

RECEIVED

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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 \$: 100
Receipt No. 2034244
Receipt By: SC
Date Received: 7-14-08

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. 22-13827 Telephone No. 208-232-15232. Name of Permit Holder(s): CARLY N BLANCHARD3. Mailing Address: 355 SKYLINE City BOCATELLOState ID Zip 83201 Email: _____4. Source of Water: _____ If **GROUND WATER** (well), Date Drilled: mo. _____ / yr. _____

Well Driller: _____ Drilling Permit Number: _____

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: RECREATION STORAGE6. Total rate of diversion or storage volume for which proof is submitted: 0.20 cfs OR 1.2 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: SHANE S BROKE Telephone Number: _____

Mailing Address: _____ City _____

State _____ Zip _____ 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.*

JUL 16 2008

Signature of permit holder:
Department of Water Resources
Eastern Region

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

Date: July 15-08