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WATER RESOURCES
WESTERN REGION

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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 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, please contact any Department office or visit the Department's website at: www.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.: 65-23455 Telephone No.: 208-373-42352. Name of Permit Holder(s): US Department of Agriculture - Forest Service3. Mailing Address: 1249 S Vinnell Way Ste 200 City: BoiseState: ID Zip: 83709-1663 Email: thardy@fs.fed.us4. Source of Water: Groundwater If **GROUND WATER** (well), Date Drilled: mo. 07 / yr. 2011Well Driller: Jims Well Drilling Drilling Permit Number: Tag D0059156

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

Domestic (No. of households): 3 Stockwater (No. and type of stock): _____Irrigation (No. of acres): _____ Other: Domestic at Lots 1, 2 & 3 Lowman Summer Home Tract6. 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 ☐**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: \$ NA 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: Elena Miller Telephone Number: 208-259-3361 x7537Mailing Address: 7359 Hwy 21 City: LowmanState: ID Zip: 83637 Email: emmiller@fs.fed.us

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: Cecilia R. Shushoff Forest Supervisor Date: November 30, 2015

(Include your title, if on behalf of company or organization)

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

Attachment to
Statement of Completion
For Submitting Proof of Beneficial Use
65-23455

U.S. Forest Service Lowman Summer Home Tract Lots 1, 2 & 3

Photographs and respective GPS coordinates:

Lot 1 44.0855 -115.6267



Lot 2 44.0856 -115.6262



Lot 3 44.0857 -115.6258



Well east of Lot 3 44.0858 -115.6255

