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Sep 23, 2024

DEPARTMENT OF  
WATER RESOURCES

Form 40 (2/17) Rev. 6/22

**STATE OF IDAHO**  
**DEPARTMENT OF WATER RESOURCES**  
**STATEMENT OF COMPLETION**  
FOR VERIFICATION OF BENEFICIAL USE

**FOR OFFICIAL USE ONLY**  
 Amt. of Fee \$ \_\_\_\_\_  
 Receipt No. \_\_\_\_\_  
 Received By \_\_\_\_\_  
 Date Received \_\_\_\_\_

The Idaho Department of Water Resources (Department) considers this form a statement that the permit holder(s) applied water to beneficial use and exercised discretion 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. 95-18150 Name of Permit Holder(s) Samuel Hanna / Bridget Hanna  
 Telephone No. (208) 818-7610 Email Gunner\_3030@yahoo.com  
 Mailing Address Po Box 22 City Archa State ID Zip 83801

2. Source of Water Well If Ground Water (well, Dam Drilled into \_\_\_\_\_) (ft. \_\_\_\_\_)  
 Drilling Permit Log No. D0055613 Drilling Company's Name \_\_\_\_\_

3. Nature of (uses) completed as authorized by the water right permit:  
 Domestic (No. household) \_\_\_\_\_ Irrigation (No. acres) \_\_\_\_\_ Stock water (No. and stock types) \_\_\_\_\_  
 Other \_\_\_\_\_

4. Total diversion rate or volume (storage only) for which proof is submitted \_\_\_\_\_ cfs OR \_\_\_\_\_ af  
 If the total developed water use is 3 acres of irrigation (or less), to include coverage of 14.4 inch feet or less, or any a diversion rate of less than 0.24 cfs, attach a map of the place of use and plans of diversion and photographs showing beneficial use.

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

6. Permit condition compliance. Refer to the permit approval conditions and check off 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  
☐ ☒ Migration plan  
☐ ☒ Lockable controlling works  
☐ ☒ Measuring device  
☐ ☒ Fish screen  
☐ ☒ Other requirements of the water right permit  
☐ ☒ Reasonably Anticipated Future Needs ("RAFT") Municipal use  
 If RAFT Municipal use, additional increment of beneficial use developed? ☐ Yes (attach CWRE report) ☒ No

7. 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 Samuel Hanna Telephone No. (208) 818-7610 Email Gunner\_3030@yahoo.com  
 Mailing Address Po Box 22 City Archa State ID Zip 83801

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 portions of the permit is relinquished to the State of Idaho.

Samuel Hanna Samuel Hanna / Home owner 9/11/24  
 SIGNATURE OF PERMIT HOLDER PRINTED NAME AND TITLE DATE  
\*Attach power of attorney if completing on behalf of permit holder.