

RECEIVED

MAY 21 2008
DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$: 50.00

Receipt No. 000031

Receipt By: DN

Date Received: 5/21/08

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. 65-22754 Telephone No. 208-337-5060

2. Name of Permit Holder(s): DONALD LYNN DIXON

3. Mailing Address: PO BOX 1313 City CALDWELL

State ID Zip 83606 Email: _____

4. Source of Water: WEST FORK ARCHIE CR. If GROUND WATER (well), Date Drilled: mo. _____ / yr. _____
UNNAMED CREEK STREAM

Well Driller: _____ Drilling Permit Number: _____

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): 1.9 ACRES Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: 1.04 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.)

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: \$ 50.00 MO #003771 ENCLOSE (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: DONALD LYNN DIXON Telephone Number: 208-337-5060

Mailing Address: PO BOX 1313 City CALDWELL

State ID Zip 83606 Email: PLEASE SCHEDULE INSPECTION FOR WEEK ENDS

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.
AS WORK DOES NOT ALLOW ME TO GET TO WORK DURING WEEK DAYS.

Signature of permit holder: [Signature]
(include your title, if on behalf of company or organization)

Date: 4-20-08