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DEPT. OF WATER RESOURCES
SOUTHERN REGION

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OCT 04 2012

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESSTATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$: _____
Receipt No. _____
Receipt By: _____
Date Received: _____

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has completed all work that will occur for the development of a water right and that water has been applied to beneficial use(s) to the extent described below. **This form must be accompanied by a license examination fee, when necessary, or accompanied by a completed Beneficial Use Field Report prepared by a certified water right examiner.** If you no longer own the property and want to convey this permit to the new owner, please complete an Assignment of Permit form and send it to the Department with a \$25.00 filing fee. Assignment forms are available from any Department office or at www.idwr.idaho.gov.

1. Permit No. 37-22594 Telephone No. 413-527-59032. Name of Permit Holder(s): Cottonwood Creek Homeowners Association3. Mailing Address: c/o: Laurie Sanders, 56 Montague Rd. City Westhampton
State MA Zip 01027 Email: _____4. Source of Water: Big Wood River If **GROUND WATER** (well), Date Drilled: mo. N/A. / yr. _____
Well Driller: N/A. Drilling Permit Number: N/A.

5. Extent of use(s) completed (as authorized by the water right permit):

Domestic (No. of households): N/A. Stockwater (No. and type of stock): N/A.
Irrigation (No. of acres): N/A. Other: W,R,J Storage, Diversion to Storage6. Total rate of diversion or storage volume for which proof is submitted: 1.45 cfs OR 5.0 acre-feet.7. Compliance with a Measuring Device requirement and/or other Conditions of Permit: *(Refer to the approval conditions on your permit and respond accordingly.)*

Measuring Device: Is a measuring device required?

Yes ☒ or No ☐

If yes, has the measuring device been installed?

Yes ☒ or No ☐

Conditions of Permit: Does your permit require you to submit additional information in connection with your proof of beneficial use? (If yes, please list the conditions below and provide documents if necessary.)

N/A.

Completed?

Yes ☐ or No ☐

Completed?

Yes ☐ or No ☐8. Fee Enclosed: \$ No Fee Required. (See Fee Schedule on back of the instructions for filing proof of beneficial use.
Proofs filed without an appropriate fee, will be considered incomplete.)

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Charles E. Brockway Sr. Telephone Number: 208-736-8543Mailing Address: 2016 Washington St. North, Suite #4 City Twin FallsState ID Zip 83301 Email: _____

10. 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: Charles E. Brockway Sr. - Consultant Date: 10/1/12
(include your title, if on behalf of company or organization)