

RECEIVED

JAN 07 2014

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

FOR OFFICE USE ONLY	
Amt. of Fee \$:	100.00
Receipt No.	020979 + W013545
Receipt By:	
Date Received:	6-26-7-31-91

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.: 63-11116 Telephone No.: 208-466-17422. Name of Permit Holder(s): Terry Hennrickson3. Mailing Address: 5705 E Greenhurst City: NampaState: ID Zip: 83686 Email: _____4. Source of Water: well If **GROUND WATER** (well), Date Drilled: mo. 04 / yr. 1977Well Driller: Chuck Davis 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): 39 Other: _____6. Total rate of diversion or storage volume for which proof is submitted: .78 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: \$ 100 See fee schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete. 020979 W013545 Submitted 1991

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

Name: Terry Hennrickson Telephone Number: 208-466-1742Mailing Address: 5705 E Greenhurst City: NampaState: ID Zip: 83686 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: Terry Hennrickson Date: 1/7/14
(Include your title, if on behalf of company or organization)

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

This form To Replace original Proof Submitted 1991

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Receipt Details for C020979

Status	Adjustment Type	Version
	Water Right Receipt	3

General Information

Date Received	Date Deposited	Region	Total Amount	Payment Type
8/26/1991 8:28:27 AM	8/26/1991 12:00:00 AM	STATE	\$50.00	Check
Payer	HENRICKSON, TERRY/GREENHU			

Account Information:

Check Number:	3579
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Comment PROOF OF BENEFICIAL USE (63-11116)

Fee Details:						
Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$50.00	PROOF OF BENEFICIAL USE (63-11116)	510122	1238	00	0	6490

File ▶ Navigation ▶ Tools ▶

Receipt Details for W013545

Status	Adjustment Type	Version
	Adjusted Receipt	1

General Information

Date Received	Date Deposited	Region	Total Amount	Payment Type
7/31/1991 3:50:55 PM	7/31/1991 12:00:00 AM	WESTERN	\$50.00	Check
Payer	HENRICKSON, TERRY			

Account Information:

Check Number:	3604
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Comment

PROOF OF BENEFICIAL USE 63-11116

Fee Details:						
Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$50.00	PROOF OF BENEFICIAL USE 63-11116	520122	1238	00	0	6490