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OCT 23 2015

WATER RESOURCES
WESTERN REGION

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OCT 26 2015

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$: 50.00
Receipt No. WD43610
Receipt By: GA
Date Received: 10/23/15

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.: 61-12302 Telephone No.: 208-761-87252. Name of Permit Holder(s): Peggy Tucker3. Mailing Address: 7540 W Tucker Dr. City: HammettState: Id Zip: 83627 Email: _____4. Source of Water: Cold Springs Creek 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): ____

Irrigation (No. of acres): 1.0 Other: ____6. Total rate of diversion or storage volume for which proof is submitted: .03 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._____N/A_____
Completed? Yes ☐ No ☐8. Fee Enclosed: \$ 50.00 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: Cold Springs LLC (new owners) Telephone Number: 208-703-1005 Simon SimoneMailing Address: 4421 N. Creswell Place City: BoiseState: ID Zip: 83713 Email: _____

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: Peggy Tucker Date: 10-23-15

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

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

**REQUEST TO WAIVE/MODIFY
CONDITION OF APPROVAL**

Permit # 61-12302

I request the condition(s) of approval requiring (select 1 or more):

- ☐ measuring device
☒ lockable controlling works
☐ annual measuring/reporting, or power records alternative
☐ other – identify in space below

be waived or modified because:

The system includes a 2" pipe from a removable
pump to the lawn and sprinklers. A lockable
device isn't practical for the small system. If needed,
the pump can simply be removed from the stream.

Peggy Tucker
signature

10-23-15
date

Peggy Tucker
print name