

RECEIVED

JUN 22 2017

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. C103752
Received By VC
Date Received 6/22/17

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. 75-14842 Telephone No. 208-865-2435
- Name of Permit Holder(s) John L HARRIS & SUSAN KAY HARRIS Family Trust
- Mailing Address P.O. Box 86 City Carmen
State ID Zip 83462 Email win7stmd173@hotmail.com
- Source of Water Spring box 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) 1 Stockwater (No. and type of stock) _____
Irrigation (No. of acres) 1/2 acre Other _____
- Total rate of diversion or storage volume for which proof is submitted .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 \$ 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 DAHLE Construction Telephone Number 208-756-3241
Mailing Address 90 Hwy 93 north City Salmon
State ID Zip 83467-5302 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 Susan Kay Harris Date 6/19/2017
(Include your title, if on behalf of company or organization)

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

Invoice

DAHLE CONSTRUCTION LLC
90 HWY 93 NORTH
SALMON, ID 83467-5302
Phone: (208)756-3241
Fax: (208)756-3240

DATE

INVOICE #

7/6/2016

3473

BILL TO:

JOHN HARRIS
P. O. BOX 86
CARMEN, IDAHO 83462

PAID
08/10/2016

P.O. NUMBER

TERMS

PROJECT

QUANTITY

DESCRIPTION

RATE

AMOUNT

	WATER SYSTEM		
1	MATERIALS USED - ROCK	311.20	311.20
1	MATERIALS USED - PIPE AND FITTINGS	2,686.59	2,686.59
1	NSF CERT. POLY TANK	1,726.20	1,726.20
1	INSTALL WITH EQUIPMENT AND LABOR	6,645.00	6,645.00
	IDAHO SALES TAX	6.00%	0.00

Note: All bills are due upon receipt. Past due accounts over 60 days are subject to a 1.75% monthly interest charge with a minimum charge of \$1.00. Please contact our office if you are unable to pay your bill in full to avoid further charges and penalties.

TOTAL

\$11,368.99