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Receipt # ND 21862

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MAR 03 2010

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STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

STATEMENT OF COMPLETION

DEPARTMENT OF WATER RESOURCES SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$: 50.00 Total

Receipt No. N023671

Receipt By: ED.

Date Received: 3-3-2010

IDWR/NORTHERN

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. 95-11042 Telephone No. 208 687 39702. Name of Permit Holder(s): Don L BUTLER3. Mailing Address: P.O. Box 2889 City POST FallsState ID Zip 83897 Email: none4. Source of Water: _____ If **GROUND WATER** (well), Date Drilled: mo. 6-6 / yr. 2002Well Driller: H²O Drilling Permit Number: D0022314

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): 9 Other: _____6. Total rate of diversion or storage volume for which proof is submitted: 0.18 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: \$ _____ (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: Don L BUTLER Telephone Number: 208-687-3970 208-753-4590 cell HouseMailing Address: P.O. Box 2889 City POST FallsState ID Zip 83897 Email: none

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: Don L Butler Date: 3 MAR 2010
(include your title, if on behalf of company or organization)