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JUN 18 2010 JUN 28 2010

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

FOR OFFICE USE ONLY

Amt. of Fee \$: 50.00
Receipt No. N025000
Receipt By: ch
Date Received: 6/18/10

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.: 95-8894 Telephone No.: _____

2. Name of Permit Holder(s): First United Methodist Church

3. Mailing Address: 1470 W Hanley City: CD A

State: ID Zip: 8315 Email: _____

4. Source of Water: Ground water If **GROUND WATER** (well), Date Drilled: mo. 2 / yr. 1995

Well Driller: Fogle Drilling Permit Number: 95-1995-N-13

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): 5 Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: 112 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?

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: \$ _____ 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: Tom Scott Telephone Number: 208 659-9294

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

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: Tom Scott

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

Date: 6/18/10

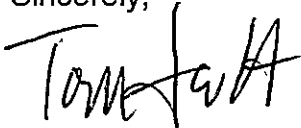
Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098

June 22, 2010

Re: 95-8894

Proof of Beneficial Use was not timely filed because, when the church moved its mailing address changed, but the Department of Water Resources was not notified and as a result we did not receive the Proof Due Notice.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Scott", with a stylized flourish at the end.

Tom Scott

June 22, 2010

Re: 95-8894

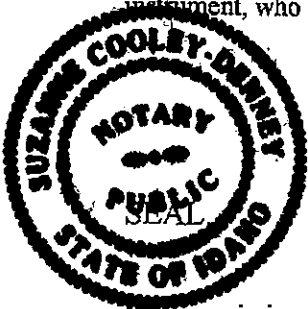
I was involved in the installation of the sprinkler system for the above referenced permit and know that the work for which Proof of Beneficial Use has been filed was completed prior to January 1, 1998.

Robert G Haynes

Robert G Haynes, PE

State of Idaho)
County of KOOTENAI)ss

On this 22ND day of JUNE, 20 10, personally appeared before me the signer(s) of the above instrument, who duly acknowledged to me that he (she) (they) executed the same.



Suzanne Cooley-Denney
Notary Public residing at CDA, ID

My commission expires: 7/22/2014

Receipt Details for ID N024209

Status	Adjustment Type	Version
		1

General Information:

Date Received 4/29/2010 3:36:29 PM	Date Deposited 4/29/2010 4:26:32 PM	Region NORTHERN	Total Amount \$50.00	Payment Type Check
Payee: COMMUNITY UNITED METHODIST CHURCH				

Account Information

Check Number 5877

Comment

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$50.00	BENEFICIAL USE	65104	0229	21		1155

Supervisor or Operator Bart Monahan Date 3-30-95