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DEPT. OF WATER RESOURCES
SOUTHERN REGION

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: _____

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has completed all work that will occur for the development of a water right and that water has been applied to beneficial use(s) to the extent described below. **This form must be accompanied by a license examination fee, when necessary, or accompanied by a completed Beneficial Use Field Report prepared by a certified water right examiner.** If you no longer own the property and want to convey this permit to the new owner, please complete an Assignment of Permit form and send it to the Department with a \$25.00 filing fee. Assignment forms are available from any Department office or at www.idwr.idaho.gov.

1. Permit No. 37-08388 Telephone No. _____

2. Name of Permit Holder(s): SDRTR, LLC

3. Mailing Address: P.O. Box 1368 City Boise

State ID Zip 83701 Email: _____

4. Source of Water: Warfield Hot Spring If GROUND WATER (well), Date Drilled: mo. NA / yr. _____

Well Driller: NA Drilling Permit Number: NA

5. Extent of use(s) completed (as authorized by the water right permit):

Domestic (No. of households): _____ Stockwater (No. and type of stock): _____

Irrigation (No. of acres): _____ Other: Heating, Recreation

6. Total rate of diversion or storage volume for which proof is submitted: 0.45 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.)

Completed?

Yes ☐ or No ☐

Completed?

Yes ☐ or No ☐

8. 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.)

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

Name: Brockway Engineering, CE Brockway Telephone Number: (208) 736-8543

Mailing Address: 2016 Washington St. N. Suite #4 City Twin Falls

State ID Zip 83301 Email: charles.e.brockway@brockwayeng.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: Charles E Brockway Date: 7/3/08

(include your title, if on behalf of company or organization)

Certified Water Rights Examiner