

RECEIVED

JUL 17 2009

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

FOR OFFICE USE ONLY

Amt. of Fee \$: 50.00Receipt No. 2088970

Receipt By: _____

Date Received: 7/13/09

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. 85-15440 Telephone No. 208-746-5555
- Name of Permit Holder(s): PAUL L.C. SNIDER C. MARLENE SNIDER
- Mailing Address: Box 219 City _____
State ID Zip 83301 Email: SNIDER.CAMP@CARLIEONIE.NET
- Source of Water: Spring If **GROUND WATER** (well), Date Drilled: mo. _____ / yr. _____
Well Driller: N/A Drilling Permit Number: N/A
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 0 Stockwater (No. and type of stock): 25 Horses & Cows
Irrigation (No. of acres): 0 Other: _____
- Total rate of diversion or storage volume for which proof is submitted: N/A cfs OR NA 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 ☐	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.)

N/A Completed? _____
Completed? _____

Yes ☐	or No ☐
Yes ☐	or No ☐

- Fee Enclosed: \$ _____ (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: PAUL SNIDER Telephone Number: 208-746-5555
Mailing Address: Box 219 City LEWISTOWN T
State ID Zip 83301 Email: SNIDER.CAMP@CARLIEONIE.NET

- 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: Paul L. Snider
(include your title, if on behalf of company or organization)

Date: 7-14-09