

MAY 22 2009

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. _____
Receipt By: _____
Date Received: _____

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.

1. Permit No. 85-15689 Telephone No. 208-843-2115
after 6-30-09 - 208-843-7242
2. Name of Permit Holder(s): William E. and/or Sharol K. Ward
3. Mailing Address: 30837 Cut Off Rd City Caldesac
State ID Zip 83524 Email: _____
4. Source of Water: Well If **GROUND WATER** (well), Date Drilled: mo. 11 / yr. 06
Well Driller: Nail & Son Drilling Permit Number: D 0046108
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): _____ Other: _____
6. Total rate of diversion or storage volume for which proof is submitted: 0.04 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?

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.)

None Required

Completed?

Yes ☐ or No ☐

Completed?

Yes ☐ or No ☐

8. Fee Enclosed: \$ -6- (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: William E. or Sharol K. Ward Telephone Number: 208-843-2115
after 6-30-09 208-843-7242

Mailing Address: 30837 Cut Off Rd City Caldesac

State ID Zip 83524 Email: _____

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: Sharol K. Ward Date: 5-18-09
(include your title, if on behalf of company or organization)