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JUN 30 2015
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 $: 50.00
Receipt No. C100695
Receipt By: dj
Date Receipted: 6-30-15

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.: 67-14974 Telephone No.: 208-253-4242
2. Name of Permit Holder(s): ADAMS COUNTY HEALTH CENTER INC
3. Mailing Address: PO Box 428 City: COUNCIL
   State: ID Zip: 83612 Email: DENISEG@CTCWEB.NET
4. Source of Water: GROUND WATER If **GROUND WATER** (well), Date Drilled: mo. 11 / yr. 2008
   Well Driller: DALLAS DRILLING Drilling Permit Number: 906596-854002
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): 5 Other: _____
6. Total rate of diversion or storage volume for which proof is submitted: 0.15 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: $ 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: DOUG KESLER Telephone Number: 208-253-4242
   Mailing Address: P.O. Box 428 City: COUNCIL
   State: ID Zip: 83612 Email: DOUGK@CTCWEB.NET

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: [signature] EXECUTIVE DIRECTOR/CFO Date: 6/29/2015
(Include your title, if on behalf of company or organization)

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

Form No. 217 11/09