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DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO

DEC 09 2021

DEPARTMENT OF
WATER RESOURCES

STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$ 850.00Receipt No. 411556Received By Ja KmDate Received 12-6-21 12/20/21

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 an Assignment of Permit 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. 95-17225 Name of Permit Holder(s) BRIAN G + KAREN A. JONES

Telephone No. 208-765-1492/660-8534 Email KCELEBRATEJC@PROTONMAIL.COM

Mailing Address P.O. BOX 1283 City ATHOL State ID Zip 83801

2. Source of Water WELL If Ground Water (well), Date Drilled mo. OCT / yr. 2013

Drilling Permit/Tag No. 870560 Drilling Company's Name UNITED DRILLING

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

Domestic (No. households) 1 Irrigation (No. acres) _____ Stockwater (No. and stock type) NONE

Other _____

4. Total diversion rate or volume (storage only) for which proof is submitted 0.06 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.)

DRILLED WELL

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)

- ☐ NA ☒ Ground water level data, pumping information, or other diversion data
☐ NA ☒ Mitigation plan
☐ NA ☒ Lockable controlling works
☐ NA ☒ Measuring device
☐ NA ☒ Fish screen
☐ NA ☒ 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: BRIAN G JONES Telephone No. 208 765-1492 Email KCELEBRATEJC@PROTONMAIL.COM

Mailing Address P.O. BOX 1283 City ATHOL 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 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.

BRIAN G. JONES, OWNER

12-6-21

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WATER RESOURCES

Form 42-217 Rev. 9/21

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
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Amt. of Fee \$ 0

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1. Permit No. 95-17225 Name of Permit Holder(s) BRIAN G + KAREN A. JONES
Telephone No. 208-765-1492/660-8524 Email KCELEBRATEJC@PROTONMAIL.COM
Mailing Address P.O. BOX 1283 City ATHOL State ID Zip 83801

2. Source of Water WELL If Ground Water (well), Date Drilled mo. OCT / yr. 2013
Drilling Permit/Tag No. 870560 Drilling Company's Name UNITED DRILLING

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

Domestic (No. households) 1 Irrigation (No. acres) _____ Stockwater (No. and stock type) NONE
Other _____

4. Total diversion rate or volume (storage only) for which proof is submitted 0.06 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.

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Mailing Address P.O. BOX 1283 City ATHOL State ID Zip 83801

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Brian G Jones
SIGNATURE OF PERMIT HOLDER*

BRIAN G. JONES, OWNER
PRINTED NAME AND TITLE

12-6-21
DATE

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



