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AUG 03 2011

Department of Water Resources
Eastern Region

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

FOR OFFICE USE ONLY
Amt. of Fee \$: 100
Receipt No. E036867
Receipt By: SL
Date Received: 8/3/11

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has completed all work that will occur for the development of a water right and that water has been applied to beneficial use(s) to the extent described below. **This form must be accompanied by a license examination fee, when necessary, or accompanied by a completed Beneficial Use Field Report prepared by a certified water right examiner.** If you no longer own the property and want to convey this permit to the new owner, please complete an Assignment of Permit form and send it to the Department with a \$25.00 filing fee. Assignment forms are available from any Department office or at www.idwr.idaho.gov.

1. Permit No. 15-7307 Telephone No. 801-430-1651

2. Name of Permit Holder(s): Lex Smith

3. Mailing Address: 1655 E 10500 S City Malad
State ID Zip 83252 Email: to-smith@hotmail.com

4. Source of Water: WELL If **GROUND WATER** (well), Date Drilled: mo. Sept/Oct. / yr. 2008
Well Driller: Vollmer's Drilling Permit Number: 00051338

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): 40 Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: 0.80 cfs OR _____ acre-feet.

7. Compliance with a Measuring Device requirement and/or other Conditions of Permit: **(Refer to the approval conditions on your permit and respond accordingly.)**

Measuring Device: Is a measuring device required?
If yes, has the measuring device been installed?

Yes <input type="checkbox"/>	or No <input checked="" type="checkbox"/>
Yes <input type="checkbox"/>	or No <input type="checkbox"/>

Conditions of Permit: Does your permit require you to submit additional information in connection with your proof of beneficial use? (If yes, please list the conditions below and provide documents if necessary.)

_____	Completed?	Yes <input type="checkbox"/>	or No <input checked="" type="checkbox"/>
_____	Completed?	Yes <input type="checkbox"/>	or No <input checked="" type="checkbox"/>

8. Fee Enclosed: \$ 100.⁰⁰ (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: Lex Smith Telephone Number: 801-430-1651
Mailing Address: 1655 E 10500 S City Malad
State ID Zip 83252 Email: to-smith@hotmail.com

10. **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] Date: 7-30-11
(include your title, if on behalf of company or organization)