

RECEIVED

MAY 24 2013

DEPARTMENT OF
WATER RESOURCESSTATE 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.:	0097218
Receipt By:	HP
Date Received:	5-24-13

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.

- Permit No.: 96-9382 Telephone No.: 208-255-5781
- Name of Permit Holder(s): Diane Vaniman
- Mailing Address: 1758 Elmira Rd City: Sandpoint
State: ID Zip: 83864 Email: DianeHV9@Gmail DianeVaniman9@gmail.com
- Source of Water: ground water If **GROUND WATER** (well), Date Drilled: mo. 12 / yr. 94
Well Driller: Hester Well Drilling Drilling Permit Number: 96-94-11-461
Ritts Well Drilling 96-84-11-11-hand pump
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 1 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 5 Other: _____

- Total rate of diversion or storage volume for which proof is submitted: 0.150 cfs OR _____ acre-feet.
- 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.

Completed? Yes ☐ No ☒

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

Name: Diane Vaniman Telephone Number: 208-255-5781
Mailing Address: 1758 Elmira Rd City: Sandpoint
State: ID Zip: 83864 Email: DianeHV9@Gmail

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: Diane Vaniman Date: 5-18-13
(Include your title, if on behalf of company or organization)

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

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

[illegible]

Instrument # 829621
BONNER COUNTY, SANDPOINT, IDAHO
7-24-2012 03:22:20 No. of Pages:
Recorded for : COFFELT
MARIE SCOTT
Ex-Officio Recorder Deputy
Index to: DEATH CERTIFICATES
Fee: 10.00

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: JUL 23 2012

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

STATE OF IDAHO

County of Bonner

I, Marie Scott, County Recorder in and for the county and state aforesaid, do hereby certify that the foregoing instrument is a true and correct copy of the original thereof recorded in my office by instrument number 829621.
Witness my hand and seal, _____

the 21 day of May 2013.
MARIE SCOTT, COUNTY RECORDER
By Randi Fletcher Deputy

