

for 240 old pollock Rd

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE
DEPT. OF WATER RESOURCES

RECEIVED

AUG 22 2025

FOR OFFICE USE ONLY	
Amt. of Fee \$	25.00 50.00
Receipt No.	C122721
Received By	KW
Date Received	8/22/25

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** and that water has been applied to beneficial use 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.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, contact any Department office or visit the Department's website at idwr.idaho.gov for an Assignment of Permit form. If you wish to relinquish your permit because you have not established the authorized use of the water and are **not** applying for an extension, please notify the Department in writing.

1. Permit No. 78-12525 Telephone No. 209 7684421
2. Name of Permit Holder(s) Judy A. Carson Carroll & Kerry M. Carroll
3. Mailing Address POB 612 City Marquette
State Ca Zip 95901 Email toohead1@sbcglobal.net
4. Source of Water Ground water If **GROUND WATER** (well), Date Drilled mo. ____ / yr. ____
Well Driller unknown Drilling Permit Number unknown
5. Extent of use(s) completed as authorized by the water right permit: 'or address POB 212 pollock Rd
Domestic (No. of households) 1 Stockwater (No. and type of stock) 83547
Irrigation (No. of acres) ____ Other well Tag No D0041107 - mass Midwest
6. Total rate of diversion or storage volume for which proof is submitted 0.04 cfs OR ____ acre-feet.

7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit:
Refer to the approval conditions on your permit and respond accordingly.

The Department will not issue a license if permit conditions are not met.

Measuring Device	Is a measuring device required?	Yes ☐	No ☒
	If yes, has the measuring device been installed?	Yes ☐	No ☒
Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes ☐	No ☒
	If yes, has the lockable device been installed?	Yes ☐	No ☒
Fish Screen	Is a fish screen required?	Yes ☐	No ☒
	If yes, has the fish screen been installed?	Yes ☐	No ☒

Other Conditions of Permit

Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

Completed? Yes ☐ No ☒

8. Fee Enclosed \$ 50.00 or not applicable ☐. See fee schedule on page 2 of the instructions.
Proof statements 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 Bob Carson Telephone Number 208-628-9240
Mailing Address POB 212 City Pollock
State Id Zip 83547 Email crsabb@yahoo.com

Place of use: phase 1 lot 41 Diamond Springs land sub. 240 pollock Rd

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 Judy A. Carson Carroll Date 8-11-2025
(Include your title, if on behalf of company or organization)

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098