbox"/>	No <input 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 ☐

- Fee Enclosed \$ 50 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 John Miller Telephone Number 208-756-3217  
Mailing Address above 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 John W. Miller Date 2-6-20  
(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

February 13, 2020

RUBY MILLER  
JOHN W MILLER  
176 RED ROCK STAGE RD  
SALMON ID 83467-5201

### PROOF ACKNOWLEDGEMENT LETTER

**RE: Permit No. 74-16206**

Dear Permit Holders:

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 note that a condition of this permit is to comply with fish screen and /or fish passage requirements. This should be completed as soon as possible and before the field exam is conducted.

**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 Boise at (208) 525-7161.

Sincerely,

Debbi Judd  
Technical Records Specialist

Enclosures