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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 $
Receipt No.
Receipted By
Date Receipted

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.

1. Permit No. # 92-11047 Telephone No. 208-568-1745
2. Name of Permit Holder(s) JAMES A. TURNER & CYNTHIA J. TURNER
3. Mailing Address 2943 PETTIS PEAK Rd. City ST. MARIES
   State ID. Zip 83861 Email jc.chevyforever@gmail.com
4. Source of Water GROUND WATER If **GROUND WATER** (well), Date Drilled mo. _____ / yr. _____
   Well Driller _____ Drilling Permit Number _____
5. 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) ½ ACRE Other _____
6. Total rate of diversion or storage volume for which proof is submitted 0.04 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 ☐	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 ☐
8. Fee Enclosed $ 0 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 JIM TURNER Telephone Number 208 568 1745
   Mailing Address 2943 PETTIS PEAK Rd City ST. MARIES
   State ID. Zip 83861 Email jc.chevyforever@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 James A. Turner Cynthia J. Turner Date 1/10/2017
(Include your title, if on behalf of company or organization)

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

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