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AUG 23 2010

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

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JAN 11 2010

FOR OFFICE USE ONLY

Amt. of Fee \$: 50-

Receipt No. 203528

Receipt By: SL

Date Received: 1/5/10

DEC 24 2009

Department of Water Resources
Eastern Region

DEPARTMENT OF
WATER RESOURCES

STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

DEPARTMENT OF WATER RESOURCES

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. 75-14462 Telephone No. 208-756-3429

2. Name of Permit Holder(s): Gertrude Maxwell

3. Mailing Address: P.O. Box 1016 City Salmon

State ID Zip 83467 Email: —

4. Source of Water: Tendoy Springs 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): 1/A Stockwater (No. and type of stock): —

Irrigation (No. of acres): 5 Other: —

6. Total rate of diversion or storage volume for which proof is submitted: 10 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 ☐ or No ☒

Yes ☐ or No ☐

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 ☐ or No ☒

Completed?

Yes ☐ or 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.) paid \$100 on 4/27/07

F032826

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

Name: Bill Maxwell Telephone Number: Home 208-756-2616
Cell-940-0507

Mailing Address: P.O. Box 256 City Carmen

State ID Zip 83462 Email: after April - jmaxwell1@centurytel.net
then April = judymaxwell6@aol.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: Bill Maxwell representing
Gertrude Maxwell Date: 12/20/09
(include your title, if on behalf of company or organization)