

RECEIVED

DEC 29 2008

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

RECEIVED

JAN 02 2009

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. N019758
Receipt By: cm
Date Received: 12-29-08

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. 96-09412 Telephone No. 208-683-2246 HO
208-699-1758 CE
2. Name of Permit Holder(s): KREIGER LLC
JUDITH L. Adams
3. Mailing Address: P.O. BOX 352 City CAREYWOOD
State ID Zip 83809 Email: COSMIC.ENTRP@Yahoo.com
4. Source of Water: GROUND WATER If GROUND WATER (well), Date Drilled: mo. March / yr. 1977
Well Driller: E.A. HOLMAN DRILLING Drilling Permit Number: 96-77-N-148
40 Gallons Per Minute from well driller Report 1/2 HP Pump in the Well
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): 0.532 Other: _____
6. Total rate of diversion or storage volume for which proof is submitted: 0.07 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?
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: \$ 50.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use.
Proofs filed without an appropriate fee, will be considered incomplete.)

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

Name: JUDITH L. Adams Telephone Number: 208-683-2246
208-699-1758
Mailing Address: P.O. BOX 352 City CAREYWOOD
State ID Zip 83809 Email: COSMIC.ENTRP@Yahoo.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: Kreiger LLC
Judith L. Adams, member Date: 12-18-08
(include your title, if on behalf of company or organization)