

Form No. 217
RECEIVED

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

DEPARTMENT OF WATER RESOURCES
Eastern Region

**STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE**

FOR OFFICE USE ONLY
Amt. of Fee \$: 100
Receipt No. E034162
Receipt By: Bmk
Date Received: 6-20-08

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. 15-07241 Telephone No. 208-766-4857
2. Name of Permit Holder(s): ALBERT M. SHEPHERD
3. Mailing Address: 6331 N. OLD HWY 191 City MALAD
State ID Zip 83252 Email: _____
4. Source of Water: GROUND If GROUND WATER (well), Date Drilled: mo. 4 / yr. 05
Well Driller: MOUNTAIN WEST Drilling Permit Number: D0036037
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): 15 Other: RECREATION & STORAGE
6. Total rate of diversion or storage volume for which proof is submitted: 0.30 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 ☐ POWER METER

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: \$ 100.00 (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: ALBERT M. SHEPHERD Telephone Number: 208 766 4857
Mailing Address: 6331 N OLD HWY 191 City MALAD
State ID Zip 83252 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: Albert M. Shepherd Date: _____
(include your title, if on behalf of company or organization)