

RECEIVED

DEC 20 2023

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 \$	125.00
Receipt No.	C117549
Received By	KM
Date Received	12.20.23

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. 15-7481 Name of Permit Holder(s) Ted Daniels
Telephone No. 208 766 3194 Email TDaniels55555@gmail.com
Mailing Address 610 N 500W City Malad State ID Zip 83252

2. Source of Water Ground If Ground Water (well), Date Drilled mo. 1 / yr. 2016
Drilling Permit/Tag No. 0068580 Drilling Company's Name Mountain West Drilling

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

Domestic (No. households) _____ Irrigation (No. acres) 74.9 Stockwater (No. and stock type) _____
Other _____

4. Total diversion rate or volume (storage only) for which proof is submitted 1.01 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.)

75 Hp pump into mainline delivered to center pivot & handlines
Well pumped all summer and meter was read this fall

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)

- | | | |
|--------------------------|-------------------------------------|---|
| ☐ | ☒ | Ground water level data, pumping information, or other diversion data |
| ☐ | ☒ | Mitigation plan |
| ☐ | ☒ | Lockable controlling works |
| ☐ | ☒ | Measuring device |
| ☐ | ☒ | Fish screen |
| ☐ | ☒ | Other requirements of the water right permit _____ |
| ☐ | ☒ | Reasonably Anticipated Future Needs ("RAFN") Municipal use |

If RAFN Municipal use, additional increment of beneficial use developed? ☐ Yes (attach CWRE report) ☐ No7. Fee Enclosed \$ _____ 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: Ted Daniels Telephone No. 208 766 3194 Email TDaniels55555@gmail.com
Mailing Address 610 N 500 W City Malad State ID Zip 83252

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.

Product No.	Description	Ordered	Shipped	UOM	Unit Price	Unit Discount	Extension
AG3000-0800	8"SEAMETRICS FLOW METER AG3000-800 GPM/AF	1	1	EACH	2,865.00		2,865.00
AG3000T	TRANSFORMER FLOWMETER PHOENIX STEP-PS/1AC/12DC/1 AC TO DC TRANSFORMER	1	1	EACH	0.00		0.00
FM656T	TRANSFORMER STEPDOWN FLOWMETER SINGLE PHASE 240/480 TO 120 VC	1	1	EACH	0.00		0.00
C 3060-08	CHECK VALVE W/ODRAIN 8" 8"CHECK VALVE W/O FLANGE	1	1	EACH	310.00		310.00
*CABLE	FLOW METER CABLE	1	1	EACH	114.00		114.00
Bill Code: 74	SHOP WELDING CHARGE - MAINLINE	7.50	7.50		75.00		562.50
Bill Code: 241	SHOP TIME CHARGES - MAIN LINE	3.50	3.50		65.00		227.50
Bill Code: 341	WELDING CHARGES - MAIN LINE	4.75	4.75		95.00		451.25
Bill Code: 141	EXTRA MAN LABOR CHARGES - MAINLINE	8.50	8.50		65.00		552.50
Sub Total:							6,026.45
Total:							\$ 6,026.45

Purchaser Signature _____

TERMS: Due and payable upon receipt of invoice. All past due accounts will be assessed a service charge of 1.75% per month (21% per annum). Minimum monthly service charge of \$5.00. If account is placed for collection, purchaser agrees to pay reasonable attorney fees.

A 3% fee will be assessed on all credit card transactions to cover cost of processing.

Buyer agrees to notify Agricultural Services, Inc. if a transaction is sales taxable. Buyer assumes all responsibility for sales/use tax, penalty, and interest if tax is incorrectly exempted.







Governor Brad Little

Director Mathew Weaver

December 27, 2023

TOD F DANIELS
610 N 500 W
MALAD CITY ID 83252-1022

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 15-7401

Dear Permit Holder(s):

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the Department to conduct a field examination to determine and confirm the use being made of the water.

Please be advised that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the Department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any Department office or at the Department's website at www.idwr.idaho.gov.

If you have any questions concerning the field examination, please contact the Eastern Region Office of the Department located in Idaho Falls at (208) 525-7161.

Sincerely,

Amanda Veibell
Technical Records Specialist

Enclosure(s)

c: WESTERN AGCREDIT FLCA