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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 \$	0
Receipt No.	
Received By	YMB
Date Received	9/12/24

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. 97-9806 Name of Permit Holder(s) LYNN A BERGE
Telephone No. 509-847-8772 Email butchberge@gmail.com
Mailing Address P.O. BOX 106 City Coolin State Id Zip 83821

2. Source of Water GROUND WATER 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) 0 Stockwater (No. and stock type) ____
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.)

pump existing shared old well with pump and service line to WATER USE

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 \$ ____ 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: LYNN BERGE Telephone No. 509-847-8772 Email BUTCHBERGE@gmail.com
Mailing Address P.O. BOX 106 City Coolin Id State Id Zip 83821

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.

Lynn A. Berge
SIGNATURE OF PERMIT HOLDER*

LYNN A. BERGE (owner)
PRINTED NAME AND TITLE

9-10-24
DATE

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