

1/09 RECEIVED

AUG 06 2009

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

FOR OFFICE USE ONLY  
Amt. of Fee \$: 38  
Receipt No. C089104  
Receipt By: SR  
Date Received: 8-6-2009

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](http://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. 74-15450 Telephone No. 208-756-5400
- Name of Permit Holder(s): USDI BIM Salmon F.O.
- Mailing Address: 1206 South Challis St. City Salmon  
State ID Zip 83467 Email: David-Logan@blm.gov
- Source of Water: Negro Green Creek **GROUND WATER** (well), Date Drilled: mo. \_\_\_\_\_ / yr. \_\_\_\_\_  
Well Driller: \_\_\_\_\_ Drilling Permit Number: \_\_\_\_\_
- Extent of use(s) completed (as authorized by the water right permit):  
Domestic (No. of households): \_\_\_\_\_ Stockwater (No. and type of stock): 600 Range Cattle  
Irrigation (No. of acres): \_\_\_\_\_ Other: \_\_\_\_\_
- Total rate of diversion or storage volume for which proof is submitted: .02 cfs **OR** \_\_\_\_\_ acre-feet.
- Compliance with a Measuring 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 completed/installed.**

**Measuring Device:** Is a measuring device required?  
If yes, has the measuring device been installed?

|                              |    |                                        |
|------------------------------|----|----------------------------------------|
| Yes <input type="checkbox"/> | or | No <input checked="" type="checkbox"/> |
| Yes <input type="checkbox"/> | or | No <input checked="" type="checkbox"/> |

**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.)

NA Completed? ☒  
NA Completed? ☒

|                              |    |                                        |
|------------------------------|----|----------------------------------------|
| Yes <input type="checkbox"/> | or | No <input checked="" type="checkbox"/> |
| Yes <input type="checkbox"/> | or | No <input checked="" type="checkbox"/> |

- Fee Enclosed: \$ 50.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.)

- Person to contact to accompany the Department representative during field examination of the water system.

Name: David J. Logan Telephone Number: 208-756-5418  
Mailing Address: 1206 South Challis St. City Salmon  
State ID Zip 83467 Email: David-Logan@blm.gov

- 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: David J. Logan Maintenance Worker Date: 7-29-09  
(include your title, if on behalf of company or organization)