### RECEIVED

JAN 2 4 2020

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 \$ 50.00			
Receipt No			
Receipted By KM			
Date Receipted 1-24 -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** <u>and</u> 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 *Assignment of Permit* 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.

Permit No. 29-14121	Telephone No	5-627	39
Name of Permit Holder(s)	aynan Proctor Somber Sonko		
		9	
State Zip 83234	Email howk 751 @ hostmail com	3	
Source of Water Spring	If GROUND WATER (well), Date Drilled in	no. NA	/ yr. N/A
		Walter	
Extent of use(s) completed as au	thorized by the water right permit:		
Domestic (No. of households)	Stockwater (No. and type of stock) 15 cms /5	horses	
Irrigation (No. of acres)	Other		
Total rate of diversion or storage	volume for which proof is submitted cfs OR	acre	-feet.
Refer to the approval conditions of	on your permit and respond accordingly.	other cond	ditions of permit:
Measuring Device	Is a measuring device required?	Yes □	No 🖃
	_	Yes 🗌	No 🗌
Lockable Controlling Device	Is a lockable device required to control the diversion? If yes, has the lockable device been installed?	Yes □ Yes □	No ☐ No ☐
Fish Screen	Is a fish screen required?	Yes 🗌	No 🖃
	If yes, has the fish screen been installed?	Yes □	No 🗌
Do the approval conditions on yo	ditions below and attach documents with the required informat	tion.	
	·		No 🔄
Proof statements filed without an	t applicable ∐. See fee schedule on page 2 of the instruction appropriate fee, will be considered incomplete.	s.	
Person to contact to accompany	the Department representative during field examination of the	water syste	em.
Name Januar Sopk	Telephone Number	239	
Mailing Address 6463 E	Brish Cheek Rd City Downe	ч	
State Zip 83834	Email hawk 731 @ hotmail. com	<u> </u>	
e information given on this form veloped and water has been dive permit is relinquished to the S	erted and applied to a beneficial use. I understand that any	nbered pe undevelo	ermit has been ped portion of
	Name of Permit Holder(s)  Mailing Address  State TD Zip 83334  Source of Water Well Driller  Extent of use(s) completed as au Domestic (No. of households)  Irrigation (No. of acres)  Total rate of diversion or storage  Compliance with a measuring deverger to the approval conditions of The Department will not issue at Measuring Device  Lockable Controlling Device  Fish Screen  Other Conditions of Permit  Do the approval conditions on you beneficial use? If yes, list the converge or no Proof statements filed without an Person to contact to accompany to Name Mailing Address  State Tip 833314  e information given on this form veloped and water has been diverged.	Name of Permit Holder(s)  Mailing Address  City  Downer  State  Dip 83054  Email houk 751 © warmail com  Source of Water  Well Driller  Wall Driller  Wall Driller  Wall Driller  Ma 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)  Other  Total rate of diversion or storage volume for which proof is submitted  Compliance with a measuring device requirement, lockable controlling device requirement, and/or 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?  If yes, has the measuring device been installed?  Lockable Controlling Device  Is a lockable device required to control the diversion?  If yes, has the fish screen been installed?  Other Conditions of Permit  Do the approval conditions on your permit require you to submit additional information in combeneticial use? If yes, list the conditions below and attach documents with the required information beneficial use? If yes, list the conditions below and attach documents with the required information or not applicable . See fee schedule on page 2 of the instruction:  Proof statements filed without an appropriate fee, will be considered incomplete.  Person to contact to accompany the Department representative during field examination of the value of the conditions of the con	Name of Permit Holder(s)  Mailing Address  Chlob E. Broch Creek Td.:  City Downey  State TD Zip 83234 Email hour TSI & home Com  Source of Water Grows If GROUND WATER (well), Date Drilled mo. MA  Well Driller MA Drilling Permit Number MA  Extent of use(s) completed as authorized by the water right permit:  Domestic (No. of households) Stockwater (No. and type of stock) 5 cms 5 hoses  Irrigation (No. of acres) Other  Total rate of diversion or storage volume for which proof is submitted one can care  Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conc  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    If yes, has the measuring device been installed? Yes    If yes, has the measuring device been installed? Yes    If yes, has the fish screen been installed? Yes    If yes, has the fish screen been installed? Yes    Other Conditions of Permit  Do the approval conditions on your permit require you to submit additional information in connection with beneficial use? If yes, list the conditions below and attach documents with the required information.  Completed? Yes    Fee Enclosed \$ 5000 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 of the 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 of the proof statements filed without an appropriate fee, will be considered incomplete.  Telephone Number 2000 1000 1000 1000 1000 1000 1000 100



# 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

GARY SPACKMAN Director

January 27, 2020

DAYMON PROCTOR JENNIFER SOPKO 6463 E BRUSH CREEK DOWNEY ID 83234

#### PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 29-14121

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 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 <a href="https://www.idaho.gov">www.idaho.gov</a>.

If you have any questions concerning the field examination, please contact the Eastern Region Office of the Department located in Idaho Falls at (208) 525-7161.

Sincerely,

Debbi Judd

**Technical Records Specialist** 

**Enclosures**