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SEP 06 2016

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 \$ 225  
Receipt No. C102453  
Received By AO  
Date Received 9-6-16

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. 13-7964 Telephone No. 435-764-2947
- Name of Permit Holder(s) Hyer Family Ltd Partnership
- Mailing Address 1616 Shadow Rock Drive City Las Vegas  
State Nevada Zip 89117 Email \_\_\_\_\_
- Source of Water Bear River 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) \_\_\_\_\_ Stockwater (No. and type of stock) \_\_\_\_\_  
Irrigation (No. of acres) 215.4 Other \_\_\_\_\_
- Total rate of diversion or storage volume for which proof is submitted 5.1 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	<b>Is a measuring device required?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	<b>If yes, has the measuring device been installed?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Lockable Controlling Device	<b>Is a lockable device required to control the diversion?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	<b>If yes, has the lockable device been installed?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Fish Screen	<b>Is a fish screen required?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	<b>If yes, has the fish screen been installed?</b>	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 \$ \_\_\_\_\_ 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 Regan Wheeler, Property Manager/Less Telephone Number 435-512-9255  
Mailing Address 1838 Shaw Lane City Lewiston  
State Utah Zip 84320 Email reganwheeler@yahoo.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 Mollie C Hyer Date 8-30-16  
(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

September 09, 2016

HYER FAMILY LTD PARTNERSHIP  
1616 SHADOW ROCK DR  
LAS VEGAS NV 89117

**PROOF ACKNOWLEDGEMENT LETTER**

**RE: Permit No. 13-7964**

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)

c: RACINE OLSON C/O RANDALL C BUDGE



RANDALL C. BUDGE  
rcb@racinelaw.net

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DEPARTMENT OF  
WATER RESOURCES

August 24, 2016

Idaho Department of Water Resources  
PO Box 83720  
Boise, Idaho 83720-0098

**Re: Hyer Family Ltd. Partnership – Permit No. 13-07964**

To Whom It May Concern:

Enclosed please find the following for filing:

1. Original and two copies of Statement of Completion for Submitting Proof of Beneficial Use;
2. Check in the amount of \$225 for filing fees;
3. Stamped and addressed envelopes to the Permit Holder and myself.

Please file the original Statement of Completion and conform stamp and return the extra copies to me and the Permit Holder in the enclosed stamped and addressed return envelopes. If you have any questions, please do not hesitate to contact me or the Permit Holder's property manager Regan Wheeler, (435) 512-9255 or [reganwheeler@yahoo.com](mailto:reganwheeler@yahoo.com).

Thank you for your assistance.

Sincerely,

A handwritten signature in blue ink that reads 'Randall C. Budge'.

RANDALL C. BUDGE

RCB:ts

Enclosures

c: Mollie Hyer, Trustee of the Hyer Family Ltd. Partnership  
Regan Wheeler