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STATE OF IDAHO DEPARTMENT OF WATER RESOURCES

DEPARTMENT OF WATER RESOURCES

STATEMENT OF COMPLETIONFOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY
Amt. of Fee \$: 6 00
Receipt No. 691296
Receipt By: 5 R4
Date Receipted: 7-8-2010

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.

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	Permit No.: <u>63-32067</u> Telephone No.: <u>(208)</u> 722-6451
2.	Name of Permit Holder(s): Ann and for Greg Obendorf
3.	Mailing Address: 26496 Deb Lane City: Parma
	State: <u>TD</u> Zip: <u>83660</u> Email:
4.	Source of Water: San Run buch Creek Ponds 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): Stockwater (No. and type of stock):
	Irrigation (No. of acres): Other: Willife, Willife Storage Diversion to Storage
6.	Total rate of diversion or storage volume for which proof is submitted: 90.00 cfs OR acre-feet.
	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 \sum No \frac{1}{2} Yes \sum No \frac{1}{2}
	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
3.	Fee Enclosed: \$
).	Person to contact to accompany the Department representative during field examination of the water system.
	Name: Greg Obendorf Telephone Number: (208) 573-3054
	Mailing Address: 26496 Deb Lane City: Parma
	State: 1 Zip: 83660 Email:
h€	e information given on this form is my true statement of the extent to which the above numbered permit has been veloped and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of permit is relinquished to the State of Idaho. Date: Company or organization Date: Da
	Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098