

JUN 19 2015

DEPT OF WATER RESOURCES
SOUTHERN REGION

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

Amt. of Fee \$: 600 -

Receipt No. SD34856

Receipt By: DM

Date Received: 6-19-2015

1. Permit No.: 01-10572 (45-14183) Telephone No.: 208-878-8382

2. Name of Permit Holder(s): South West Irrigation District

3. Mailing Address: PO Box 668 City: Burley

State: ID Zip: 83318 Email: wparsons@pmt.org

4. Source of Water: Snake 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): _____

Irrigation (No. of acres): _____ Other: Recharge, partial conversion of about 36,700 acres w/01-10566

6. Total rate of diversion or storage volume for which proof is submitted: _____ cfs OR 7,820 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?

If yes, has the measuring device been installed?

Yes ☒ No ☐

Yes ☒ No ☐

Lockable Controlling Device: Is a lockable device required to control the diversion?

If yes, has the lockable device been installed?

Yes ☒ No ☐

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.

Electronic shapefile of lands irrigated with this water. Completed? Yes ☒ No ☐

8. Fee Enclosed: \$ 600 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: Jaxon Higgs Telephone Number: 208-604-1282

Mailing Address: 355 W 500 S City: Burley

State: ID: Zip: 83318 Email: jaxon@waterwellconsultants.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:

Wm O Passes

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

Date: 6-19-15

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