

RECEIVED

APR 28 2017

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 \$      | 175.00  |
| Receipt No.         | C103432 |
| Received By         | VC      |
| Date Received       | 4/28/17 |

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](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.

1. Permit No. 15-7285 Telephone No. 208-766-4890  
 2. Name of Permit Holder(s) Seth Seamons  
 3. Mailing Address 2223 S. 5400 W. City Malad  
 State ID Zip 83252 Email lseamons@hotmail.com  
 4. Source of Water \_\_\_\_\_ If GROUND WATER (well), Date Drilled mo. 9 / yr. 2009  
 Well Driller Michael Frandsen Drilling Permit Number 0054966

5. 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) 180 Other \_\_\_\_\_  
 6. Total rate of diversion or storage volume for which proof is submitted 3.6 cfs OR \_\_\_\_\_ acre-feet.

7. 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 type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | If yes, has the measuring device been installed?        | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Lockable Controlling Device | Is a lockable device required to control the diversion? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | If yes, has the lockable device been installed?         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Fish Screen                 | Is a fish screen required?                              | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | If yes, has the fish screen been installed?             | Yes <input type="checkbox"/> | No <input checked="" 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 ☒

8. Fee Enclosed \$ 175 or not applicable ☐. See fee schedule on page 2 of the instructions.  
 Proof statements 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 Seth Seamons Telephone Number 435-730-1978 cell  
 Mailing Address 2223 S. 5400 W. City Malad  
 State ID Zip 83252 Email lseamons@hotmail.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 [Signature] Date 4-27-17  
 (Include your title, if on behalf of company or organization)



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

May 12, 2017

SETH D SEAMONS  
2223 S 5400 W  
MALAD CITY ID 83252

**PROOF ACKNOWLEDGEMENT LETTER**

**RE: Permit No. 15-7285**

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 Eastern Region Office of the Department located in Idaho Falls at (208) 525-7161.

Sincerely,

Darla Block  
Technical Records Specialist

Enclosure(s)