

RECEIVED

MAY 31 2024

IDWR / NORTH

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. N044717  
Received By MB  
Date Received 5/31/24

The Idaho Department of Water Resources (Department) considers this form a statement that the permit holder(s) applied water to beneficial use and completed development of a water right 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 (CWRE).** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, complete a Notice of Change in Water Right Ownership form. If you wish to relinquish your permit because you have not established the authorized water use and are not applying for an extension, please notify the Department in writing.

1. Permit No. 42-1131 Name of Permit Holder(s) JAMES CHARLSON  
Telephone No. (209) 484-9131 Email JAMESRCHARLSON@GMAIL.COM  
Mailing Address 2937 PETTIS PEAK City ST. MARIES State ID Zip 83861  
UNNAMED STREAM

2. Source of Water THORN CREEK If Ground Water (well), Date Drilled mo. \_\_\_\_ / yr. \_\_\_\_  
Drilling Permit/Tag No. \_\_\_\_ Drilling Company's Name \_\_\_\_

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

Domestic (No. households) 1 Irrigation (No. acres) 1/2 Stockwater (No. and stock type) 25 MIXED  
Other \_\_\_\_

4. Total diversion rate or volume (storage only) for which proof is submitted .06 cfs OR \_\_\_\_ af  
If the total developed water use is 5 acres of irrigation or less, is stockwater storage of 14.6 acre-feet or less, or has a diversion rate of less than 0.24 cfs, attach a map of the place of use and point of diversion and photographs showing beneficial use.

5. Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)

INLINE CISTERN, PUMPED TO USES  
GOODGAL CISTERN, 1HP PUMP

6. Permit condition compliance. Refer to the permit approval conditions and check all the items required, then check "Yes" or "No" to indicate whether the required items were established, submitted, and/or installed:

Required? Yes No (If "Yes", attach required data, evidence of compliance, or evidence of installation)

- |                                     |                                     |                                                                                    |
|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Ground water level data, pumping information, or other diversion data              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Mitigation plan                                                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Lockable controlling works                                                         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Measuring device                                                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Fish screen                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Other requirements of the water right permit <u>APPROACH VELOCITY &lt; 0.5 CFS</u> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Reasonably Anticipated Future Needs ("RAFN") Municipal use                         |

If RAFN Municipal use, additional increment of beneficial use developed? ☐ Yes (attach CWRE report) ☐ No

7. Fee Enclosed \$ 50 or ☐ CWRE field report attached or ☐ No fee required  
See fee schedule on page 3 of the instructions. Proof statements filed without an appropriate fee are incomplete.

8. Person to contact to accompany a Department representative during the field examination of the water system:

Name: JAMES CHARLSON Telephone No. 209-484-9131 Email JAMESRCHARLSON@GMAIL.COM  
Mailing Address 2937 PETTIS PEAK City ST. MARIES State ID Zip 83861

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 beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

SIGNATURE OF PERMIT HOLDER\*

PRINTED NAME AND TITLE

DATE

\*Attach power of attorney if completing on behalf of permit holder.