

RECEIVED

APR 14 2010

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 \$:

Receipt No.:

Receipt By:

Date Received:

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.: 57-11790 Telephone No.: (208) 388-29052. Name of Permit Holder(s): Idaho Power3. Mailing Address: c/o Jon Bowling PO Box 70 City: BoiseState: ID Zip: 83707 Email: jbowling@idahopower.com4. Source of Water: Ground Water If **GROUND WATER** (well), Date Drilled: mo. Feb / yr. 2010Well Driller: Adamson Pump and Drilling, Inc Drilling Permit Number: 857381

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: Facilities at Hemingway Power Substation6. Total rate of diversion or storage volume for which proof is submitted: .04 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: \$ 0 See fee schedule on back of the instructions for filing proof of beneficial use.

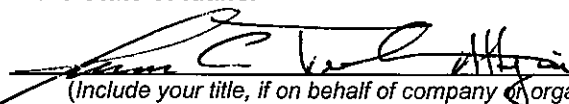
Proofs filed without an appropriate fee, will be considered incomplete.

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

Name: Gil Green Telephone Number: (208) 388-2795Mailing Address: PO Box 70 City: BoiseState: ID Zip: 83707 Email: ggreen@idahopower.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:



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

Date:

4/12/10

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

SAMPLE TYPE CODE S - Routine Sample P - Repeat sample (at original tap) E - Enforcement (chain of custody) U - Upstream repeat D - Downstream repeat X - Other Repeat W - Untreated V - Invalidated by Lab C - Construction / Special		ANALYTICAL LABORATORIES, INC. ID00020 1804 N. 33rd Street Boise, Idaho 83703 1-800-574-5773 1-208-342-5515 www.analyticallaboratories.com Public Water Supply X Private Water Supply Other _____					
NAME OF WATER SYSTEM				COUNTY		PWS	
REPORT RESULTS TO:				DATE RECEIVED		2/17/2010	
DARREN PAIGE				TIME RECEIVED		13:55	
PAIGE MECHANICAL GROUP				DATE ANALYZED		2/17/2010	
PO BOX 170360				TIME ANALYZED		14:15	
BOISE, ID 83717				IF RETEST, ORIGINAL SAMPLE DATE			
SEND ADDITIONAL COPIES TO:							
Phone (208) 573-8627		Ext		Fax (208) 331-9095		email .PAIGE@PAIGEMECHANICAL	
COLLECTED BY: D PAIGE		TRANSPORTED BY: B PAIGE		CHILLED 10 C		☒ YES ☐ NO	
SAMPLE TYPE	COLLECTION DATE/TIME	Sampling Location	CI res	TOTAL COLIFORMS	FECAL COLIFORMS	E. COLI	HPC
				SM 9223	SM 9221	SM 9223	SM 9215
C	2/18/2010 15:30	LAB# 1004450 IDAHO POWER HEMINGWAY SUBSTATION		ABSENCE		ABSENCE	

REMARKS:		ANALYST: LM	
ANALYTICAL METHODS		DATE PRINTED: 2/23/2010	
Total Coliforms SM 9222 Membrane Filter Technique, Parts 908 and 909A, Standard Methods....16th ed., 1985 SM 9221 Multiple Tube Fermentation, Parts 908 and 909A, and 908B, Standard Methods....16th ed., 1985 SM 9223 MMO-MUG Test Per 40 CFR 141.211(i)(3)(IV) HPC Pour Plate, Part 907, Standard Methods.... 16th ed., 1		Fecal Coliforms Membrane Filter Technique, Parts 908C, Standard Methods....16th ed., 1985 Membrane Filter Technique, Parts 908 and 909A, Standard Methods....16th ed., 1985 E. coli MUG Test Per 141.214(x)(7) and 40 CFR 141.211(i)(6)(III)	
		Analytical Laboratories, Inc.	
		Laboratory Supervisor	Date