

* PLEASE CHANGE PERMIT HOLDER ADDRESS TO
24652 N119th PL
SCOTTSDALE, AZ 85255

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

RECEIVED

NOV 19 2010

FOR OFFICE USE ONLY

Amt. of Fee \$: 50-
Receipt No. 091379
Receipt By: SPJ
Date Received: 7-19-2010

The Idaho Department of Water Resources considers this form a statement by the permit holder 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.: 96-9241 Telephone No.: 602 714 4178
2. Name of Permit Holder(s): JAMES E CARROLL
3. Mailing Address: 24652 N119th PL City: SCOTTSDALE
State: AZ Zip: 85255 Email: IDA27@cox.net
4. Source of Water: SEASONAL CREEK If GROUND WATER (well), Date Drilled: mo. ____ / yr. ____
AND SPRING
Well Driller: _____ Drilling Permit Number: _____

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: WILDLIFE STORAGE

6. Total rate of diversion or storage volume for which proof is submitted: _____ cfs OR 4 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?

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 ☒

8. Fee Enclosed: \$ 50- 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: ERIN CARROLL Telephone Number: 208 263 6002

Mailing Address: 1847 GARFIELD BLVD CUTOFF City: SAGE

State: ID Zip: 83860 Email: ERINRUSE13@YAHOO.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: James E Carroll

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

Date: 7/16/10

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