

SEP 27 2013

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

FOR OFFICE USE ONLY
 Amt. of Fee \$: 425 -
 Receipt No. 5033539
 Receipt By: DM
 Date Received: 9.27.2013

1. Permit No.: 45-14136 Telephone No.: 208-654-2564

2. Name of Permit Holder(s): SIX S RANCH LLC

3. Mailing Address: 1354 E. SIX S RANCH ROAD City: DECLO

State: ID: Zip: 83323 Email: pl6s@hughes.net (Pat McCammon - Ranch Manager)

4. Source of Water: MARSH 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): _____ Other: WATER QUALITY IMPROVEMENT; WILDLIFE

6. Total rate of diversion or storage volume for which proof is submitted: 13.50 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?

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.

Comply with all ID Fish & Game fish passage/screening requirements _____ Completed? Yes ☒ No ☐

8. Fee Enclosed: \$ 425 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: Pat McCammon Telephone Number: 208-312-4065 (cell)

Mailing Address: 1354 E. Six S Ranch Road City: Declo

State: ID Zip: 83323 Email: pl6s@hughes.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: Don L. Hays, managing member Date: 9-5-13
(Include your title, if on behalf of company or organization)

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