

RECEIVED

JUL 10 2009

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USEFOR OFFICE USE ONLY
Amt. of Fee \$: 200.00
Receipt No. 1013994
Receipt By: [Signature]
Date Received: 10/10/2009

Sealed

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. 96-09056 Telephone No. 208-683-1672
2. Name of Permit Holder(s): Patricia + Wallace Perry
3. Mailing Address: 26625 N. Good Hope Rd. City Arhol
State Id. Zip 83801 Email: N/A
4. Source of Water: Seepage + Grd. Spring water GROUND WATER (well), Date Drilled: mo. _____ / yr. _____
Well Driller: N/A Drilling Permit Number: _____
5. Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): N/A Stockwater (No. and type of stock): Horses 15 or so
Irrigation (No. of acres): 10 Other: _____
6. Total rate of diversion or storage volume for which proof is submitted: 0.200 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.)

Change of Address - proof of completion

Completed?

Completed?

Yes ☒	or No ☐
Yes ☒	or No ☐

8. Fee Enclosed: \$ 125.00 (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: WALLACE + PATRICIA PERRY Telephone Number: 208-683-1672
Mailing Address: 26625 N. Good Hope Rd. City Arhol
State Id Zip 83801 Email: N/A

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: _____ Date: _____
(include your title, if on behalf of company or organization)