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

FOR OFFICE USE ONLY

Amt. of Fee \$:

Receipt No. *11-9-2009*Receipt By: *BR*Date Received: *11-9-2009*DEPARTMENT OF
WATER RESOURCES

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.

- Permit No. 37-22386 Telephone No. 208 539 9252
- Name of Permit Holder(s): Craig Fredericksen and Betty Fredericksen
- Mailing Address: 1531 14th Ave NW PO Box 301 City Gooding
State ID Zip 83330 Email: bfredhouse@msn.com
- Source of Water: groundwater If GROUND WATER (well), Date Drilled: mo. 06 / yr. 2008
Well Driller: Eaton Drilling and Pump Service Inc Drilling Permit Number: D 0050281
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 1 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: _____
- Total rate of diversion or storage volume for which proof is submitted: 0.040 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 ☐	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.

none requiredCompleted? Yes ☐ No ☐

- Fee Enclosed: \$ 71.00 See fee schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete. no Fee Due Per Enmalee Rushing 11/3/09
- Person to contact to accompany the Department representative during field examination of the water system.
Name: Betty or Craig Fredericksen Telephone Number: 208 539 9252
Mailing Address: 1531 14th Ave NW PO Box 301 City Gooding
State ID Zip 83330 Email: bfredhouse@msn.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: Betty Fredericksen Craig R Fredericksen Date: 11/3/09
(include your title, if on behalf of company or organization)

IDAHO DEPARTMENT OF WATER RESOURCES

Water Permit Report 37-22386

WATER RIGHT NUMBER: 37-22386

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	CRAIG FREDERICKSEN 1531 14TH AVE W PO BOX 301 GOODING, ID 83330 (208)539-9252
Current Owner	BETTY FREDERICKSEN 1531 14TH AVE W PO BOX 301 GOODING, ID 83330 (208)539-9252

Priority Date: 10/16/2008

Basis:

Status: Active

<u>Source</u>	<u>Tributary</u>
GROUND WATER	

<u>Beneficial Use</u>	<u>From</u> <u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
DOMESTIC	01/01 to 12/31	0.040 CFS	
	<u>Total Diversion:</u>	0.040 CFS	

Location of Point(s) of Diversion

GROUND WATER	L6 (NE1/4NW1/4SW1/4)	Sec. 6,	Twp 06S,	Rge 15E, B.M.
GOODING County				

Place of Use

DOMESTIC

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
06S	15E	6																	
												X							
												L 6							

Conditions of Approval:

1. X01 Domestic use is for 1 home.

IDAHO DEPARTMENT OF WATER RESOURCES

Water Permit Report 37-22386

2. 187 The irrigation occurring under this domestic use shall not exceed 1/2 acre.
3. 051 Any license issued by IDWR pursuant to the right or portion thereof for the use of trust water is subject to a term review of 20 years after the date of this approval to determine availability of water for the use and to re-evaluate the public interest at the end of the term.
4. 071 The domestic use authorized under this right shall not exceed 13,000 gallons per day.

Dates and Other Information:

Permit Proof Due Date: 1/1/2010
Permit Proof Made Date:
Permit Approved Date: 12/17/2008
Permit Moratorium Expiration Date:
Enlargement Use Priority Date:
Enlargement Statute Priority Date:
Field Exam Date:
Date Sent to State Office:
Date Received at State Office:
State or Federal:
Owner Name Connector: AND/OR
Water District Number: 130
Generic Max Rate Per Acre:
Generic Max Volume Per Acre:
Swan Falls Trust or Nontrust: T
Swan Falls Dismissed:
DLE Act Number:
Carey Act Number:
Mitigation Plan: False

Combined Use Limits:Water Supply Bank: