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JUN 29 2026

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IDWR / NORTH

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. N0416134
 Received By NS
 Date Received 6.30.26

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. 95-18098 Name of Permit Holder(s) Robert T. Bush
 Telephone No. 208-660-4455 Email rtbush45@yahoo.com
 Mailing Address 19028 N. Bush Boys Ln City Rathdrum State ID Zip 83858

2. Source of Water Ground If Ground Water (well), Date Drilled mo. 03 / yr. 03
795175/ Drilling Permit Tag No. D0028212 Drilling Company's Name H2O Well Service

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

Domestic (No. households) 2 Irrigation (No. acres) N/A Stockwater (No. and stock type) N/A
 Other _____

4. Total diversion rate or volume (storage only) for which proof is submitted 0.04 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.)

Well to res. Res has a 5hp motor with 3hp pump end to deliver water to the 2 homes.

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 |

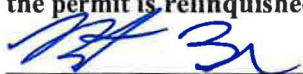
If RAFN Municipal use, additional increment of beneficial use developed? ☐ Yes (attach CWRE report) ☐ No

7. Fee Enclosed \$ 50.00 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: Robert Bush Telephone No. 208-660-4455 Email rtbush45@yahoo.com
 Mailing Address 19028 N. Bush Boys Ln City Rathdrum State ID Zip 83858

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.



Robert Bush

6/30/26

SIGNATURE OF PERMIT HOLDER*

PRINTED NAME AND TITLE

DATE

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

Beneficial Use Proof Evaluation

Permit Number: 95-18098 Reviewer: jadams Review Date: 7/9/2026

Acceptability

- 1) Is the contact on the request the current permit holder? Yes
- 2) Does the address of record need to be updated? No
- 3) Proof Submitted Date: 6/29/2026
- 4) Proof Due Date: 7/1/2026
- 5) Days added for weekend due date?
- 6) Days added for holiday due date?
- 7) Number of days late: -2
- 8) Proof received timely? Yes

Analysis

- 1) Are the water uses correct?
- 2) Are one of the following items required?
 - a. Measuring Device -- No
 - b. Lockable Device --No
 - c. Fish Screen -- No
- 3) Are the required items installed?
 - a. Measuring Device --
 - b. Lockable Device --
 - c. Fish Screen --
- 4) Is there a request to waive the required items? No
- 5) Drilling Permit Number:
- 6) Is a drilling permit upgrade needed?
- 7) Was a well drillers report filed?
- 8) Is proof accepted? Yes

Fees

- 1) Is a licensing exam fee required? No
- 2) Was proof submitted with an exam report from a CWE? No
- 3) Filing fee due: \$0.00
- 4) Filing fee submitted: \$50.00
- 5) Remaining fee or (refund): (\$50.00)

Receipt IDs

N036991, N046134

Comments

Complete Proof was received on 06/29/2026 and is deemed acceptable. Proof states domestic use for two houses, but the permitted domestic use is for only one house. Gave file to water right agent for in-house license review. Water right agent will enter the proof made date in AdHoc at the time of licensing. Meets the Domestic Exemption, no fee required. Refund has been requested for overpayment.

Julianna Adams

From: Julianna Adams
Sent: Thursday, July 9, 2026 3:12 PM
To: IdwrPayable
Cc: Julianna Adams
Subject: Refund Request for Receipt N046134 - 95-18098
Attachments: N046134.docx

Hello,

Please process a refund for the attached receipt as soon as possible. The permit meets the domestic exemption; no fee is required.

Thank you,



IDAHO DEPARTMENT OF
WATER RESOURCES

Julie Adams | Technical Records Specialist I

322 E Front St, PO Box 83720, Boise, ID 83720

(208) 287-4945 | www.idwr.idaho.gov

Idaho Department of Water Resources Receipt

Receipt ID: N046134

Payment Amount	\$50.00	Date Received	6/30/2026	Region	NORTHERN
Payment Type	Check	Check Number	1087		
Payer	BUSH, ROBERT & KELSEY				
Comments	STATEMENT OF COMPLETION FOR 95-18098				

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$50.00	BENEFICIAL USE	65104	0229	21		1155

Signature Line (Department Representative)

Please refund the entire amount. Permit meets the domestic exemption, no fee required.

ROBERT & KELSEY BUSH
19028 N BUSH BOYS LN
RATHDRUM ID 83858-7545