

RECEIVED

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

FOR OFFICE USE ONLY

Amt. of Fee \$: 00
Receipt No. C088959
Receipt By: SR
Date Received: 7-8-09

JUL - 9 2009

STATEMENT OF COMPLETION

DEPARTMENT OF FOR SUBMITTING PROOF OF BENEFICIAL USE
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.

1. Permit No. 72-16696 Telephone No. 208-838-2738

2. Name of Permit Holder(s): MARVIN B AND INGRID STROPE

3. Mailing Address: P.O. BOX 34 City CLAYTON

State ID Zip 83227 Email: MSTROPE@CUSTERTEL.NET

4. Source of Water: GROUND WATER If **GROUND WATER** (well), Date Drilled: mo. 09 / yr. 2006

Well Driller: HARPER DALLING Drilling Permit Number: WELL TAG D0020927

5. 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): 1.5 Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: 0.08 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.) 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 ☐	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.)

NO

Completed?

Yes ☐ or No ☒

Completed?

Yes ☐ or No ☐

8. Fee Enclosed: \$ 50 (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: MARVIN B. STROPE Telephone Number: 208-838-2738

Mailing Address: P.O. BOX 34 City CLAYTON

State ID Zip 83227 Email: MSTROPE@CUSTERTEL.NET

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: Marvin B. Strobe
(include your title, if on behalf of company or organization)

Date: 6/5/09