

RECEIVED

JUL 20 2018

DEPARTMENT OF

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. 6185399  
Received By J. Alford  
Date Received 7/20/18

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. 72-16624 Telephone No. 208-879-4570
- Name of Permit Holder(s) Christopher W. James Trust / Firstfruits Foundation
- Mailing Address P.O. Box 510 City Challis  
State Id Zip 83226 Email cwjames77@gmail.com
- Source of Water Ground water If **GROUND WATER** (well), Date Drilled mo. 11 / yr. 1997  
Well Driller Harber Drilling Drilling Permit Number 12-97-5-0021-000
- Extent of use(s) completed **as authorized by the water right permit:**  
Domestic (No. of households) 20 Stockwater (No. and type of stock) \_\_\_\_\_  
Irrigation (No. of acres) \_\_\_\_\_ Other \_\_\_\_\_
- Total rate of diversion or storage volume for which proof is submitted .2 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 <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
|                             | If yes, has the measuring device been installed?        | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Lockable Controlling Device | Is a lockable device required to control the diversion? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
|                             | If yes, has the lockable device been installed?         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Fish Screen                 | Is a fish screen required?                              | Yes <input type="checkbox"/>            | No <input type="checkbox"/> |
|                             | If yes, has the fish screen been installed?             | 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 \$ 50.00 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 Leri D'Orazio Telephone Number 208 339-4326  
Mailing Address P.O. Box 510 City Challis  
State ID Zip 83226 Email ldoraz1963@gmail.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. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of Permit Holder Christopher W. James Date 7/17/18  
(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](http://www.idwr.idaho.gov)

C.L. "BUTCH" OTTER  
Governor

GARY SPACKMAN  
Director

July 24, 2018

FIRSTFRUITS FOUNDATION  
PO BOX 510  
CHALLIS ID 83226

CHRISTOPHER W JAMES TRUST  
CHRISTOPHER JAMES TRUSTEE  
PO BOX 510  
CHALLIS ID 83226

**PROOF ACKNOWLEDGEMENT LETTER**

**RE: Permit No. 72-16624**

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](http://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)