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DEPARTMENT OF
WATER RESOURCES



BROCKWAY
ENGINEERING
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Hydraulics

Hydrology

Water Resources

March 8, 2016

Ms. Darla Block
Idaho Department of Water Resources
322 East Front Street
P.O. Box 83720
Boise, ID 83720-0098

Re: Statement of Completion 37-08916

Dear Darla:

I am enclosing a modified Statement of Completion for water right permit 37-08916. Under item no. 5, the extent of use(s) completed as authorized 37-08916 are documented. This permit is for 0.43 acre feet of aesthetic storage provided by expansion of an existing pond adjacent to the new home to be built. An existing well now serves the old house which will be removed when the new home is built.

The irrigated acreage from the well will be reduced from 0.5 acres to 0.44 acres to provide mitigation for evaporation on the expanded acreage of the adjacent pond. During 2015, the irrigation was limited to 0.24 acres to mitigate for the first fill of the expanded area of the pond. In subsequent years, the irrigation will be limited to 0.44 acres.

Please contact our office if you have further questions.

Sincerely,

Charles E. Brockway, P.E., Ph.D.
Certified Water Rights Examiner

Encls: Statement of Completion 37-08916

CHARLES E.
BROCKWAY,
PH.D., P.E.

CHARLES G.
BROCKWAY,
PH.D., P.E.

2016 NORTH
WASHINGTON
STREET • SUITE 4

TWIN FALLS,
IDAHO 83301

208•736•8543

FAX: 736•8506

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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. _____
Received 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, 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. 37-08916 Telephone No. (415) 722-6835

2. Name of Permit Holder(s) Tom R. Norris

3. Mailing Address 2351 Clay Street, Suite 510 City San Francisco

State CA Zip 94115 Email tnorris@tomnorris.com

4. Source of Water Big Wood River 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) _____ Stockwater (No. and type of stock) NA

Irrigation (No. of acres) 0.44 Other Evaporation Mitigation (015-0.44=.06ac) As Under 37-22847

6. Total rate of diversion or storage volume for which proof is submitted _____ cfs OR 0.43 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 \$ 50 or not applicable ☐. See fee schedule on page 2 of the instructions.

Proof statements filed without an appropriate fee, will be considered incomplete.

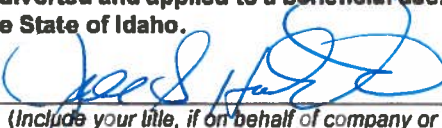
9. Person to contact to accompany the Department representative during field examination of the water system.

Name Charles E. Brockway Telephone Number (208) 736-8543

Mailing Address 2016 N. Washington St., Ste. 4 City Twin Falls

State ID Zip 83301 Email charles.e.brockway@brockwayeng.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  Date 3/9/16
(Include your title, if on behalf of company or organization)