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DEPARTMENT OF WATER RESOURCES

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STATEMENT OF COMPLETIO[N]
FOR SUBMITTING PROOF OF BENEFICIAL USE

Amt. of Fee $: ____
Receipt No. ____
Receipt By: ____
Date Receipted: ____

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. 63-31862 Telephone No. 208-376-4665

2. Name of Permit Holder(s): Hillsdale Estates Homeowners Assn., Inc.

3. Mailing Address: 210 Murray Street City Garden City

State ID Zip 83714 Email: ____

4. Source of Water: Ground Water If **GROUND WATER** (well), Date Drilled: mo. 07 / yr. 2004

Well Driller: Riverside Inc. Drilling Permit Number: 883061-816215

5. Extent of use(s) completed (as authorized by the water right permit):

Domestic (No. of households): 261 Stockwater (No. and type of stock): ____

Irrigation (No. of acres): ____ Other: ____

6. Total rate of diversion or storage volume for which proof is submitted: 3.26 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? Yes ☐ or No ☒
If yes, has the measuring device been installed? 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.)

____ **Completed?** Yes ☐ or No ☐

____ **Completed?** Yes ☐ or No ☐

8. Fee Enclosed: $ N/A, SPF Water Engineering will be conducting the exam **(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: Ellen B. Spencer Telephone Number: 286-7675
Mailing Address: c/o Riverside Management City Boise
State ID Zip ____ Email: ebspencer5@q.com

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: Ellen B. Spencer, President Date: 3/25/09
(include your title if on behalf of company or organization)
Hillsdale HOA