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JUN 26 2019

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 \$ N/A
Receipt No. _____
Received By _____
Date Received _____

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 not applying for an extension, please notify the Department in writing.

- Permit No. 37-22436 Telephone No. (208) 788-4351
- Name of Permit Holder(s) Animal Shelter of Wood River Valley
- Mailing Address P.O. Box 1496 City Hailey
State ID Zip 83333 Email _____
- Source of Water Groundwater If **GROUND WATER** (well), Date Drilled mo. 12 / yr. 2017
Well Driller D&C Drilling Drilling Permit Number D0074919
- 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 Animal shelter, Idaho Code Section 42-111(b) usage

- 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?	Yes ☐	No ☒
	If yes, has the fish screen 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 ☒

- Fee Enclosed \$ _____ 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 Charles G. Brockway Telephone Number (208) 736-8543
Mailing Address 2016 Washington St N, Ste 4 City Twin Falls
State ID Zip 83301 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 [Signature] Date 6/12/19
(Include your title, if on behalf of company or organization)

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



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

July 25, 2019

ANIMAL SHELTER OF WOOD RIVER VALLEY
PO BOX 1496
HAILEY ID 83333

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 37-22436

Dear Permit Holder(s):

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 Section 42-248, Idaho Code, 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.

If you have any questions concerning the field examination, please contact the Southern Region Office of the Department located in Twin Falls at (208) 736-3033.

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

c: BROCKWAY ENGINEERING PLLC



BROCKWAY
ENGINEERING
P.L.L.C.

Hydraulics

Hydrology

Water Resources

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DEPARTMENT OF
WATER RESOURCES

June 21, 2019

Mr. Shelley Keen
Idaho Department of Water Resources
P.O. Box 83720
Boise, ID 83720-0098

Re: Proof of Beneficial Use 37-22436 / Animal Shelter of Wood River Valley

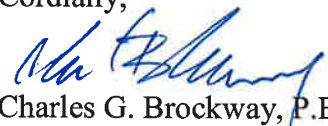
Dear Shelley:

Pursuant to our recent telephone conversation, enclosed please find a Proof of Beneficial Use form for the above-referenced permit.

There are two other permits associated with this facility, 37-23030 and 37-23058, which have proof dates in 2022. The animal shelter facility began operation in February 2019 and although it would be desirable to license all three permits together, it was my understanding from our phone call that we should submit proof now only for 37-22436 since no further extensions may be granted, rather than conducting a beneficial use exam for all three. This will allow a few years of pump-out data to be collected to support the eventual licensing of the other permits.

Please do not hesitate to contact me if any questions arise.

Cordially,


Charles G. Brockway, P.E.

CHARLES E.
BROCKWAY,
PH.D., P.E.

CHARLES G.
BROCKWAY,
PH.D., P.E.

Cc: Corey Skinner, IDWR-Southern
Kyle Baysinger

2016 NORTH
WASHINGTON
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TWIN FALLS,
IDAHO 83301

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FAX: 736•8506